

The Simon Community Northern Ireland welcomes the opportunity to respond to the Department for Health, Social Services and Public Safety's consultation on the *New Strategic Direction for Alcohol and Drugs Phase 2 2011-2016*.

About the Simon Community

Simon Community Northern Ireland is one of the leading homeless charities in Northern Ireland. We are committed to our vision of 'ending homelessness' and provide accommodation, advice and community support for individuals who are homeless or at risk of becoming homeless. We recognise that addressing homelessness involves more than providing accommodation and we have developed a range of services to meet other needs associated with being homeless including: Harm Reduction Service, Services for Families, Services for Young People, Rent and Deposit Bond Scheme, Client Representative, Homelessness Prevention Programme and Central Access Point; a 24/7 helpline providing advice and support to those who are homeless or a risk of becoming homeless.

Our Harm Prevention service aims to support individuals who are dependent on alcohol and/or drugs to reduce the level of use.

Introduction

Simon Community NI welcomes the review, revision and extension of the New Strategic Direction for Alcohol and Drugs (NSD) to 2016. We agree with the overarching aim of the strategy which aims to ensure a consistent approach to the issue of alcohol and drug misuse and to ensure that resources continue to be directed at front line services, programmes and interventions. It must, however, be recognised that the current economic climate has created a situation whereby service providers are limited to 12 month financial forecasting. Allocation of funding on a yearly basis can prove problematic to the planning, development and delivery of organisations' harm prevention and can ultimately impact on the quality of services received by beneficiaries.

Development and Delivery

Simon Community NI supported the direct involvement of the voluntary and community sector in the development of the NSD and we welcome the continued participation of this sector in the new structures of the strategy and the establishment of independent sector forums in local DACT areas. We are concerned, however, that this process may prevent non NSD funded organisations equal levels of influence and participation, and thereby creating little opportunity for non funded organisations to enter into the funding stream. Currently, this position is evident in the structure of local ISF groups which reflects the over representation of funded organisations and the under representation of non-funded groups. We believe it is important to address this imbalance to ensure a broad range of representation from the independent sector to add value to the delivery of service, for example through their specialist knowledge, experience and skills.

We support the revised overall structure which oversees the work of the NSD. This enhanced structure will allow for greater transparency, tracing the flow of information from local area meetings right through to Ministerial level.

Addressing Alcohol and Drug Misuse

We support the overarching aim of the strategy and the associated long term objectives which we believe are appropriate and fit for purpose. We recommend focusing on the impact of drug related law enforcement rather than tackling the ‘availability of illicit drugs’ which will help to ensure a net benefit associated with enforcement activity. Such an approach, should include a comprehensive assessment of the harm caused by drug markets, an understanding of the market characteristics that are causing harm, and evaluation which aims to measure both the intended and unintended effect of interventions.

The New Strategic Direction for Alcohol & Drugs –Phase 2

We are deeply concerned that the direct link between substance use and homelessness has been overlooked within this strategy as a whole and, in particular, as a key indicator in identifying the extent of drug and alcohol related harm. We recommend the inclusion of homelessness within this context to ensure the NSD will direct resources where targeted for need. Failure to attach the appropriate emphasis to homelessness and substance use will greatly limit the ability of staff to address harm prevention.

In addition, we would welcome the collation of data regarding the impact of this relationship on people’s health and wellbeing, from the homeless sector and the Northern Ireland Housing Executive, to inform policy and best practice service delivery. In particular, those presenting with housing issues will often have numerous repeat referrals as their inability to maintain tenancies/placements is directly linked to their substance use.

Furthermore, the correlation between substance use and homelessness should also be taken into account when considering the ‘emerging issues’ that the NSD have highlighted including alcohol and recovery. In light of the current economic climate and welfare reform agenda, the voluntary and community sector anticipates increasing numbers presenting with housing issues and as homeless, a proportion of which will have substance abuse issues. We recommend that further attention be given to this matter during the lifetime of the strategy.

We wish to draw attention to a common issue present in local hostels across Northern Ireland which is the prevalence of service users consuming excessive quantities of strong white cider. Other than anecdotal stories there is little evidence available identifying the particular harm this alcohol causes. It is clearly evident, however, that this is among the strongest and easiest accessible (due to the low cost) of substances available. We would welcome the publication of further evidence and research to support and strengthen practitioners’ roles in achieving harm reduction objectives.

Another relevant issue is the increase in number of service users detoxing (from both alcohol and drugs) while staying in hostels or temporary accommodation. This situation can be managed effectively when staff are made aware of the situation and the appropriate medical and support services are in place. We are concerned about the availability of specialist support which differs greatly across Northern Ireland with many areas severely under resourced.

Furthermore, a hostel environment may not be appropriate for all clients to undergo detoxification. Mitigating circumstances can include; staff availability and commitments, other alcohol/drug user residents, the service user's mental and physical health and ploydrug use. Overall, the risk of failure and medical complications are greatly increased as a result. Therefore, we are concerned that there is a lack of Tier 4 options for individuals whose condition is complicated and accommodation temporary and we recommend that consideration be given to greater facilitation of these groups' needs.

In relation to the five pillars, it is important to consider the inclusion of Recovery to reflect the 'Increased emphasis placed on helping those affected by alcohol and drug misuse to work towards recovery'. An overview of Recovery should highlight that many people tackle their substance use issues outside mainstream treatment. Recent research has highlighted that more people recover from addiction without treatment than with professional assistance. We would like to draw your attention to Smart Recovery, UK which is currently utilising peer led support within treatment framework as a model for possible introduction in Northern Ireland.

We agree with the key priorities outlined which are comprehensive and appropriate, in particular, 'Targeting those at risk and vulnerable' relating to homeless and rough sleepers.

We observe that frontline staff experience frustration at the lack of resources available when assisting individuals with multiple needs. Clients can present a plethora of issues including: long term unemployment, mental and physical ill health, poor literacy, care leaver background, behavioural difficulties, history of offending, family breakdown, domestic violence, trauma, abuse, neglect and substance use. As a result, clients experience poor service delivery and failure to meet their needs.

We would like to draw you attention to the activities of Making Every Adult Matter (MEAM) a coalition of national charities- Clinks, DrugScope, Homeless Link and Mind which has formed to influence policy and services for adults with multiple needs and exclusions. It calls on

- 1) Government and political leaders to commit to a green paper on multiple needs and exclusions making this a key cross government policy issues and outlines a shared vision and approach
- 2) Local areas and service to deliver co-ordinated responses, increasing the impact of public investment and creating positive outcomes for people with multiple needs and exclusions.

We recommend adopting similar approaches to MEAM within NSD to ensure focus includes an emphasis on those with multiple needs.

Conclusion

Simon Community NI recommends that the NSD Strategy should also act as a catalyst for:

Support for those at risk of losing their tenancy due to drug and/or alcohol issues
Tackling the low price and availability of strong white cider and super strength lager
Promoting the peer led approach to recovery as practiced by Smart Recovery
Ensuring provision of service for those with Multiple Needs
Adequate provision of Tier 4 options for homeless drink and drug user undergoing detox.

The Simon Community is pleased to respond to this consultation. We trust you will find our comments helpful. If there is any further way in which we can contribute to the process we would welcome the opportunity to do so.