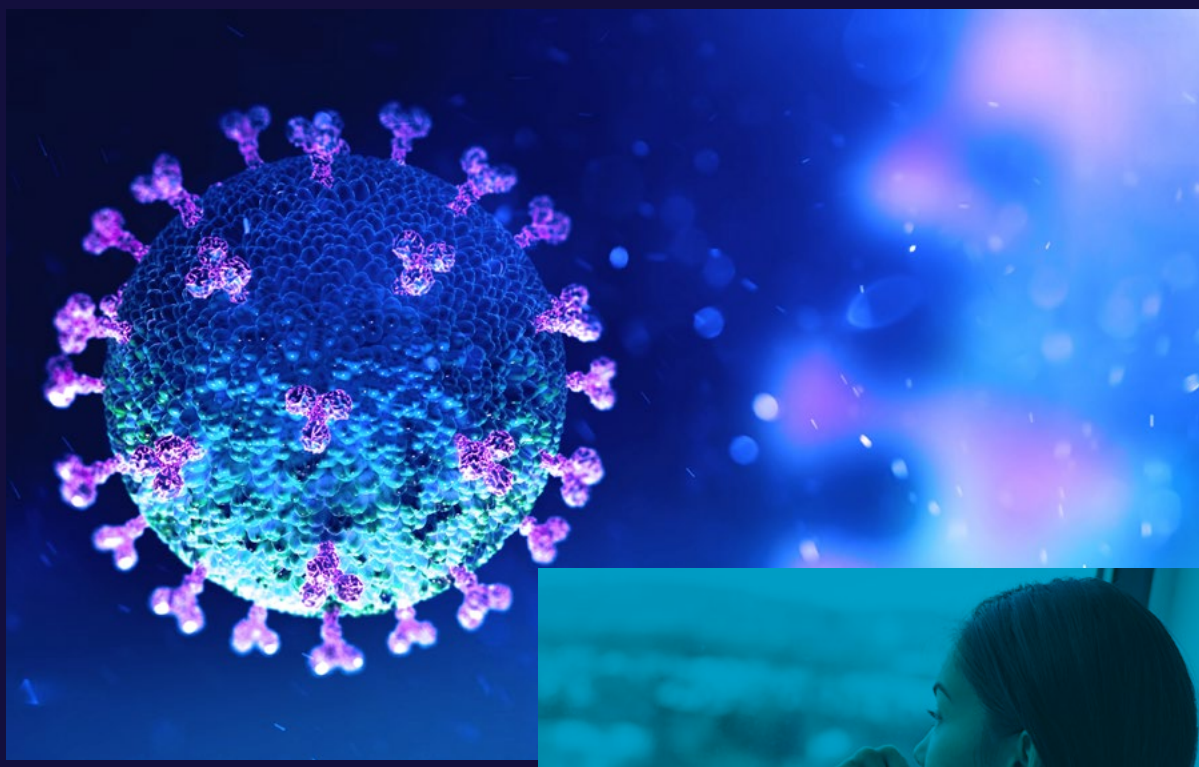
Northern Ireland Alcohol and Drug Alliance: Impacts of COVID-19 on People Who Use Services and Providers

Executive Summary



Ulster University

niada
Northern Ireland Alcohol & Drug Alliance

Project Team

Project Leads:

Dr Julie Harris, Ulster University

Professor Ann-Marie Gray, Ulster University

Research Associate:

Rosie Cowan, Ulster University and
Queen's University Belfast

Correspondence:
Contact: j.harris@ulster.ac.uk

2023

1. Introduction

This research was commissioned by the Northern Ireland Alcohol and Drug Alliance (NIADA) and provides important information on the impacts of the COVID 19 pandemic and related public health measures on people who use/d drugs in Northern Ireland, their families and service providers. Fieldwork for the study was completed between May 2021 and November 2021. Findings build on work conducted during the earlier stages of the pandemic (Croxford et al., 2021; Campbell et al., 2021; Rintoul and Campbell, 2021; Higgins et al., 2020; ASCERT 2020). Previous research identified a range of impacts including adverse health and social impacts on people who use/d drugs and their families. These effects were linked with elevated risk-taking practices for some people due to changes in drug availability and reduced or reconfigured substance use services due to infection control measures.

Increased use of alcohol, cocaine, and street-sourced prescription medications was observed (Higgins et al., 2020). During periods of inaccessibility and/or concerns about cost and/or purity and/or financial difficulty, some people who used heroin or cannabis substituted with other drugs. These included street-sourced benzodiazepines, cocaine and synthetic cannabinoids. There was also evidence of elevated levels of transitions to injecting and more harmful groin injecting behaviours (Rintoul and Campbell, 2021; Campbell et al., 2021; Croxford et al., 2021). While there was some disruption to street-based retail markets during the initial stages of the pandemic, European research suggested that drug markets remained relatively resilient and adapted through increased use of encrypted messaging services and social media applications, postal and home delivery services (EMCDDA, 2021a). This development was also identified in Northern Ireland by the Police Service in Northern Ireland (McCracken, 2020).

1.1 Aim and Objectives

This research aimed to examine the impacts of the COVID-19 pandemic on NIADA clients' substance use, related behaviours and delivery of services. The research objectives were to:

- Explore the impacts of COVID-19 on clients' physical and mental health needs;
- Establish the impacts of COVID-19 on patterns of alcohol and/or other drug use behaviours;
- Examine sources of support for people who use services;
- Evaluate the impacts (challenges and opportunities) of remote working and/or blended approaches upon people who use services and providers;
- Provide recommendations for future policy and service delivery.

1.2 Study Design

Following a literature review, there were two phases of the study.

Phase 1:

- ***Practitioner Journal Entries***
  Recording of weekly journals by NIADA organisations on how the COVID-19 pandemic was affecting clients' substance use, needs and service delivery. Entries were recorded over a five week period (31st May to 2nd July 2021). Three organisations contributed 56 journal entries.

- ***Service Provider Survey***
  An online survey adapted from Burton et al.'s (2021) rapid evidence assessment of COVID-19 impacts on substance use services in Ireland was completed by NIADA organisational leads. The survey sought views on how the pandemic affected people using their services and programme delivery. Ten NIADA organisations completed the survey during May to June 2021.

- ***Service Provider Focus Groups and Semi-Structured Interviews***
  NIADA organisational leads participated in focus groups or semi-structured individual interviews [group (n=8) or interview (n=2) in June 2021]. Topics covered included: how the pandemic had impacted upon clients' substance use and needs; opportunities and challenges with regard to service provision; and, recommendations for future service delivery.

- ***Family Member Focus Group and Semi-Structured Interview***
  A focus group (n=2) and semi-structured interview (n=1) with family members of people who had used drugs during the pandemic were conducted during June to November 2021. Issues covered included: perceptions and experiences of COVID-19 impacts upon family members' drug use; sources of support for family members and their relatives; service delivery in the context of COVID-19; and, recommendations for future service delivery.

Phase 2:

- ***Client Survey***
  A survey conducted online (n=89), via telephone (n=5) and face to face (n=4) was completed with 98 NIADA clients aged 16 years and older between 1st July to 31st November 2021. Part of this survey was adapted from the questionnaire created by Higgins et al., (2020) for previous NIADA research earlier in the pandemic. New questions were added on attitudes towards remote and/or blended approaches to services and other drug use behaviours.

- ***Client Semi-Structured Interviews***
  To add depth to survey data, qualitative semi-structured interviews were conducted with people currently using NIADA services who had completed the survey (n=10) between June and November 2021. Topics included: impact of COVID-19 on drug use patterns; physical and mental health needs; sources of support; experiences of service delivery during COVID-19; and, recommendations for future service delivery.

In addition, as five NIADA organisations provide extensive substance use services to young people, the study aimed to include representation of 14 and 15 year old clients. For ethical reasons they were not invited to participate in the survey. One client in this age group agreed to be interviewed (July 2021). Topics covered included impacts upon patterns of drug use; physical and mental health needs; sources of support; experiences of service delivery during COVID-19; and, recommendations for future service delivery.

Sample characteristics are presented in Section 3 of the main report.

2. Key Findings

2.1 Health and Social Impacts of COVID-19

The pandemic highlighted and exacerbated existing inequalities and clients most affected were those who were already the most vulnerable and marginalised.

2.1.1 Mental Health

Quantitative and qualitative results point to a detrimental impact on mental health. This adversity was attributed to several factors, primarily: increased anxiety and depression; fear at the advent of the pandemic and during the first lockdown; a sense of weariness during subsequent lockdowns; and, difficulty dealing with social isolation. Those aged 18-25 years were most likely to report poor mental health during the pandemic. More positive mental health was reported by clients in the four weeks prior to the survey than over the previous period of the pandemic. Improved recent mental health was potentially connected with the lessening of government restrictions. Most clients reported receiving support for mental health during the pandemic (61%), with a higher number (70%) receiving support in the four weeks prior to the survey. The most cited source of support for mental health issues was the community and voluntary sector followed by family members. Notably, family support slightly decreased in the four weeks prior to the survey, possibly linked to the reported increase in available substance use treatment services during the same period.

Providers expressed concern about the suspension of some statutory substance use services and the more constrained access to statutory mental health services for young people and adults. There was frustration about the lack of dual diagnosis services, long waiting lists and inadequate follow-on services after emergency mental health presentations. Reduced services within the statutory sector increased pressure on the community and voluntary sector.

2.1.2 Physical Health

Providers reported being very concerned about the potential direct effects of COVID-19 on people in hostel and residential settings at the outset of the pandemic. However, a positive picture emerged of effective virus containment and good adherence to infection control measures. Most organisations (with the exception of one) reported that the pandemic negatively impacted on clients' physical health. This is perhaps not unexpected given that some clients had existing health conditions and health care services were disrupted. Sixty two per cent of clients stated that their general physical health was poor during the pandemic, whereas 38% said it was good. Similar to mental health findings, when asked about physical health in the four weeks prior to completing the survey, more people reported good health - in this case 49%. People in receipt of social security benefits were more likely to report poor physical and mental health.

2.1.3 Family Relationships

A mixed picture of the pandemic's impact on families of people who use/d drugs emerged from providers. There was some evidence of positive impacts due to more time to work on improving family relationships and increased motivation to address drug use issues. However, the overall consensus was that the pandemic had negatively impacted on family relationships and escalated hidden harm. Drug use was more visible to families due to lockdown restrictions and this combined with changing drug use patterns to increase tension and conflict. Participants identified factors contributing to adverse impacts on families as; reduction in statutory social services interventions; less parental visibility; increased domestic abuse alongside higher levels of alcohol and other drug use.

2.1.4 Financial Impacts

Seventy per cent of organisations reported that their clients' financial situation had been worsened by the pandemic. The extent of the financial impact depended on the circumstances of particular clients but included loss of part-time work and being furloughed. Providers also noted that the income of people in the homeless and injecting drug use communities was affected. Their main source of money was begging in city centre streets which was substantially affected by lockdown restrictions. Consequently, alternative sources of money, such as sex work, clients borrowing from each other and criminality, were sought.

2.1.5 Overdoses and Drug-Related Deaths

Some practitioners working in day/drop-in centres and hostels stated that decreased overdose rates were observed during the first lockdown which they attributed to reduced movement due to pandemic restrictions. However, overdoses increased during subsequent lockdowns. Other community-based organisations experienced elevated rates throughout the pandemic which they linked to social isolation, lengthier waiting times to access statutory substance use services, clients using different drugs and polydrug use. There was also a feeling that some clients acquired a more ambivalent attitude to risk, perhaps most evident among younger people.

2.2 Impacts of COVID-19 on Drug Markets, Use and Related Behaviours

2.2.1 Drug Markets

It is clear that the pandemic affected drug supply and drug markets, but the extent to which these impacted clients depended on the drugs used. Over two thirds (62%) of clients reported no difficulty accessing drugs throughout the pandemic (a factor likely related to 76% of clients stating alcohol was their main drug), while 19% had difficulty. Access to specific drugs, price and quality fluctuated and this resulted in changing drug use patterns. For example, there was disruption in the cannabis market with reductions in supply, quality and higher prices, whereas there was an increase in the accessibility and purity of cocaine and decreasing price. There was also evidence of some clients' supplementing and/or substituting preferred drugs with stimulants, synthetic cannabinoids and online or street-sourced benzodiazepines.

A marked change in the operation of drug markets was a move to more online purchasing using encrypted messaging services, social media applications and other online services. This adaption had been a growing trend which was accelerated by the pandemic.

2.2.2 Drug Use Patterns

Out of the 98 clients who participated in the survey, 92 (93%) had used drugs at some point since the beginning of the COVID-19 pandemic in March 2020. The other six people (7%) were in longer-term recovery for substance use. Almost two thirds of clients reported using one main drug, while 42% were using two or more drugs during the pandemic indicating a rise in polydrug use and an intensified cohort of clients with complex needs. The majority (76%) reported using alcohol (76%) as their main drug; the second most reported main drug was cannabis (34%), followed by cocaine/crack cocaine (15%), benzodiazepines (13%) and pregabalin (12%).

In terms of secondary drug use, 24% of the 92 clients stated they had used other drugs. Almost two thirds of these people used two or more other drugs, while 42% used one other drug. Over half (55%) used cannabis as their secondary drug during the pandemic, followed by alcohol (36%), cocaine/crack cocaine (36%), pregabalin (27%) and benzodiazepines (23%). In terms of current drug use, 41% had used other drugs during the four weeks prior to the survey.

Both providers and clients noted increased drug use during the pandemic. Two thirds of clients said that they were using more of their main substance. Drug use did not change for 25% of clients. A similar pattern was observed with regard to secondary drug use with two thirds of those using secondary drugs reporting increased use.

A range of factors were identified as contributing to increased drug use. The reason most cited by clients was boredom (94%), which was a factor for young people in particular, followed by feeling anxious or depressed (92%) and 81% stated social isolation. Some providers also observed that being furloughed and working from home were substantial factors for some clients in the 30-44 years age group.

As alcohol was the main drug used by 76% of clients, the most likely reason for maintenance of pre-pandemic or increased usage was the continued access and availability of the drug with restrictions throughout the pandemic. All providers observed increased alcohol use, but they also noted increased cocaine, street-sourced benzodiazepines and polydrug use. There is evidence of clients accessing alternative drugs or new combinations of drugs which, in some cases, represented the acceleration of pre-pandemic trends. For example, the increase in young people using LSD, spice, vaping unknown substances and mixing high strength alcohol drinks with caffeine products.

While few providers or clients reported reduced drug use during the pandemic, almost two thirds of clients (57%) who did reduce use reported that more contact with family was a main reason for this behaviour. The other main factors were concerns for health (50%) and fewer opportunities to use drugs (43%). Greater reduction in drug use was discerned in the four weeks prior to the survey and engagement with substance use treatment and/or support services was cited by clients as the strongest reason. Two thirds also stated that reduced use was due to concerns about health and 40% cited contact with family.

2.2.2.1 Increased Injecting-Related Harm

An important finding was the increase in injecting-related harms for some clients. Findings suggest a variety of reasons for this change, including: clients moving on to injecting at a faster rate; increased injecting frequency due to cocaine (used to supplement or replace other drugs) especially by a younger, less experienced cohort of clients; a reduction/suspension in statutory substance use services disrupting existing work with clients and delaying new referrals; more groin injecting and injecting-related injuries; elevated levels of loaning or borrowing injecting equipment; somewhat constrained access to some needle and syringe exchange programmes; and subsequently, more Hepatitis C (HCV) and Human Immunodeficiency Virus (HIV) diagnosis. These changes were mostly observed in the Belfast Health and Social Trust (BHSCT) and South Eastern Health and Social Care Trust (SEHSCT); however, providers in other Health and Social Care Trusts (HSCT) noted small increases in injecting cocaine, heroin and related harms.

2.2.2.2 Increased Polydrug Use

The rise in polydrug use and related harms during the pandemic was also important. While this trend had been evident pre-pandemic, providers believed that lockdowns had accelerated it. Elevated levels of polydrug use was linked to a range of factors, including: more availability and use of benzodiazepines; and some clients' substituting and/or supplementing their preferred drugs with other substances. Importantly, providers observed that patterns of polydrug use and related harms within the BHSCT were being replicated more quickly in other HSCTs during the pandemic due to the discussed changes in drug markets, use and the increased transient nature of the homeless community.

2.3 Impacts of COVID-19 on Service Delivery

The vast majority of NIADA organisations were impacted by the pandemic with two thirds reporting a high impact on services. There were immediate and longer-term impacts on participant organisations. They had to respond rapidly to put in place the necessary infection control measures for face-to-face work and to move other services to remote delivery. Ninety per cent of providers reduced face-to-face contact; 30% reduced harm reduction services, but 30% had slightly increased these. Phone calls and contact through online platforms such as Zoom were the most common forms of remote service provision, but some providers continued to provide socially distanced face-to-face services. These included hostels, in-patient treatment, home visitations, 'walk and talk' sessions, harm reduction services, and basic health and subsistence support.

While organisations were responding to these new challenges, demand for services increased with 80% reporting that more people used services during the pandemic. Despite the challenges, services developed and adapted to ensure compliance with restrictions while maintaining delivery of programmes where possible and remaining responsive to new challenges.

A majority of clients (71%) were satisfied that the changes implemented by the provider organisations met their needs. The most favoured methods for meeting client needs during the pandemic was phone contact for individual or group sessions (66%) and regular phone check-ins with support/key workers (66%). The use of socially distanced home/hostel or in-person services met the needs of over two thirds (63%). The majority (59%) agreed/strongly agreed that using socially distanced face-to-face contact when in crisis and online video platforms for individual and group work met their needs. While only a small number of clients used socially distanced temporary accommodation/drop-in centres and in-patient treatment, 38% of these people agreed that the services met their needs during the pandemic.

2.3.1 Increased Need for Services

There was consensus that the pandemic resulted in increased need for services due to new and elevated levels of drug use and related harms. A major impact of the pandemic on people who use/d drugs was poorer mental health including anxiety and depression. Some providers observed more people who had used drugs recreationally using services due to being furloughed or working from home. There was some evidence that young people were particularly affected by mobility restrictions, remote schooling and less access to diversionary activities which increased their substance use. It was also the case that more clients were presenting with complex needs and there was an increase in emergency presentations. These issues also resulted in more family members seeking support.

A strong finding was the acute need for more dual diagnosis services, but deficiencies with in-patient detox services and opioid substitution therapy (OST) were also very marked. The lack of accessible services had negative consequences which included an increased number of clients self-detoxing, while others continued use or engaged in more risky drug use practices.

2.3.2 Challenges and Limitations to Service Delivery

The impact of the pandemic on organisations has been immense. Inevitably there were a range of challenges ranging from the very practical - such as shortages of personal protective equipment, funding and setting up the technology needed - to developing innovative ways of meeting the very diverse and often complex needs of clients. Existing digital inequalities meant that providing remote service delivery did not work equally well for all clients. Older clients, people in the homeless community, those in prison and people living in rural areas were more likely to be negatively affected by the shift to remote delivery. In addition to some clients being much less comfortable with remote delivery than others, providers were aware that working remotely presented challenges to building rapport, fully assessing clients and identifying potential for risk.

Providers and clients reported difficulty accessing statutory sector services. Over half (55%) of clients said that they were able to access statutory substance use services when they needed to. Almost a third (58%) said they were unable to access statutory mental health services when they needed to with less than half (49%) getting access to detox services when needed. More constrained statutory sector provision did increase pressure on the voluntary and community sector.

Participant organisations reported that important face-to-face service delivery continued. These services included the provision of low threshold services, help for clients in crisis and reconfigured in-patient rehabilitation programmes. Priority was given to ensuring these services were delivered as safely as possible.

2.3.3 Positive Impacts on Service Delivery and New Services

Providers identified opportunities resulting from changes to service delivery and were keen to maintain and build on these. There were innovations in delivery such as providing more frequent but shorter phone or online sessions (compared to the duration of traditional face-to-face sessions), development of peer support sessions and innovations in outdoor support such as walk-and-talk sessions.

Some of the key positives associated with remote delivery were that: providing more flexibility and accessibility better met the needs of some existing clients; some new methods had been very effective and resulted in higher retention and completion rates; the development of new services showed that providers could be responsive in a very challenging environment; in some cases positive outcomes emerged from a stronger focus on coproduction; and, there were examples of organisations working more effectively on a collaborative basis - a positive outcome identified by 60% of providers. Examples of collaboration mainly related to work within the community and voluntary sector but there were also examples of improved collaboration between statutory and voluntary agencies.

3. Summary of Recommendations

During the pandemic, the Department of Health (DOH) (2020) issued guidance to help substance use services address the challenges of complying with social distancing and infection control measures. A COVID-19 Addictions Subgroup was established to ensure regular communication between the DOH, the Health and Social Care Board, the Public Health Agency and the five local HSCTs (DOH, 2021).

A new drug strategy for Northern Ireland was published during fieldwork for the study (DOH, 2021). It advocates an integrated public health-led approach to dealing with substance use and recognises the necessity of inter-departmental and collaborative working to mitigate the multi-faceted reasons for problematic substance use and related harms. However, there is much to be learned from experiences during the pandemic – both in terms of how deficiencies in pre-pandemic services impacted organisations and how these should be addressed, but also how positive developments can be built on. The following section provides a summary of recommendations with fuller justification and explanation in Section 7 of the full report.

3.1 Addressing Health and Social Impacts

3.1.1 Longer-Term Recommendations

R1: *The DOH should develop and implement accessible dual diagnosis services for young people and adults throughout Northern Ireland and identify a timescale and budget. While these are being developed, voluntary, community and statutory substance use and mental health services need to work collectively to address clients' issues and avoid unnecessary and repeated referrals to services. Services must adapt to meet client needs, rather than expect clients' to fit services.*

R2: *Tackling alcohol and other drug-related deaths requires a long-term, strategic, coordinated, cross-departmental, cross-sectoral strategy. Clear objectives and strategies to reduce these unnecessary deaths need to be established. Evidence-based approaches, including the implementation of Overdose Prevention Sites, should be implemented.*

3.1.2 Short-Term Recommendations

R3: *The DOH should prioritise building a strong collaborative, cross-sectoral and cross-departmental approach to tackle the adverse health and social impacts of the pandemic on people who use/d drugs and their families. Ensuring accessible, inclusive and evidence-based treatment and support services for problematic substance use is pivotal. However, addressing the wider social determinants of their inequality, such as social and economic health inequalities, homelessness, criminalisation and trauma, is crucial to long-term change.*

R4: *Develop and expand accessible naloxone, managed alcohol programmes, overdose prevention educational materials and low threshold services to meet the needs of people who use alcohol and other drugs, including peer-led services, throughout Northern Ireland.*

R5: *There is clearly a need for more family support services in Northern Ireland, especially within rural areas, and this needs to be addressed in the short term. Providing additional one-to-one support for family members would ensure much needed support to deal with the harms of problematic substance use.*

R6: *Hidden harm protocols should be further embedded into services to make sure affected family members receive appropriate support including opportunities for family-based treatment opportunities.*

R7: *Stronger, fast-track referral pathways between substance use services to domestic abuse services are needed for people who use/d drugs. Specialist domestic abuse services, including refuge shelters, for people with complex needs who use drugs should be developed in Northern Ireland.*

R8: *Diversionary schemes away from the criminal justice system and into drug education, harm reduction or treatment should be implemented throughout Northern Ireland for low level, non-violent, drug-related offences. These schemes have the potential to reduce reoffending, costs of policing, improve the physical and mental health of people diverted, improve social and employment circumstances and reduce some drug use.*

3.2 Addressing Changing Drug Markets, Use and Related Behaviours

3.2.1 Long-Term Recommendations

R9: *Research on drug markets in Northern Ireland is needed to ensure drug trends and associated harms are monitored and emergent needs identified. Research into expanding cocaine, online and street-sourced prescription drugs, heroin, synthetic cannabinoids markets and use of online and surface web messenger applications is particularly required.*

R10: *Review, develop and expand accessible and inclusive substance use treatment and support provision across sectors. Developing highly accessible low threshold services and adapting existing statutory treatment services to fit clients' needs is particularly important for the homeless population. Expansion of services across sectors for people living in remote, rural locations of Northern Ireland is also required.*

3.2.2 Short-Term Recommendations

R11: *More harm reduction drug education and diversionary activities should be developed and implemented in schools and in the community for young people. These measures will help tackle boredom, prevent the escalation of substance use and/or polydrug use and related harm among young people. Expansion of these services is particularly needed in rural locations of Northern Ireland.*

R12: *To tackle alcohol-related harms, it is necessary to review, develop and implement strategies to restrict alcohol marketing ensuring children, young people and people recovering from alcohol dependence are protected. Reviewing the evidence-base for legislative change regarding the ability of alcohol minimum unit pricing to reduce harm is also important. Developing and implementing a public awareness campaign on the harms of problematic alcohol use will also help to mitigate potential harms.*

R13: *Review, develop and expand specific and accessible harm reduction advice, across sectors for alcohol use, recreational and more problematic forms of cocaine use, prescription drug use and polydrug use for young people and adults in consultation with peers. In particular, harm reduction interventions should prioritise the reduction of polydrug use given the connection with rising levels of drug-related deaths and other harms.*

R14: *To tackle the growth in injecting-related harms, including the spread of blood borne viruses (BBV), it is critical to review, develop and expand harm reduction advice. Specific peer-led resources should be developed on safer injecting, promoting smoking heroin and snorting or swallowing cocaine, how to reduce injecting-related injuries and overdose. It is also important to develop and expand needle and syringe exchange services within community pharmacies, outreach services, temporary accommodation settings and establish peer-led services to ensure adequate exchange services. Increasing BBV screening and testing while ensuring access to relevant treatment and support, including peer-led services, would also help mitigate harms.*

R15: *Given increased opioid-related overdoses, deaths, injecting-related harms and demand for the service, OST accessibility should be prioritised and provisions across the HSCTs reviewed in consultation with peers. A more flexible, accessible and accommodating approach towards OST should be adopted going forward.*

3.3 Addressing Service Delivery Issues

3.3.1 Long-Term Recommendations

R16: *An in-depth and more long-term evaluation is needed on remote delivery methods and adaptions to programmes due to social distancing and infection control measures to ensure implementation of the most effective, blended, hybrid methods to meet clients' immediate and continuing needs.*

R17: *There is a strong need for political, financial, cross-sectoral and cross-departmental investment and commitment to evaluate, monitor and develop substance use services in Northern Ireland. This investment is essential to the full implementation of the new drug strategy and to ensure that the unique adverse impacts of the pandemic on people who use/d drugs and their families are mitigated.*

R18: *Good practice of collaborative working during the pandemic should be continued and developed. Developing more collaboration and efficient interagency cooperation and coordination between the voluntary, community and statutory providers in the substance use and mental health sectors is needed to mitigate longer term adverse impacts of COVID-19 on people who use/d substances, their families and the strain this will place on services.*

R19: *Services provided in the voluntary and community sector are professional, cost-effective and use evidence-based methods. They should be considered as key long-term partners with statutory organisations when implementing the new substance use strategy while managing and responding to the ongoing impacts of COVID-19 on people who use/d drugs and their families.*

R20: *Investment must be made in ongoing research and evaluation during the course of the strategy as new challenges arise, knowledge evolves and evidence improves to ensure the needs of people who use/d drugs and their families are met.*

3.3.2 Short-Term Recommendations

R21: *Given the vital substance use and mental health services provided by the voluntary and community sector throughout the pandemic and the wide range of evidence-based services they provide, the DOH should provide more secure funding arrangements and contracts for these organisations.*

R22: *A single point of referral system for all clients throughout the HSCTs areas experiencing problematic substance use and those with dual diagnosis should be established.*

R23: *There is an urgent need to review accessibility and provision of residential detox and rehabilitation treatment given unequal access and increased demands for these services.*

R24: *Develop and implement more evidence-based aftercare services and support for young people and adults to meet the needs of people recovering from problematic substance use.*

R25: *It is vitally important to establish meaningful co-production, co-design and co-delivery of substance use treatment and support services with people who have use/d drugs.*

R26: *To challenge the stigma surrounding people who use/d drugs, public awareness and information campaigns informed by service providers and people who use/d drugs should be further developed and implemented. All health and social care professionals providing substance use and mental health services should have ongoing training on drug use. The benefits of adopting a person-centred, trauma-informed, strengths-based approach to tackle substance dependency should be emphasised.*