NICCY Advice to the DoH on the Making Life Better – Preventing Harm and Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use (Substance Use Strategy)

01 February 2021

Introduction

The Commissioner for Children and Young People (NICCY) was created in accordance with ‘The Commissioner for Children and Young People (Northern Ireland) Order’ (2003) to safeguard and promote the rights and best interests of children and young people in Northern Ireland. Under Articles 7(2) and (3) of this legislation, NICCY has a mandate to keep under review the adequacy and effectiveness of law, practice and services relating to the rights and best interests of children and young people by relevant authorities. Under Article 7(4), NICCY has a statutory duty to advise any relevant authority on matters concerning the rights or best interests of children and young persons. The Commissioner’s remit includes children and young people up to 18 years, or 21 years, if the young person has a disability or experience of being in the care of social services. In carrying out her functions, the Commissioner’s paramount consideration is the rights of the child or young person, having particular regard to their wishes and feelings. In exercising her functions, the Commissioner is required to have regard to all relevant provisions of the United Nations Convention on the Rights of the Child (UNCRC).

General

The Commissioner welcomes the opportunity to provide advice to the Department for Health on the new Substance Use Strategy. This written advice is in addition to attendance at one of the virtual consultation sessions held at the end of 2020.

The advice contained in this paper is largely reflective of the evidence gathered and recommendations made as part of its Rights Based Review of Mental Health Services and Support in Northern Ireland: *Still Waiting,* published in September 2018. Part of the report focused on 17 in-depth interviews with young people aged 14-25 yrs old who had mental health and alcohol and/ or drug problems and their experiences of accessing or attempting to access mental health services. The review contained a number of specific recommendations regarding services and support for this group of young people (Table 1 below) and these recommendations amongst other inter-related recommendations such as access to crisis support are being implemented by and Inter-Departmental Working Group led by the Department for Health (IDG).

Whilst limited progress has been made on the recommendations related to mental health and / or alcohol and drug problems since the *Still Waiting* report was launched, we are encouraged by the IDG’s intention to focus on alcohol and drug support as part of the Action Plan 2021-2022[[1]](#footnote-1).

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| **Table 1: Most Relevant Recommendations from NICCYs Still Waiting Report**  **Young People with Alcohol and/or Drug Problems**  41. Statutory CAMHS should adopt a ‘harm reduction approach’ to ensure that young  people can access mental health support whilst withdrawing from substances.  Appropriate levels of supervision and support for young people withdrawing from substances should be provided.  42. Universal and timely access to Drug and Mental Health Services (DAMHS) should  be available across Northern Ireland. DAMHS should be closely aligned to CAMHS, and closely linked to Step 2 commissioned drugs and alcohol services.  43. Step 4 specialist intensive community based support and interventions for young people with drug and/or alcohol and mental health problems should be expediently developed, and provided across Northern Ireland. This should include day treatment programmes and age-appropriate interventions.  44. Inpatient care and treatment should be provided for young people with co-occurring drug and/or alcohol and mental health problems, who cannot be safely and effectively supported within the community. This provision should take a holistic approach to need, provide a range of interventions and be fully integrated into the Stepped Care CAMHS service model.  **Care Planning and Treatment**  14. The administration of prescription medication for young people must comply with NICE guidelines. Where medication is prescribed to a young person with a history of alcohol and/or drug problems this should be risk assessed and appropriately supervised. HSCB must monitor prescribing data to ensure compliance with NICE guidelines.  **Access to Crisis Mental Health Support** *\* in a high proportion of cases alcohol and / or drugs will be a presenting factor.*  21. Implement RCPCH ‘Minimum Care Standards for Children and Young People in  Emergency Care Settings who Present with Mental Health Problems’ (RCPCH, 2018).  22. The DoH should enhance the statutory framework, requiring RQIA to routinely  inspect A&E Departments against the ‘Minimum Care Standards for Children and  Young People in Emergency Care Settings who Present with Mental Health Problems’  (RCPCH, 2018). This should include appropriate, robust enforcement powers and  the provision of sufficient resources to carry out this role.  23. Crisis intervention support for children and young people should be available 24 hours a day, all year round, in all HSCTs.  24. Include a Clinical Decision Unit, or equivalent service model, as part of every  A&E Department in Northern Ireland. This would be useful for young people who may require a period of observation, further investigation or other interventions which  cannot be completed within the four hour timeframe within A&E Departments.  25. An evaluation of the compliance with, and effectiveness of, the Card Before You Leave scheme (CBYL) for children and young people in A&E should be carried out. |

Strategic Links

The Children and Young People’s Strategy 2020-2030 should be the framework under which all work by Government in Northern Ireland is undertaken and which relate to provisions for children and young people. The ultimate goal for Government Departments and agencies in the delivery of children’s services should be to improve the wellbeing of children and young people in a manner which ensures the realisation of their rights. The Children’s Service Co-operation Act (Northern Ireland) provides the statutory framework for this to happen and includes a reporting process for the NI Executive to demonstrate how it is adhering to the legislation which includes actions taken to achieve outcomes set out in children and young people strategy, to improve co-operation and pooling of resources between children services and how the wellbeing of children and young people has improved.[[2]](#footnote-2) There is opportunity for the NI Executive to evidence its commitment to these obligations, amongst others, as there is considerable amount of policy planning and development happening that affects children and young people.

We strongly advise that those involved in the production of the Substance Use Strategy and associated delivery plan engage with the IDG to ensure that a co-ordinated and joined up approach is being taken to addressing the direct and in-direct impact of substance use on children and young people and ensuring they have access to all the support they need.

More broadly, the development of a Mental Health Strategy, proposals for the new Health and Care Campus in Northern Ireland and the Emotional Health & Wellbeing in Education Framework offers a valuable opportunity to co-ordinate government planning across a number of inter-related strategic areas. Integrated working at a strategic and operational level is necessary to ensure that statutory services ‘get better at identifying and reaching out to those most at risk’ which is referenced on page 38 of the consultation document.

Children’s Rights

We acknowledge the brief reference to ‘rights’ in Section 4.4. (p 28) of the consultation document. We wish to highlight the specific obligations NI has to the implementation of the United Nations Convention on the Rights of the Child (UNCRC) which is the most is the most widely-ratified international human rights treaty in history. The UK State Party, and Northern Ireland as a devolved administration, ratified the UNCRC in 1991 and it subsequently came into force in 1992. As a binding International Treaty, it places obligations and responsibilities on States and their institutions to uphold and realise the rights contained in it for children and young people. It is the case that those rights that are most commonly understood relate to giving children and young people a voice. However, voice is one of a number of inter-related elements required to give a young people agency and must be offered alongside space, voice, audience, influence and in that order. [[3]](#footnote-3)

**Participation Rights -** Consultation with Children and Young People

It is vital that children and young people themselves, along with their parents / carers are enabled to feed into the Strategy development. Meaningful participation is a fundamental right as articulated by the UNCRC, in particular, Articles 12, 17 and 3, which establish young people’s rights as active participants at every level of decision making impacting on their lives, in accordance with their age and evolving capacity.

However, despite young people being a priority group in the previous Northern Ireland strategy to address substance misuse (New Strategic Direction) and with evidence of a significant cohort at risk of harm from misuse, children and young people’s views were not included as part of independent evaluation of the strategy’s progress.[[4]](#footnote-4) It is important that this infringement on children rights, to have meaningful engagement into issue that affect them, is not repeated in this new planning process.

We note that an easy read version of the new proposals has been produced and this is welcomed, as this is more accessible to a younger audience. We appreciate that Covid-19 impacts the ability of the Department to engage with key stakeholders, however, it is important that young people’s views inform the final strategy and are embedded in the policies and practices developed for services. Children and young people’s active participation in the policy planning process is also a requirement under Equality Legislation (Section 75), and best practice, as it is more likely to lead to effective services and improved outcomes.

Rights to Provisions and Protections

In addition to participation rights, there are a range of other equally important rights which relate to provisions and protections.[[5]](#footnote-5) Under the UNCRC, children and young people have a fundamental right to be protected from harm, including from illicit use of drugs and psychotropic substances. Article 33 of the UNCRC articulates that State Parties shall take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances as defined in the relevant international treaties, and to prevent the use of children in the illicit production and trafficking of such substances. State Parties also have a responsibility to ensure that children and young people enjoy the highest attainable standard of health and access to adequate healthcare, and to ensure that no child is deprived of his or her right of access to such health care services.’ (Article 24 (i)).

Comments on Actions for Substance Use Strategy

Although, general population surveys are showing that young people are delaying experimenting with alcohol unfortunately there remains a cohort of young people that are at significant risk of harm from substance misuse.

A review of the previous Northern Ireland strategy to address substance misuse (New Strategic Direction) reported that, "a significant cohort who do use and misuse alcohol and drugs seem to be engaging in increasingly risky behaviours that is seeing acute increases in related harms.” The report went on to say that “this is an issue that will need to be teased out further when we consider what should follow the current strategy." [[6]](#footnote-6)

A national inquiry into suicide and homicide found that a significantly higher percentage of young people who died by suicide from Northern Ireland had a history of alcohol / drug misuse when compared to England, Scotland or Wales.[[7]](#footnote-7) Recognition of the need to focus on children and young people’s needs is also evidenced by the fact that 60% of respondents to an online survey to support the drafting of this consultation thought that young people should be one of the main priority groups, alongside those with mental health problems.

It is important and welcomed that the consultation document clearly establishes that ‘given their legal status and developmental stage, the main focus for children should be on early intervention, prevention and treatment, whilst avoiding a formal Justice response where possible.’ It also highlights areas in which improvements are needed, such as identifying need more quickly, improving access and addressing barriers to services, simplifying referral pathways, improving the support and treatments available (which includes responding to substance use and mental health problems simultaneously)and improving the transitions between child and adult services. Unfortunately, the consultation document does not outline in sufficient detail how it intends to address weaknesses in the system. It is vital that this detail is included in the associated delivery plans and that key stakeholders are given an opportunity to comment on them. It is critical that children at risk of harm from substance use are effectively safeguarded and that the services and professionals who hold these statutory duties are able to discharge them effectively.

NICCYs Still Waiting Report found that drug and alcohol services and mental health services do not always work in an integrated way, nor is there adequate resources to meet

the needs of young people requiring different levels of intervention. In finalising this Strategy, we would strongly advise that the findings and recommendations from the report are considered and used to inform the final proposals. Table 1. pg. 2 above highlights some of the most relevant recommendations from the report, however, it would also be important to engage directly with members of the IDG who are driving the action plan for improving services. The HSCB is a member of the IDG, and we are very encouraged by the statement within the proposals for this strategy that the HSCB will urgently review the support provided for those with co-occurring mental health and substance use issues to ensure that services are delivered in line with the relevant guidelines and ensure collaboration across all key services.

More generally, the need for integrated working across the whole system, and across the full range of health and social care services is vital to the successful delivery of this consultation and to improved outcomes for children and families at risk or affected by mental health and / or alcohol and drug problems. Many of the young people NICCY engaged with through its Review reported that substance use was a form of ‘self-medication’, to cope with the symptoms of their mental health problems. There is a need for a service approach which can support these children and young people in a holistic way, which includes identifying need at the earliest opportunity and responding to substance use and mental health problems simultaneously.

DAMHS is a step 3 service but does not offer crisis care. All referrals must go through a GP; therefore, self-referral or family / carer referral isn’t possible. NICCY has been strongly advising CAMHS to consider simplifying referrals pathways to ensure young people are seen as quickly as possible and to take any unnecessary pressure away from GP practices. We would suggest a similar review is made for access to DAMHS and is a necessary step to improve the working relationship between DAMHS and CAMHS, which is one of the proposals suggested in the consultation.

NICCYs review found particular gaps in services for young people with the most complex needs, which are those which would require intensive rehabilitation care in the community, or specialist (secure) inpatient care (Step 4 – 5). This consultation document makes no specific reference or proposals in relation to this type of provision, and proposals for the new health and care campus have stated that whilst there is evidence of need for low secure mental health unit in NI, this would not fall within the scope of the campus proposals, and defers to the Mental Health Strategy to address this recognised gap in provision.[[8]](#footnote-8) Whilst it makes sense for the Mental Health Strategy to address the need for Step 4-5 care, it is also important that there are commitments made in the Substance Use Strategy to support this work due to the inextricable link between the two and the need to ensure that drug/alcohol and mental health services are offered in a cohesive way.

NICCY Review found that detentions under existing mental health legislation (the Mental Health (NI) 1986) is not possible when a young person is under the influence of alcohol and/or drugs. Mental State Assessments can’t be complete either. This means that some extremely vulnerable young people are unable to access specialist mental healthcare, including inpatient care. More generally, a lack of a comprehensive range of support services / interventions for young people with different levels of need, mean that too many young people continue to attend A&E during a mental health crisis, and a high proportion of the young people interviewed as part of NICCYs review had attended A&E during a mental health crisis. Emergency Departments are not equipped to deal with mental health and many young people interviewed as part of NICCY review described a wholly inadequate response to their needs while experiencing a mental health emergency.

Data / Evidence Base

The NI Young Behaviour and Attitude Survey provides useful data in terms of alcohol and drug use amongst young people, however as a general population based survey it is unlikely to be representative of those living in unstable homes or have volatile lifestyles and for whom drug and alcohol use is more likely to be a factor. The consultation document acknowledges this point but does not provide a solution or response to this challenge. It is vital that learning from the previous strategy is used to identify gaps in key data that is required to identify need, track progress of key actions and assert a focus on outcomes. Strong connections with communities and groups who know at risk or affected individuals is essential and improving connections with communities was raised as a learning point from the last Strategy. It is also important to use indicators that are chosen by service users themselves, as these will reflect what is important to them.

Governance

We welcome the fact that the implementation board for the Substance Use Strategy will also serve as part of the governance and delivery structures for the Mental Health Strategy to ensure alignment between both. It is also important for the Department for Education and educationalists to be visible and involved at strategic, regional and local delivery levels for this Strategy. The recent joint planning and funding commitments made by the Department of Health and Department for Education on an Emotional Health & Wellbeing in Education Framework is clear acknowledgment that educational settings have a significant role in children and young people’s lives and provide an important place for identifying need, and providing curriculum based prevention / early intervention programmes.

Investment

In order to fully cost the implementation of the Substance Use Strategy we would recommend that consideration is given to the Fund Mapping Methodology, it is a tried and tested approach used to bring together information from across Departments and Agencies on the amount of money spent on key children’s services, whilst taking account of levels of need and outcomes, all of which are essential for making informed decisions about how finite money is spent.[[9]](#footnote-9) The Inter-Departmental Working Group taking forward the ‘Still Waiting’ Recommendations and the Mental Health Action have both made commitments to use this methodology to improve how they collect and analyse funding data.[[10]](#footnote-10),[[11]](#footnote-11)

Conclusion

In conclusion, it is clear that resources are currently inadequate to meet the needs of young people requiring different levels of intervention for mental health and drug and / or alcohol problems. We therefore warmly welcome this Strategy as one of a number of strategic planning documents which can protect children and young people from harmful substances and ensure that those affected have all the support they need to make a full recovery.

1. Progress Update Report- Inter-Departmental Still Waiting Action Plan- February 2021. [↑](#footnote-ref-1)
2. [Programme for Government (PFG), Children and Young People's Strategy and CSCA (niccy.org)](https://www.niccy.org/about-us/our-current-work/programme-for-government-pfg-children-and-young-peoples-strategy-and-csca/) [↑](#footnote-ref-2)
3. [lundy\_model\_of\_participation.pdf (europa.eu)](https://ec.europa.eu/info/sites/info/files/lundy_model_of_participation.pdf) [↑](#footnote-ref-3)
4. https://www.publichealth.ie/sites/default/files/20180814\_NSD%20Report\_FINAL%20LF.pdf [↑](#footnote-ref-4)
5. [Layout 1 (unicef.org.uk)](https://downloads.unicef.org.uk/wp-content/uploads/2010/05/UNCRC_united_nations_convention_on_the_rights_of_the_child.pdf?_adal_sd=www.unicef.org.uk.1611652595944&_adal_ca=so%3DLive%26me%3Dorganic%26ca%3D(not%2520set)%26co%3D(not%2520set)%26ke%3D(not%2520set).1611652595944&_adal_cw=1611652593190.1611652595944&_adal_id=e9b96066-b85b-4b72-ad31-c802fdc3dcd3.1611652593.2.1611652593.1611652593.46130a21-8939-4235-bf53-d5fecbac9c30.1611652595944&_ga=2.90105755.18645724.1611652593-1158650393.1593702435) [↑](#footnote-ref-5)
6. NSD Alcohol and Drug Phase 2 Report: Final Review Oct 18- Para 3.14 [↑](#footnote-ref-6)
7. National confidential inquiry into suicide and safety in mental health- Annual Report 2018 [↑](#footnote-ref-7)
8. [Consultation on Establishment of a Regional Care and Justice Campus | Department of Health (health-ni.gov.uk)](https://www.health-ni.gov.uk/consultations/regional-care-justice-campus) [↑](#footnote-ref-8)
9. Further information on fund mapping methodology can be found at [niccy-still-waiting-report-sept-18-web.pdf](https://www.niccy.org/media/3114/niccy-still-waiting-report-sept-18-web.pdf) page 63 [↑](#footnote-ref-9)
10. [Interdepartmental Action Plan in response to the “Still Waiting” Report | Department of Health (health-ni.gov.uk)](https://www.health-ni.gov.uk/stillwaitingreport-response) [↑](#footnote-ref-10)
11. [Swann publishes Mental Health Action Plan | Department of Health (health-ni.gov.uk)](https://www.health-ni.gov.uk/news/swann-publishes-mental-health-action-plan) [↑](#footnote-ref-11)