

BDAWG RECOMMENDATIONS FOR JCF CONSULTATION RESPONSE - April 2013

Issue	Recommendation
<p>Co-ordination and information sharing</p>	<p>design and develop a 'Pathway to services' document which should be widely disseminated to GPs as a key target group along with generic community service providers</p>
	<p>Belfast Strategic Partnership should be supported and assisted in developing, and delivering on, a Belfast-wide 'Total Place' model for tackling substance misuse</p>
	<p>Creation of a seamless referral pathway for people presenting with complex needs (mental health and addiction) consistent with the theory of 'no wrong door'</p>
<p>Current service provision</p>	<p><u>Community support services</u> The quality, quantity and level of training provision delivered within communities to date should be identified and assessed and this information should be used to inform the future direction of community drug awareness training. Families and schools should also have access to this training.</p>
	<p><u>Treatment and support services</u> The needs of ethnic minorities, specifically in relation to addressing language and cultural barriers when accessing and availing of drug and alcohol services (and follow on support) should be addressed, ensuring that an appropriate package of support is put in place and that both service providers and clients are aware of what this is and how to access it</p>
<p>Future service development</p>	<p>A cross-sectoral training model, to include cross placements, should be developed for those sectors and/or agencies who interface most with addictions (i.e. homelessness, mental health, criminal justice and social services) to allow for transfer of knowledge and skills. Generic service providers (comm/vol/stat/private) should be offered appropriate drugs and alcohol training which should cover assessment and referral</p>
	<p>Drug and alcohol training should be incorporated as a substantial, consistent, core part of college/university programmes for teachers, social workers and health professionals (lobbying role)</p>

	<p><u>General</u> As part of the tackling health inequalities agenda, incentivising participation in drug and alcohol programmes/services (taking on board the findings of the recently published NICE's Citizen's Council report on 'The use of incentives to improve health') should be considered/explored</p>
<p>Needs assessment/ Research agenda</p>	<p>Discussions should take place between PHA and ELB to explore best practice in relation to addressing drugs and alcohol (from prevention to crisis response) within the school setting (this would need clarified within contracts)(primary & post-primary) and to agree a consistent approach</p> <p>ELB should lead in a consultation with those providing services to those not in school/ not in youth clubs in order to assess the needs of this group of young people in relation to drugs and alcohol and ensure a more joined up approach between statutory youth services and community centres/organisations.</p> <p>Better linkages need to be established between those responsible for commissioning and delivering services in order to be able to better define research gaps, decide objectives and priorities for any new research to be undertaken, and to ensure that there is a balance between local and regional research agendas</p>