Pre-consultation to seek views on a Successor Strategy to the New Strategic Direction for Alcohol & Drugs Phase 2

Consultation opened on 17 May 2019.

Consultation closes on 09 August 2019 at 17:00.

Summary

The Department of Health (DoH) is responsible for leading and co-ordinating action on Northern Ireland's substance misuse strategy on a regional and local basis.

Consultation Description

The current strategy – the [New Strategic Direction for Alcohol & Drugs Phase 2 (NSD Phase 2)](#) – was published and endorsed by the former NI Executive in 2012.

The NSD Phase 2 was recently reviewed, and a [report](#) has been published which looked at its outcomes, outputs, and stakeholder views on how successful this has been.

We are now seeking initial feedback from partners and the general public on what could come next. We want your views on the vision, focus and priorities of any new or successor strategy – should you believe one is needed. This will help to inform future developments in policy and practice.

Next Steps

Following this exercise, we will collate and analyse all views and inputs, and, if appropriate, begin the process of developing a new strategy. It will be for incoming Ministers and the Executive to agree any final strategy for publication. It is important to note that the NSD Phase 2 – and all the structures that support action and collaboration – will remain in place until any new strategy is put in place.

The Closing Date for responses is Friday 09 August 2019

Ways to respond: [Respond Online]

DoH website:
https://www.health-ni.gov.uk/consultations/nsd-pre-consultation

Email: HDPB@health-ni.gov.uk

Write to: Health Development Policy Branch

Room C4.22

Castle Buildings

Stormont Estate

BELFAST

BT4 3SQ

INTRODUCTION	
Question 1	**What is your name?**
	Name: Kate Lesslar
Question 2	**What is your e-mail address?** *If you enter your email address then you will automatically receive an acknowledgement email when you submit your response.*
	E-mail: kate.lesslar@rcot.co.uk
Question 3	**Is your response being submitted on behalf of an organisation or as an individual?** (*please tick below as appropriate*)
	☑ **Organisation** *Please use text box below to state the name of your organisation etc?* ☐ **Individual**
	The Royal College of Occupational Therapists is the professional membership organisation for occupational therapy staff across the UK. The Royal College of Occupational Therapists (RCOT) is the professional body for occupational therapy representing over 33,000 occupational therapists across the UK. There are 1,256 RCOT members in Northern Ireland of which 1,083 are professional members (RCOT, June 2019). Occupational therapists in Northern Ireland work in trusts, across health and social care services, they deliver services across housing, schools, prisons, the voluntary and independent sectors, and vocational and employment rehabilitation services. Occupational therapy is a science based profession. Occupational therapists work with people of all ages, who are experiencing difficulties through injury, illness or disability or a major life change. Occupational therapy improves the health and wellbeing of people through enabling participation in daily life which is made up of many occupations (or activities). Occupational therapists consider the relationship between what a **person** does every day (**occupations**), how illness or disability impacts upon the person and how a person's **environment** supports or hinders their activity (PEO Model). Using this approach, we help people to continue or re-engage with participating fully in daily life, including work, social activities and maintaining roles and responsibilities.

OVERVIEW	
Question 4	**From your experience and from the findings of the Review and other sources of evidence, does Northern Ireland still need a substance misuse strategy?** ☑ Yes ☐ No
Question 5	**Should any new substance misuse strategy continue to cover both alcohol and drug misuse?** ☑ Yes ☐ No If you wish, please explain your choice [*comments*]
Question 6	**If it continues to be a combined alcohol and drug strategy, should these have an equal priority?** ☑ Yes ☐ No Please provide further information if appropriate. [*comments*] The Royal College of Occupational Therapists (RCOT) would agree that a combined substance misuse strategy is still required and should continue to cover alcohol and drug misuse, with equal priority given to both.
Question 7	**What should the overall vision be for any future substance misuse strategy?** (*For example, a society where these is no substance misuse, or a society where no-one come to harm caused by substance misuse, or where people are supported to prevent and address substance misuse and to maintain recovery.*) [*comments*]
Question 8	**Should a future substance misuse strategy have a set of Values & Principles?** For reference, you can find those outlined in NSD Phase 2 (Chapter 5, pages 33-35) ☑ Yes ☐ No

OUTCOMES and INDICATORS	
Question 9	**What overall outcome should we seek to achieve?** *(For example, should the outcome be focused on prevalence of use/misuse, reductions in harm, reduction in substance misuse related deaths, increasing numbers in recovery, etc?)* [*comments*] Opportunities to develop the skills required to re-engage with activities and hobbies that were previously enjoyed focussing on the evidence that to change addictive behaviours individuals need to change three elements of their lives 1. People they associate with, 2. The things that they do i.e. creating healthier and more productive routines and 3. The places that they go i.e. developing new routines and structures to their daily routines. RCOT would agree prevention, early intervention and treatment and support (holistic/family interventions and recovery and follow-up) as outcomes.
Question 10	**What indicators should we be measuring to demonstrate that we are working towards this overall outcome?** *(Examples of indicators include mortality figures, prevalence data, alcohol and other drug related crime, Blood Borne Virus Prevalence, etc.)* [*comments*] Members suggested indicators relating to alcohol, drugs and poly-drug use levels, crime and drug-related deaths and emergency department presentations.
Question 11	**What do you believe the key focus of any new strategy should be?** *please tick as many of the options below that apply* ☐ **Regulation, Legislation & Enforcement** ☐ **Supply Reduction** ☐ **Prevention** ☐ **Early Intervention** ☐ **Harm Reduction** ☐ **Treatment & Support** ☐ **Recovery** ☑ **Other** (*please elaborate in box below*) *(a brief definition for each of these categories is provided in Annex)*

Members felt that the strategy should focus on:-

- Prevention

- Early intervention with links to parenting programmes and mental health services

- A person-centred/holistic approach (addressing all factors)

- A partnership approach

- Peri-natal care

- Rethinking the exclusion of gambling and /or any other dependencies

- More training/education

- The Recovery Model

- Accessibility / inequality

Please tell us more about why you feel that this should be.
[*comments*]

EVIDENCE and PARTNERSHIP WORKING	
Question 12	**Are you aware of any other sources of evidence, research or studies that would support action to address substance misuse and your proposed outcomes and indicators?** Please provide titles of and links to evidence as appropriate. [*text box*] No comments
Question 13	**Who needs to be involved if we are to effectively address substance misuse, and address the outcomes and indicators you proposed?** [*comments*] No comments

ACTIONS and GAPS	
Question 14	**Were there any gaps in the previous strategy that need to be addressed?** [*comments*] No comments
Question 15	**Are you aware of evidence-based actions that would meet these gaps?** [*comments*] No comments
Question 16	**Are you aware of any innovative approaches or low-cost / no-cost actions that would make a difference?** [*comments*] No comments

ACTION and GAPS (continued)	
Question 17	**Have you any views on where existing or additional resources should be prioritised?** *please tick as many of the options below that apply* ○ **Regulation, Legislation & Enforcement** ○ **Supply Reduction** ○ **Prevention** ○ **Early Intervention** ○ **Harm Reduction** ○ **Treatment & Support** ○ **Recovery** ○ **At-Risk Population Groups** (eg *Young People, Older People, Homeless People, Pregnant Women, Single Parents, People Living in Areas of Multiple Deprivation, People Living in Rural Areas*) ○ **Other** (*please elaborate in box below*) *(a brief definition for each of these categories is provided in Annex)* **Please tell us more about why you feel that this should be?**
	[*text box*] • Early intervention • Education • Arts/Sports/ community and youth groups; • Responding to incidents where alcohol/drugs are a factor e.g. volume crime, thefts, criminal damage, drink or drug driving, disorderly/anti-social behaviour • Community Resource Network model • Drug Arrest Referral Scheme (re-introduce) • Restorative justice • Community detoxification / in-patient rehabilitation beds; Opportunities to develop the skills required to re-engage with activities and hobbies that were previously enjoyed focussing on the evidence that to change addictive behaviours individuals need to change three elements of their lives 1. People they associate with, 2. The things that they do i.e. creating healthier and more productive routines and 3. The places that they go i.e. developing new routines and structures to their daily routines. RCOT would agree prevention, early intervention and treatment and support (holistic/family interventions and recovery and follow-up) as outcomes.

Question 18	**Substance misuse does not have an equal impact on society. Do you believe the strategy should prioritise any of the at-risk population groups below?** *please tick as many of the options below that apply* ○ **Young People** ○ **Older People** ○ **Homeless People** ○ **Pregnant Women** ○ **Single Parents** ○ **People Living in Areas of Multiple Deprivation** ○ **People Living in Rural Areas** ◉ **Other** (*please elaborate in text box below*) **What evidence do you have to support this view?**
	[*text box*] RCOT would suggest that the strategy should not prioritise any particular population groups and should not be based on socio-economic factors, given the issue of drugs and alcohol affecting all socio-economic groups in society. Other members felt the strategy should prioritise the following groups:- • Carers (young and older) • Black and minority ethnic (BME) population • Looked After Children • Prison population • Homeless • Trauma – help to develop alternative coping strategies. It was noted however, that caution was required if people had an option to self-select as having a mental health issue.

FINAL COMMENTS	
Question 19	**Have you any other comments you wish to make at this stage?** [*comments*] There is a need to link other strategies i.e. mental health/suicide with the substance misuse strategy to include information on e.g. Towards Zero Suicide* initiative within the Trust/s. * '*The Zero Suicide framework is a system-wide, organisational commitment to safer suicide care in health and behavioural health care systems. The framework is based on the realization that suicidal individuals often fall through the cracks in a sometimes fragmented and distracted health care system. A systematic approach to quality improvement in these settings is both available and necessary'.* (*taken from Zero Suicide in Health and behavioural Health Care Available at: https://zerosuicide.sprc.org/ accessed on 23.07.19) The Royal College of Occupational Therapists have developed a range of strategic documents that clearly evidence the added value of occupational therapists working to deliver services. This campaign has been running since 2016 entitled '*Occupational Therapy: Improving Lives, Saving Money'*. The reports outline the areas of health and social care that are under most pressure and evidence the cost effective and positive impact of occupational therapy Occupational therapists are dual trained in both physical and mental health. A biopsychosocial frame of reference is central to occupational therapy practice, so they are knowledgeable about the social determinants of health and the root causes of health inequalities. They are experienced in working across many environments, departments, agencies and sectors so are well informed about what is available in the whole system and how to access it. **Occupational Therapy: Improving Lives, Saving Money Reports** https://www.rcot.co.uk/promoting-occupational-therapy/occupational-therapy-improving-lives-saving-money • Leading fulfilled lives Occupational therapy supporting people with learning disabilities • Making personalised care a reality: The role of occupational therapy • Getting my life back: occupational therapy promoting mental health and wellbeing • Prisons: The value of occupational therapy

	• Fire and Rescue Services: the value of working in partnerships with occupational therapists
	• Reducing the pressure on hospitals - 12 months on
	• Living, not Existing: Putting prevention at the heart of care for older people
	• Reducing the pressure on hospitals – A report on the value of occupational therapy

THIS IS THE END OF THE QUESTIONNAIRE

Thank you for taking the time to complete this questionnaire.

Definitions for Question 11 & Question 17:

Regulation, Legislation & Enforcement
These can mean societal and criminal justice measures aimed at reducing the harms associated with alcohol and drug misuse, ranging from by-laws about drinking in public places to alcohol licensing (opening hours of licensed premises etc) and drink-driving legislation through to enforcement of the Misuse of Drugs Act.

Supply Reduction
This is about reducing the supply of illicit drugs including prescription medicines, or addressing the irresponsible sale of alcohol, particularly underage sales. Measures include the disruption of organised criminal gangs involved in the manufacture and distribution of illicit substances, and tackling the online sale of counterfeit medicines.

Prevention / Early Intervention
These are about encouraging awareness and developing ways to support and empower individuals, families and communities in the acquisition of knowledge, skills and attitudes leading to a reduction of risk factors and to the development of protective factors in respect of alcohol and drug misuse.

Harm Reduction
This refers to policies, strategies and programmes designed to reduce the harmful consequences of substance misuse. Examples include measures such as provision of needle exchange (to prevent the spread of blood-borne viruses), substitute prescribing, and naloxone (to reverse the effects of overdose).

Treatment & Support
The provision of a comprehensive range of evidence-based treatment, rehabilitation and aftercare for patients and families (including detoxification, rehabilitation, substitute prescribing and therapeutic counselling) involving GPs, Community Pharmacists, Community Addiction Services and the Voluntary & Community Sector.

Recovery
The principle of placing a service user's needs at the centre of their treatment and care. Recovery might involve developing the skills to prevent relapse, or actively engaging in meaningful activities and building self-esteem, with the ultimate goal of moving on from problem alcohol/drug use.