Alcohol and Drug Commissioning Framework for Northern Ireland 2013-2016

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Breakthru is a community/voluntary organisation currently delivering a range of services across the Western and Southern Trust Areas.

### Western Board:

Community Alcohol and Drugs Education and Prevention in Fermanagh and Omagh for WDACT

Omagh Neighbourhood Renewal Alcohol and Drug Project

Dedicated Drug and Alcohol counselling service for PBNI (Enniskillen, Omagh Londonderry and Coleraine)

DICE Drug Intervention Community Education Project, Commencing 1<sup>st</sup> May 2013, working with care experienced and home supported young people as a direct result of parental substance misuse Fermanagh and Omagh

# Southern Board:

Big Lottery Impact of Alcohol Outreach and Detached Youth Service

Dungannon/Coalisland Neighbourhood Renewal Detached Outreach Drug and Alcohol Programme

Dedicated Drug and Alcohol counselling service for PBNI (Portadown, Armagh, Dungannon, Magherafelt)

SHSCT Primary Mental Health Care Partnership. Supporting the Community Addiction Team in providing services in the Stepped Care Service Model by facilitating Group Education and Motivation and Relapse prevention for clients misusing substances.

DICE Drug Intervention Community Education Project, Commencing 1<sup>st</sup> May 2013, working with care experienced and home supported young people as a direct result of parental substance misuse Dungannon and Armagh

We acknowledge the considerable work that was put into writing the Draft Commissioning Framework and support the priorities and outcomes outlined.

# Points of reflection:

# Other Funding:

There would not appear to be any consideration of other streams of funding which are also supporting alcohol and drug specific work e.g. Big Lottery Impact of Alcohol, People and Place, A Strategy for Neighbourhood Renewal: Health Improvement Programmes, Department of Justice PBNI, CAWT, LCG's etc

Improved coordination should lead to better outcomes, more effective use of resources and minimise duplication of services

#### Parents:

Traditionally a very difficult group to engage and a range of programmes and initiatives are necessary to deliver information and brief interventions at every opportunity. Within the document there is a heavy emphasis on SFP which while effective is expensive to run and uptake can be low. Other programmes such as TATI do not appear to have been evaluated and perhaps Parenting NI's Odyssey Parenting Your Teen Programme should be considered as an option.

# **Children and Young People:**

We agree that a key aim should be to support delay in initiation to alcohol and drugs and a decrease in consumption however the latter is particularly difficult given the drinking culture and availability of alcohol. Within the regional priorities working with government to tackle this issue

The age range 11+ Many young people have tasted alcohol by this age and attitudes in relation to alcohol are formed. Education and prevention would be necessary before this age.

In terms of early intervention for children not all families with issues will come to the attention of Social Services and may well be picked up within the community.

# **Early Intervention:**

Low risk substance misuse is identified by community/voluntary organisations working with young people and adults in a community setting. Many will never come into contact with statutory services and brief interventions are being carried out, are cost effective and are having an impact. Capacity building should include all who are working in this field.

Data from the IMT should be able to inform this work.

We agree the need for a regionally agreed Assessment Tool and clear referral pathways. As the community voluntary sector cannot refer directly to Statutory Services perhaps Family Hubs could be used as a referral pathway.

The Specialist Substance Misuse Liaison Service could make a difference depending on reach and scope of the service. There is a need for consistency of assessment, interventions and monitoring of services.

Interventions other than 'talking therapies' should be included.

# **Substance Misuse Liaison Services:**

The proposed increase in staffing levels is ambitious however given the number of hospital admissions and the scope of the service very necessary.

Work with the C&V Sector to provide GEMS Programmes and Relapse Prevention Group Work to support the Hospital Liaison Service and the CAT's.

Not all clients will be able/ ready to engage with CAT but need to be supported in Harm Reduction and working towards abstinence if possible. Projects and services are being provided but perhaps there is a need for more support within this framework e.g women drinkers, street drinkers, homeless older population etc