

Response to Drug and Alcohol Commissioning Framework

By

Drug Accommodation Support Project steering Group.

Please find below a response to the new commissioning framework agreed by the DASP steering group. This group oversees the project which is funded by the PHA. The members of the group are PSNI, Public Prosecution Service, NIHE (both Homeless services and Supporting People), Ormeau Centre, BHSST addictions service, MDHST management, service user rep, Salvation Army and DASP worker.

The main point is that the service user group i.e. IV/Class A drug users who are homeless are not specifically identified under the vulnerable groups within the document. It is important for future commissioning that this highly vulnerable group are represented in any future service provision.

Specific responses are detailed below.

Key Points

8.20 Low Threshold Services

Whilst the Commissioning Framework does not specifically refer to this unique type of project (DASP), under the low threshold current provision this type of service clearly falls under both

- Drug and alcohol outreach services
- Specialist health care support within specialist accommodation provision.

It would be important to highlight the need for service provision specifically around injecting/ class A drug users, especially those who have difficulty in accessing and maintaining accommodation. The acknowledgement of the vulnerability and difficulty in engaging this group requires a specific response which incorporates a low threshold and a multiagency response.

It is important to highlight issues such as the innovative DASP protocol and the extensive interagency working, which has made the work a success to date and allowed for pragmatic practice which has had meaningful impact on service users. This type of approach needs to be in future commissioning documents to allow for the engagement of marginalised groups such as this.

It should be noted that by working on a harm reduction approach with this group, and taking a holistic view of each case, (which includes housing, benefits etc.) has achieved significant success in facilitating access to treatment, reduction in harm and improvement in health.

8.21.2

This section acknowledges the growth of services aligned to homeless service provision. This is a key point which details the pragmatic approach of voluntary sector services working closely with statutory bodies to promote harm reduction approaches to marginalised service users. It is important that there is an opportunity for service providers to build upon these projects to bring additional services to this client group. The role of service users in the review and development of such projects is also a key factor which should be built into future commissioning of low threshold services.

Those threatened with homelessness (or currently homeless) is likely to be a growing population. Among this group are very vulnerable females with drug issues and I.V. users with multiple needs including mental ill health and physical ill health. The need to continue to support services that are set up to engage this group is paramount (such as DOT, DASP).

8.21.3

This acknowledges that “substance misuse within the homeless population cannot be addressed without addressing their housing needs”. This encompasses the DASP project aims and highlights the need for continued services of this sort. It also acknowledges the need for multiagency approaches to service delivery similar to the multiple agencies involved in the DASP project. As highlighted previously, the concern is that the document does not define the vulnerable homeless sections i.e. IV users, chronic alcohol users, women etc. This could mean that these are overlooked in the commissioning process. It would be beneficial to look at existing projects and see how these services have made and maintained the link between, treatment, engagement and broader social needs such as housing.

This Project also strategically fits within the NIHE homeless strategy which aims to work more closely with drug and alcohol services.

Under the Local Commissioning Priorities, the DASP project would fall under low threshold services which work with those misusing drugs that will not access formal treatment. DASP is a key example of this and also demonstrates the integrated approach developed with broader health services and accommodation services.

8.24

Under the general service aims, low threshold services such as DASP meet all the objectives. In addition to facilitating a flexible approach to engagement and service delivery, DASP is an excellent example of links between treatment housing, policing, the legal system and the Trust. Models such as this must be viewed as essential to meet the needs of excluded groups within the homeless (and wider) setting.

The overall stepped care model proposed will allow services for the homeless to access wider treatment options and continue to develop links between the statutory and voluntary sector.

Outcomes

The DASP model has been successful in reducing harm for those who have had the opportunity to engage with the Project (as outlined in the Commissioning outcomes) in the following areas:

- reduction in drug use
- increased access to Hep B treatment
- Improved physical health
- improved mental health
- reduction in crime
- improved social connections/ relationships
- In addition to this, the project has also improved housing options and broken cycles of homelessness.

Key Points for commissioners

This model (DASP) has been successful in engaging marginalised individuals with very complex issues. The outreach model, using a harm reduction approach, has been effective in improving individual's lives in a holistic way.

The interagency approach to this model is key to its success.

Information sharing and positive risk taking is important within low threshold services that can undertake pragmatic practice with vulnerable service users.

The changing demography of drug users in Northern Ireland has meant a growth in those who are roofless or sofa surfing. Joined up approaches between housing and addiction services are vital to address these individual's needs.

Homeless drug and alcohol users need flexible services to realistically and adequately meet their needs.

DASP has ensured significant training is available and the protocol that has been developed has proved to be relevant, appropriate and workable to ensure such a service can be delivered.

There is a need to ensure very vulnerable groups such as women drug users can be supported by allowing service tendering which will target this group.

The acknowledgement of the need to work closely with other agencies is key, and the interface between agencies is especially important in meeting the needs of those who require low threshold services.

DASP steering group.