



**Alcohol and Drug Commissioning Framework for Northern  
Ireland 2013-16**

**Consultation Questionnaire.**

This questionnaire has been designed to help stakeholders respond to the above framework.

Written responses are welcome either using this questionnaire template or in an alternative format which best suits your comments.

Please respond to the consultation document by post or e-mail to

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Linenhall Street, Lisburn BT28 1LU

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**YOUR RESPONSE MUST BE RECEIVED BY 11<sup>th</sup> April**

*(Please tick the relevant tick boxes)*

I am responding: as an individual

on behalf of an organisation

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## CONSULTATION QUESTIONS

1. Do you agree with the approach being proposed by the PHA/HSCB in the development of a Drug and Alcohol Commissioning Framework for Northern Ireland as outlined in section 3 of this document?

Yes/No

Comments: \_\_\_\_\_  
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## SECTION ONE: CHILDREN, YOUNG PEOPLE AND FAMILIES

### Drugs and Alcohol

#### 7.1 Education and Prevention

2. Do you agree with the commissioning priorities as laid out in this section?

Yes/No

Comments: \_\_\_\_\_  
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3. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments: \_\_\_\_\_  
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4. Do you agree with the outcomes listed in this section

Yes/No

Comments: \_\_\_\_\_  
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### **7.9 Early Intervention and Treatment**

#### Early intervention

5. Do you agree with the commissioning priorities as laid out in this section?

Yes/No

Comments: \_\_\_\_\_  
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6. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments: \_\_\_\_\_  
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7. Do you agree with the outcomes listed in this section?

Yes/No

Comments: \_\_\_\_\_  
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Young people's treatment services including CAMHS

8. Do you agree with the commissioning priorities as laid out in this section?

Yes/No

Comments: \_\_\_\_\_  
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9. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments: \_\_\_\_\_  
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10. Do you agree with the outcomes listed in this section?

Yes/No

Comments: \_\_\_\_\_

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**7.21 Hidden Harm**

Early Intervention

11. Do you agree with the commissioning priorities as laid out in this section?

Yes/No

Comments: \_\_\_\_\_

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12. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments: \_\_\_\_\_

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13. Do you agree with the outcomes listed in this section?

Yes/No

Comments: \_\_\_\_\_  
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Treatment and Support

14. Do you agree with the commissioning priorities as laid out in this section?

Yes/No

Comments: \_\_\_\_\_  
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15. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments: \_\_\_\_\_  
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16. Do you agree with the outcomes listed in this section?

Yes/No

Comments: \_\_\_\_\_  
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## SECTION TWO: ADULTS AND THE GENERAL PUBLIC

### 8.1 Education and Prevention

17. Do you agree with the commissioning priorities as laid out in this section?

Yes/No

Comments: \_\_\_\_\_

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18. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments: \_\_\_\_\_

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19. Do you agree with the outcomes listed in this section?

Yes/No

Comments: \_\_\_\_\_

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### 8.4 Early Intervention Services

20. Do you agree with the commissioning priorities as laid out in this section?

Yes/No



Comments: \_\_\_\_\_  
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21. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments: \_\_\_\_\_  
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22. Do you agree with the outcomes listed in this section

Yes/No

Comments: \_\_\_\_\_  
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**8.11 Substance Misuse Liaison Services**

23. Do you agree with the commissioning priorities as laid out in this section?

Yes/No

Comments: \_\_\_\_\_  
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24. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments: \_\_\_\_\_  
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25. Do you agree with the outcomes listed in this section?

Yes/No

Comments: \_\_\_\_\_  
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### 8.20 Low Threshold Services

26. Do you agree with the commissioning priorities as laid out in this section?

Yes/No

Comments: The commissioning priorities do not seem to address the specific vulnerable groups which were outlined in previous strategies; with respect, this requires clarification of the change or omission of these groups. The priorities do not address emerging 'new' patterns or outline responses to issues such as 'legal highs' which will require monitoring, harm reduction responses and perhaps new treatment modalities. The emphasis on pharmacy based provision of needle exchange is overstated/ over-emphasised to the detriment of other potential harm reduction services/ modalities; this model is one which is limited in its capacity and whilst effective as a collection / distribution point for injecting equipment, the limits in this provision should not undermine the need for specialist provision for chaotic and hard to reach injecting drug users. Overstatement examples include "provide information on recovery services" and "provide other Health and welfare services", both statements of purpose are beyond the reasonable capacity of these businesses which 'bolt-on' needle exchange to commercial pharmacy based provision. The consultation should not make the mistake of conflating this type of service with the expertise required to deal with injecting drug users or imply a potential for broader harm reduction roles and interventions where there is neither a will or the expertise to do so; service user feedback would wholly undermine these stated service aims.

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The prominence of pharmacy needle exchange provision is disproportionate in scale and emphasis in relation to it's importance in regional/ local harm reduction and again with respect, should be edited accordingly for the final document.

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27. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments: The Service Aims and Role and Functions should reflect/ emphasise integrated models and those developing partnerships to address holistic needs (acknowledging that some mention of BBV needs and accommodation are highlighted in this section). This section does not adequately link or outline to social and psychological care, whilst adequately linking to physical health care needs. This section should provide more emphasis on specialist interventions including substance reduction/ controlled use interventions or route transition interventions—including harm reduction for alcohol use (which is partially acknowledged)

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28. Do you agree with the outcomes listed in this section?

Yes/No

Comments: The consultation should emphasise the need for specialist outreach to address the high levels of non-attendance and disengagement of alcohol and poly substance users from Tier 3 specialist services; the assertive outreach model should be applied to this problem in the same effective mode in which it addresses injecting drug users harm reduction highlighting engagement and retention as outcome indicators. The consultation document does not adequately outline the role of low threshold services in providing 'safety-net' functions of addressing crisis responses and assertive outreach to 'missing' service users or unplanned disengagements. injecting drug users harm reduction needs. An outcome should note addressing crisis work within harm reduction services!—Outcomes should be explicit for gender based provision, highlighting special needs of women in engaging and staying involved with

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services—

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### 8.28 Community Based Treatment and Support

29. Do you agree with the commissioning priorities as laid out in this section?

Yes/No

Comments: The commissioning document does not address the need for services that engage individuals with alcohol or drug problems who are arrested or encounter street level enforcement. The commissioning process should deal with services who target individuals who's substance use leads to offending behaviour; emphasising opportunities for assessment, brief interventions and referral pathways for treatment on arrest . Arrest referral schemes are not outlined in the commissioning document unlike court diversion. Arrest referral is currently and successfully developed by community safety partnerships in a commissioning framework established by the Dept of Justice NI and this initiative should be explicitly acknowledged and supported in the new strategy document.

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30. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments: this section does not adequately address the need for increasing opportunities for offenders who are substance dependent to engage in treatment, nor does it outline the linkages between community safety and harm reduction/ referral interventions. A cost benefit analysis highlights that £2.50 is saved in ratio of £1 spent on the provision of interventions aimed at offenders—. The commissioning framework should integrate arrest referral into its community engagement strategy

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31. Do you agree with the outcomes listed in this section?

Yes/No

Comments: Outcomes should reflect the engagement of 'offenders' who have alcohol and drug problems, acknowledging that treatment and other interventions improve the lives of individuals caught up in offending behaviour patterns; where the substance use is a contributor to this behaviour.

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**8.41 Inpatient and Residential Rehabilitation Provision**

32. Do you agree with the commissioning priorities as laid out in this section?

Yes/No

Comments: \_\_\_\_\_

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33. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments: \_\_\_\_\_

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34. Do you agree with the outcomes listed in this section?

Yes/No

Comments: \_\_\_\_\_  
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### SECTION THREE: CAPACITY

#### 9.1 Service User and Family Involvement

36. Do you agree with the commissioning priorities as laid out in this section?

Yes/No

Comments: \_\_\_\_\_  
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37. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments: \_\_\_\_\_  
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38. Do you agree with the outcomes listed in this section

Yes/No

Comments: \_\_\_\_\_  
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#### 9.7 Workforce Development

The workforce development commissioning priorities are designed to ensure that those working in the field of alcohol and drugs as commissioned by PHS/HSCB are competent and confident to deliver all aspects of this work commensurate with their role and function.

39. Do you agree with the commissioning priorities as laid out in this section?

Yes/No

Comments: \_\_\_\_\_  
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40. Do you agree with the Service Aims and Role and Functions outlined in this section?

Yes/No

Comments: \_\_\_\_\_  
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41. Do you agree with the outcomes listed in this section

Yes/No

Comments: \_\_\_\_\_  
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42. Do you agree with the findings of the Equality, Good Relations and Human Rights Template that accompanied this document

Yes/No

Comments: \_\_\_\_\_  
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43. Are there any priorities for commissioning that are not reflected in this framework?

Yes/No

Comments: \_\_\_\_\_  
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**FURTHER COMMENTS**

44. Please use the space below to inform us of any additional comments you wish to make in relation to the Drug and Alcohol commissioning framework.

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