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Northern Ireland Alcohol and Drug Alliance (NIADA): A Review

Michael McKay & Mark Tully

Northern Ireland Public Health Research Network

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The people who put more into NIADA, get more out of NIADA.

We try to create the environment that will encourage partnerships.

Foreword

Pauline Campbell, NIADA Chair, and CEO, Dunlewey Addiction Services

Tim McQuade, NIADA Vice Chair, and Lead Project Group Manager, Depaul

The challenges posed by alcohol and drug use affect not only those who struggle with addiction but also their families, communities, and society at large. The work of voluntary and community sector organisations in this field is vital — offering care, support, and advocacy to those in need. At the heart of these efforts is NIADA (Northern Ireland Alcohol and Drug Alliance), an organisation that has played an essential role in fostering collaboration, driving positive change, and ensuring that the voices of those affected by substance use are heard at every level of decision-making.

Established in 2016, NIADA has united 22[1] member organisations that share a commitment to improving the lives of individuals and families impacted by alcohol and drug use. Through its advocacy, policy influence, and campaigning efforts, NIADA has become a powerful voice for the voluntary sector, ensuring that its members' insights and expertise are recognised and valued by key decision-makers, including the Public Health Agency (PHA), the Health and Social Care Board (HSCB), and the Department of Health (DoH).

The organisation's work is rooted in the belief that by working together, the sector can create meaningful change and improve the quality of services available to those in need. NIADA has continually championed the involvement of the voluntary and community sector in the development, design, and delivery of drug and alcohol services — a necessary step in creating a more responsive and effective system of care.

Our work has allowed representation for the voluntary and community sector at platforms such as Stormont, British Irish Council Summit in London and contributed to the Home Affairs Committee Drug Framework.

In collaboration with Dr Michael McKay and the Northern Ireland Public Health Research Network (NIPHRN), NIADA has undertaken a significant review of its current model and membership. This independent review provides an opportunity to reflect on past achievements, assess the effectiveness of existing strategies, and chart a course for the future. It is a testament to NIADA's commitment to continuous improvement and to ensuring that its voice remains strong and relevant in the evolving landscape of alcohol and drug services.

As we look ahead, NIADA's role in connecting organisations, facilitating networking, and providing opportunities for information sharing and publicity will only grow in importance. With the restoration of devolved government in Stormont, NIADA is ideally positioned to influence key policies and outcomes to better meet the needs of those affected by addiction.

The alliance remains a beacon of collaboration and solidarity in a sector that is too often fragmented. Through its work, NIADA is helping to create a system that is not only more efficient but, most importantly, more compassionate and responsive to the needs of those it serves.

This review is an important milestone in NIADA's journey. It highlights the alliance's ongoing dedication to creating a more unified and effective approach to addressing alcohol and drug-related issues in Northern Ireland. With a strong foundation in place, we can look forward to continued progress and, ultimately, a more supportive environment for those whose lives are touched by substance use.

Pauline Campbell

Tim McQuade

November 2024

[1] There were 20 when the review began.

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Background and Methods

This report summarises the findings of a mixed methods, qualitative and quantitative consultation with members of the Northern Ireland Alcohol and Drugs Alliance (NIADA). In August 2024, all (then) 20 member organisations of NIADA were contacted to participate. The consultation took the form of a semi-structured interview, where all participants were asked the same prompt questions, followed by a short online questionnaire. Some interviews took place on Microsoft Teams, and others were conducted face-to-face. A total of 17 organisations participated in both the interviews, and the online questionnaire[2].

Detailed notes were taken during the interviews, and in addition to responses to the prompt questions, participants were given the opportunity to add any additional information which they felt was important. The interviews lasted between 26 minutes, and 67 minutes. When all interviews were completed, the responses relating to each of the individual questions were grouped, and key themes were extracted. Direct quotations are used in what follows, mainly to illustrate the key themes which emerged, but also to give a sense of the actual responses given.

It should be stressed that the overall tone of the responses was positive. Members reported valuing much of what NIADA does, were particularly praising of the work done by the coordinator and support officer and believed that the work of the voluntary and community sector around drugs and alcohol was well served by the existence of NIADA. However, there were some suggestions given which members believed needed further discussion. At the end of each section, the points for further discussion are those suggested by the authors. They may not be an exhaustive list.

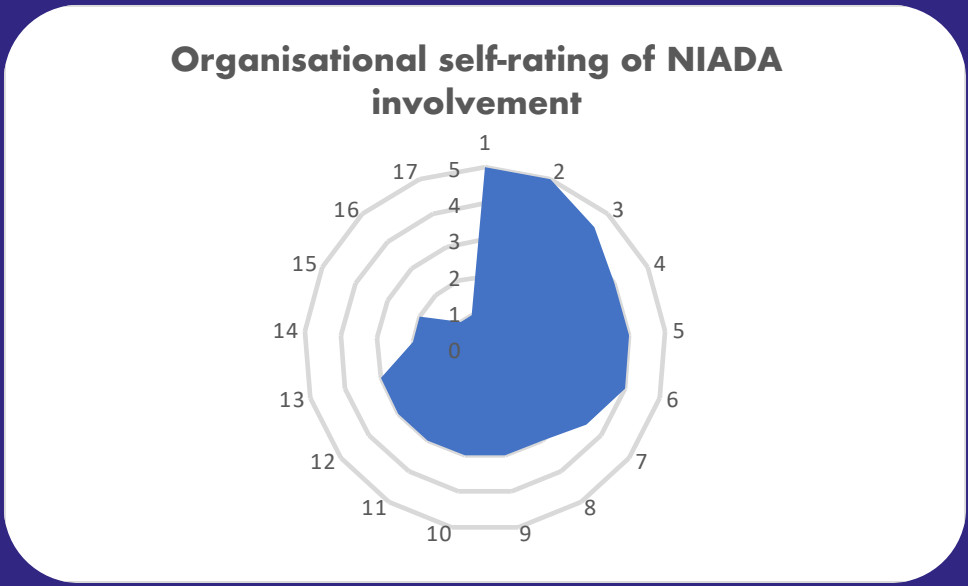
The authors would like to thank the participants for their time, and where appropriate, their hospitality.

[2] During the review process, one NIADA member organisation took over management of one of the services previously managed by a different organisation. Therefore, 17 organisational responses represents 18 services.

Self-rating of NIADA involvement

Before answering any questions, participants were asked to self-rate their involvement with NIADA, where a score of one was suggested to represent a position of *can take it or leave it*, through to a score of five which was suggested to represent a position of *completely bought in*. The figure below illustrates that only two participants scored themselves a five, with the white area within the widest boundary indicative of the room left for further engagement overall.

In summary... There remains scope for individual organisations to become more involved or bought into NIADA, thereby increasing the overall amount of effort or input (make the blue area larger).



What do you see as the main value of NIADA? Or put another way, if NIADA did not exist, what would be missing?

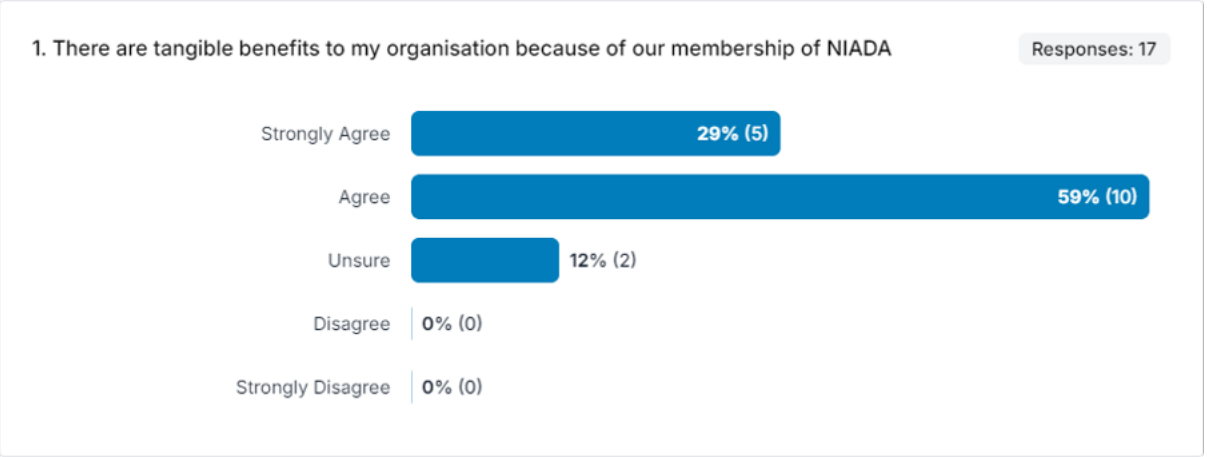


Figure 1 (above) displays results showing that of the 17 organisations (18 services) represented, all but two reported there to be tangible benefits to their membership of NIADA (agreed or strongly agreed), with two reporting themselves as unsure. In the interviews, responses to this question were both immediate and largely positive and ranged from the benefits of basic *information sharing* to the benefits associated with the enabling of high-level pieces of *collaborative working*.

At the most basic level, members valued being able to connect with colleagues and peers, as well as and just having a place to share and receive information and to feel supported, in what many described as a tough working environment (tough in terms of the issues faced by clients, as well as tough in terms of funding). Indeed, some were of the view that membership of, and learning gained from participation in NIADA, made their efforts within their own organization more functional and productive. Participants reported valuing a forum where they could informally reach out for advice and support, and learn from the experiences, failures, and successes of others.

One of the areas which participants particularly valued was the (potential) ability of NIADA to influence policy. Participants widely welcomed the access that NIADA membership afforded them to the Department of Health (DOH), the Public Health Agency (PHA), and the Police Service of Northern

> *The remaining journey for NIADA is to provide representation that will influence outcomes. At the minute, the roadmap for this is not clear... we need to be able to have influence to help change things.*

> *There is more power with one voice.*

> *The system is set up for competitive tendering, and NIADA has gone a long way to facilitate collaborative working.*

Ireland (PSNI). These working relationships help facilitate a two-way information sharing process where NIADA can offer information and advice, as well as receive information on developments related to drug and alcohol-related policy, funding streams, and patterns of use or abuse of specific substances. It was acknowledged that NIADA is not a homogenous entity, with differences in ethos across member organisations (for example, harm reduction versus abstinence), but that despite these differences, a real *partnership ethos operates, where there is a unity of purpose*. It was suggested that real relationships have developed due to NIADA membership, with a greater sense of openness to sharing information in a public space, than once would have been the case. As one participant put it, *despite the differences in outlook or approach, NIADA presents a collective and cohesive voice in the world of addiction.*

Participants reported that because of NIADA membership they had a better insight into the work that other member organisations are doing, giving them an appreciation of the breadth and quality of drug and alcohol services in their (near) totality. Here, the fact that members offered services at different Tiers (one to four), or that they operated with a different ethos (harm reduction versus abstinence, for example), was seen as a positive. It was believed that having this exposure to the totality of approaches and services could be particularly useful for so-called new (to NIADA) organisations and representatives, to help them to get engaged and up to speed quickly. In addition to the importance of knowing about individual organisations and the specifics of their work, there was also the importance of having a feel for the totality of drug and alcohol work being provided, particularly for organisations with a geographical base beyond Northern Ireland (in Great Britain or the Republic of Ireland), or to organisations for whom drug and alcohol services is only one part of their work. This awareness of what others are offering potentially enables collaborative or *joined-up working*, it was claimed.

The words *unity and togetherness* were frequently used in these responses. Membership of NIADA gives individual organisations a sense of strength and confidence, and the ability to challenge policy and funding issues in a stronger way. It was believed that NIADA is currently the best version of itself that there has been to date, but also a feeling that it must do more than just physically bring people together, that it must *complete its journey to be* ***the*** *voice for drug and alcohol services*. However, more than just being a unified voice, it needs to move to having a unity of purpose. It was believed that, particularly in the policy space, NIADA outcomes need to be of greater impact, and that it needs to move from *being a poorly resourced umbrella organization*, to being the *NICVA of the drugs and alcohol world*. In short, that within the area of accountability, NIADA needs to be a genuine and equal partner (to statutory agencies) in the drugs and alcohol policy and intervention space, and needs to have the confidence and authority to suggest and deliver policy recommendations and changes.

Participants reported greatly valuing the activities of NIADA, in particular the events or conferences. These were reported to be well organized, representing a proactive approach by the sector, with topical and appropriate themes. It was suggested that such events testify to the credibility and togetherness of NIADA. The word *credibility* was used quite a bit. It was widely believed that the NIADA collective adds a degree of credibility to the work of individual organisations within the voluntary and community sector, but that more could be done in this regard. There was widespread appreciation of the strength in numbers that NIADA affords the sector in terms of lobbying or advocacy, and participants greatly valued *having the ear of strategists within health and social care*. Credibility, it was argued, was also to be seen in the developing relationships between NIADA, the DOH, PHA, and the PSNI. Here, NIADA is now an active reference point for statutory agencies regarding drugs and alcohol issues. As well as affording individual organisations the possibility of showcasing themselves, it was suggested that being part of a larger entity gives individual organisations *more weight*, showcasing their work as well as the value of the sector to other sectors and to potential funders. In short, it was suggested that there would be a huge service provision gap without the Voluntary/Community/Independent sector, and NIADA speaks to the role and value of that sector.

There was some discussion regarding the nature or role of attendees at NIADA meetings, something raised repeatedly throughout. Given that NIADA was originally intended to be a forum for CEO-level participants, it was suggested that NIADA is (and should be) a quite different entity to Drugs and Alcohol Coordination Teams (DACTS). It was suggested that whereas DACTS are *more grassroots* in terms of the attendees and the issues discussed, NIADA is more about people in leadership, and therefore the discussions are at a *higher or more strategic level*. There were some questions raised about the appropriateness of this level of attendee, and the consistency

of attendees from individual organisations, with some fears that NIADA *could lose touch with grassroots issues*, and that having different attendees at NIADA meetings compromises a flow or a consistency to business. Additionally, whereas it was felt that DACT meetings are essentially a gathering of individuals from distinct agencies, at NIADA there is a sense of belonging to something different, and united.

There were several critical comments. Firstly a few participants felt that NIADA occasionally runs the risk of becoming overly strategic, and some felt that there was a dominance of some members or organisations, a sense that it can become dominated by *the biggest fish*, with some members being too passive. However, most of the commentary spoke to the positive value of NIADA in the areas of lobbying on policy, lobbying on funding, peer support, unity of purpose, a cohesive approach, access to policy makers and funders, collaborative working, and a more confident and aware drugs and alcohol workforce.

In summary... these responses were very positive, and pointed to the togetherness or unity that NIADA members generally feel. There was a real sense that the togetherness benefits individual service delivery, and that the unity of purpose is strategically very important and useful.

Points for further discussion.

(i) Discussion on how to translate a lot of good work to date into a more action based or focused NIADA, particularly in relation to policy issues.

(ii) The 'type' of attendees at NIADA (CEO or other), and the consistency of attendees, in order to allow for continuity, and decision-making.

(iii) Discussion on how to make sure that NIADA-related material gets fed back to organisations, and that organisations (not just attendees) get a chance to contribute.

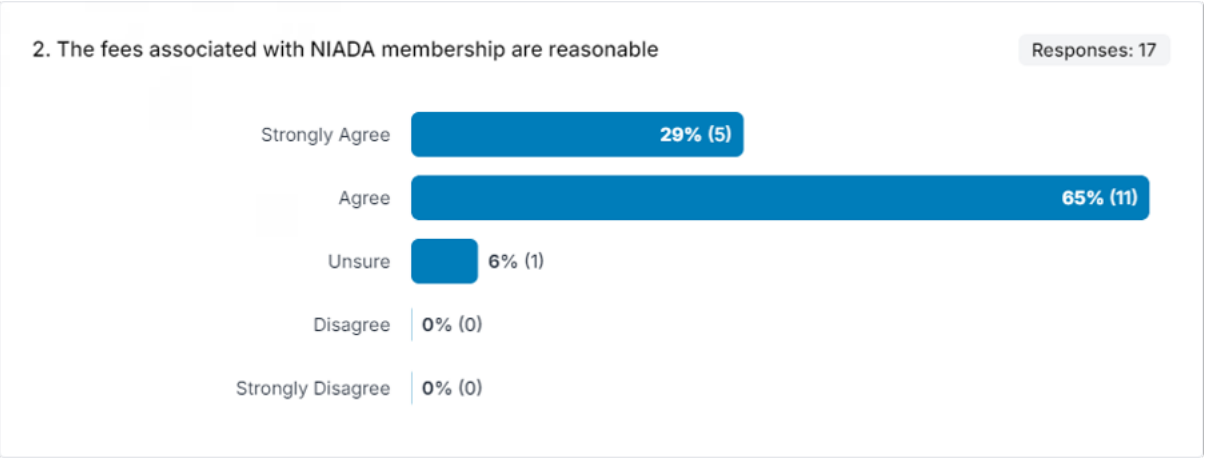
> *The current NIADA is the best version of all that has gone before.*

> *Individual organisations would not be at the level they are or have the access to the Public Health Agency and Department of Health if it was not for NIADA.*

> *It gives a collective voice for the voluntary/ community sector and adds to that sectors' validity and credence – and maybe power you would say.*

> *You are learning from more experienced peers. In a world where it can be difficult to navigate the frameworks and procedures, having people around the table who know what they are talking about is very useful.*

What are your thoughts on the NIADA membership fees? Do you believe that they are reasonable?



In terms of the survey responses (Figure 2 above), all but one participant agreed, or strongly agreed that the NIADA fees were *reasonable*. Indeed, reasonable was a frequently used word in the interviews. Overall, the main findings in this section were: (i) That the overwhelming majority of participants believed the fees to be reasonable, particularly given the graduated approach to them, and the fact that not all member organisations are solely focused on drugs and alcohol; (ii) Many believed that having to pay membership fees helped to focus members attention and enhanced buy-in, and (iii) *The value for money* really depends on organizational input. In other words, those organisations which participate more see better value for their investment.

Although not considered to be *extortionate*, there was a feeling among some that in a financial climate as testing as the current one, payment of even the relatively low level of fees cannot be taken for granted. However, most saw that the investment in NIADA membership yielded a disproportionately greater return than the upfront fees. Indeed, a few members actually suggested that the fees could be increased (believing that member organisations could in fact pay more). However, this was not universal, and indeed, more suggested that given the demonstrable benefit of NIADA to the drugs and alcohol sector, that the PHA contribution could also be increased. In other words, that while *shifting the dial* a little at individual organizational level may make a small difference, overall, a PHA enhancement of their contribution would likely yield a more substantial benefit.

> *Fees are also important in terms of reflecting commitment.*

> *The value for money is excellent and the graded structure is also excellent. Just even to get colleagues' support in things like funding, that is superb.*

> *Yes and no... the value depends really on your own engagement, and it really depends on your input. You get out what you are prepared to put in.*

One of the focal points of discussions was the fact that fees supplement the PHA contribution, helping to enable the coordinator and administrative support roles. Some drew a direct link between the fees and the importance of these roles, essentially suggesting that without these roles (and the fees to supplement their existence), NIADA would be so much less functional. Arguing for the absolute requirement of paid roles within NIADA, one participant was of the view that *without Andrea and Lynn, NIADA would all fall apart quite quickly.*

There was a feeling that fees both create a sense of belonging within NIADA, but also that by their nature, they also *demand commitment*. In short, paying fees represents a tangible investment, which in turn leads to commitment. In terms of the actual value for money, some highlighted that regardless of the level of membership (full or associate), members get access to the same or similar information, conferences, training etc. In one case the participant described how NIADA membership was of great benefit to their organization, and that the fees were not a barrier to this, adding, *put it this way, if it was free and not beneficial, we wouldn't go.*

Fees were sometimes discussed in terms of the overall NIADA workplan or agenda. Arguing that this should be balanced (across all Tiers), some suggested that there is a different level of return on the fees, depending on where your organization operates on the Tier one to four spectrum, with the suggestion that NIADAs focus is around the Tier two into Tier three level. However, even among these members, there was a recognition that the *return justifies the fees.* This return was discussed in terms of the intelligence that is fed into NIADA from PHA, DOH, PSNI, workers at the coal face etc., summed up by one participant as follows: *You get to hear stuff really before it is common knowledge – and then it filters out.* However, in one case there was a call for greater transparency on the fees in terms of how decisions are made on the totality of money coming into NIADA (fees plus PHA contribution), and how the post-salaries surplus is allocated.

Finally, there was some talk about helping money work better for NIADA members using an *economies of scale* approach to the sourcing of (for example), human resources support, IT support, or insurance. While this may not relate to a reduction in membership fees, it would (it was suggested) yield overall monetary savings for participating organisations.

> *The money spent is worthwhile, and most organisations could probably give a bit more to be honest.*

> *It is hard to quantify it exactly, but I have never felt that we are over-paying. It seems a reasonable amount.*

In summary... fees were considered to be reasonable, and indeed essential in helping NIADA function well. While there was some discussion about the ability of organisations to contribute more, it was more widely felt that the PHA could make a more substantial contribution, given the added value (described well in the answers to the previous question) which NIADA brings.

Points for further discussion.

(i) Discussion on potential lobbying of PHA for an uplift in contribution to NIADA.

(ii) Discussion to ensure that thematic areas in the work portfolio of all members get the chance to be aired and driven forward at NIADA, where appropriate.

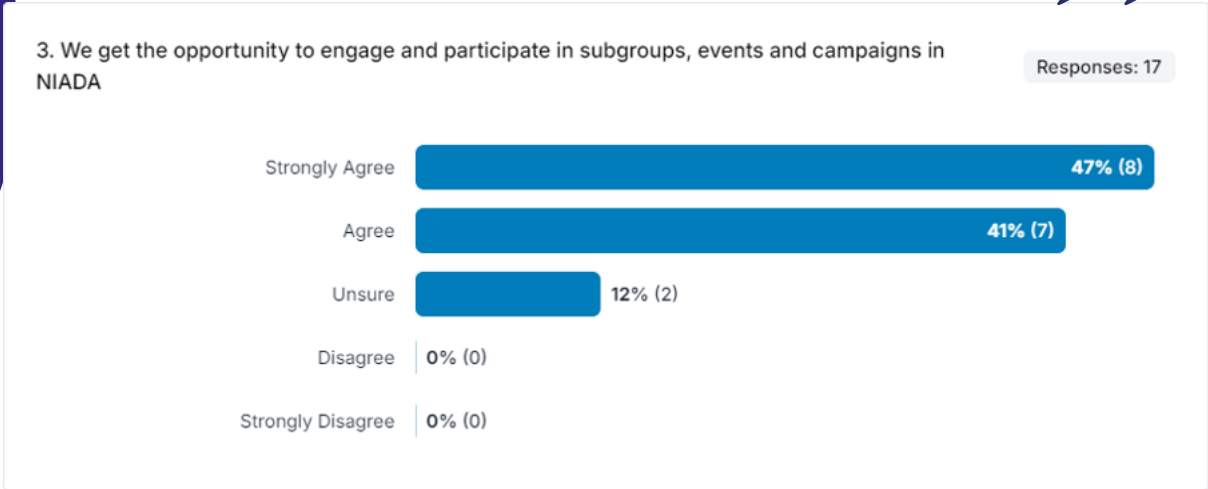
(iii) Discussion around the dependence of NIADA going forward on Andrea and Lynn, and the overall contribution of members.

(iv) Discussion on the issue of transparency of NIADA priorities, and explanation of the process reinforced.

Do you feel that you get the opportunity to engage and participate in subgroups, events, and campaigns in NIADA?

Andrea's role is definitely pivotal... setting the agenda, motivating members, sharing information.

I could certainly put myself forward but honestly I have no time.



It can be a bit too much for some to take on and take in.

To be honest often it is the same bodies doing the heavy lifting.

It is definitely important that people get involved... but I haven't really had the time.

Yes, I think so. It could be a bit better at devolving things downwards... it tends to be CEOs. It might be more effective if you use the staff in your organisations?

The responses to the survey question (Figure 3 above) suggested that most participants believe that they get the opportunity to participate in NIADA activity. The diversity of reasons for wanting to be a member of NIADA became evident in the interview responses, and to a large extent, that reason, or those reasons largely dictated the degree of involvement. Some stated that they were members of NIADA only to be kept in the loop about drug and alcohol issues, or to get the shared information to directly benefit their organizational goals. Others claimed to be members to *make a more active contribution.*

The overall view was that there is an opportunity for any member who wishes, to engage in the NIADA processes (sometimes described as there not being a monopoly by members, or it not being a *closed shop*). However, the main obstacle to involvement for almost all participants was having the **time** to do so. In addition to time, **confidence** to get involved was frequently mentioned. This can either relate to the nature of the individual in attendance at NIADA (the confidence of the individual whom an organization sends to meetings), the duration of organizational membership of NIADA (with longer being equated with more confidence to become involved), and the size of the organization (with larger being associated with a greater likelihood to get involved). Some so-called *newer members* suggested that being in the same room as *bigger fish in this space* could be intimidating. There was also the issue of relevance. Some participants explained how NIADA-related actions or campaigns are far removed from their day-to-day work, and at times, have the potential to have negative (albeit unintended) consequences for their particular client base.

The time issue also related to the nature of the person attending NIADA. By design, NIADA was set up as a body for CEO-level attendees. However, because these individuals have a lot of responsibilities within their own organisations, there is the possibility that this could leave them less time to commit to NIADA-related tasks. The overall feeling was that to be able to make decisions in NIADA meetings, and to be able to adopt a strategic point of view, CEO-level attendance was important. However, issues with inconsistency of attendees were raised, as was the importance of whole organizational buy-in to the NIADA goals (that it is not enough that an individual attends NIADA without bringing organizational thoughts and ideas and reporting back to the organization on NIADA developments).

There was some minor criticism of the possible *Belfast centric* nature of NIADA in terms of the topics discussed, the individuals in attendance, and (where applicable) the face-to-face events. In terms of subgroups, some either believed there to be too many, or that sometimes these become mini NIADAs, and the feed-in and feed-back that should be there, can be missed or overlooked. However, the reality (for many) was that the work, particularly the work of subgroups, is always undertaken by the same eight or nine people with overall limited involvement by the majority of members. It was acknowledged that this could be due to limited capacity. Member organisations are made up of a range of individuals with their own skill-sets, and there were questions raised about the degree to which individual attendees attempt to involve other colleagues from within their respective organisations, in the work of NIADA. This is well summed up by one participant as follows: *all things are open to all members... you can also bring someone in from your organization... it is not just about the individual.*

There were some specific criticisms, or suggestions for future working. Firstly, it was believed that NIADA should be actively moving towards being more trauma-informed and advocating more strongly for trauma-informed practice. Secondly, and regarding the action plans, for some, it was not always clear how those were arrived at. However, rather than being intentionally exclusive, the suggestion was that NIADA has evolved to becoming focused on specific and niche areas, limiting the potential involvement of, and collaboration with those operating at Tier one or Tier four (for example).

There was a feeling that in respect of member engagement and effort, that *NIADA really needs to grasp the nettle* and decide, what is the minimum requirement for attendance and membership. The feeling was that there is the potential for some members to *freewheel*, essentially leaving the bulk of the work to colleagues. There was associated sympathy for the efforts of the coordination staff, with one participant stating that they *feel a bit for Andrea... some people can be self-serving, but there are also selfless people.*

In summary... Overall, it was felt that the decision-making at NIADA regarding priorities and action plans was open to all, and not a so-called closed shop. However, there was genuine uncertainty on the part of a few regarding the genesis of the priorities, and some commentary on the Belfast-centric nature of a lot of discussion and effort. Individual (or organizational) obstacles to involvement included time, and confidence/ experience, and there was debate around the nature and number of subgroups.

Points for further discussion.

(i) The issues of time commitment to NIADA by individual members, and a conversation around the confidence or belonging issue.

(ii) Discussion on the role and relevance of existing subgroups, with the possibility of suggestions for new or replacement ones. How do members take back issues to NIADA in a timely way?

(iii Discussion regarding the confidence/ experience issue raised by some members. All NIADA members ought to feel that they are valued and have an equal voice.

(iv) Relatedly, discussion on the disparity in contribution made by different member organisations or individuals, and additionally address the possibility of the totality of a member organisations' skills and expertise benefiting NIADA.

(v) Discussion and agreement on the nature and role of NIADA membership, to include issues around decision-making capability, and consistency.

(vi) A greater cognisance or awareness of the breadth of the work of member organisations in priority planning.

> *Should it be CEOs? Should the CEOs meet annually to review NIADA? For me the CEO buy-in is key. There has to be internally agreed (within organisations) feedback loops, and also a declaration of commitment. For me it would be good to have consistency of attendance. Some CEOs have never attended NIADA, and I think that is wrong. There is one organization that rotates attendees, how much information goes back to that organization? There is no use being half in and half out. There should be a CEO annual meeting at least. The CEO is the decision maker. Does this have implications for NIADA staff? It is potentially sucking or draining on admin and support staff time, following up because the people of the wrong level are in attendance. It just creates noise in the system.*

What are your thoughts on the progress made by NIADA from the beginning to now?

Given the differences in length of NIADA membership across organisations, not all participants felt qualified to comment authoritatively on this. However, most made some comment based on the length of their NIADA experience.

The overall sense was that NIADA had journeyed from being what some described as a *talking shop*, focused on a narrow band of issues, and made up of a small number of organisations, to a more broadly representative, actions-focused, and functional body. Not only that, but it was suggested that a few internal obstacles evident in the early days, were no longer the issues that they once were. It was suggested that in the early days there was a lot of negativities and that NIADA was to some extent haunted by a voluntary sector versus statutory sector dynamic. With time it has become more focused, and more positive. Also, there was some discussion concerning the dissipation of initial tensions between abstinence-based and harm-reduction approaches. The feeling was that many of the NIADA teething issues had been about the language and semantics, rather than real division or acrimony. What some described as an increased stability resulted from its growing confidence, and the core funding provided by the PHA. It was suggested that there was a time in the past when NIADA would have had a *boardroom feel about it*. However, with time it has become a bit more grounded, with members driving the agenda more. Perhaps best summarized in terms of a move *from presidential in the past, to more collegiate now.*

The involvement and integration of the DOH and PHA (and to some extent the PSNI) into NIADA business was seen as a key development by many. Being able to hear from these organisations, and to feed in information and points of view at first hand was seen as invaluable. Overall, there was a real sense that NIADA had made what were variously described as huge or remarkable strides forward on many levels, including the variety and number of member organisations, the coordination of efforts, the structure of, and

engagement in meetings, and its relevance in the bigger drugs and alcohol landscape. Here, many referred to the specific work undertaken by Andrea, but more broadly to the coordination and support roles which have developed with time.

As elsewhere, staff time and availability were mentioned as barriers to on-going NIADA development. The fact that all participants around the NIADA table are there in addition to their normal tasks makes the need for the coordinator and administrative support more compelling, it was argued. Relatedly, some argued that going forward, time for attendance at NIADA and involvement in NIADA initiatives could be built into contracts with the PHA. Regarding future developments, some (although otherwise generally positive) questioned the precise future direction of travel of NIADA, and the extent to which it does, or indeed ever will be able to have a *meaningful impact on policy*. The sense was that the value of this work is to be seen at the coalface (with clients), and cosmetic (as it was described) engagement with politicians (for example) was a lot less meaningful and important. In short, the contrast between a social media presence *for the optics,* and a real-life drugs and alcohol presence in decision-making contexts, to make things better for clients and practitioners. Among some members there was a feeling that while there are plenty of good ideas around the NIADA table, the most important question remains, *what actual difference are we making?* The sector (it was argued) has always been a critical voice on behalf of service users and NIADA needs to be that too, a nagging voice to help move services on. In addition, longer-term planning was mentioned, with one participant posing the question, *have we ever thought about what we want to achieve in 12 or 24 months, or even longer?* For some, rather than having grandiose and non-specific aspirations, more specific and defined outcomes would be preferable.

There were differing opinions on the continued development of NIADA, with some arguing that it should consider becoming a constituted body, an entity in itself, and others arguing against this mainly based on the fact that the heterogeneity of members (the contrast and the differing views) makes NIADA the dynamic force that it is. There was a feeling among some that becoming a constituted body would lead to a loss of energy and inclusiveness. Going forward there was a feeling that NIADA also needed to hold itself to account that it remains on *a path of continuous improvement*, that potential ways to be more courageous could be found, and that holding members more to account in terms of their participation needs to be explored.

In summary... the overall feeling was that the NIADA journey had been very positive and has seen NIADA morph from being an 'anti', to a 'pro' alliance, tackling large issues, and steadily growing in membership. The working relationships with PHA, DOH, and PSNI all testify to a more functional and mature NIADA. However, time constraints appear to hamper the development of NIADA.

Points for further discussion.

(i) Is there any scope for time to be built into PHA contracts (for example, 6 days per year) to allow for NIADA-related work?

(ii) Discussion concerning the word 'real'. What does a 'real' difference look like? Does NIADA 'really' challenge policy positions or decisions?

(iii) Discussion regarding NIADA as an alliance, or explicit exploration of the possibility of NIADA a as a constituted body in itself?

(iv) Would a wider or more manifold membership lead to a loss of focus?

There are more organisations on board now and that is a good thing. The portfolio of work is broad. It does get things done.

You need paid people to drive it, and more staff would mean more development. Like looking at the chair or vice chair, that nearly looks like voluntary work.

NIADA has really developed... a lot more than I ever thought it would.

Andrea is fantastic, and the same with Lynn. They have been actively seeking out new members and creating a real sense that together everybody is stronger. The last thing you want is for everyone to be cutting each other's throats to get a bit of funding.

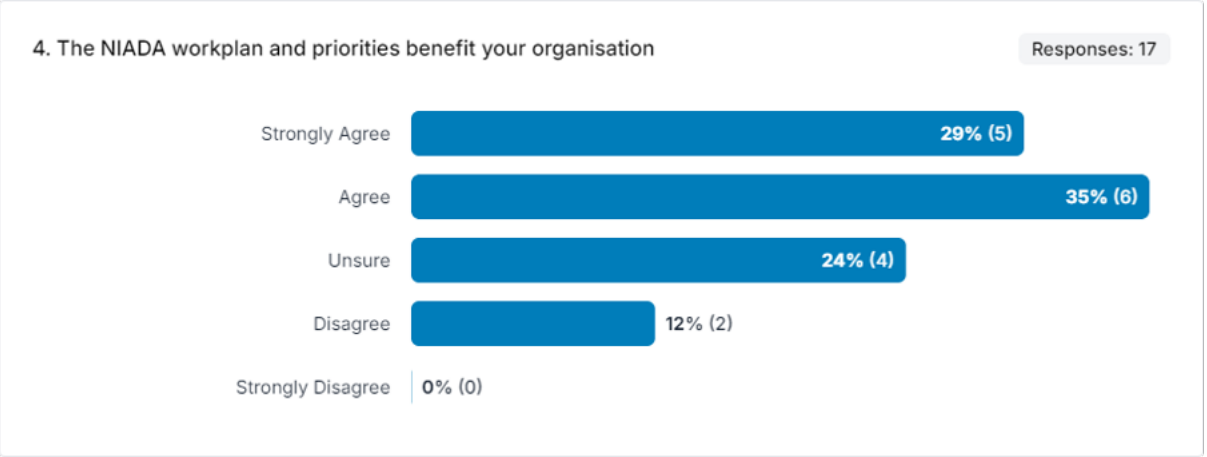
The fear with these things is that they are a talking shop. I never necessarily felt that with NIADA.

I have seen better engagement as it has grown and developed, like with the training element. Progress? Definitely!

Instead of all of the thanks for sharing that [at NIADA meetings to DOH and PHA representatives], we should be challenging them.

It has embedded itself as a representative voice, and it has come a long way.

Do you feel that the NIADA workplan and priorities benefit your organization?



> *I think there is a lot of lip service going on out there [beyond NIADA] ... a bit of empire building for communities and if there is no added value to what you are already getting [at NIADA], you just don't go...*

In a landscape where member organisations are working across four Tiers of drugs and alcohol services, it is no surprise that the responses to this question were largely Tier-specific. The overall sense was that the focus of NIADA sits around a high Tier two into Tier three place on that spectrum. Therefore, those operating predominantly or exclusively at Tiers one or four were less likely to report strong affinity with the NIADA workplan and priorities. That said, members generally felt that while it was strictly possible to submit issues for the workplan, those operating at the extremes would have to work harder to make the plan work. For some, this raised a related question of, *do we all really know what each other does?* It was felt that as much as operating at different Tiers may discourage collaborative working between some organisations, so too might a genuine lack of opportunity based on ignorance and being unaware of the portfolio of work of NIADA colleagues.

While a small number of participants reported vague awareness of how the priorities and workplan come into being, others seemed aware that there are three opportunities to engage with the workplan. The first is with an open call to members for themes or ideas; the second is when a draft plan is circulated for comments; and the third is when members get to review the impact of the plan. However, in the same way that there was commentary on the same people taking forward subgroups and associated actions, there was a sense that the priorities and workplan might also be *driven by the same key members*. However, as was suggested in responses to other questions, there was also a sense that all learning is good learning, and that while issues or topics may not be directly relevant, all insight gained in the drugs and alcohol field is ultimately useful.

> *Some of the workplans are not really our area... and sometimes the benefits to us in truth are a bit limited.*

There was some discussion both of duplication of issues at NIADA and DACTs, as well as something of a disconnect between the main NIADA group, and some subgroup activity. In addition to a disjoint between NIADAs workplan

> *The wheels turn slowly. You are trying to influence policy on health treatment for example. I think ultimately the work makes our clients lives better. It gives them a better chance, and that is the best way to put it.*

and individual organisations service plans, it was suggested that there can be a disconnect between the NIADA workplan and local community needs. In this context the call was for a level of coordination wider than NIADA to ensure that drugs and alcohol work overall was better coordinated and not duplicating. It was suggested that sometimes (depending on the timing of meetings) an issue raised to be actioned at NIADA can actually be taken forward at a DACT level instead. There was the related suggestion that some initiatives are still more about the local optics, than a desire to progress actions or services, and while NIADA does not necessarily get caught up in this, it needs remain focused on real change rather than *talking shops.*

More specifically on the similarities or differences between NIADA and DACTS, the feeling appeared to be that NIADA members have the power to shape NIADA and keep it at a level above DACTS. It was suggested that DACTS involve *very different types of conversations*, essentially that they are more about the lived reality of drugs and alcohol problems and intervention. However, while the elevated nature of the conversations at NIADA may be strategically important, it also appeared that some members found NIADA attendance initially daunting. Some found the personnel intimidating (stressed that this was passive, not active) and found the detail and nature of the discussions to be exclusive, so that for one participant they suggested that *at the start you are completely lost, and it can make you doubt your own ability.*

> *Yes, the workplan and the priorities definitely benefit us. We couldn't have done the job that we are doing as well without the NIADA links. The mutual working makes the job so much easier.*

There were specific issues that were felt to be missing from NIADAs work. There could be a greater focus on recovery, and what that looks like, and how it is supported. Some believed that NIADA is very intervention focused, and could be more focused on prevention and recovery, *the two poles of the spectrum.* Some described the dynamic nature of their client base, and how the work of the individual organization (based on the needs of the client) often needs to progress more rapidly than the NIADA workplan. For organisations working with more acute and complex clients, they explained how they often encounter new substances, new combinations of substances, and/or new routes of administration first, and responding to these acute needs cannot be limited to a workplan.

In summary... NIADA is broad in terms of the type and work portfolios of member organisations. This is a good thing in terms of its coverage of the world of alcohol and drugs, but also a potential weakness in that the work or focus of some organisations could get lost or overlooked.

> *We'd love to look at this or that, but we are too busy firefighting the immediate stuff. Other organisations can help with other issues, and that is a real benefit of NIADA.*

Points for further discussion.

(i) Inclusivity of all member organisations, particularly those operating in the Tier1 or Tier 4 space.

(ii) Clarification around the development of the annual workplan and/or priorities.

(iii) Discussion on how subgroups report to the main NIADA, and how NIADA sits and functions in the context of DACTs and other, more local working groups.

(iv) Discussion on the issue of NIADA potentially being too intervention focused and a possible lack of focus on areas of interest to member organisations beyond this intervention focus.

In your opinion, what could NIADA do differently, or what could be improved upon?

While the overall tone of responses throughout all interviews was positive, participants did identify some areas for potential improvement. It was widely acknowledged that catering for services as varied as those around the NIADA table was always going to be difficult, and some felt that the agenda or the direction of NIADA can sometimes be unclear, with a feeling that in order to be a better version of itself going forward, NIADA needs to develop stronger and clearer outcomes. In addition, it was felt that sometimes decisions can be taken without it being clear how that decision was arrived at. This relates to some comments made in response to previous prompt questions concerning the development of NIADAs action plans It was suggested that these do not always appear to result from facilitated conversations.

It was acknowledged that everyone at NIADA is taking time out of their programme or organizational management roles, therefore limiting their energy and time to invest in NIADA-specific issues. One potential negative outworking of this was said to be that rather than having the space to be proactive about developing policy issues, NIADA finds itself responding to issues. Although in other sections of the report there is reference to NIADAs strategic role, here, the extent of that role was questioned. Given the constraints on time, some wondered about ringfencing time in PHA contracts for NIADA engagement, while others suggested better use of external expertise to help produce policies or initiatives that organisations can get behind. As one participant put it, there needs to be a *better culture of pooling resources at NIADA, and we need to move from being a facilitator to being a force for change.* Relatedly, one participant was of the view that the infrastructure is still a bit weak, with a lot of reliance on the coordinator and the support worker to get things done.

One of the softer suggestions was for NIADA members to try to better understand their partner organisations, and the specifics of the work that they undertake. This could involve visiting eachothers organisations, or rotating NIADA face-to-face meetings around member organisations. While some valued the *efficiency of online meetings*, others felt that NIADA was losing out by always meeting online, that something is lost in meeting virtually, particularly when one of the key outcomes is to be a better bonded and more cohesive group. It was believed that with sufficient planning, a hybrid model could exist where online and face-to-face meetings could compliment eachother, and that meetings could also take place *outside of Belfast.* Relatedly, the idea of increased (and active) peer support and mentoring was mentioned. It was suggested that *a few days of team building* be set aside, to build relationships, share skills, and share ideas. As one participant said, *Teams is okay, but it is very limited.*

There was some focus on NIADA subgroups, and an emphasis on the fact that on-going two-way communication between subgroups and the main NIADA group, is essential. Further, rather than *the same people carrying the subgroups,* that it could be possible that all members are encouraged to join at least one, or even that the focus of subgroups be different (topical, thematic, Tier-specific) to encourage wider participation. A keyword used by a few participants was, relevance. How can the subgroups be made more relevant to a wider constituency of members? Areas like Public Relations, and Communications were believed to be functioning well, whereas areas like lobbying could be more specific and deliberate. However, some were keen to stress the danger of over-committing with regard to subgroups, and the fact that time constraints make it difficult to meet between each NIADA meeting as it currently stands. Therefore, introducing more subgroups may not be particularly useful. It was suggested that maybe issues *need to be sold better to members* in order to help them get more involved.

The speed of NIADA growth in terms of member organisations was mentioned, with the related suggestion that maybe this has led to a loss of focus on *what it is all meant to be about*. Regarding the latter, there were calls to refocus efforts on ring-fencing the independence of NIADA, as well as ongoing efforts to *challenge the system*. Here, the importance of the NIADA challenge (in contrast to individual organisations) was stressed, with calls for a greater awareness that *sectoral challenges are NIADA challenges*, rather than an individual service challenges. It was suggested that this adds weight and credibility to policy-related challenges.

There were a few other less frequently mentioned issues. Some believed that NIADA needs to become more widely known, and needs to be the reference point for anyone interested in drugs and alcohol services. There was a concern that the issues of lobbying, advocacy, and coordination sometimes get a little conflated. The question of whether NIADA was a unified group, or more of a collegiality, was raised. Participants believed that continued efforts need to be made to move from a place of collegiality to a place of greater unity. Finally, returning to the question about the level of representation at NIADA, some suggested that maybe representation can be at a higher level than it needs to be, and that there may be a need for practitioner-level input.

Points for further discussion.

(i) What is meant by stronger and clearer outcomes? And how can this be achieved?

(ii) Discussion around transparency in NIADA decision-making.

(iii) The challenge of being proactive as opposed to reactive.

(iv) Discussion on the skills of member organisations being available to NIADA, and not just the skills of the individual attendee.

(v) Discussion on longer-term planning of meetings to facilitate more frequent face-to-face interaction.

(vi) Discussion on the operation (feeding back to NIADA, and appropriateness) of sub-groups.

(vii) Discussion on the role of NIADA as a group which challenges the status quo.

> *As a new organization you might feel a bit silly bringing up an issue in front of Start360.*

> *We need to ask ourselves, what are the key things that we are interested in looking at or achieving?*

> *But NIADA is not well known about beyond its members. Maybe it could be a better reference point for organisations who deal with drug and alcohol issues, but at a more minor degree or level? Like for example, sports associations, maybe it could be a useful reference point?*

The cannabis conference is a good example. The event should have been a catalyst for NIADA to go on and adopt a position on cannabis, or at least have the discussion. Instead, it became an event in itself. The event was the outcome. I didn't get a sense of what we were trying to achieve there, as in, here is the difference we are going to make.

I think we need a more 'all in' strategic plan to include all services, with a more inclusive approach. Maybe an unconscious bias develops, and people don't realise that the drift is happening.

We need to be a more critical voice and a challenge to the status quo... our clients deserve that.

I think there is a bit of confusion about what NIADA really is. It has no raison d'etre in its own right, it is servicing a process.

Maybe there could be better contributions from the members. It will only ever be as good as the contributions that everyone makes.

Maybe some issues or realities get lost. Sometimes we get too bogged down in strategy and advocacy. That's important too but you don't want to get lost in all of that. The real world realities MAYBE sometimes get lost.

Are there any themes that NIADA should focus on, moving forward?

It was evident from many responses to this question (and equally understandable) that organisations were keen that their specific area of work should be higher up the NIADA list of priorities. However, it was also apparent that it was not realistic or feasible to *take on all organisations pet projects.* Issues specifically mentioned for greater focus included gambling, treatment services, trauma-informed approaches to working, youth services, homeless services, and mental health services. There were some suggestions that additional subgroups could be formed to address these issues, with the time pressure caveat previously alluded to. However, a number of participants highlighted the potential flaw in not focusing on specific themes or areas. While, for example, safer consumption rooms, or school-based education would not be issues for everyone, it was felt that trying to find issues to focus on that accommodate everyone could result in focus on bland and generic areas, and risk achieving nothing meaningful.

There were a few potentially negative structural issues raised in the responses, with some questioning the way in which themes or ideas manifest in the first place, and others being (what they suggested was) realistic about the challenges faced by NIADA in the next round of PHA funding. Regarding the former issue, it was suggested that at times, *all of sudden things are happening, and it is not totally clear where it came from.* Relatedly, it was suggested that more emphasis could be placed on bringing all of the totality of the NIADA work together so that sub-groups are more accountable to the main NIADA group. There were also questions raised about the operational nature of NIADA, with the assertion that maybe NIADA is more about skimming over topics than doing a deep dive (with the acknowledgement that the bigger NIADA meeting is *not the place for a deep dive).* It was felt that there can be a struggle hitting the right tone in terms of the depth of discussions, and a frustration that meetings can sometimes be very (or even too) generic in nature. There is an obvious tension here with other calls for NIADA to be *more inclusive.*

A major issue in these responses was engaging with the new drugs and alcohol strategy and lobbying around funding for the drug and alcohol sector, particularly the way in which the value of that investment is assessed by funders. It was felt that there was a disconnect between those funding the work, and the reality of trying to deliver services to what is often a client base with chaotic lifestyles.

> *How do we pull it all together? Do we maximise the resources that we have as a network? Those would be my main questions or issues going forward.*

> *I think the next commissioning round will prove problematic for NIADA. It will be a cut-throat time and it will test our collective and cooperative resolve. NIADA will have a struggle trying to keep the group cohesive.*

> *There is loads of usefulness in being involved in NIADA, but it is really a convening space.*

Some individuals spoke of examples of good, shared working practices between NIADA member organisations, to include the use of staff and infrastructure, but there was always the fear that with an impending competitive tendering process, these relationships would be stress-tested. The sustainability of drugs and alcohol services, and the prevailing funding model need to be addressed, it was felt. Some observed a shift away from properly funded interventions to a funding model *where all that is paid for is bums on seats*. Participants stressed that their client base is mainly made up of vulnerable people living chaotic lives, and therefore do not always attend as agreed. In these circumstances a *pay as you go funding model* is not appropriate or acceptable, and it was felt that NIADA needs to mobilise on issues like that. It was suggested that joint funding approaches are hugely important, and that as well as providing a better level of intervention and care, that it would also *keep building the harmony*, that NIADA has begun to do. Relatedly, some felt that at a broader level, the issues of staff employment, retention, and development need to be addressed, and an ethos of making work in the drugs and alcohol field an end in itself should be explored.

Some felt that NIADA needs to be more proactive. Some suggested that there was a lag time between seeing issues and acting. On areas of work like (but not limited to) prevention and early intervention, some believed that NIADA need to have a proactive position on what services should look like. Rather than waiting to see what the DOH or PHA think, it was suggested that NIADA should be setting the agenda, providing the solutions, and holding the statutory services to account. Similarly with mental health and substance use services, it was felt that NIADA should be leading and lobbying on closing the service gap.

> *The knowledge is in the room. Integrate the subgroup working and feedback better into the main room.*

A number of other specific areas were mentioned. It was felt that more could be done in the area of evidence-based research, mainly with a view to strengthening the sector, giving justification for the level of service provided, and evidence of its effectiveness. Recovery was discussed by participants. There was a suggestion that too much focus gets placed on the negatives and the challenges, and more focus could be on the good work being done. Additionally focus could be on optimal models of care and recovery, on the language being used around recovery, and how relapsing, stigma, and discrimination are viewed. The importance of not losing sight of the alcohol situation was emphasized, perhaps with specific themes such as *women and alcohol, Foetal Alcohol Spectrum Disorder, and the Hidden Harm of alcohol in families*. It was suggested that the scale of alcohol-related issues remains overwhelming, and that NIADA needs to challenge industry-driven hyperbole minimizing alcohol-related problems.

Points for further discussion.

(i) How can NIADA be more proactive in setting the drugs and alcohol agenda?

(ii) Discussion around the role and appropriateness of subgroups.

(iii) Clarity on the genesis of ideas or priorities.

(iv) Discussion on the threat to NIADA of competitive tendering, and potential mitigations.

(v) How can NIADA challenge the funding model of 'paying for bums on seats'?

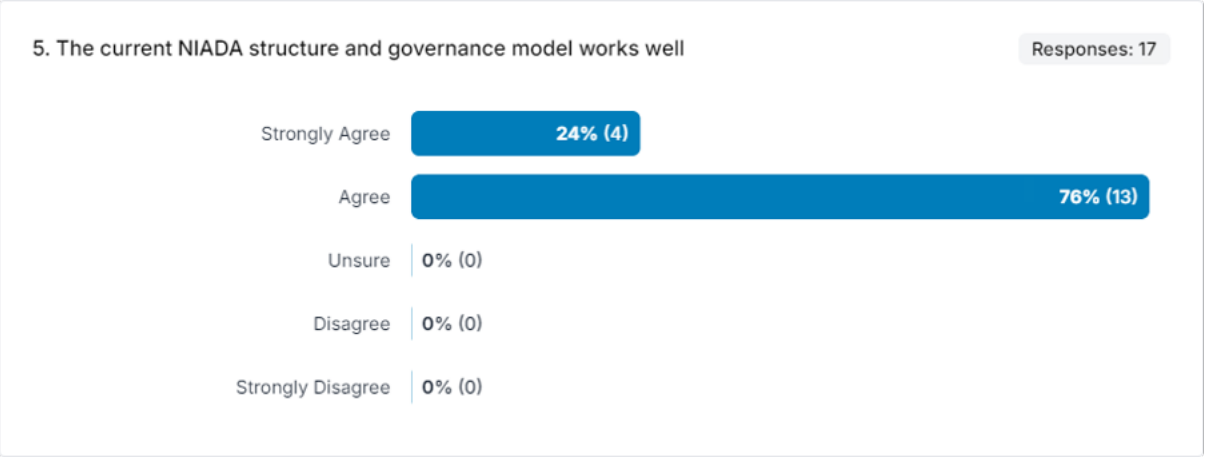
(vi) How can NIADA better exploit evidence-based research?

(vii) Discussion around prioritizing the issues, perhaps using the important/urgent approach.

	Importance High	Importance Low
Urgency High	YES	
Urgency Low		NO

> *The way that the funding operates, it really has become a number versus quality issue. Surely it is better to treat 1000 well than to treat 3000 people less well!*

Does the current NIADA structure and governance model work?



There was a lot of overall satisfaction expressed regarding the way in which NIADA is organized, and the way in which business is conducted (for example in meetings, and between meetings in terms of information exchange, minutes, etc.). Many of those who were complimentary were also honest about the fact that they would not be able to commit the necessary time to hold either the role of Chair or vice-Chair. It was said that the well-run nature of NIADA helps to foster better working relationships.

There was some discussion around the optimal attendee at NIADA meetings. In short, was it better that organizational CEOs would attend, or better that those working in frontline services attend. It was pointed out that NIADA was originally set up as a CEO-level group, and that from a strategic point of view this makes sense as it potentially allows decisions to be taken on matters in NIADA meetings (without recourse to organisational consultation). Beyond the issue of the individual attendee, there was a recognition that the within-organisation feedback and feed-in processes need to be clear and smooth, to ensure that NIADA membership is known about, and bought into at within each organization. For example, it was pointed out that an individual organization could conceivably be a member of NIADA, and its employees know nothing about NIADA. In short, a tension between organisational membership of NIADA, and attendee membership of NIADA.

There was substantial commentary concerning the relative professionalism of NIADA in terms of the efficient and competent way in which it conducts its business, with Andrea and Lynn being widely praised. Some were reluctant to comment given the relatively short duration of their membership, while others appeared somewhat (positively) taken aback at the professionalism in terms of MOUs, minutes, and proposing and seconding of motions etc. There was general satisfaction regarding the frequency of meetings. However, one area of disagreement was the nature of meetings (online versus in-person). While some suggested that they would struggle to participate if meetings were not online, others felt that a lot of collegiality and togetherness is lost by virtue of online-only engagement. They believed that a lot more face-to-face interaction could happen with sufficient planning, and rotation of meetings around member organisations.

> *A lot of people go to meetings but a lot fewer get involved. If they were to be more directly involved it may give people more of a stake in the success of NIADA. It's the kind of challenge between feedback and doing.*

> *It is an onerous task to hold a position. I admire them. I simply would not have the time to take it on.*

> *NIADA works because it is grounded in the services that make it up.*

> *I have no issues with governance, and I also have no desire to be part of the governance structures.*

> *I think that meeting online is never a good thing. There was talk about NIADA moving around but never happened. It could happen if it was planned well.*

> *I think there is a lack of a clear purpose, and I think that as a result there is a lack of forward planning.*

A few other issues were raised, albeit less frequently. Some felt that because of the lack of time available to members, there is a lack of self-accountability. It was suggested that a subgroup could be formed (suggested as a business committee) to specifically focus on the annual agenda. Some questions raised in this regard were: Is there actually a 12-month plan? Where is it? Is it really focused on the working out of priorities? Another issue that was raised was the importance of the personality of the Chair and vice-Chair, and their organisational aims and objectives, and how in certain circumstances this could potentially enable the office bearers *to steer the NIADA agenda*. There was no suggestion that this was or has been the case, but it was argued that if they wanted, the office bearers could essentially use NIADA (or at least steer it) to suit their own organisations. One final suggestion was that there be better (or more) communication in advance of meetings between Chair, vice-Chair, and coordinator or administrator to ensure that the preparation for meetings is more focused and specific. It was felt that sometimes meetings were *a bit samesy*.

In summary... It was widely believed that NIADA is well organized, and participants were very praising of the efforts of Andrea and Lynn.

Points for further discussion.

(i) Again, the issue of the nature of attendees. What level is considered optimal for the functioning and role of NIADA?

(ii) Further consideration to be given regarding NIADAs annual planning and planning over a longer period.

What are your views on NIADA moving forward as an alliance?

There was some questioning about the use of the term alliance with respect to NIADA, despite the fact that alliance is in the NIADA acronym. In some respects, this relates back to the question about NIADA working in a united way or working in a more collegial way. It was suggested that to be an alliance in the proper sense of the word, there would have to be common things, areas of interest, endeavours that all members would subscribe to. Something for all to coalesce around. It was suggested that sometimes NIADA does not have a strong point of view on things, and potentially this relates to the fact that it is not constituted, and *over-populated with service delivery organisations*. A counter argument to this was presented in relation to recent work undertaken on minimum unit pricing, which was held up as a good example of NIADA working as an alliance. The suggestion was that NIADA should *focus more on the things that we can agree on*. One such example suggested was a greater focus on is the mental health/addiction synergy. In short it appeared that there were differences of opinion regarding whether or not NIADA was or should be an umbrella group, or a service delivery entity.

There was realism about the difficulty of sustaining an alliance in the face of an impending competitive tendering process, particularly because the sector has not faced this in some time. It was acknowledged that while NIADA is about bringing collective capacity, the fear is that *everyone's shutters go down* when it comes to funding time, a feeling that *I have services and I want to keep them*. Accordingly, trust was raised as a potential barrier in the development and sustaining of an alliance. Some argued for a position that NIADA would be ***the*** *focal point for those with queries about drugs and alcohol,* and that it would be the starting point for service provision (NIADA would collectively map services, and tender accordingly). However, it was acknowledged that this would require *massive trust,* and likely would necessitate an independently constituted NIADA. There was some discussion around PHA funding of NIADA and the relative lack of a conflict of interest. Many were of the view that neither PHA funding, nor attendance at NIADA lead NIADA *to be soft, or not want to upset the PHA*, and that this should continue. There were calls to safeguard the NIADA independence at all costs, and for more meaningful discussion around the merits or flaws in complete independence (as a constituted entity).

> *Structurally I cannot see what you would do to make it a better alliance. It is about the people in each organisation wanting it to be an alliance.*

> *We need to make NIADA the first place that people go for help... not the PHA.*

> *The PHA support is a positive thing at this stage – it's not like Drinkaware!!*

In terms of some practical suggestions, these included: a greater emphasis on, and development of NIADAs social media presence; a greater awareness on the part of members of the services around the NIADA table; the scheduling of more face-to-face team building and planning events (particularly larger-scale strategic goals); consideration to be given to a *second-level NIADA* made up of frontline staff, that feeds directly into the main NIADA group; and consideration to be given to the NIADA funding and staff housing inconsistency (employment of the staff in one organization, supporting office bearers from another).

There were quite opposing views about the future expansion of NIADA. While some believed NIADA to be *quite small, or a closed circle*, others suggested that growing NIADA too quickly or too large runs the risk of *diluting it into a talking shop*. Rather than expand it too much more, it was suggested that efforts be put into trying to *extract more from what we already have.*

Points for further discussion.

(i) NIADA as an umbrella or service-based entity (strategic or operational)?

(ii) Trust and cooperation in a competitive tendering process.

(iii) The issue of NIADA as a constituted organization.

(iv) The idea of a two-tier NIADA (managers and workers) and possibility of (and therefore a risk) duplication of DACT conversations.

(v) Discussion on the further expansion, in terms of member organisations.

> *In the short term there are 20 members representing a diverse range of services and that is good. In meetings there can be great differences in ideology... but if handled properly that diversity should be a good thing.*

> *You assume that you know what everyone else does.*

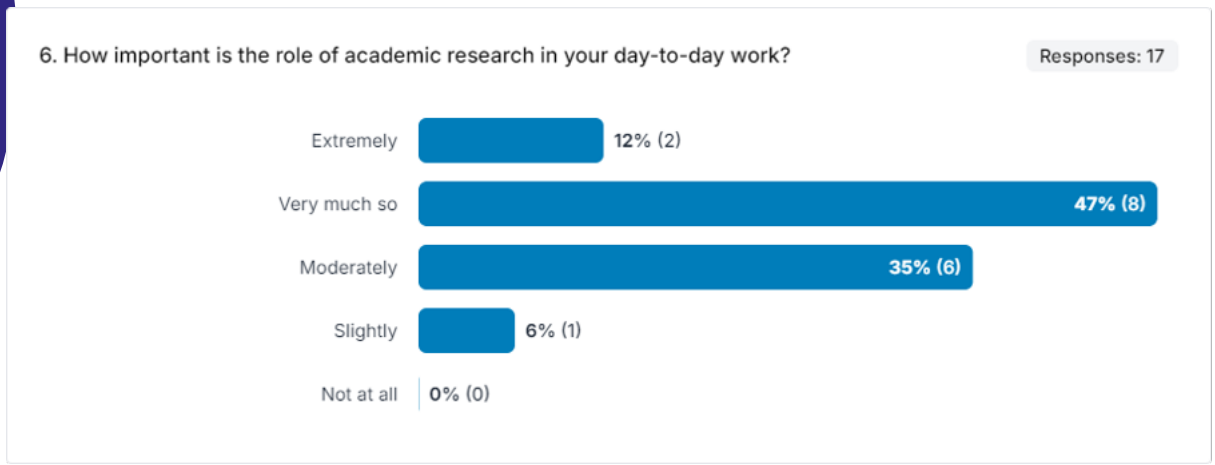
> *Like say, in 5 years we would want to have influenced X or Y – but what would that be? Currently it is too thematically disparate. One example of a big-ticket item that we could coalesce around would be funding.*

> *The alliance is very positive, otherwise I would not be around the table.*

> *How do we have an effective co-operative – or are all decisions made by the big boys?*

How do you see the potential value of Academia and/or Evaluation in the work of NIADA?

Participants were asked their views on a range of research-related topics. The responses are displayed below. Figure 6 shows that more than half (10 out of 17) of participants believed academic research to be extremely or very much important in their day-to-day work, with 14 out of 17 reporting that in an ideal world, research would feature more in their work (Figure 7).



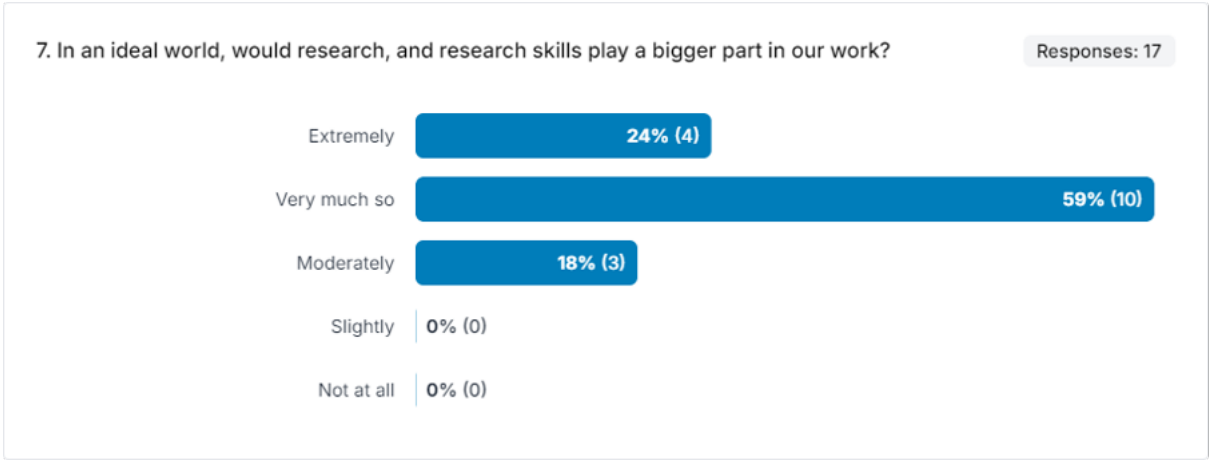
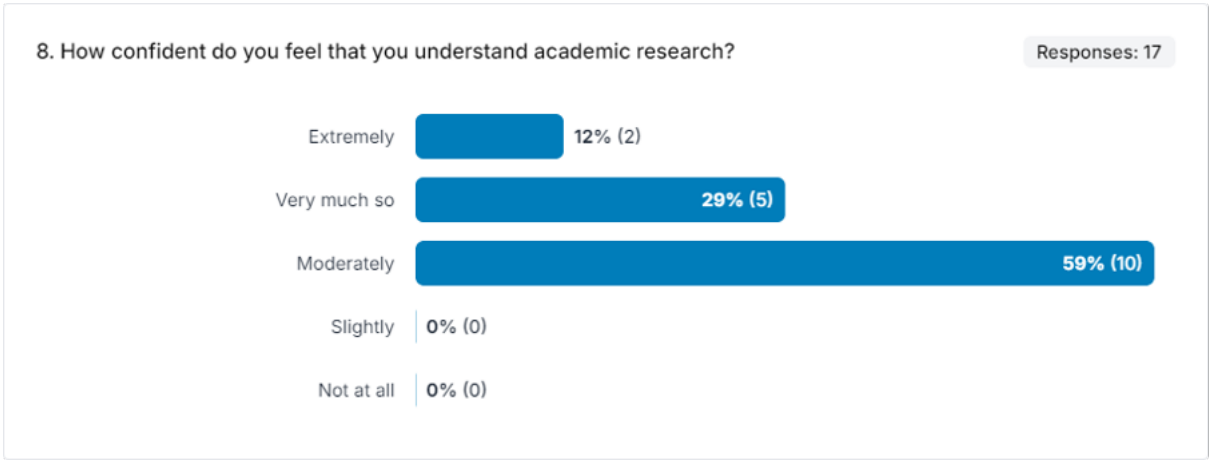
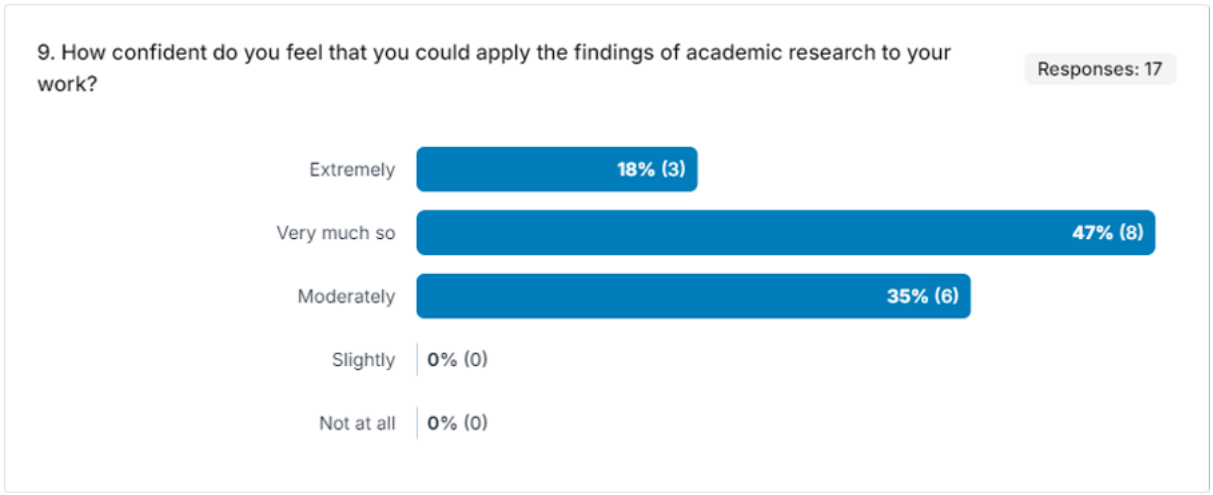


Figure 8 shows that less than half (7 out of 17) of participants reported themselves as extremely or very confident in understanding academic research, while more than half (11 out of 17) reported that they would be very or extremely confident about applying the findings of academic research to their work (Figure 9).





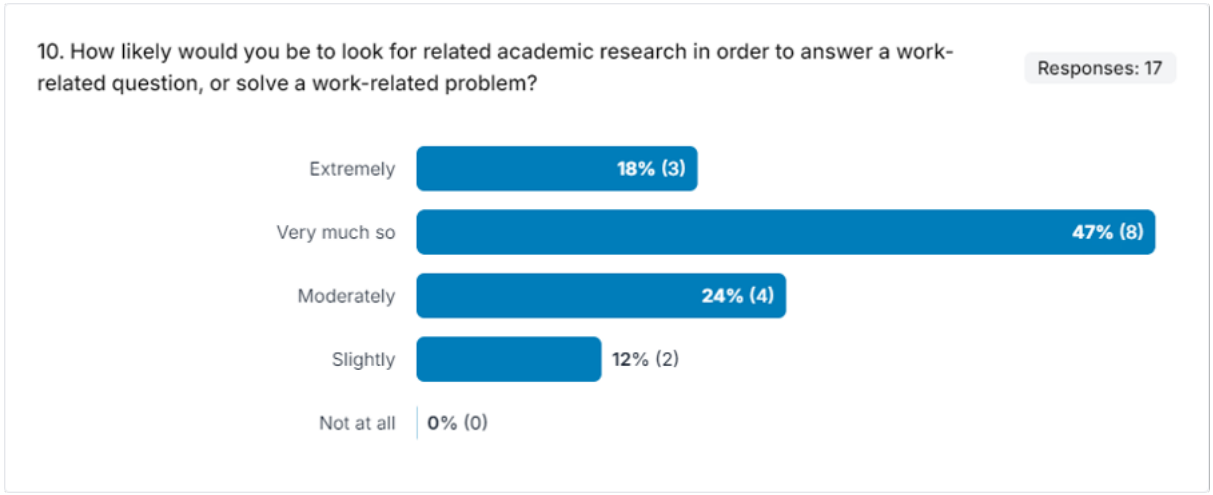
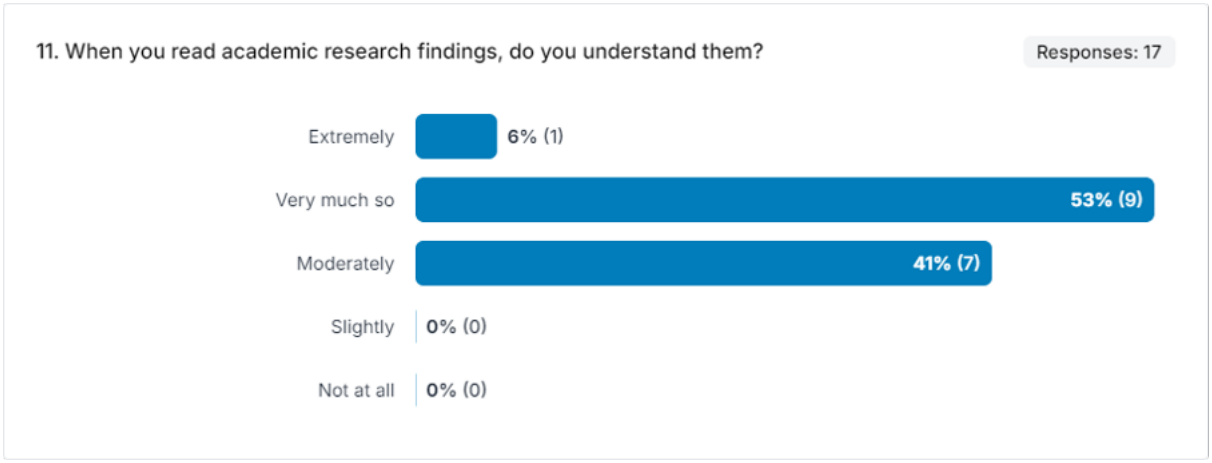
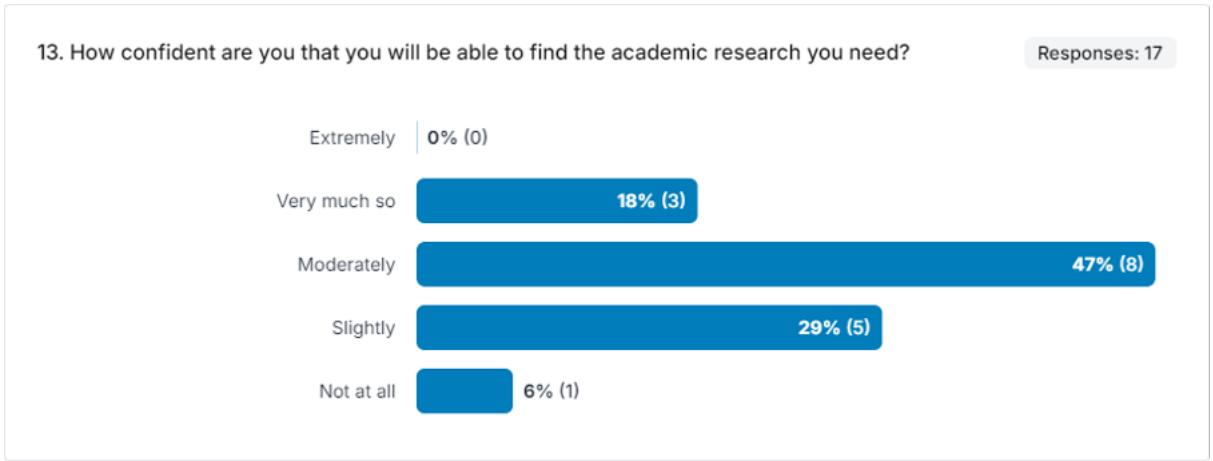
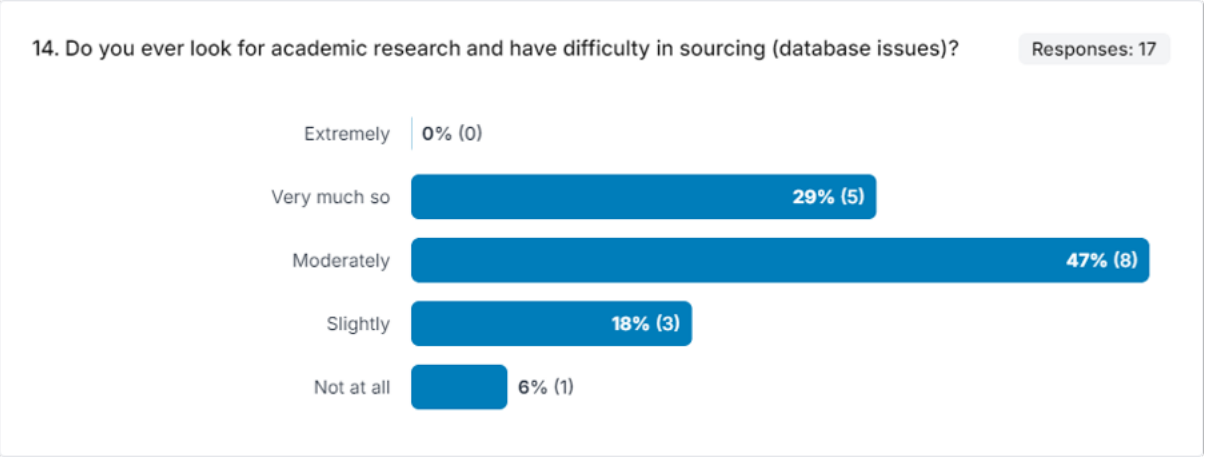


Figure 10 shows that the majority (11 out of 17) reported being very or extremely likely to engage with academic research in order to solve a work-related issue, with 10 out of 17 also saying that they understand academic research very well, or extremely well (Figure 11).

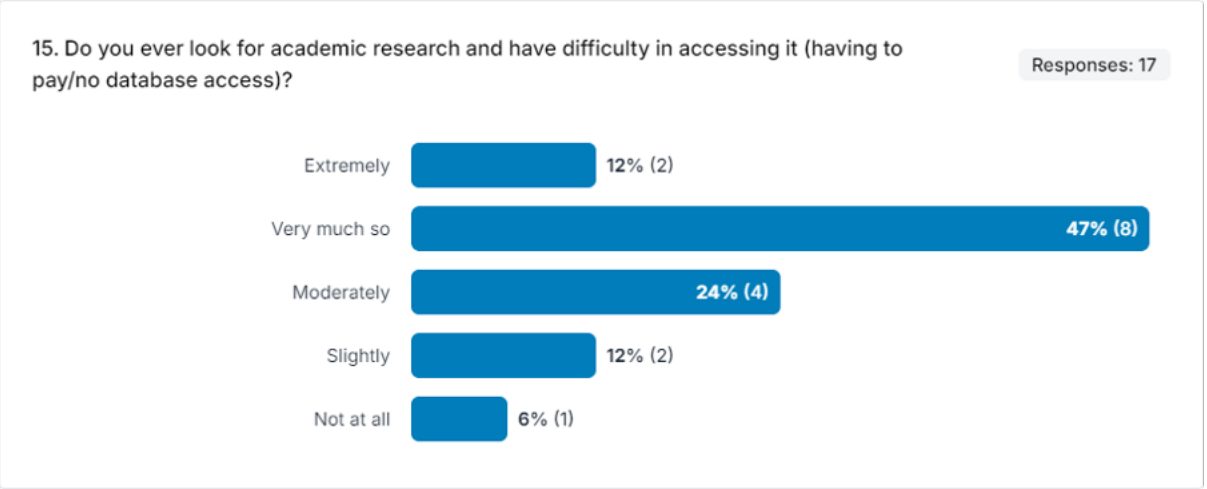


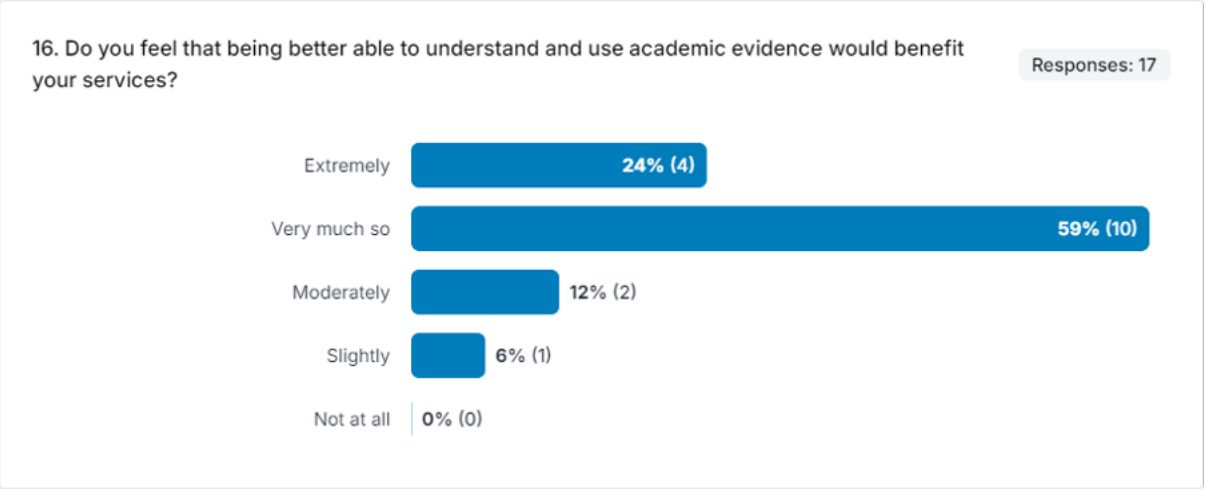
When it came to both trusting academic research (Figure 12) and being able to find academic research (Figure 13), no one was extremely trusting, or extremely confident, indeed in contrast to previous responses, only 3 out of 17 participants reported themselves as very confident about being able to find the academic research needed.



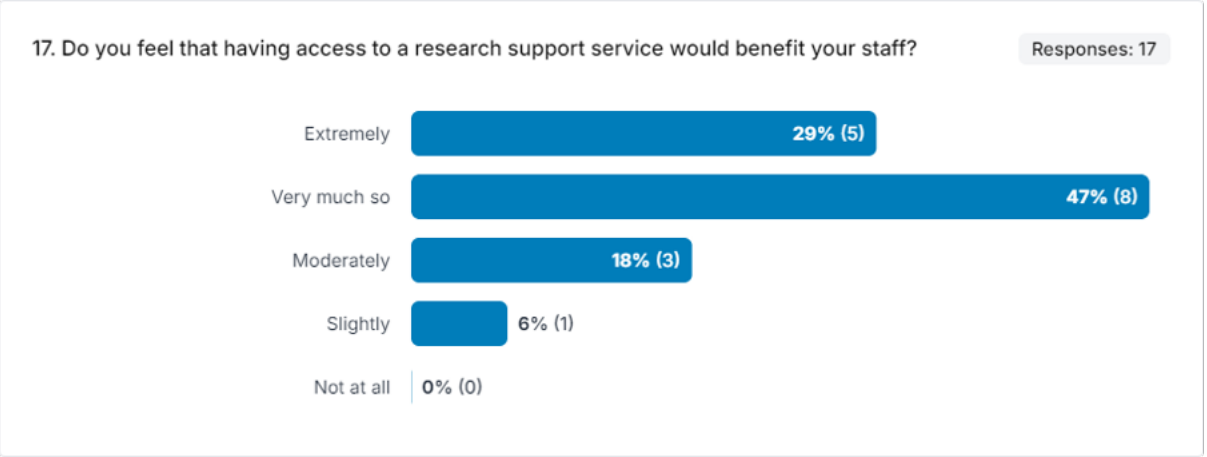


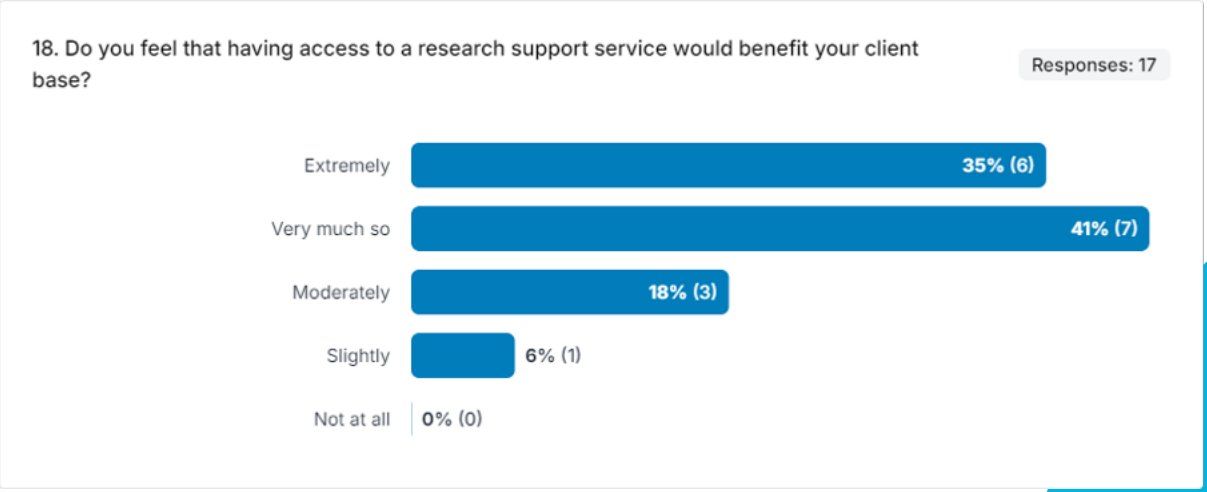
Results in Figure 14 show that 13 out of 17 participants reported moderate or greater difficulty in sourcing research material, while 10 out of 17 reported extreme or very great difficulty in actually accessing the material (Figure 15). In terms of feeling that the ability to understand and use academic research would benefit their service, 14 out of 17 answered extremely, or very much so (Figure 16).





Participants reported perceived benefits of having research support to both staff (Figure 17), and clients (Figure 18). In both cases 13 out of 17 participants replied either extremely, or very much so.





> *In many ways for us research is a luxury. There is a focus on the front line and helping people in acute need. There is no doubt that it is valuable, but in essence it is something that someone else does. Unless there will be a quick and tangible benefit, then it is unlikely to be high up the agenda.*

> *Understanding the language of stats and research can be difficult.*

> *For us, finding out about research possibilities would be good. We have the data, and we have the expertise. Funding to do this kind of work is the big issue for us.*

> *Specific issues: models of treatment, or what works for families?*

There was an overall sense that the incorporation of research would be a good thing, but equally, many stated obstacles to the likelihood of that happening. Research was understood to operate on a number of levels including: (i) Is what we are doing effective? (ii) Are there better models of working out there? (iii) How can we do what we are currently doing, better?

There appeared to be some confusion between research, monitoring, and programme evaluation. When asked about this area, some individuals responded with reference to the data that projects submit to the PHA as part of their funding. There was widespread acknowledgement that sector has not been good in promoting the work that it does, or by gathering information that might validate its efforts. One issue was that there is not money or time to invest in this, despite the stated (and stated as obvious) benefits. In addition, members pointed out that there was no scope allocated in PHA contracts for research.

There was a real sense that this was an area where, with relatively little additional effort or support, NIADA could add to its value and the credibility of its services. For example, it was suggested that NIADA could be taking forward research on the impact of services, with a view to informing the debate or policy. It could also be using these data to be helping to fill information gaps. It was acknowledged that most of the drugs and alcohol work in the community is being provided by NIADA members, and the question was raised... *could we say maybe, where is the evidence for that? Nobody is going to do it for us.*

Other stated obstacles to the use of research included funding or money, time, access to scientific literature, and an ability to navigate and understand scientific language and statistics. Another issue related to the value of research once produced. Some were worried that it would

> *We need to be asking, what are the important questions that we need answers to? What are the things that we need to know...? Then go and find out.*

> *The funding pipeline for addiction services is very small and in order to be able to advocate or lobby for more money or to be competitive, we need the data – individual organisations don't usually have the money to do this kind of work. Maybe if connected to a wider group – that could be beneficial. We actually do some work with universities, and that has helped us. All in all, being savvier in this area would benefit NIADA – yes.*

> *NIADA should be asking, is the info that we supply useful? How? Can we get better feedback on that?*

> *This is one of the biggest weaknesses – the world of academia and practice and the interface. They really need to work in a reciprocal way. We need to be able to grow our intelligence, but not feel exploited. One of the things is that you only get in as and when it is being led by the researcher. We are like a puppet on a string. There is a disparity between academia and practice – practice runs scared from academia. We collect copious amounts of information in a commissioned service – the info goes in – we get nothing back. NIADA could create a means of measuring impact – helping support groups to understand the numbers. Something on research measures – validated scales – help people to make sense of data and research.*

be an end in itself and stressed that the added value of being involved in research was if/when it impacts policy and service delivery. Some explained how their organization had previously employed a research officer, but in the current financial situation, could no longer justify that.

There was some skepticism about academic research, and suspicion around statutory data. In addition, some were put off by the amount of time required to take a piece of research from the ideas stage, through to impact on service delivery, or client-related outcomes. This was particularly the case because of the way that the client base changes so quickly, sometimes dictated by funding models. Where such roles (usually in larger organisations) remain, participants believed that they added value both at the level of tendering, at the level of client outcomes, but also in terms of the overall confidence of the organization, and belief in its work.

Point for further discussion.

(i) The potential for a closer working relationship with the Northern Ireland Public Health Research Network to offer research access, support, and guidance.

Concluding remarks

The overall positivity in the interviews cannot be overstated. In the context of a few minor criticisms, it could be tempting to see the results of this process as a so-called mixed bag. Nothing could be further from the truth. Participants were lavish in their praise of the work of Andrea and Lynn, and the way in which NIADA functions. There was also stated respect for those who step forward and take up the roles of Chair, and vice-Chair, and overall, participants attested to the benefits of NIADA.

As will have been evident form a read of the report, a few issues emerged repeatedly and consistently across all sets of responses. The first was that of the **nature of the NIADA membership.** Should it be CEO-level? What are the advantages of that? What risks being lost with that approach? Relatedly, there was the concern around organizational membership of NIADA, versus individual (representative) member of NIADA. Is NIADA potentially missing out where the totality of a member organization is not aware of its work, and not able to directly input?

The second issue was **time.** Many were of the view that this is the single biggest obstacle to a more functional NIADA, with the suggestion that discussions take place with PHA around ringfencing time in contracts for this type of work. The third issue related to the **overall coordination** of efforts at NIADA (main group and subgroup), DACTs, and other working groups. It was believed widely that a better overall coordination of meetings and planning groups would benefit the sector. The fourth concerned the potential benefits and drawbacks of a **fully constituted NIADA**. The fifth overall issue that emerged repeatedly concerned NIADAs ability to deliver **real change.** Although NIADA has access to policy makers, does that materialise in ways that benefit service users? Finally, there was the issue around **planning.** This concerned the way in which plans are developed, and the tension between being reactive or responsive, versus being proactive, as in setting the drugs and alcohol agenda.

Testimonials

During the review process, a number of testimonial submissions were received. These are summarised below.

NIADA have made a difference to my work in several different ways. NIADA have been passionately involved and provided continued support during my research and impact work with them. They have facilitated unique opportunities to engage with a range of policy and substance use services across sectors to increase the research impact and ensure that their clients benefit from research. This has been achieved through helping with research dissemination to stakeholders, facilitating presentations, publications, and roundtables to discuss key research issues and the implications for policy and practices.

NIADA Directors, Andrea and member organisations have a vast expertise on past and current issues relating to addiction which brings a wealth of knowledge to the research and impact process. I have also been inspired by their dedication and commitment to using research to inform conversations about current issues within the drugs field. This includes using our research to feed into a number of strategic working groups facilitating the implementation of the current Substance Use Strategy while ensuring the best interest and wellbeing of their clients.

Dr Julie Harris, Ulster University

NIADA has made a difference to my work personally and professionally. It is an invaluable network for information, support, and dissemination across so many sectors in the Community & Voluntary sector. As an NHS worker, I would be lost without NIADA's contacts, knowledge and support. NIADA are also a support for areas of service development and have oversight of the work being done and needing addressed within the NIADA members.

NIADA is ideally placed to support the work of both the Substance Use and Mental Health Strategies, thus guiding staff and services through the required changes. The NIADA management have the necessary experience and skills to ensure the changes are helping the core groups of the NIADA members and staff are supported throughout. NIADA is synonymous with high quality publications and research which will be an essential part of the upcoming changes.

Alison Esler, Dual Diagnosis Co-Ordinator, Holywell Hospital.

The establishment of NIADA is really helpful in terms of having a key contact point for the community and voluntary sector in related to substance use. NIADA are asked for representatives to sit on our various governance and accountability structures, and this allows a wide range of organisations, voices and views to be part of policy development and implementation. Preventing Harm, Empowering recovery recognises the community and voluntary sector play a key role in identifying issues, proposing solutions, holding the public sector to account, and advocating for their local communities and clients. NIADA supports this commitment.

NIADA also allows the sector to come together to discuss issues, and where possible agree a collective position and have greater leverage to advocate for that position. It also provides a mechanism to deliver non-public sector messages and information to the public and media, and tackle issues like stigma.

I hope that NIADA can remain a key advocate for the sector and for substance use into the future.

Gary Maxwell, Health Development Policy Branch, Department of Health

Ulster University

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