



# Action Plan

## 2021/22 – 2024/25

*‘Addressing Drugs and Alcohol Together’*



## **Strategic background**

Southern DACT was re-started in 2019. DACT Terms of Reference, and the relationship between each DACT and its Connections service are outlined here: <https://drugsandalcoholni.info/creative3media/uploads/2021/12/DACT-TORs-Role-of-DACT-and-Connections.pdf>.

*In September 2021, the new substance use strategy Preventing Harm, Empowering Recovery was launched, recognising that local assessment of need, and the development and delivery of services, programmes and initiatives to meet those needs, is paramount to address these issues effectively.*

*It is therefore vital that local structures are in place that support these functions.*

*Previously these had been delivered through the local Drug and Alcohol Co-ordination teams (DACTs), supported by the PHA and the DACTs Connections Service.*

*However, the local delivery landscape has changed dramatically in recent years.*

*Policing and Community Safety Partnerships (PCSPs) are now well established and Community Planning structures at local government level also now exist.*

*We believe there is still a need for local partnerships focused specifically on the harm related to the use of alcohol and other drugs, however, it would now be appropriate for the PHA to review the role, function and membership of Drug & Alcohol Co-ordination Teams, supported by DoH and other partners, to ensure they are effective and strategically placed to inform, support and monitor the delivery of Preventing Harm, Empowering Recovery. This review will include an assessment of the linkages and overlaps with other local delivery structures. DACTs will remain until the review is done.*

Further mention of DACTs is made in terms of Service User Involvement and Community & Voluntary sector involvement as key values. *It is essential that their voices are heard throughout the strategy's governance structures with membership at the programme board, the sub-committees, and DACTs.*

### **Scope and duration**

SDACT members connect to many other partnerships that plan and deliver for the same public. This action plan focuses on *those actions that SDACT members can achieve through SDACT itself, and which could not be achieved at all, or as well, in the absence of SDACT* as a purposeful partnership addressing D&A issues and opportunities local to the Southern area.

This action plan is for the period 2021/22 – 2024/25. However, it will have ongoing/annual review during that period with new actions added as appropriate. We expect there to be emerging issues and strategic asks of DACTs coming from the implementation of the Strategy.

Where an action has originally been identified by SDACT, and subsequently taken on by the Strategy or within its outcome groups, this is noted below so it remains ‘live’ on SDACT agenda.

### **Relationship with mental health**

The current strategy highlights the need for an increased focus on co-occurring mental health and substance use issues and to this end, the SDACT has secured members from the mental health agenda, bridging the SDACT to the Southern Protect Life Implementation Group. The SDACT and SPLIG will also host a joint information exchange per annum to reinforce shared learning and opportunities for engagement.

### **Geography of SDACT**

SDACT’s geography includes several cities/towns/areas – **Armagh, Banbridge, Craigavon, Dungannon, Newry & Mourne** - one Trust – Southern Health and Social Care Trust, one council

in full (**ABC**) and two part councils (**NMD & MUDC**), with their corresponding co-terminous PSNI districts.

### **SDACT objectives – we will:**

- 1. influence** others’ and our own organisations’ **policy and strategy, and agendas of relevance** for people at risk of harm from alcohol and/or drugs.
- 2. influence Research** of relevance for people at risk of harm from alcohol and/or drugs.
- 3. improve transition** between services.
- 4. share and develop our intelligence, knowledge and practice.**
- 5. ensure connection** between SDACT and other relevant agendas.
- 6. ensure connection** between referrers, communities signposting agencies and services.
- 7. make ‘seeking support’ simple.** We will **promote relevant services** and how to access them.
- 8. develop care and concern among our communities** regarding mental ill-health, substance use and associated harm.
- 9. develop safer communities** in Southern area regarding substance use.

10. **raise awareness** of low risk drinking, medicines management and disposal, hidden harm, polydrug use.

ACTION	WHO	WHEN	PROCESS ACHIEVEMENTS	OUTPUTS / OUTCOMES
<b>At Strategy level: Influencing and aligning policy to address health inequalities</b>				
<b>Obj 1. We will influence others' and our own organisations' policy and strategy, and agendas of relevance for people at risk of harm from alcohol and/or drugs.</b>				
i. Identify relevant opportunities, consultations, pre-consultations etc.  Submit SDACT collective response where appropriate.  Encourage individual responses where appropriate.	All members, through the Chair.	Routinely at and between SDACT meetings.	SDACT members have been encouraged to submit own responses and where appropriate collective SDACT responses to public consultation documents. The following documents are live for consideration; <ul style="list-style-type: none"> <li>• Tier 4 Review Public Consultation (Nov24)</li> <li>• ABC Community Plan (Nov24)</li> </ul>	Successfully influenced PHA to delay the procurement of D&A services to align with publication of the SUS.  Successfully influenced the allocation of 21/22 SPLIG monies to include the provision of training to D&A service providers.
ii. Conduit to and from SDACT to the Substance Use Strategy working groups.	Nominated members of SUS working groups who are also SDACT members.	Ongoing	<a href="#">SUS Commissioning &amp; Implementation Plan</a> launched in Oct 2024  Members with these working groups to be defined from March 25.  SUS working groups to remain as standing agenda item for updates	<b>New SUS Working Groups:</b> <ol style="list-style-type: none"> <li>1. Prevention &amp; Early Intervention</li> <li>2. Pathways</li> <li>3. Person Centred Care</li> <li>4. Performance and Data</li> <li>5. People</li> </ol>

Obj 2. We will **influence Research** of relevance for people at risk of harm from alcohol and/or drugs.

ACTION	WHO	WHEN	PROCESS ACHIEVEMENTS	OUTPUTS / OUTCOMES
i. Identify unmet research needs, gaps in evidence, research opportunities etc.	All members, through the Chair.	Routinely at and between SDACT meetings.	Achievements so far have been mainly in developing processes to support this: <ul style="list-style-type: none"> <li>• Standing agenda item set and implemented.</li> <li>• UU Homeless Research – <b>awaiting Executive Summary from Tracey Colgan PHA Homelessness Lead</b></li> <li>• UU business proposal re Trauma, Substance Use and Mental Health – <b>await further update from UU</b></li> <li>• Need to consider the SU findings of the NI ACE Prevalence Study (2025) – <b>for action</b></li> </ul>	A potential research opportunity has been identified and notified to PHA Health Intelligence (Low Threshold / Counselling) however it is not viable at present.
ii. Encourage membership of <a href="#">NI Public Health Research Network</a> among SDACT members.	PHA	Once a year	Weblink continues to be circulated to encourage DACT members and their staff to register	

**At System level:**

- Enhancing multi-disciplinary working
- Strengthening collaboration and integration within the health and social care system

Obj 3. We will **improve transition** between services.

ACTION	WHO	WHEN	PROCESS ACHIEVEMENTS	OUTPUTS / OUTCOMES
i. Document 'Southern' adult stepped care pathway / referral pathways.	Adult Step 2 / 3 service providers	Jan-June 2025	<p>Stepping up and stepping down is carried out already as part of recent practice (established 2021). Leads identified: CAT SHSCT/Step 2 Partnership.</p> <p>We need to continue to seek opportunities to engage with GP MDTs to promote the substance use services represented across the SDACT</p> <p>Action: Consider GP Federation representation on SDACT (similar to SPLIG)</p>	CAT team and AS2 Partnership have presented to Southern GP Federation through 3 education events over recent months
ii. Agree and document 'Southern' youth stepped care pathway / referral pathways.	SHSCT and Youth Step 2 / 3 service providers	Jan- June 2025	<p>Stepping up and stepping down is carried out already as part of recent practice.</p> <p>Pathway between Step 2 Youth Treatment Service and CAMHS has been developed</p> <p>Actions: Ciaran and Stephanie McKernan to write this into a data sharing agreement to formalise</p>	Increase of referrals between CAMHS to Youth Treatment as suitable

			<p>and influence PHA commissioning of Youth Treatment Service as this arrangement isn't as established.</p> <p>Presentation to CYPSP Southern Area EHWP subgroup to present on the substance use services to support CYP and families – explore pathways between young people to SU/MH services. Await invitation from Valerie Maxwell and Jacqueline McMaster – Helen and Chair</p>	
<p>Nb. SUS Outcome C (c) will address this action.</p> <p>iii. Identify and agree the assessment and support needs of clients entering or exiting custody/prison – re prescription medication / substitute prescribing. Scope any potential to improve current practice.</p>	<p>SUS Outcomes Group C (c)</p> <p>(Local involvement: SHSCT PBNI PSNI)</p>	2022 onwards	<p>Issue identified so far:</p> <p><b>Justice / health link</b> Gap in provision of OST on exit (BHSCT has a prisons link for OST)</p> <p>Last minute / continuity issue re knowledge of exit</p> <p>Cases where released at Court vs sentenced – can pre-empt needs</p> <p>SUs missing OST referral appt because of justice commitments</p> <p>Choosing to fail drugs test to get OST</p> <p>This action will be picked up via the SUS regional OST subgroup and the NIPS Regional Bail Support Project - await regional update</p>	
<p>iv. Increase understanding of substitute prescribing</p>	<p>SUS Outcomes Group C (d)</p> <p>SHSCT OST</p>	As required	<p>The regional SUS OST subgroup progress will be fed down to the DACTs and local action will be directed from this regional group</p>	.

among SDACT members.	SU input			
vi. Identify the main barriers preventing smooth transition / parallel service delivery <i>between D&amp;A and MH</i> services.  vii. Scope potential solutions. <b>Nb. The SUS Outcomes C (a) and (b) link to this action. Actions 3 (i) and 3 (ii) will help SDACT members' readiness to contribute to the Outcomes groups.</b>	SUS Outcomes Group C (a) & C (b)  All SDACT SU input	March 2025	The regional SUS co-occurring subgroup began to meet from late Nov24. Progress and updates from this subgroup will be fed into DACTs via HSC Trust representation.  <b>Actions:</b> <b>SDACT/SPLIG will host a joint information exchange session in March 2025 with the focus on co-occurring mental health and addictions.</b> <b>Discussions will be documented and reported into the regional SUS co-occurring subgroup. Discussion will include;</b> <b>Effectiveness of current pathways</b> <b>Gaps within provision both statutory and CVS</b> <b>Transition barriers from CYP services to Adult and from mental health to/and from addictions services</b>	
viii. Develop and agree (goodwill) standards among service providers to encourage joined up continuity of support for service users.	RSUN to lead  SU input	2025/26	Initial discussions locally took place in 23/24 with an SDACT task and finish group. It was agreed that there are a number of focus areas that should be considered within this document. <ul style="list-style-type: none"><li>• Transition of clients - warm handover</li><li>• Service user choice and consent</li><li>• Data protection, GDPR</li><li>• Assmt/Reassessment, Exit/Follow Up support</li></ul>	

			<p>The SUS implementation plan has committed to an action to develop a regional charter of rights for those impacted by substance use</p> <p>A Regional SUS meeting took place with Scottish colleagues in Jan 2025 to hear about the implementation of a Scottish charter of rights for those affected by substance use and associated resources</p> <p>This will be considered within the SUS working groups - <a href="#">Charter of Rights for People Affected by Substance Use 2024 - Health and Social Care Alliance Scotland</a></p> <p>As 3 (viii) – Await SUS planning team update and provide input</p>	
--	--	--	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

Obj 4. We will share and develop our intelligence, knowledge and practice.				
ACTION	WHO	WHEN	PROCESS ACHIEVEMENTS	OUTPUTS / OUTCOMES
i. Ensure Service User representation and participation in SDACT developments.	Chair/ Coordinator.  Leads within any working groups.  RSUN.	April 2025 onwards	The PHA regional engagement and involvement lead Jessica Murray continues to implement the regional engagement and involvement action plan. This includes; <ul style="list-style-type: none"> <li>• Peer support</li> <li>• RSUN</li> </ul>	

			<p>So Hope representatives are encouraged and welcomed to attend SDACT meetings</p> <p><b>Actions:</b>  Presentation from Jessica on the regional implementation of this work and peer support developments  April 2025</p> <p>ASCERT RSUN lead Paul Wolfe will be invited to join SDACT meetings</p> <p>So Hope have developed a podcast with SHSCT on their experience of services and life after service - <a href="#">SOUTHPOD</a> – to be discussed in April 2025</p> <p>PHA to liaise with Elaine Fogarty, SHSCT re a SU attending SDACT meetings and to understanding the capacity building programme for SU involved in MH work via the SPLIG</p>	
ii. Consolidate use of Local D&A Incident Protocol (LDAIP) and DAMIS by SDACT members.	All members.	2025/26	<p>Achievements so far have been mainly in developing processes to support this in principle:  Presentation to SDACT members, identification of overlap between LDAIP and DAMIS, identification of improvement/alignment opportunity.</p>	

			<p><b>Actions:</b>  Raised with PHA SUS lead for it to be included in review of DACTs.</p> <p>The DAMIS procedure is also due to be reviewed by the PHA therefore both will be considered and fed back to the DACTs in 2025/26</p>	
<b>ACTION</b>	<b>WHO</b>	<b>WHEN</b>	<b>PROCESS ACHIEVEMENTS</b>	<b>OUTPUTS / OUTCOMES</b>
<p>iii. Identify emerging substance use issues and concerns, identify most appropriate action (escalate/ address locally as SDACT/address locally as individual member) etc.</p> <p>Raise emerging substance use issues via DAMIS – web based information system when appropriate</p>	<p>All members through DAMIS LDAIP/LISG Service Provider Network.</p> <p>LISG Chair.</p> <p>Connections team.</p>	Ongoing	<p>Standing agenda item at SDACT meetings includes updates from members inc:</p> <ul style="list-style-type: none"> <li>– Service providers via SPN</li> <li>– Regional updates PHA/DH</li> <li>– PSNI locality intelligence</li> <li>– PCSP</li> <li>– NIHE (aspiration)</li> </ul> <p>Connections identifies issues and concerns emerging at the Service Provider Network, and shares them with SDACT Chair and Coordinator.</p> <p>Members are reminded of DAMIS to report emerging substance issues</p>	

iv. Develop and pilot a web-based system to improve sharing of local intelligence.	PHA initially.		T and F Group have considered we remove this action as this is covered via the above action? Note in April 25 and remove action	
v. Share relevant training and development opportunities among members.	All members through the coordinator.	Ongoing	Emerging opportunities that members are encouraged to attend; <ul style="list-style-type: none"> <li>• Trauma Informed Toolkit Training sessions 2024/25</li> <li>• Harm Reduction Training Feb/March 25</li> <li>• Responders Training March 25.</li> <li>• ASCERT vaping and spice training – ongoing via website</li> <li>• DBT training via PHA</li> <li>• Stigma practitioners' workshop – March/April 25</li> </ul>	
vi. Improve reporting of RAPID (drug bins) data to SDACT.	PHA Connections PSNI	Ongoing	Ongoing work via PHA and Connections Services to improve the delivery of the RAPID initiative. 2024/25 we are focused on; <ul style="list-style-type: none"> <li>• Updating the RAPID protocol across the partnership</li> <li>• Updating and maintaining RAPID bin locations via <a href="http://www.DrugandAlcoholNI.info">www.DrugandAlcoholNI.info</a></li> <li>• Health and Safety of staff emptying the bins</li> </ul> <p>Action:</p>	

			RAPID workshop in QU1 of 25/26 with all RAPID partners to review the process. An update will be cascaded with DACTs	
vii. Establish and review the learning of the Step 2 partnership, including access to interpreting support. Share the model with PHA leads as part of the evidence review.	PHA Step 2 Partnership SHSCT	Develop locally and review in 22/24  Regional implementation 24/25	This action is complete. The interpreting support service process within the AS2 service in south has been scaled up by the PHA and is available for all Tier 2 substance use services commissioned by the PHA.  The triage model between the service provider (s) and CAT have been informing the recommissioning of this service	

Obj 5. We will **ensure connection** between SDACT and other relevant agendas.

<b>ACTION</b>	<b>WHO</b>	<b>WHEN</b>	<b>PROCESS ACHIEVEMENTS</b>	<b>OUTPUTS / OUTCOMES</b>
i. Identify where the Connections service can enhance and/or exploit other agendas to reduce harm from substance use.	All members, raising through Connections	Ongoing	The following stakeholders have been identified: <ul style="list-style-type: none"> <li>– Community Planning</li> <li>– Age Friendly officers in Councils</li> <li>– Council Community Development and Health Inequalities workers.</li> <li>– Council Inequalities teams have contract objectives to connect</li> </ul>	All DACTs should look for opportunities to engage with local delivery of regional campaigns; D&A messaging to local older people via Age Friendly (Oct each year via Local Councils)

			<p>them with D&amp;A Connections, eg support campaigns like NIAAW.</p> <ul style="list-style-type: none"> <li>- Support Hubs</li> <li>- NMD D &amp; A Locality Planning Group &gt; South Armagh – stood down</li> <li>- Southern Traveller Action Support Group</li> </ul>	<p>Sexual Health Week NI – Feb each year via PHA</p> <p>Engage with new partners for Dry Jan/FGF. This includes workplaces, staff and service users</p> <p>Southern Connections Service can inform SDACT of the schedule of online activity for the year in line with other events/campaigns</p>
--	--	--	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Obj 6. We will **ensure connection** between referrers, signposting agencies and services.  
We will **steer Connections' outreach** into communities and settings.

<b>ACTION</b>	<b>WHO</b>	<b>WHEN</b>	<b>PROCESS ACHIEVEMENTS</b>	<b>OUTPUTS / OUTCOMES</b>
i. Identify and connect with those who can promote use of services, sharing of intelligence, and who can influence our work, particularly for marginalised groups.	All members through Connections.	Ongoing	<p>The following stakeholders have been identified:</p> <ul style="list-style-type: none"> <li>- Ethnic minority &amp; traveller forums – local and regional – <b>this should be regularly reviewed and connection with Southern Traveller Action Group</b></li> <li>- SPLIG / MH networks</li> <li>- Steps to Wellness Service</li> <li>- Council Community Development and Health Inequalities workers</li> </ul>	<p>Outcomes noted in previous action plans.</p> <ul style="list-style-type: none"> <li>- Accessibility of D&amp;A services and resources for Ethnic Minorities forum.</li> <li>- Continue to promote services via GP MDTs</li> <li>- Responders training 2025 - encouraged these groups</li> </ul>

			<ul style="list-style-type: none"> <li>- Primary Care; Southern Area GP Federations and GP MDTs</li> <li>- SHSCT Home Companions</li> <li>- CYPSP &amp; Family Support hubs</li> <li>- Text A Nurse School Service</li> <li>- Southern Traveller Action Support Group</li> <li>- Southern Health Inclusion Service</li> <li>- NIHE</li> </ul> <p>Action: PHA and Connections to liaise with SHSCT HI team re dissemination of mental health and substance use resources together</p>	including among Home Companions.
ii. Identify any unmet need/s or new opportunity/ies to be prioritised by the Connections team.	All of SDACT	Complete	<p>Complete. PHA have liaised with their Inequalities lead to identify deprived areas within SHSCT according to NISRA. Small community response group established to support the community needs.</p> <p>Action: LTS still raises concerns regarding the need for a NSES site in Banbridge locality. PHA to discuss</p>	Connections have supported community level response in Lurgan – inc. RAPID and Responders – complete with no further action

Obj 7. We will make 'seeking support' simple. We will promote relevant services and how to access them.

ACTION	WHO	WHEN	PROCESS ACHIEVEMENTS	OUTPUTS / OUTCOMES
<p><b><u>Communication – service improvements</u></b></p> <p>i. Develop a single point of contact for people considering change in use of drugs/ alcohol.</p>	<p>Step 2 service PHA Connections</p>		<p>Have identified Step 2 partnership as a suitable telephone contact point (which can step down or up as appropriate).</p> <p>Action: All SDACT members should consider how they can promote the visibility of services locally and promote the SU service directory via their websites.</p> <p>Regionally the PHA will ensure visibility of services on the refreshed D and A website</p>	<p>Single point of plain information for services – <a href="http://www.drugsandalcoholni.info">www.drugsandalcoholni.info</a></p>
<p>ii. Promote the single point of contact.</p>	<p>Connections</p>	<p>Ongoing</p>	<p>Have promoted on social media as part of regional work.</p> <p>Actions: All social media posts related to substance use should encourage viewers to visit the drug and alcohol NI website through adding links into social media posts or press releases</p> <p>SDACT members should consider signposting services/service users to</p>	

			the website as a single point of access for information	
iii.Promote the availability of help among local ethnic minorities	PHA Connections		<p>Have linked to local Ethnic Minority lead in PHA to consider promotion methods.</p> <p>PHA to recirculate the AS2 service information that was translated into different languages across the Southern Ethnic Minority Forums</p> <p>Regional action – PHA will need to consider the translation of SU promotional material following the re-procurement of services</p>	This was completed in 22/23 Resources were translated and interpreting support service was established and expanded across all SU services in NI
<b>ACTION</b>	<b>WHO</b>	<b>WHEN</b>	<b>PROCESS ACHIEVEMENTS</b>	<b>OUTPUTS / OUTCOMES</b>
iv.Promote a Southern overview of services, inc. <ul style="list-style-type: none"> <li>• step of care</li> <li>• referral highlights</li> <li>• contact information</li> </ul>			<p>Suggested items to consider:</p> <p><a href="#">D&amp;A directory - South</a></p> <p>SE Roadmap to services (design)</p> <p>Content within <a href="#">Down leaflet</a></p> <p>Extern brochure – online</p> <p>Southern Area Family Support <a href="#">database</a></p> <p>Collaborate with SPLIG</p>	
v.Liaise with potential referrers & sign posters, CYP, rural communities' vulnerable groups, key workplace settings.	Connections  Step 2 Partnership	Ongoing	<p>-SPN Networking events</p> <p>-Community HWB event – Connections &amp; PCSP</p> <p>-Access to Service - Step 2 Referral Pathways via Step 2 Partnership</p>	

vi. Increase awareness of the Southern Drug and Alcohol Services within the Southern Area Support Hubs	Southern Area PSNI / Council Support Hubs  Connections		Strengthen referral arrangements from support hubs out to D&A services. ABC, Mid Ulster and NMDDC Support Hubs have indicated open door for this. Completed by Connections Service.  <b>Action: Consider a timely revisit to the support hubs across the Southern Area to promote services and encourage attendance at SDACT meetings when relevant – Connections?</b>	
vii. Share (regionally) Youth Treatment service practice of achieving and maintaining engagement among service users  <b>SUS Outcomes Group C (a) will likely drive a review of existing services.</b>	PHA  Dunlewey		Anecdotally, the Youth Treatment Step 2 service in South (DA-FACTs / Dunlewey) has been highlighted as having good engagement levels.  <b>Continue to strengthen pathways into the youth treatment service across the statutory and CVS. This includes CAMHS, Schools and Social Workers</b>	
<b><u>Communication</u></b>				
<b>ACTION</b>	<b>WHO</b>	<b>WHEN</b>	<b>PROCESS ACHIEVEMENTS</b>	<b>OUTPUTS / OUTCOMES</b>
viii. Strengthen communication opportunities to receive and disseminate information across SDACT members and the SPN	Connections  PHA  PHA  PHA	Ongoing	-Use SPN & Connections newsletter -Circulate updates to SDACT members -Circulate PHA messaging service sign up arrangements  <b>Action: Encourage members to sign up to the CYPSP Family Support</b>	

			newsletter & Southern LPG Area Newsletter. Details will be shared at the next meeting	
--	--	--	------------------------------------------------------------------------------------------	--

<b><u>Communication - Enhancing Networks / Linking Partnerships</u></b>				
<b>ACTION</b>	<b>WHO</b>	<b>WHEN</b>	<b>PROCESS ACHIEVEMENTS</b>	<b>OUTPUTS / OUTCOMES</b>
ix. Strengthen the partnerships and referral processes between services and address gaps in connections with cross cutting partnerships and service areas	Chair / PHA  SDACT members		Partnership updates are a standing agenda item at each SDACT meeting for cross cutting themes, emerging issues and service updates  Michael Heaney YJA bridges between SDACT and CYPSP Southern Area Outcomes Group  Deirdre McParland and Gemma Maher bridge between SDACT and Southern Area Protect Life Implementation Group (SPLIG)  Aine Campbell bridges between SDACT and local Support Hubs  Need to consider: <ul style="list-style-type: none"> <li>• Transitions lead SHSCT</li> <li>• NIHE</li> <li>• Southern Integrated Care / AIPB</li> <li>• Council/SHSCT Comm Dev teams</li> </ul>	

			<ul style="list-style-type: none"> <li>• Regional TIP Committee (SBNI)</li> <li>• Southern Area Think Family Team</li> </ul>	
<p>x.Continue to identify emerging needs and gaps in services.</p> <p>Work with service providers to meet the needs. Facilitate the ongoing flow of information to SPN in relation to new and continuing programmes.</p>	<p>SPN / Connections</p> <p>All of SDACT</p>		<p>SPN to invite PCSP, SHSCT Community Development Team and Council Community Development Team to discuss current cross cutting opportunities, programmes and groups in the community.</p> <p>Action: Consider SPLIG presentations on YP friendship café, PIPs Crisis Café, wellbeing café, loneliness, family supports.</p> <p>Seek opportunities to join up services with the PIPs well bean café and crisis support i.e. This will be discussed at the SDACT/SPLIG info exchange</p>	

ACTION	WHO	WHEN	PROCESS ACHIEVEMENTS	OUTPUTS / OUTCOMES
<p>xi. Develop a consistent ACE awareness and trauma sensitive approach to practice across SDACT services.</p> <p>Action E5 SUS = The PHA will continue to deliver a programme of workforce development in relation to substance use, in line with national standards such as DANOS etc. This would include the need for a trauma-informed approach and appropriate training on stigma associated with substance use</p>	All SDACT members	TBC	<p>Trauma Informed Approaches toolkit and training sessions continue to be promoted via the SDACT.</p> <p>The PHA will consider how they support their commissioned services embed trauma informed approaches within their substance use services</p> <p>NI ACE Prevalence Study was published in Jan 25. PHA to share some of the key findings in April 25 with SDACT</p> <p>Staff wellbeing is an important priority and we should consider collectively how we support our staff across the SDACT services to feel safe and supported. The guide for managers when a client passes away to suicide or substance use will be published. To be discussed?</p>	Await approval of SUS strategy implementation plan and strategic direction re role of DACTs in implementing the TIP priority
ACTION	WHO	WHEN	PROCESS ACHIEVEMENTS	OUTPUTS / OUTCOMES
xii. Engage and involve SDACT members in Connections campaigns (NIAAW, RAPID, Dry	Connections	Ongoing	<p>Ongoing campaigns per annum include;</p> <ul style="list-style-type: none"> <li>- Medicine Management /RAPID bin promotion and maintenance</li> <li>- Dry January/Feel Good February</li> <li>- NIAWW</li> </ul>	

January, Feel Good February)			SDACT members are encouraged to get involved with the campaigns to support their staff and service users  Action: Consider if there are any requests to support NIAAW locally in southern area	
---------------------------------	--	--	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--

At Community level, working in partnership to plan and deliver and Building capacity for public health				
Obj 8. We will <b>develop care and concern among our communities</b> regarding mental ill-health, substance use and associated harm.				
ACTION	WHO	WHEN	PROCESS ACHIEVEMENTS	OUTPUTS / OUTCOMES
i.Support regionally-agreed Hidden Harm awareness and early intervention steps, when available.	SUS Outcomes Group A & C (a)	2025 onwards	Await approval of SUS strategy implementation plan and strategic direction re role of DACTs within the regional hidden harm working group and subsequent regional action plan The regional hidden harm working group will be established following the development of the 5 SUS implementation groups	
ii.Implement agreed responses to Local D&A Incident Protocol issues			SDACT has influenced the PHA/ Connections regional response to: Alprazolam, MSJs, Nitrous Oxide / canisters, Syrup, Alcoholic caffeinated drinks	
iii.Responders – as above				
Action E5 SUS = The PHA will continue to deliver a programme of workforce development in relation to substance use, in line with national standards such as DANOS etc. This would include the need for a trauma-informed approach and appropriate training on stigma associated with substance use				

Obj 9. We will **develop safer communities** in Southern area regarding substance use.

ACTION	WHO	WHEN	PROCESS ACHIEVEMENTS	OUTPUTS / OUTCOMES
i. Maintain and develop the RAPID drugs bins initiative.	Connections PCSP	Ongoing	There are 29 bins in place across Southern area and the returns within the bins are proving the effectiveness of this scheme.	
ii. Implement agreed responses to Local D&A Incident Protocol issues	All of SDACT	Ongoing	LDAIP presentation to SDACT members 2021. Involvement of SDACT members in Lurgan response 2023.	

**At Individual level, raising awareness of services and support available, delivering evidence based services and improving health literacy to reduce inequalities**

Obj 10. We will **raise awareness** of low risk drinking, medicines management and disposal, hidden harm, polydrug use

As above – SDACT Connections will engage and involve SDACT members in campaigns (NIAAW, RAPID, Dry January, Feel Good February).