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New Strategic Direction for Alcohol and Drugs 2006-2011

NSD Update

April 2010

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1. Introduction

This report seeks to provide an update on the implementation and delivery of the New Strategic Direction on Alcohol and Drugs 2006-2011 (NSD), specifically focusing on work has been undertaken to meet the regional short and medium term outcomes contained in the NSD, and providing an update on relevant alcohol and drug-related indicators within Northern Ireland.

Chapter Two sets out the Background to the Development of the NSD, and its ethos.

Chapter Three updates on the NSD's Implementation Structures, both at a regional and local level, and how they are overseeing and driving forward the delivery of the NSD.

Chapter Four updates on the Key Indicators set out in the NSD.

Chapter Five shows the progress made against the Key Priorities in the NSD.

Chapter Six sets out the conclusions from this report, giving special consideration to forthcoming challenges and next steps that must be taken to ensure we continue to address the harms related to alcohol and drug misuse in Northern Ireland.

2. Background to the NSD

2.1 Development of NSD

Alcohol and drug misuse, and their related harms, cost our society hundreds of millions of pounds every year. However, this financial burden can never truly describe full impact that substance misuse has on many vulnerable individuals (including children and young people), families, and communities in Northern Ireland.

Alcohol and drug misuse have been significant public health and social issues in Northern Ireland over the last number of years, and continue to be a key priority. Since 1986, there have been a number of Government led initiatives that have sought to develop and implement strategic responses to these issues. Initially there were separate strategies for the two issues, however in May 2001 the Model for the Joint Implementation of the Drug and Alcohol Strategies (JIM) was launched.

In 2004, following a review of the two strategies and of the JIM, it was agreed that a New Strategic Direction for Alcohol and Drugs (NSD) would be developed to tackle the harm related to these issues in Northern Ireland. The Department began work to develop the NSD in April 2005 and followed a six-stage approach to produce a fully integrated, inclusive and co-ordinated strategic direction for addressing alcohol and drug misuse in Northern Ireland over the next five years. The intention was to combine a clear regional vision with local and community aspirations.

There was a comprehensive and inclusive engagement and consultation element to the NSD's development. Ten special interest groups were established to look at specific issues such as workforce development, young people, and service users. In addition, a range of bi-lateral discussions, seminars, workshops and meetings were held to give key stakeholders the opportunity to shape the development of the NSD.

2.2 NSD Aims and Objectives

The NSD was published in May 2006, following a formal public consultation during February/March 2006, and its implementation began in October 2006. The overall aim of the Strategy is to reduce the level of alcohol and drug-related harm in Northern Ireland. The NSD also set a number of overarching long-term aims, including:

- to provide accessible and effective treatment and support for people who are consuming alcohol and/or using drugs in a potentially hazardous, harmful or dependent way;
- to reduce the level, breadth and depth of alcohol and drug-related harm to users, their families (and/or their carers), and the wider community;
- to increase awareness of all aspects of alcohol and drug-related harm in all settings and for all age groups;
- to integrate those policies which contribute to the reduction of alcohol and drug-related harm into all Government Department strategies;
- to develop a competent skilled workforce across all sectors that can respond to the complexities of alcohol and drug use and misuse;
- to promote opportunities for those under the age of 18 to develop appropriate skills, attitudes and behaviours to enable them to resist societal pressures to drink alcohol and/or use illicit drugs, with a particular emphasis on those identified as potentially vulnerable; and
- to reduce the availability of illicit drugs in Northern Ireland.

2.3 Themes and Priorities

The NSD identifies two themes, “Children, Young People, and Families” and “Adults and the General Public”, which has enabled the development of an integrated and co-ordinated approach to tackle the issue. It also identifies a range of key priorities including developing young people’s services, promoting alcohol and drug-related education and prevention, targeting those at risk and vulnerable, addressing underage drinking, binge drinking, reducing illicit drug use and availability, and promoting harm reduction approaches.

2.4 The Five Pillars

In developing the NSD five supporting pillars were identified, and these pillars provide the conceptual and practical base for the NSD. The five pillars are:

- Prevention and Early Intervention.
- Treatment and Support.
- Law and Criminal Justice.
- Harm Reduction.
- Monitoring, Evaluation and Research.

2.5 NSD Values and Principles

The values set out in the NSD are the basic tenets on which the strategy, and its implementation, is built. These values are:

- person centered and non-judgmental;
- a balanced approach;
- shared responsibility; and
- equity.

The NSD also sets out a number of principles that must be adhered to as it is taken forward. These principles are:

- partnership;
- good practice/evidence based;
- communication;
- promoting social inclusion;
- community-based;
- accountability and transparency;
- long-term focus; and
- value for money.

3. Delivery / Implementation Structures

3.1 NSD Steering Group

The overarching NSD Steering Group was established in early 2006, and has now met on five occasions. The Steering Group was originally chaired by Dr Andrew McCormick, the Department of Health, Social Services, Public Safety's Permanent Secretary, however the Chief Medical Officer, Dr Michael McBride, has now taken over this role. The Health Minister has also attended relevant meetings. The primary role of the Steering Group is to oversee and drive forward work to achieve the outcomes contained in the NSD. It also considers and recommends action in relation to relevant issues raised by members, and those teams and groups who report to it.

In turn, the NSD Steering Group reports to the Ministerial Group on Public Health (MGPH), which is chaired by the Health Minister. MPGH consists of senior representatives from across all government departments, and it considers all areas that can impact on health and its wider determinants. MGPH oversees the implementation of the overarching *Investing for Health* strategy, and its underpinning lifestyle health promotion action plans.

Membership of the Steering Group includes relevant professionals, statutory bodies and agencies, government departments, and voluntary/community sector representatives. The current Membership and Terms of Reference of the Steering Group are attached at **Annex C** for information (*see pages 81 & 82*).

3.3 Advisory Groups

The NSD Steering Group is also informed by four advisory groups, which have been established to provide advice and policy guidance on specific priorities contained within the NSD. The Groups are:

- Children, Young People and Families;
- Treatment and Support;
- Binge Drinking (*now* Alcohol); and
- Law and Criminal Justice.

The function of each group is to provide advice that draws on expertise in relation to the individual groups' strategic priorities and needs of specific strategic areas. Each group advises, commends and provides informative feedback on the NSD and its outcomes and on relevant issues related to its own specific remit. The Advisory Groups' Terms of Reference is set out at **Annex C** for information (*see page 84*).

3.4 Liaison Group

In addition, a Liaison Group has been established consisting of the chairs of each advisory group along with the senior co-ordinators from the Drug and Alcohol Co-Ordination Teams, and representatives from the Public Health Information and Research Branch and the Health Development Policy Branch in the DHSSPS. This group meets on a regular basis, at least twice a year in advance of the NSD Steering Group, and helps to monitor overall progress against the NSD's targets and outcomes, and integrates and co-ordinates relevant issues.

3.5 Drug and Alcohol Co-Ordination Teams

From the outset the NSD clearly recognised that local assessment of needs, and the development and delivery of services, programmes and initiatives to meet these needs, was paramount to the effectively addressing this issue. In support of this, the former Health and Social Services Boards and the Public Health Agency (PHA) funded and facilitated the establishment of the local Drug and Alcohol Co-Ordination Teams (DACTs), which operate in each of the former Health and Social Service Board areas. The DACTs have all developed local action plans – which match and reflect NSD priorities, and support the implementation of the NSD.

Local delivery structures have also been established by the DACTs to oversee the implementation of their local action plans. Details on the workings of DACTs can be obtained from the teams at the contact details provided in **Annex D** (*page 86*).

3.6 Community Involvement

The development of the NSD was informed throughout the process by the voluntary and community sector. This was facilitated through focus group

discussions, members of the steering groups, and representation on the NSD Development Team. It was felt that it was essential that such involvement should be continued into the new structures of the NSD, and through the establishment of independent sector forums (ISF) in the local DACT areas. This has led to significant voluntary and community sector involvement on the advisory groups, and the overarching NSD Steering Group, which has the four ISF chairs as full members.

4.0 Key Indicators Updates

4.1 Introduction

A wide range of evidence is available to support the Northern Ireland combined alcohol and drug strategy and allow its effectiveness with regard to reducing alcohol and drug-related harm to be evaluated.

Within the New Strategic Direction for Alcohol and Drugs, a set of key indicators which can be used for this purpose were proposed:

Alcohol	*Drugs*
Numbers referred to treatment	Numbers referred to treatment
Hospital admissions – primary and secondary diagnosis	Hospital admissions – primary and secondary diagnosis
Alcohol-related deaths	Drug-related deaths
Binge drinking target	Blood borne viruses among injecting drug users
Prevalence (hazardous drinking; problem drinkers)	Prevalence (including problem prevalence)
Per capita consumption or expenditure	Drug-related crime
Alcohol-related crime Drug-driving	Drug-driving
Drink-driving	Disruption of supply markets
Public perceptions of alcohol as a social problem	Public perceptions of drugs as a social problem

Some of the key indicators have had to be amended as information from various sources is not available exactly as specified by the indicator or is available in a slightly different format. For example, information on numbers of individuals *referred to* treatment is not available so numbers of individuals *presenting for* treatment will be used as an alternative. Per capita consumption or expenditure for alcohol is also not available but information on personal expenditure on alcohol will be reported. In addition to separate alcohol-only and drug-only information, some information is available relating to alcohol and/or drugs collectively and will be presented under combined indicators for alcohol and drugs. Also, drink-driving and drug-driving statistics are not available separately so these will be reported under combined indicators for alcohol and drugs.

Detailed information on each indicator is attached at **Annex B**.

5. Progress against Key Priorities and Outcomes Contained in the NSD

5.1 Key Priorities

The NSD addresses a wide range of issues, and it also identifies a number of Key Priorities. These form the cornerstone of the work being taken forward over its duration, and reflect the issues that were identified through the review and the extensive pre-consultation exercise. Each of these priorities, and an update of the work to date, is set out in the table below:

Key Priority	Update
Developing a Regional Commissioning Framework	A number of meetings have been held to take forward this issue. A legacy statement has now been developed, and we are seeking to take this work forward in partnership with the new Health and Social Care Board.
Developing a 4 Tier Model for services for Children, Young People and Adults	The 4-Tier Model is now a recognised concept across Northern Ireland. As part of the process to develop a Regional Commissioning Framework, work will be carried out to fully map out what services are currently available in each tier.
Developing young people's services	Young person's treatment services, and relevant counselling and mentoring services are available across Northern Ireland. The former HSSBs and PHA have funded and commissioned a number of projects & services with regards to local Tier 2 & 3 substance misuse services for young people in support of DACT Action Plans. These include: ▪ information & advise services ▪ counselling services ▪ mentoring services ▪ outreach services ▪ specialist posts within CAMHS ▪ targeted education & prevention programmes ▪ family support services ▪ community support services ▪ specialist treatment services
Promoting good practice in respect of alcohol and drug-related education and prevention	A review of good practice entitled *Guiding Effective Drug Education* was published by EDACT in October 2005. The document has since been revised & has been endorsed by the 4 DACTs. Publication of the document by the PHA is expected shortly.

Key Priority	Update

Targeting those at risk and vulnerable	All plans policies and programmes that have been put in place across Northern Ireland under the NSD should have elements that specifically target identified “at risk” and vulnerable groups.
	
	The former HSSBs & PHA have funded projects in support of DACT Action Plans targeting the following groups:
	▪ Homeless, including rough sleepers
	▪ Ethnic minorities
	▪ Ex-offenders
	▪ Vulnerable young people including:
	    ○ Looked-after children
	    ○ Young homeless
	    ○ Young offenders
	    ○ School excludes
	    ○ Children of alcohol/drug using parents (Hidden Harm)
	▪ Older people dependant on alcohol and/or drugs
	▪ People with learning difficulties
	▪ Street drinkers
	
	In addition, a regional Hidden Harm Action Plan has been developed, and is being taken forward.

Addressing underage drinking	An action plan to address young people’s drinking has been developed by the Department, and was published in June 2009. Development of “You, Your Child and Alcohol” Campaign and associated booklet. A range of 3 regional seminars on young people’s drinking and what is effective in reducing or preventing it were held during 2007-08, to help ensure those working in this area are aware of the most up-to-date evidence, and to provide an opportunity for people to share information and learn from each other. Funding of targeted education programmes at a community level across NI through the PHA in support of DACT Action Plans.

Key Priority	Update
Reducing illicit drug use	Work is ongoing with the PSNI, and the organised crime taskforce to reduce and disrupt to supply of illicit drugs within Northern Ireland. Considerable research in to attitudes and behaviours towards cocaine use has been carried out, and the PHA is currently using this information to develop a campaign aimed at raising awareness of the risks of cocaine use.
Tackling alcohol and drug-related anti-social behaviour	In addition to the Young People's Drinking Action Plan, work is ongoing at a local level, through the PSNI, the Community Safety Partnerships, the District Policing Partnerships, the DACTs, etc, to undertake local initiatives to address this issue. The NIO issued a strategic statement to all CSPs advising them that one area of major focus for their Action Plans should be anti-social behaviour. This issue is specified in the Action Plan at Council level.
Developing effectiveness indicators for treatment	It is anticipated that should be considered alongside the development of the Regional Commissioning Framework
Addressing binge drinking	A number of regional and local campaigns and activities continues to take place on this issue, and overall work is monitored by the Binge Drinking Advisory Group. In addition, the Public Health Agency is continuing to deliver a regional public information campaign specifically seeking to address this issue. A campaign website www.knowyourlimits.info, hosted by the PHA, remains available across NI, and has approximately 4000 unique visitors each month. In addition to this, PHA is currently developing a leaflet for women, which seeks to raise awareness of the risks of drinking when pregnant.
Reduced availability of illicit drugs	Work is ongoing with the PSNI, and the organised crime taskforce to reduce and disrupt to supply of illicit drugs within Northern Ireland.
Addressing community issues	Community support is a key element of all local DACT Action Plans. In addiction, through the community and voluntary involvement initiatives, the community "voice" has a place on DACTs, the Advisory Groups, and the NSD Steering Group.

Key Priority	Update
Harm Reduction approaches	Needle Exchange and Substitute Prescribing programmes are available across Northern Ireland. Consideration is currently being given to how these schemes can be improved and expanded. It remains the intention to put in place measures to co-ordinate harm reduction approaches across Northern Ireland.
Workforce Development	Substantial progress has been achieved locally by the DACTs. Workforce initiatives were prioritised in 3 of the DACT areas providing training across all 4 tiers of service delivery. However, the appointment of a regional workforce development co-ordinator has been delayed due to the recent HSC restructuring under the RPA process. It is still the intention to put these measures in place.

5.2 Outcomes

Following the logic model approach, a number of long-term outcomes were developed in the NSD. These are supported by a number of short and medium-term outcomes and outputs at both the regional and the local level. These outcomes provide the focus for current activities and future work. (By short term meaning within 18 months of the NSD's start, medium-term within three years, and long-term within five years.) The outcomes were grouped together within the themes based on certain issues or topics, i.e.:

- **Children, Young People and Families** –
  1 - (Treatment and Support)
  2 - (Prevention and Early Intervention)
- **Adults and the General Public** –
  1 - (Treatment and Support)
  2 - (Prevention and Early Intervention)
- **Adults and the General Public** - 3 (Anti-Social Behaviour)
- **Monitoring, Evaluation and Research**
- **Workforce Development**
- **Other**

The short and medium term regional outcomes under each topic or issue are set out in **Annex A**, along with an update on progress against each outcome. This report focuses specifically on the regional outcomes and outputs contained in the NSD. Information of progress against the local outcomes can be obtained from the relevant DACT.

6. Conclusion – Challenges and Next Steps

6.1 Conclusion

Over the past three years, a significant amount of work has been taken forward in respect of action aimed at reducing the harm related to alcohol and drug misuse, both at a regional and local level. However, this is only the beginning – much work remains to be taken forward and we must continue to work together, in partnership, to improve the lives of some of the most vulnerable people in Northern Ireland.

There are a few areas in which progress has not been as originally envisaged, particularly in relation to workforce development and harm reduction co-ordination. While there are a number of reasons for the delay in fully achieving these outcomes, such as the development and implementation of RPA and difficulties in awarding tenders and capacity issues, we must not let these distract us from achieving these important outcomes, and we must renew our focus on tackling these issues and overcoming any barriers.

6.2 Next Steps

The NSD is scheduled to run until 2011, over the course of the next year we must begin looking at what follows the end of this action plan. The NSD Steering Group is proposing that rather than carrying out a full formal review and subsequent new strategy development, we put in place a process to update and extend the NSD for a further five years. Obviously such a process would involve an assessment of the current aims and objectives and their continuing relevance as well as an assessment of progress against the short term outcomes, however such an exercise could be carried out using the current structures in place. Similarly existing groups and others could also help in the process of extending or agreeing additional short and medium term outcomes.

This process would be taken forward in line with the values and principles set out in the NSD, particularly in relation to inclusivity and transparency. The process

would also give us an opportunity to consider changes that have occurred since 2006, including:

- the relationship between long-term planning and associated funding protocols;
- the impact/potential impact of the new structures (such as the PHA) on the work going forward;
- the Review of IfH;
- the changed political context; and
- emerging issues of concern.

It is envisaged that the process described above is likely to involve individual and group discussions together with development of a questionnaire and template. This process will primarily involve the existing advisory groups, DACTs, and the community and voluntary sector representative groups, as these structures were set up to enable the field to have their view represented and input facilitated. It is also acknowledged that there may be a need for wider consultation on the revised strategy.

ANNEX A

Progress against Regional Short-Term Outcomes

Children, Young People and Families - 1 (Treatment and Support)	
Regional Short-Term Outcomes/Outputs	**Update**
A regional steering group to access / address the need for a regional tier 4 service for under 18s in partnership with CAMHS	Following discussions at the Treatment and Support Advisory Group, a number of meetings have been held to take forward this issue. It has been decided that this issue should fit with in the overall addiction services commissioning framework for Northern Ireland. A legacy statement has therefore been developed, and the Department seeking to take this work forward in partnership with the new Health and Social Care Board.
Framework to deliver a 4 Tier Model for children's services established	The 4 Tier Model has been agreed as the appropriate mechanism to deliver children services within Northern Ireland. This work will inform the development of the regional commissioning framework.
Service specifications for level 2 and 3 services under 18s and parents developed	The former HSSBs and PHA have funded and commissioned a number of projects and services with regards to local Tier 2 and 3 substance misuse services for young people in support of DACT Action Plans. These include: ▪ information & advise services ▪ counselling services ▪ mentoring services ▪ outreach services ▪ specialist posts within CAMHS ▪ targeted education & prevention programmes ▪ family support services ▪ community support services ▪ specialist treatment services
Joint plans by children service planning in relation to vulnerable young people and drug and alcohol misuse developed with the support of DACTs	The PHA and HSCB are implementing the Hidden Harm Action Plan 2009-11 commencing in September 2009. The Action Plan includes specific recommendations in relation to: ▪ regional issues, services and initiatives ▪ training and workforce development ▪ joint leadership and interagency working arrangements ▪ Hidden Harm Information Baseline ▪ public awareness and good practice ▪ delivery of Local Implementation Plans (i e Trust/LCG area) for services to address Hidden Harm.

Children, Young People and Families - 1 (Treatment and Support)	
Regional Short-Term Outcomes/Outputs	**Update**
	Locally, DACTs have worked with Childrens Service Planning structures in developing a number of local initiatives namely: ▪ facilitating the development of specialist posts within CAMHS ▪ developing local interagency protocols between substance misuse and children's services.
An integrated Hidden Harm Strategy developed.	The regional Hidden Harm Action Plan was launched in November 2008 - http://www.dhsspsni.gov.uk/regional_hidden_harm_action_plan.pdf . The PHA and HSCB have established a Regional Implementation Assurance Group for Hidden Harm to integrate hidden harm within the core business of the respective organizations. Membership of this Group includes: ▪ Chair – Assistant Director, Social Services (HSCB) ▪ Co-Chair – Health Promotion Commissioner (PHA) ▪ Regional Hidden Harm Co-ordinator (to be appointed) ▪ representative from Regional Domestic Violence Forum ▪ representative from each of the local implementation teams ▪ representative from the Mental Health Interface Group ▪ representative from the Research & Information Subgroup ▪ representative from the Midwifery/RCN or equivalent ▪ representative from the HSC Trust Mental Health/Addiction Services ▪ representatives from HPSS/HDPB ▪ voluntary sector representative(s) eg Barnardos, Action for Children This group will meet quarterly, beginning on 11 November 2009.
A regional initial assessment tool for agencies working with young people across all sectors, including youth justice and allied preventative services developed.	The Regional Initial Assessment Tool was developed by EDACT, supported by the other DACTs and the Department. RIAT was piloted with Youth Justice sector, and relevant voluntary youth services in the former Eastern Health and Social Service Board area, during 2008/2009. The Tool was subsequently positively evaluated and revised to take account of the recommendations with the evaluation. Over the next year work will focus on embedding RIAT within the Youth Justice Agency and giving consideration as to how it can be taken forward within Social Services and other key areas.
Recommendations from the evaluation of Youth Counselling Services considered.	The recommendations from the evaluation of Youth Counselling Services formed the basis of the Service Level Agreements in respect of the Youth Counselling Services. The revised Youth Counselling Services have now been operating across Northern Ireland since approximately 2006. As a result of the evaluation a much broader range of age appropriate services have been put in place across Northern Ireland.

Children, Young People and Families - 1 (Treatment and Support)	
Regional Short-Term Outcomes/Outputs	**Update**
Support services to young people and families that could be offered as a new court disposal or on a voluntary basis.	The Youth Justice Agency is putting increased emphasis on working with families of children who have offended. In addition to individual assessments and negotiation of access to specialised services the Agency aims to increase access for parents to support services and to parents' self-help groups. These are being developed on a voluntary basis.
The assessment and reporting of the impact/use on offending of alcohol and drugs on young offenders/juveniles to the court to have been improved.	The Youth Justice Agency has piloted the Regional Initial Assessment Tool (RIAT) with young people where alcohol or drugs is perceived to be an issue. This is being used to inform debate on the levels of use, impact on behaviour and services required.
The range of court disposal options for young offenders and juveniles considered.	The current range of disposals available for the inclusion of programmes to address dependency and requirements to participate in activities designed to offer assistance, education or training for young people misusing alcohol or drugs.

Children, Young People and Families - 1 (Treatment and Support)	
Regional Medium-Term Outcomes/Outputs	**Update**
A 4-Tier model for children services across Northern Ireland implemented.	Work is ongoing as described in the relevant short-term outcomes
The number of young people and parents accessing treatment and support services increased.	Statistics from the NI Drug Misuse Database (DMD) show that the number of young people (aged 25 and under) presenting to treatment for problem drug misuse was 843 in 05/06, 622 in 06/07, 701 in 07/08 and 642 in 08/09. The number of people presenting to treatment living with spouse/partner and children or dependent children only was 238 in 05/06, 238 in 06/07, 431 in 07/08 and 367 in 08/09. Results from the Census of Drug and Alcohol Treatment Services in NI showed that 271 of the individuals in treatment for alcohol and/or drugs on 1 March 2005 individuals were aged under 18, compared to 847 on 1 March 2007.
All organisations with a responsibility for young people have a policy in respect of reducing alcohol and drug related harm.	There is insufficient data at this stage to provide a robust position on this issue. More work will need to be undertaken on acquiring related data. However, it is a statutory requirement for every grant-aided school to have in place a drugs education policy, and to publicise this in their prospectus.
The proportion of services to young people delivered by a fully competent workforce is increased.	Substantial progress has been achieved locally by the DACTs. Workforce initiatives were prioritised in 3 of the DACT areas providing training across all 4 tiers of service delivery. However, the appointment of a regional workforce development co-ordinator has been delayed due to the recent HSC restructuring under the RPA process. It is still the intention to put these measures in place.
Court disposal options for young people and juveniles identified as feasible and subsequently implemented.	The Youth Justice Agency deliver a range of programmes and interventions for young people involved in offending who have been referred to the Agency via the Public Prosecution Service or via Court Orders. In addition, the PSNI has a Youth Diversion scheme in place.

Children, Young People and Families – 2 (Prevention & Early Intervention)	
Regional Short-Term Outcomes/Outputs	**Update**
A set of agreed principles of best practice for alcohol and drug education applicable across all sectors developed.	A review of the good practice entitled *Guiding Effective Drug Education* was published by EDACT in October 2005. The document has since been revised and has been endorsed by the 4 DACTs. Publication of the document by the PHA is expected shortly.
Knowledge & understanding among young people about the dangers and risks of misuse of alcohol and illicit drugs to have increased.	Results from the Young Persons' Behaviour and Attitudes Survey (YPBAS) 2007 showed that approximately three quarters (73%) of pupils said they know a lot or quite a bit about the effects/risks of taking drugs, with 18% saying they know something and 9% saying that they know very little or nothing about the effects/risks. Similarly in the 2003 survey, approximately three out of four pupils (74%) said that they either 'know a lot' (38%) or 'know quite a bit' (35%) about the effects/risks of taking drugs, with 17% saying they 'know some' and 9% saying they know either 'very little' (5%) or 'nothing at all' (3%). In 2007, most pupils (91%) who had received some form of education on the use of drugs said that it would make them less inclined to take drugs, with older pupils (aged 16 or older) less likely to say that this would be the case (86%) compared to other age groups. In 2003, the majority of those pupils who received education on the use of alcohol and/or drugs said that it had made them less inclined to take drugs (85%). In 2007, just over four fifths (82%) of pupils said they know a lot or quite a bit about the effects or risks of drinking alcohol, with 14% saying they know something and 4% saying that they know very little or nothing about the effects or risks. The majority (86%) of pupils said they had received education in the last year on the use of alcohol and of these, 69% said that it had made them less inclined to drink alcohol. In 2003, three fifths (60%) of pupils who had received some form of education on the use of alcohol and/or drugs said that it would make them less inclined to drink alcohol.
The skills of young people to enable them to resist social pressures to experiment with alcohol and illicit drugs to have been further developed.	Education, awareness, and training programmes have now been put in place in each DACT area. In addition, the new school curriculum has placed a specific focus on the development of relevant "life skills" among pupils. In particular, through Personal Development and Mutual Understanding (PDMU) in primary school, pupils are provided with opportunities to develop strategies and skills for keeping themselves healthy and safe. Post-primary school pupils, through Learning for Life and Work, are provided with opportunities to investigate the effects on the body of legal and illegal substances and the risks and consequences of their misuse.

Children, Young People and Families – 2 (Prevention & Early Intervention)	
Regional Short-Term Outcomes/Outputs	**Update**
Schemes and co-ordinated activities that address underage drinking developed and promoted both regionally and locally.	An action plan to address young people's drinking has been developed by the Department, and was published in June 2009. This action plan, which is available at: http://www.dhsspsni.gov.uk/dhs74109_web_pdf.pdf, contains actions aimed at both the regional and local level, and will enhance the work already underway within DACTs and other partnerships on this issue.
Links to have been developed with relevant agencies to ensure support and information are available to enable parents and carers to play a prevention role in respect of alcohol and illicit drug user.	A range of links have been developed at regional and local level to help to achieve this outcome. This work will continue over the course of the strategy to improve and build on this outcome. In addiction a specific joint Communication campaign 'You, Your Child and Alcohol' was developed between the PSNI, NIO, PHA and the Policing Board. The campaign included two Television Advertisements and a Guidance Booklet For Parents around the how alcohol affects young people and how they might discuss alcohol issues with their children. The CMOs of England, Wales, and Northern Ireland have also developed draft guidelines on alcohol for young people and their parents.
Successful implementation of new liquor licensing regulations and laws.	This outcome is being led by the Department for Social Development. The Minister is currently seeking Executive approval for a Licensing and Registration of Clubs (Amendment) Bill which will provide for stricter enforcement measures to address the problems of public health, disorder and underage access to alcohol and for some technical changes.

Children, Young People and Families – 2 (Prevention & Early Intervention)	
Regional Medium-Term Outcomes/Outputs	**Update**
All education programmes with young people based on agreed proven good practice.	There is insufficient data at this stage to provide a robust position on this issue. More work will need to be undertaken on acquiring related data. However, through the revised curriculum, now in place for all pupils in grant-aided schools, drugs education is delivered through the Personal Development and Mutual Understanding (PDMU) area of learning in primary schools and the Personal Development (PD) area of learning in post-primary schools. To assist teachers in their delivery of drug education through the revised curriculum, the Council for Curriculum, Examinations and Assessment (CCEA) has produced PDMU resources for Years 1 to 7 entitled *Living.Learning.Together* and PD resources for Years 8 to 10 entitled InSync (see www.nicurriculum.org.uk).
Those responsible for the education and informing of young people have ensured they receive information concerning alcohol and drug misuse.	There is insufficient data at this stage to provide a robust position on this issue. More work will need to be undertaken on acquiring related data. The Department of Education is considering how best to seek assurances from schools, one option being considered at this stage is issuing an electronic survey to schools and analysing the results. A decision on the best approach will be taken in June 2010.
Proportion of young people up to the age of 16 who receive alcohol and drug education with a particular emphasis on those deemed 'at risk' or vulnerable increased.	There is insufficient data on this issue. The YPBAS provides figures on the proportion of 11-16 year olds who have received alcohol and/or drug education in the year previous to the survey but no information is available for those considered 'at risk' or 'vulnerable'.
All programmes of alcohol and drug education are able to demonstrate changes in attitude, knowledge and skills using an agreed evaluation tool.	Those programmes funded through the NSD are able to demonstrate such changes through the Impact Measurement Tool.
Skills and knowledge of parents in respect of addressing alcohol and drug issues with their children is increased.	Those programmes funded through the NSD are able to demonstrate such changes through the Impact Measurement Tool. In addition, other programmes, such as Talking About Tough Issues (TATI) have carried out their own evaluation with positive results.
Proportion of young people who see taking illicit drugs and getting drunk as socially unacceptable increased	There is insufficient data at this stage to provide a robust position on this issue. More work will need to be undertaken on acquiring related data.

Children, Young People and Families – 2 (Prevention & Early Intervention)	
Regional Medium-Term Outcomes/Outputs	**Update**
Availability and accessibility of alcohol by young people reduced	The Young People's Drinking Action Plan contains a range of activities aimed at reducing the accessibility and availability of alcohol, including test purchasing, ID schemes, etc. While these are still in the process of being implemented, it should be noted that results from the YPBAS 2007 indicated that the average age of first taking an alcoholic drink was found to be 12 years. On the last occasion that pupils drank alcohol, 20% had got the alcohol from their friends, with 17% reporting that the alcohol had been given to them by their parents. More than one quarter (27%) of pupils who have ever drunk alcohol reported buying alcohol themselves. In the 2003 survey, among those who had ever had an alcoholic drink, the greatest proportion (17%) reported having had a drink by the age of 12. On the last occasion that pupils drank, friends were cited as the most common way of getting alcohol (32%), with parents mentioned in 14% of cases. Almost one third (32%) of pupils who had ever drank alcohol, said that they had bought alcohol themselves.
Proportion of young people who get drunk decreased	Results from the YPBAS showed that the proportion of all young people (aged 11-16) who reported getting drunk decreased significantly from 33% in 2003 to 30% in 2007.
Proportion of young people who drink on a regular basis decreased	In the 2007 YPBAS, almost one fifth (19%) of all pupils had drunk alcohol in the last week. (There is no comparable data for 2003 but this will be followed up in future surveys)
Proportion of young people who take drugs on a regular basis decreased	Results from the Drug Prevalence Survey showed that there was no significant difference in last month (current) use of any illegal drugs in Northern Ireland among 15-24 year olds between 2002/03 (9.0%) and 2006/07 (6.3%).

Adults and the General Public – 1 (Treatment & Support)	
Regional Short-Term Outcomes/Outputs	**Update**
A Regional Commissioning Group in respect of treatment and support established.	Following ongoing discussion at the Treatment and Support Advisory Group, a number of meetings have been held to take forward this issue. It has been decided that this issue should fit within the overall addiction services commissioning framework for Northern Ireland. A legacy statement has therefore been developed, and the Department seeking to take this work forward in partnership with the new Health and Social Care Board.
Group to oversee the development of a Standardised Assessment and Monitoring Tool (SA&MT) established.	A group was established in 2007 to consider the development of a Standardised Assessment and Monitoring Tool (SA&MT) along with computerized prescriptions for substitute prescribing. Following the changes to HSC structures and funding arrangements for the NSD it is now anticipated that this work should be considered alongside the development of the Regional Commissioning Framework.
Protocols for the involvement of key stakeholders to have been developed.	NSD structures have enabled and facilitated stakeholder involvement at the regional strategic and policy level, and this is replicated at the local level via the work of the DACTs and other partnerships.
Specific work in respect of identified vulnerable groups included in DACTs' action plans	The former HSSBs & PHA have funded projects in support of DACT Action Plans targeting the following groups: ▪ Homeless, including rough sleepers ▪ Ethnic minorities ▪ Ex-offenders ▪ Vulnerable young people including: ○ Looked-after children ○ Young homeless ○ Young offenders ○ School excludes ○ Children of alcohol/drug using parents (Hidden Harm) ▪ Older people dependant on alcohol and/or drugs ▪ People with learning difficulties ▪ Street drinkers
A Regional Harm Reduction Co-ordinator appointed.	Needle Exchange and Substitute Prescribing programmes are available across Northern Ireland. Consideration is currently being given to how these schemes can be improved and expanded. It remains the intention to put in place measures to co-ordinate harm reduction approaches across Northern Ireland.

Adults and the General Public – 1 (Treatment & Support)	
Regional Short-Term Outcomes/Outputs	**Update**
Provision of needle and syringe exchange reviewed and proposals for its possible extension developed, considered and progressed.	The review of the Needle Exchange Scheme has been completed and the scheme has now been expanded to cover 14 sites across Northern Ireland. Relevant guidelines have also been reviewed, revised, and disseminated.
A regional Service User Network developed	The Department tendered on a number of occasions for an organisation to oversee the development and operation of a service user network. Unfortunately no organisation could be awarded the contract. The Department has therefore resourced the DACTs to look at how service users can be fully engaged at a local level, and this work is being progress on a local level.
Substitute Prescribing service reviewed	The Substitute Prescribing guidance has been reviewed, revised, and disseminated as part of a UK work on this issue. Responsibility for co-ordinating this work now lies with the new HSC structures. However more work needs to be undertaken to further review and development this area.
Co-ordination and support of harm reduction approaches and activities	Substitute Prescribing and Needle Exchange Steering groups have been established to oversee, support and take forward these activities. It remains the intention to put in place measures to co-ordinate harm reduction approaches across Northern Ireland.
Proposals to address the employability needs of problem substance users developed.	Front line staff within Department of Employment and Learning have been trained to provide relevant help/signposting on an individually tailored basis. "Progress2Work" programme in operation to help those with multiple barriers to employment into work.
Support and promotion of workplace alcohol and drugs policies developed.	The Department continues to work in partnership with DETI/HSE to achieve this outcome. The recent HSC restructuring under the RPA process, has impacted on the regional co-ordination of workforce development issues, but it is still the intention to put these measures in place.
Education and training for professionals, carers and families in relation to substance misuse problems in older people to be supported.	Local Drug and Alcohol Co-ordinationTeams have taken this work forward within their local action plans. Examples include targeted education and prevention programmes targeted at vulnerable and at risk adults, which included older people as a priority grouping. Workforce Development provides training programmes for practitioners working specifically with older people with substance misuse problems. Localised Early Intervention Services provide information and support to families and carers.
Information and education campaign in respect of blood borne viruses targeting IDUs together with supporting information for professionals.	Relevant information and training is provided within the Needle and Syringe Exchange Scheme, and relevant professionals and practitioners receive training and information on safer injecting.

Adults and the General Public – 1 (Treatment & Support)	
Regional Short-Term Outcomes/Outputs	**Update**
The impact of arrest referral schemes in NI assessed, and if appropriate the number of schemes extended.	There are now three arrest referral schemes operating in NI. Discussions are still on-going around the location of any new scheme(s), together with funding issues. In addition, active consideration of alcohol and its relationship to crime and services for offenders is being assessed.
Need for, and impact of, Drug Treatment and Testing Orders in NI assessed.	The Minister has agreed the funding priorities under the new Criminal Justice Order and it has been decided that DTTOs will not be introduced to NI at this time.
The number of police officers trained in Drug Influence Recognition/Field Impairments Testing techniques increased.	The total number of trained Field Impairment Test (FIT) officers has risen to its highest level, currently sitting at 469, with a further 10 training places per month available.
The number of detections for drink and drugs driving increased.	Drink / Drug driving detections are showing a decrease from 5117 in 2007 to 4207 in 2008.
Participate in a UK pilot for the Home Office to assess a range of new devices to test drivers for drinking and driving	PSNI has taken part in an initial trial of Roadside Evidential Breath Testing equipment. Currently, the approval of such devices by the Home Office Scientific Development Branch is delayed.

Adults and the General Public – 1 (Treatment & Support)	
Regional Medium-Term Outcomes/Outputs	**Update**
Regional commissioning guidelines for the commissioning of adult addiction services in place.	Ongoing, see related short term actions.
An expanded NSES.	The Needle and Syringe Exchange Scheme has now been expanded in the former Northern Board area and the former Southern Board area, and now covers 14 sites, as well as relevant outreach services.
Agreed measures of effectiveness of treatment in place.	See relevant Short-term Outcome on SA&MT (*page 25*).
The number of problem users who access treatment and support services has increased.	Since 2005/06 the number of individuals presenting to treatment services for problem drug misuse (and giving consent for their details to be included in the DMD) has fluctuated: 1,666 individuals in 2005/06; 1,464 in 2006/07; 1,984 in 2007/08 and 1,755 in 2008/09.
The number of GPs contributing to the substitute prescribing programme has increased.	An initial cohort of GPs has been trained in this area – however more work, and further co-ordination will be required in future.
The numbers of substance misuse crisis admissions to hospitals and residential nursing homes reduced.	Figures from Hospital Inpatient System (HIS) show that in 2007/08 there were 1,497 emergency admissions to hospitals for both drug and alcohol related conditions compared to 1,308 in 2006/07 and 1,498 in 2005/06. This represents a 13% decrease in the number of admissions from 2005/06 to 2006/07 and a 14% increase from 2006/07 to 2007/08
Evidenced based harm reduction approaches and activities in respect of alcohol and drug misuse promoted and expanded appropriately.	The Needle and Syringe Exchange Scheme has now been expanded in the former Northern Board area and the former Southern Board area, and now covers 13 sites across Northern Ireland, as well as relevant outreach services. Also, there are currently 13 statutory specialist drug services across Northern Ireland providing treatment under the Substitute Prescribing Scheme.
Service users adequately and appropriately involved in planning and provision of treatment and support services	Service users are always individually involved in planning and their care as part of the assessment and care planning process. Local establishment of advocacy service being deployed both within Mental Health services and Addiction services. Through a number of mental health forums service users and carers views and opinions are sought on not only Mental Health issues but on Addiction Services.
Service user groups/network established at regional and local level	See relevant Short-term Outcome (*page 26*).

Adults and the General Public – 1 (Treatment & Support)	
Regional Medium-Term Outcomes/Outputs	**Update**
Multi-agency arrangements for Hepatitis C and other BBVs prevention developed.	In 2007 the Department issued its Action Plan for the Prevention, Management and Control of Hepatitis C in Northern Ireland. The Former Boards were charged with setting process in place to develop a managed clinical network for Hepatitis C in Northern Ireland. One of the actions was the establishment of the NI Hepatitis C Management Clinical Network, with the aim of reducing the impact of the hepatitis C virus (HCV) on the population of Northern Ireland by strengthening current services through improving joint working access across disciplines. The Networks main work in the last year has been in five main areas: • Education and Awareness • Surveillance • Drugs and Addition Services • Diagnostic and Treatment services • Development of a website (www.hepcni.net)
The establishment of co-operative working relationships between statutory, voluntary and community sectors that will deliver services to alcohol and drug misusing offenders continuing	Care pathways are under development between NIPS addictions services and HSC Trusts and significant collaborative work with probation, PSNI and the Trust has been established specifically in Ballymena.
A continuum of treatment and support opportunities between custody and release of offenders back into the community for young and adult offenders developed.	*As above*
Support for families of alcohol and drug offenders who are affected by alcohol and drug misuse further developed.	*As above*

Adults and the General Public – 2 (Prevention & Early Intervention)	
Regional Short-Term Outcomes/Outputs	**Update**
A five-year integrated binge drinking prevention campaign developed	A number of regional and local campaigns and activities continues to take place on this issue, and overall work is monitored by the Binge Drinking Advisory Group. In addition, the Public Health Agency is continuing to deliver a regional public information campaign specifically seeking to address this issue.
The Safer Entertainment Guidelines to have been implemented	There has been a delay in taking forward this work due to the priority given to addressing young people's drinking. Consideration needs to be given to the ongoing relevance of this action.
Local Community Support Service Developed	Local community support services have been in place in each DACT area since October 2006.
Good practice guidelines supporting and information community based initiatives and activities addressing alcohol and drug misuse developed	A review of the good practice entitled *Guiding Effective Drug Education* was published by EDACT in October 2005. The document has since been revised and has been endorsed by the 4 DACTs. Publication of the document by the PHA is expected shortly.
Co-ordinated public information campaigns addressing alcohol and drug misuse developed.	A range of public information campaigns seeking to address alcohol and drug misuse have, and will continue to be taken forward by the PHA at both the regional and the local level..
Drink driving media campaigns continued and their impact assessed.	The Department of the Environment launched a number of new media campaigns in May-July 2009 one of which was directed specifically at drink driving and one at drug driving. Approximately 7 out of 10 respondents, 'drivers' and 'drivers who drink alcohol' were influenced by the drink driving advert. 86% of all respondents stated that the drug driving advertisement had made them think about the dangers of drug driving. Ongoing evaluation of previous campaigns shows levels of awareness and impact well above advertising industry norms.
Roadside drug screening devices in place when available.	PSNI has been advised that the development of Drug Screening devices for the purpose of testing drivers is unlikely to be completed for several years.
New roadside screening breath testing devices in place for drink drivers when available.	The new data capture breath testing devices are now fully operational within PSNI.

Adults and the General Public – 2 (Prevention & Early Intervention)	
Regional Medium-Term Outcomes/Outputs	**Update**
Those adults who drink above recommended levels have reduced their consumption of alcohol.	Results from the NI Adult Drinking Patterns Survey showed that, of those who drank alcohol in the week prior to the survey, the proportion of adults drinking above the weekly sensible and below dangerous limits decreased significantly from 23% in 2005 to 19% in 2008.
The proportion of adults who have used drugs in the past year reduced	Results from the Drug Prevalence Survey showed that last year use of any illegal drugs in Northern Ireland among all adults (aged15-64) increased significantly from 6.4% in 2002/03 to 9.4% in 2006/07.
The proportion of adults who binge drink reduced.	Results from the NI Adult Drinking Patterns Survey showed that, of those who drank alcohol in the week prior to the survey, the proportion of adults who had engaged in at least one binge drinking session has decreased significantly from 38% in 2005 to 32% in 2008.
The proportion of adults who drink sensibly and responsibly increased.	Results from the NI Adult Drinking Patterns Survey showed that, of those who drank alcohol in the week prior to the survey, similar proportions of adults had not exceeded the recommended daily limits in both 2005 and 2008 (18% and 19% respectively). Of those who drank in the week prior to the survey, the proportion of adults who drank below the weekly sensible levels increased significantly from 71% in 2005 to 76% in 2008.
Targeted local prevention and harm reduction programmes in place.	A range of programmes have been put in place of the four local DACT Action Plans, examples include: – Education and prevention programmes aimed at vulnerable and at risk young people (examples of vulnerable / at-risk groups of young people include school excludees, looked after children, young offenders, young homeless, children of substance using parents); and – Education and prevention programmes aimed at vulnerable and at risk adults (examples of vulnerable / at-risk groups of adults include those identified in the New Strategic Direction for Alcohol and Drugs 2006 - 2011 (NSD) and Ministerial priorities including 18 – 25 year olds, substance using parents, older people and women).
The level of alcohol and drug-related traffic collisions lowered.	From 2005/06 to 2008/09, just over one-in-twenty of all injury road traffic collisions (for all road users) have been as a result of alcohol consumption or drug taking. See *Annex B Section 8* for further information.

The number and capacity of local initiatives responding to alcohol and drug issues increased.	A range of programmes have been put in place of the four local DACT Action Plans, examples include: **Prevention/Education** Education and prevention programmes aimed at vulnerable and at risk young people (examples of vulnerable / at-risk groups of young people include school excludees, looked after children, young offenders, young homeless, children of substance using parents); education and prevention programmes aimed at vulnerable and at risk adults (examples of vulnerable / at-risk groups of adults include those identified in the New Strategic Direction for Alcohol and Drugs 2006 - 2011 (NSD) and Ministerial priorities including 18 – 25 year olds, substance using parents, older people and women) **Family** Dedicated family treatment and support services have been established covering three of the Trust areas. Services are targeted at those families known to either social services or drug and alcohol services. As stated earlier the majority of families are referred to these services due to concerns about their alcohol misuse as opposed to drug misuse. **Community** Community support projects have been established across NI offering support, information and in some instances education and training to community groups and local organisations. Specific projects in relation to addressing alcohol have been undertaken where this has been raised as an issue by the community. **Adult Treatment Services** • drug and alcohol outreach services targeting those not engaged with treatment services; • chronic drinker services aimed at reducing harm primarily with street drinkers; • substance misuse liaison services in identified / pilot A & E sites • treatment services targeting specific groups such as offenders, the elderly and the homeless **Young People's Treatment Services** Treatment services for young people in all 5 Trust areas. These services include a range of interventions, including support and mentoring services, counselling and treatment for Tiers 2, 3.

	Workforce Development Within the New Strategic Direction for Alcohol and Drugs, there is a commitment for a trained, competent and skilled workforce. A number of providers offer a range of accredited and non-accredited courses available for statutory, voluntary and community sectors within all areas to meet this outcome. Funding to DACTs for the implementation of their local action plans has increased from £4.7 Million in 2007/08 to £5.2 Million in 2009/10. In addition, further funding has been made available in 2009/10 to pilot a range of alcohol and drug, one-stop-shop drop in centres.

Adults and the General Public – 3 (Anti-Social Behaviour)	
Regional Short-Term Outcomes/Outputs	**Update**
Existing relationships between CSPs and DACTs to have been further developed.	This has been supported at a regional and local level, and will continue.
Partnership working between DACTs, CSPs and other area-based partnerships to have been further developed in respect of addressing alcohol and drug related anti-social behaviour.	A range of links have been made between various partnerships and stakeholders. These include operational and strategic links and local joint campaigns/initiatives as well as joint working with PHA/DACT funded projects
Promotion of schemes that tackle the problem of anti-social behaviour and underage drinking.	The Department has led the development of an integrated Young People's Drinking Action Plan, which was published in June 2009. It contains actions aimed and both the regional and local level, and enhances the work already underway within DACTs on this issue. This supports work being undertaken by the PSNI, the Community Safety Partnerships, the District Policing Partnerships and the DACTs.
Promotion of the "night-time economy" through reducing alcohol-related crime and disorder in town centres.	An alcohol and the Night-time economy conference is due to be held in 2010, this will build on and support the work that is being taken forward by local agencies on this issue; for example "Get Home Safe", etc.
The police are supported in their activities to reduce the availability of illicit drugs in Northern Ireland.	The PSNI have been supported in their work to tackle drug gangs involved in importing and distributing drugs throughout NI. This led to 41 drug gangs being "frustrated", 17 gangs being "disrupted" and 5 gangs being "dismantled" during 2008-09. For the first quarter of 2009-10 these figures were 12, 16 and zero respectively.

Adults and the General Public – 3 (Anti-Social Behaviour)	
Regional Medium-Term Outcomes/Outputs	**Update**
DACTs and CSPs delivering agreed co-ordinated activities addressing local issue/concerns in respect of alcohol and drug-related anti-social behaviour	The CSPs and DACTs have been discussing how they can work together and in some areas there are good examples of initiatives developed and implemented.
The working relationship between the criminal justice sector, the health service and other stakeholders further developed to ensure an integrated approach to tackling alcohol and drug offending behaviour improves.	This work is ongoing, but the most recent example of this working partnership was the delivery of the *You, Your Child and Alcohol* campaign.

SUPPORTING OUTCOMES – MONITORING, EVALUATION AND RESEARCH	
Regional Short-Term Outcomes/Outputs	**Update**
Arrangements for the monitoring and evaluation of all new initiatives funded as part of the New Strategic Direction established.	The Local DACT Action Plans commissioned services based on service specifications, and all initiatives must meet these requirements to fulfil their contract. The DACT local Action Plans are also reviewed on a yearly basis. The Department also builds in specific evaluation and research elements to all projects commissioned at a regional level. In addition, all services and initiatives complete the Impact Measurement Tool, and input to the Drug Misuse Database, on an ongoing basis. The NSD Steering Group has overall responsibility for oversee the implementation of the NSD.
Appropriate Performance Indicators, both regional and local, in respect of the Key Indicators developed.	The relevant indicators are set out at section 4 of this report.
Existing monitoring systems (DMD, Substitute Prescribing and Needle Exchange) maintained and an alcohol misuse database established.	DMD, Substitute Prescribing and Needle exchange systems maintained and refined where appropriate. Consideration is still being given to how to take forward an alcohol misuse database. An Impact Measurement Tool has also been developed and is being completed by all relevant service providers.
A rolling research programme developed and updated on an annual basis.	Relevant research has been commissioned during the implementation of the NSD to date, and will continue to be a core element of its implementation.
Available statistics and research information to be published.	Relevant Statistics are published by the Department as they become available.
Arrangements for the monitoring of the Key Indicators established.	The NSD Steering Group and the Department oversee the key indicators.
An annual report on the Key Indicators published.	The relevant indicators are set out at section 4 of this report.
An “Early Warning System” in respect of alcohol and drug trends and developments developed.	The Department is working with the PSNI and other key agencies in support of the co-ordination of information across the sector in respect of this outcome.

SUPPORTING OUTCOMES – MONITORING, EVALUATION AND RESEARCH	
Regional Medium-Term Outcomes/Outputs	**Update**
More detailed and relevant information in respect of alcohol and drug misuse available	Through the range of research and statistical reports completed by the Department, the DACTs, and various stakeholders there is now further information available in respect of alcohol and drug misuse in Northern Ireland. Further information is available from: http://www.dhsspsni.gov.uk/index/stats_research/public_health/statistics_and_research-drugs_alcohol-2.htm.
Current and future alcohol and drug-related activities and policies further informed	The alignment of prog rammes, p olicies and strategies with good practice an d research will continue.
Progress in respect of aims of NSD described accurately and reported on	This document provides an update on the aims and outcomes of the NSD, and will be disseminated as appropriate. Consideration will be given to producing a further update in due course.

SUPPORTING OUTCOMES – WORKFORCE	
Regional Short-Term Outcomes/Outputs	**Update**
A cross sectoral group established to produce proposals and a framework concerning the development of the workforce across the Criminal Justice, Health, Social Care, Education, Youth, Hospitality, and Community / Voluntary sectors.	Restructuring within the Department followed by the recent HSC restructuring under the RPA process has meant that the anticipated approach to the regional co-ordination of workforce development issues has not been possible; however it remains a high priority and discussions with the new HSC structures to progress this will take place in the near future.
The development of Drugs and Alcohol National Occupational Standards (DANOS) appropriate for all sectors in Northern Ireland	
Training in respect of Hepatitis C and other blood borne viruses for those working with IDUs developed and implemented	Relevant information and training is provided within the Needle and Syringe Exchange Scheme, and relevant professionals and practitioners receive training and information on safer injecting.

SUPPORTING OUTCOMES – WORKFORCE	
Regional Medium-Term Outcomes/Outputs	**Update**
Development of a training framework which ensures that skill development (an individual's development of competency as defined by the occupational standards) is evidenced to a quality standard that is recognised throughout the UK.	See relevant short-term outcome (*above*).
Dissemination of DANOS across NI.	See relevant short-term outcome (*above*).

SUPPORTING OUTCOMES – OTHER	
Regional Short-Term Outcomes/Outputs	**Update**
Development and dissemination of a paper which describes and promotes the contrib ution made by regional strategies and policie s to addre ssing alcohol and drug misuse.	Work has begun to develop a matrix of relevan t strategies, it is anticip ated that this paper will be developed further during 2009/10.
Arrangements to take account of the Review o f Public Administration developed and implemented	Arrangements will continue to evolve as RPA is taken forward.

SUPPORTING OUTCOMES – OTHER	
Regional Medium-Term Outcomes/Outputs	**Update**
A regional framewo rk document describing and detailing the contribution made by all sectors to alcohol and drug prevention.	See relevant short-term outcome (*above*).
NSD outcomes and process reviewed	This Update document begins the process of reviewing th e NSD Outc omes, aims and objectives. Over the course of the next year fu rther consideration will be given to what follows the NSD, when it comes to an end in 2011.

ANNEX B

Further Statistical Information

Section 1 - Numbers presenting to treatment

Source: Census of Drug and Alcohol Treatment Services in Northern Ireland: 1 March 2005 & 1 March 2007

Background

A comprehensive range of statutory and non-statutory treatment services in Northern Ireland were approached to participate in a Census on two occasions (1 March 2005 and 1 March 2007) to establish the number of persons in treatment for drug and/or alcohol misuse. It should be noted that the figures reported from each census reflect the number of persons in treatment at these particular points in time. They cannot be used to derive the numbers in treatment over the course of a year.

The reports of the findings of the 2005 & 2007 censuses can be accessed on-line at http://www.dhsspsni.gov.uk/stats&research/pubs.asp

Summary

Alcohol-only Misuse

- On 1 March 2007, 3,476 individuals were in treatment for alcohol-only misuse compared to 3,074 individuals on 1 March 2005. This represents a 13% increase in the number of individuals in treatment between the two time points.

- On 1 March 2007, 65% of those in treatment for alcohol-only misuse were male and 35% were female. The corresponding figures for 1 March 2005 were 62% male and 38% female.

- On 1 March 2007, the vast majority (89%) of individuals in treatment for alcohol-only misuse were aged 18 years and over, while 11% were under 18 years of age. On 1 March 2005, almost all (98%) of the individuals in treatment were 18 years and over and 2% were under 18 years of age. The number of those in treatment under 18 years of age has increased more than five-fold from 69 to 377 between the two time points.

Drug-only Misuse

- On 1 March 2007, 1,118 individuals were in treatment for drug-only misuse compared to 1,030 individuals on 1 March 2005. This represents a 9% increase in the number of individuals in treatment between the two time points.

- On 1 March 2007 and also on 1 March 2005, 68% of those in treatment for drug-only misuse were male and 32% were female.

- On 1 March 2007, 84% of individuals in treatment for drug-only misuse were aged 18 years and over, while 16% were under 18 years of age. On 1 March 2005, the vast majority (90%) were 18 years and over while 10% were under 18 years of age. The number of those in treatment under 18 years of age has increased from 105 to 176 between the two time points.

Alcohol and/or Drug Misuse

- On 1 March 2007, 989 individuals were in treatment for both alcohol and drug misuse compared to 960 individuals on 1 March 2005. This represents a 3% increase in the number of individuals in treatment between the two time points.

- On 1 March 2007, 69% of those in treatment for both alcohol and drug misuse were male and 31% were female. The corresponding figures for 1 March 2005 were 73% male and 27% female.

- On 1 March 2007, 70% of individuals in treatment for both alcohol and drug misuse were 18 years and over while 30 % were under 18 years of age. On 1 March 2005, the vast majority (90%) of individuals in treatment for both alcohol and drug misuse were aged 18 years and over, while 10% were under 18 years of age. The number of those in treatment under 18 years of age has approximately trebled from 97 to 294 between the two time points.

Alcohol and Drug Misuse

- On 1 March 2007, 5,583 individuals were in treatment for alcohol and/or drug misuse compared to 5,064 individuals on 1 March 2005. This represents a 10% increase in the number of individuals in treatment between the two time points.

- On 1 March 2007, 66% of those in treatment for alcohol and/or drug misuse were male and 34% were female. The corresponding figures for 1 March 2005 were 65% male and 35% female.

- On 1 March 2007, the majority (85%) of individuals in treatment for alcohol and/or drug misuse were aged 18 years and over, while 15% were under 18 years of age. On 1 March 2005, 95% were 18 years and over while 5% were under 18 years of age. The number of those in treatment under 18 years of age has more than trebled from 271 to 847 between the two time points.

Other source: Statistics from the Northern Ireland Drug Misuse Database: 1 April 2007 to 31 March 2008

Background

The Northern Ireland Drug Misuse Database (DMD) was established in April 2000 and holds information provided by statutory and non-statutory treatment services on people presenting with problem drug misuse. Client participation in the DMD is voluntary and they must give informed consent to their details being held on the database.

The annual statistical bulletins reporting on the 12-month period ending 31 March can be accessed at:
http://www.dhsspsni.gov.uk/stats&research/pubs.asp

Summary

Drug Misuse

- In 2007/08, 1,984 individuals presented to treatment services for drug misuse compared to 1,666 individuals in 2005/06, representing a 19% increase in two years.

- Since 2005/06, the majority of those presenting to treatment services for drug misuse were male (72% in 2005/06, 77% in 2006/07 and 69% in 2007/08).

- In 2005/06, just over half (51%) of individuals presenting to treatment services for drug misuse were aged 25 years and under; this proportion fell to just over two fifths (42%) in 2006/07 and then to over a third (36%) in 2007/08. The next most common age groups presenting for treatment in both 2005/06 and 2006/07 were 30-39 year olds (21% and 26% respectively), while in 2007/08 it was those aged 40 years and over (29%).

Main Drug of Misuse

- Since 2005/06, the main drug of misuse for individuals presenting to treatment services for drug misuse was cannabis.

- After cannabis, the next main drug of misuse of individuals presenting to treatment services was benzodiazepines in each of the three years since 2005/06.

Section 2 - Hospital Admissions

Source: Hospital Inpatient System (HIS), DHSSPS

Background

HIS holds information on the number of emergency admissions to hospitals (as an inpatient) in Northern Ireland for alcohol and/or drug-related conditions. Data is presented for all alcohol related diagnoses in any position.

An emergency admission is a type of admission method, that occurs when the admission is unpredictable and at short notice because of clinical need. An emergency admission can be via (1) A&E Departments, (2) GPs, after a request for immediate admission, (3) Bed Bureaux, (4) Consultant Outpatient Clinics, (5) Domiciliary Visits, or (6) other. Deaths and discharges are used as an approximation of admissions.

Summary

Alcohol-Only Emergency Admissions

- In 2008/09 there were 8,462 emergency admissions to hospital for alcohol-only related conditions compared to 7,127 in 2005/06. This represents a 19% increase in the number of admissions in three years. (Table A.1)

- In 2008/09, three quarters (75%) of those admitted in an emergency were male and 25% were female. A similar gender split was observed over the previous three years. (Table A.1)

- Nearly half (49%) of those admitted to hospital in an emergency in 2008/09 were aged 45-64 years, and just under a quarter (23%) were 35-44 years old. These were the two most common age groups to be admitted across each of the years since 2005/06. Generally speaking, the age profile of those admitted for alcohol only related conditions has remained fairly constant across all four years. . (Table A.1)

- In 2008/09, the two most common alcohol-related diagnoses were 'Mental and behavioural disorders due to use of alcohol' and 'Alcoholic liver disease'. These were also the two most common diagnoses in 2005/06, 2006/07 and 2007/08.

Drug-Only Emergency Admissions

- In 2008/09 there were 3,880 emergency admissions to hospital for drug-only related conditions compared to 3,951 in 2007/08, 2,948 in 2006/07 and 3,160 in 2005/06. This represents a 7% decrease in the number of admissions from 2005/06 to 2006/07, a 34% increase from 2006/07 to 2007/08 and a 2% decrease from 2007/08 to 2008/09. (Table A.2)

- In 2008/09, almost three fifths (56%) of those admitted in an emergency were female and 44% were male. A similar gender split was observed over the previous three years. (Table A.2)

- Less than a quarter (22%) of those admitted to hospital in an emergency in 2008/09 were aged 35-44 years and approximately a fifth were aged 45-64 years (21%), 25-34 years (20%), and 18-24 years (19%). In general, the age profile of those admitted in an emergency for drug only related conditions has remained fairly constant across the four years. (Table A.2)

- In 2008/09, the two most common drug-related diagnoses were 'Intentional self-poisoning by drugs, medicaments and biological substances' and 'Accidental poisoning by drugs, medicaments and biological substances'. These were also the two most common diagnoses in 2005/06, 2006/07 and 2007/08.

Alcohol and Drug Emergency Admissions

- In 2008/09 there were 1,473 emergency admissions to hospitals for alcohol and drug related conditions compared to 1,497 in 2007/08, 1,308 in 2006/07 and 1,498 in 2005/06. This represents a 13% decrease in the number of admissions from 2005/06 to 2006/07, a 14% increase from 2006/07 to 2007/08 and a 2% decrease from 2007/08 to 2008/09. (Table A.3)

- In 2008/09, almost three fifths (56%) of those admitted were male and 44% were female. A similar gender split was observed over the previous three years. (Table A.3)

- Less than a third (30%) of those admitted in 2008/09 were aged 45-64 years, over a quarter (26%) were aged 35-44 years, approximately a fifth (21%) were aged 25-34 years and 18% were 18-24 years old. These were also the most common age groups to be admitted in 2005/06, 2006/07 and 2007/08. (Table A.3)

- In 2008/09, the three most common alcohol and drug related diagnoses were 'Intentional self-poisoning by drugs, medicaments and biological substances', 'Intentional self-poisoning by and exposure to alcohol' and 'Mental and behavioural disorders due to use of alcohol'. These were also the three most common diagnoses in 2005/06, 2006/07 and 2007/08.

Table A.1 Alcohol-only related admissions* to hospital (2005/06 - 2008/09)

	2005/06		2006/07		2007/08		2008/09	
	n	***%***	**n**	***%***	**n**	***%***	***n***	***%***
All 7127		***100***	**7322**	***100***	**8267**	***100***	**8462**	***100***
Gender								
Male	5253	*74*	5371	*73*	6214	*75*	6359	*75*
Female	1874	*26*	1951	*27*	2053	*25*	2103	*25*
Age								
Under 18	147	*2*	155	*2*	167	*2*	183	*2*
18-24	295	*4*	289	*4*	342	*4*	358	*4*
25-34	637	*9*	620	*8*	758	*9*	723	*9*
35-44	1786	*25*	1778	*24*	1910	*23*	1911	*23*
45-64	3281	*46*	3509	*48*	3955	*48*	4106	*49*
65+	981	*14*	971	*13*	1135	*14*	1181	*14*

* Deaths and discharges are used as an approximation of admissions. These figures should not be used to denote individuals as a person may be admitted to hospital more than once a year or across a number of years.

Codes used to identify alcohol-related admissions in any diagnostic position**:

ICD-10 code	Description
F10	Mental and behavioural disorders due to use of alcohol
G31.2	Degeneration of the nervous system due to alcohol
G62.1	Alcoholic polyneuropathy
I42.6	Alcoholic cardiomyopathy
K29.2	Alcoholic gastritis
K70	Alcoholic liver disease
K73	Chronic hepatitis, not elsewhere classified
K74	Fibrosis and cirrhosis of liver (Excluding K74.3-K74.5 – Biliary cirrhosis)
K86.0	Alcohol induced chronic pancreatitis
X45	Accidental poisoning by and exposure to alcohol
X65	Intentional self-poisoning by and exposure to alcohol
Y15	Poisoning by and exposure to alcohol, undetermined intent

** It is not appropriate to provide a breakdown of primary or secondary diagnoses for the admissions as it is unlikely that alcohol would be recorded as the main reason for admission; the code for alcohol would be recorded as a secondary diagnosis due to the fact that it is a contributing factor to the primary admission.

Table A.2 Drug-only related admissions* to hospital (2005/06 - 2008/09)

	2005/06		2006/07		2007/08		2008/09	
	n	**%**	**n**	**%**	**n**	**%**	**n**	**%**
All 3160		***100***	**2948**	***100***	**3951**	***100***	**3880**	***100***
Gender								
Male	1273	*40*	1290	*44*	1693	*43*	1712	*44*
Female	1887	*60*	1658	*56*	2258	*57*	2168	*56*
Age								
Under 18	410	*13*	416	*14*	516	*13*	523	*13*
18-24	617	*20*	549	*19*	769	*19*	737	*19*
25-34	724	*23*	647	*22*	834	*21*	791	*20*
35-44	709	*22*	658	*22*	900	*23*	842	*22*
45-64	546	*17*	549	*19*	784	*20*	823	*21*
65+	154	*5*	129	*4*	148	*4*	164	*4*

* Deaths and discharges are used as an approximation of admissions. These figures should not be used to denote individuals as a person may be admitted to hospital more than once a year or across a number of years.

Codes used to identify drug-related admissions in any diagnostic position**:

ICD-10 code	Description
F11-F16, F19	Mental and behavioural disorders due to drug use (excluding tobacco and volatile solvents)
X40-X44	Accidental poisoning by drugs, medicaments and biological substances
X60-X64	Intentional self-poisoning by drugs, medicaments, and biological substances
X85	Assault by drugs, medicaments and biological substances
Y10-Y14	Poisoning by drugs, medicaments and biological substances, undetermined intent

** It is not appropriate to provide a breakdown of primary or secondary diagnoses for the admissions as it is unlikely that drugs would be recorded as the main reason for admission; the code for drugs would be recorded as a secondary diagnosis due to the fact that it is a contributing factor to the primary admission.

Table A3 Alcohol and/or Drug related admissions* to hospital (2005/06 - 2008/09)

	2005/06		2006/07		2007/08		2008/09	
	n	%	n	%	n	%	n	%
All 1498		***100***	**1308**	***100***	**1497**	***100***	**1473**	***100***
Gender								
Male	818	*55*	729	*56*	852	*57*	823	*56*
Female	680	*45*	579	*44*	645	*43*	650	*44*
Age								
Under 18	69	*5*	72	*6*	72	*5*	66	*4*
18-24	225	*15*	247	*19*	312	*21*	263	*18*
25-34	368	*25*	293	*22*	292	*20*	307	*21*
35-44	453	*30*	345	*26*	429	*29*	389	*26*
45-64	367	*24*	328	*25*	376	*25*	436	*30*
65+	16	*1*	23	*2*	16	*1*	12	*1*

* Deaths and discharges are used as an approximation of admissions. These figures should not be used to denote individuals as a person may be admitted to hospital more than once a year or across a number of years.

Codes used to identify alcohol and/or drug-related admissions in any diagnostic position**:

ICD-10 code	Description
F10	Mental and behavioural disorders due to use of alcohol
G31.2	Degeneration of the nervous system due to alcohol
G62.1	Alcoholic polyneuropathy
I42.6	Alcoholic cardiomyopathy
K29.2	Alcoholic gastritis
K70	Alcoholic liver disease
K73	Chronic hepatitis, not elsewhere classified
K74	Fibrosis and cirrhosis of liver (Excluding K74.3-K74.5 – Biliary cirrhosis)
K86.0	Alcohol induced chronic pancreatitis
X45	Accidental poisoning by and exposure to alcohol
X65	Intentional self-poisoning by and exposure to alcohol
Y15	Poisoning by and exposure to alcohol, undetermined intent
F11-F16, F19	Mental and behavioural disorders due to drug use (excluding tobacco and volatile solvents)
X40-X44	Accidental poisoning by drugs, medicaments and biological substances
X60-X64	Intentional self-poisoning by drugs, medicaments, and biological substances
X85	Assault by drugs, medicaments and biological substances
Y10-Y14	Poisoning by drugs, medicaments and biological substances, undetermined intent

** It is not appropriate to provide a breakdown of primary or secondary diagnoses for the admissions as it is unlikely that alcohol or drugs would be recorded as the main reason for admission; the code for alcohol or drugs would be recorded as a secondary diagnosis due to the fact that it is a contributing factor to the primary admission.

Section 3 - Alcohol/Drug-related Deaths

Source: Demography and Methodology Branch (DMB), NISRA

Background

DMB supports government and the wider society by improving the official demographic and geographic statistics base for Northern Ireland through the provision of reliable, fit for purpose statistics and research tools. With regard to death statistics, the figures have been compiled from returns to local registrars. The results are based on analysis of all alcohol and drug-related deaths registered within each calendar year according to the National Statistics Definition.

Summary

Alcohol-related Deaths

- The number of alcohol-related deaths in Northern Ireland has increased by 15%, from 246 in 2005 to 283 in 2007 but has fallen by 2% to 276 in 2008. (Table B.1)

- In each of the years from 2005 to 2007, seven in ten (70%) alcohol-related deaths were among males. This fell to approximately two thirds (67%) in 2008. (Table B.1)

- From 2005 to 2007, over two fifths of alcohol-related deaths have been among those aged 55 and over, approximately a third among 45-54 year olds and approximately a fifth among those aged 35-44 years. However in 2008, the profile has changed slightly with almost half (49%) of alcohol-related deaths among those aged 55 and over, almost two fifths (37%) among 45-54 year olds and approximately one tenth (12%) among those aged 35-44 years. (Table B.1)

- In each of the years from 2005 to 2008, the most common underlying cause of death among all alcohol-related deaths was ‘Alcoholic liver disease’.

Drug-related Deaths

- Since 2005, the number of drug-related deaths in Northern Ireland according to the National Statistics definition has remained fairly constant (84, 91, 86 and 89 in 2005, 2006, 2007 and 2008 respectively). (Table B.2)

- In 2008, approximately two thirds (67%) of drug-related deaths were among males and approximately one third (33%) among females. This is in contrast to the gender profile of the previous three years, where almost three fifths of drug-related deaths were among males and approximately two fifths among females. (Table B.2)

- In 2005, approximately two in ten drug-related deaths were among those aged under 25 years (18%), compared to approximately one in ten in 2006 (10%), 2007 (10%) and 2008 (9%). The highest proportion of drug-related deaths in 2005 was among the 45-54 age group (24%), while in 2006, 2007 and 2008 it was among those aged 35-44 years (36%, 34% and 29% respectively). However from 2005 to 2006, the proportion of drug-related deaths among 25-34 year olds decreased from 19% to 14% but increased to 20% in 2007 and 25% in 2008. (Table B.2)

- In each of the years from 2005 to 2008, the most common underlying cause of death among all drug-related deaths was 'Intentional self-poisoning by drugs, medicaments and biological substances'.

Deaths due to Drug Misuse

- In 2007, more than half (56%) of drug-related deaths were due to drug misuse. This is compared to 54% of deaths in 2006, and 50% of deaths in 2005 which were due to drug misuse. (Table B.3)

- Over half of deaths due to drug misuse were among males in each of the three years (69% in 2005, 57% in 2006 and 56% in 2007). (Table B.3)

- In 2005, the largest proportion of deaths due to drug misuse was among those aged 25-34 years (29%), whereas in 2006 and 2007, the largest proportions were in the 35-44 years age group (33% and 40% respectively). (Table B.3)

- In both 2005 and 2007, the most common underlying cause of death among deaths due to drug misuse was 'Accidental poisoning by drugs, medicaments and biological substances', while in 2006 it was 'Intentional self-poisoning by drugs, medicaments and biological substances'.

Other Source:	National Programme on Substance Abuse Deaths (Np-SAD) 'Drug-related deaths in the UK: Annual report 2009'

Background

Information on drug-related deaths in Northern Ireland is also available from the National Programme on Substance Abuse Deaths (np-SAD) which is managed within the overall structure of the International Centre for Drug Policy (ICDP) within the Division of Mental Health, St George's, University of London. It should be noted that the np-SAD case definition differs from the National Statistics definition – this will therefore account for the variations in numbers of drug-related deaths presented from the two sources.

Alcohol-related Deaths

Definition

The National Statistics definition of alcohol-related deaths only includes those regarded as being most directly due to alcohol consumption and are coded according to the International Classification of Diseases, Tenth Revision (ICD-10) for 2001 onwards. The definition does not include other diseases where alcohol has been shown to make some contribution to increased risk, such as cancers of the mouth, oesophagus and liver. Apart from deaths due to poisoning with alcohol (accidental, intentional or undetermined), the definition excludes any other external causes of deaths such as road traffic deaths and other accidents and violence.

ICD-10 code	Description
F10	Mental and behavioural disorders due to use of alcohol
G31.2	Degeneration of the nervous system due to alcohol
G62.1	Alcoholic polyneuropathy
I42.6	Alcoholic cardiomyopathy
K29.2	Alcoholic gastritis
K70	Alcoholic liver disease
K73	Chronic hepatitis, not elsewhere classified
K74	Fibrosis and cirrhosis of liver (Excluding K74.3-K74.5 – Biliary cirrhosis)
K86.0	Alcohol induced chronic pancreatitis
X45	Accidental poisoning by and exposure to alcohol
X65	Intentional self-poisoning by and exposure to alcohol
Y15	Poisoning by and exposure to alcohol, undetermined intent

Table B.1 Alcohol-related deaths in Northern Ireland (2005 - 2008) according to National Statistics Definition

	2005		2006		2007		2008	
	n	%	n	%	n	%	n	%
All	**246**	***100***	**248**	***100***	**283**	***100***	**276 *100***	
Gender								
Male 171		*70*	173	*70*	199	*70*	185	*67*
Female 75		*30*	75	*30*	84	*30*	91	*33*
Age								
Under 25	0	*0*	1	*0*	1	*0*	0	*0*
25-34 12		*5*	6	*2*	9	*3*	6	*2*
35-44 48		*20*	43	*17*	66	*23*	34	*12*
45-54 78		*32*	83	*33*	89	*31*	102	*37*
55 and over	108	*44*	115	*46*	118	*42*	134	*49*

Percentages in the above table may not sum to 100 due to rounding.

Drug-related Deaths

Definition

The National Statistics definition of drug-related deaths only includes those where the underlying cause of death is regarded as resulting from drug-related poisoning and are coded according to the International Classification of Diseases, Tenth Revision (ICD-10) for 2001 onwards. The definition includes accidents and suicides involving drug poisoning, as well as poisonings due to drug abuse and drug dependence, but not other adverse effects of drugs. The range of substances includes legal and illegal drugs, prescription drugs and over-the-counter medications. The definition excludes poisoning with non-medicinal substances such as household, agricultural or industrial chemicals.

ICD-10 code	Description
F11-F16, F18-F19	Mental and behavioural disorders due to drug use (excluding tobacco)
X40-X44	Accidental poisoning by drugs, medicaments and biological substances
X60-X64	Intentional self-poisoning by drugs, medicaments, and biological substances
X85	Assault by drugs, medicaments and biological substances
Y10-Y14	Poisoning by drugs, medicaments and biological substances, undetermined intent

Table B.2 Drug-related deaths in Northern Ireland (2005 - 2008) according to National Statistics Definition

	2005		2006		2007		2008	
	n	%	n	%	n	%	n	%
All	**84**	***100***	**91**	***100***	**86**	***100***	**89**	***100***
Gender								
Male 48		*57*	51	*56*	51	*59*	60	*67*
Female 36		*43*	40	*44*	35	*41*	29	*33*
Age								
Under 25	15	*18*	9	*10*	9	*10*	8	*9*
25-34 16		*19*	13	*14*	17	*20*	22	*25*
35-44 15		*18*	33	*36*	29	*34*	26	*29*
45-54 20		*24*	24	*26*	18	*21*	15	*17*
55 and over	18	*21*	12	*13*	13	*15*	18	*20*

Percentages in the above table may not sum to 100 due to rounding.

Table B.3 Deaths due to drug misuse in Northern Ireland (2005 – 2007*) according to National Statistics Definition

	2005		2006		2007	
	n	**%**	**n**	**%**	**n**	**%**
All	**42**	***100***	**49**	***100***	**48**	***100***
Gender						
Male 29		*69*	28	*57*	27	*56*
Female 13		*31*	21	*43*	21	*44*
Age						
Under 25	9	*21*	5	*10*	5	*10*
25-34 12		*29*	9	*18*	10	*21*
35-44 7		*17*	16	*33*	19	*40*
45-54 8		*19*	15	*31*	7	*15*
55 and over	6	*14*	4	*8*	7	*15*

Percentages in the above table may not sum to 100 due to rounding.

** Information for 2008 is not yet available.*

Section 4 - Alcohol/Drug Prevalence

4. 1 Alcohol Prevalence among Adults (18-75 years)

Source: Adult Drinking Patterns Survey (2005 & 2008)

Background

The Adult Drinking Patterns survey was carried out in 2005 and 2008 by the Central Survey Unit (CSU) of NISRA on behalf of DHSSPS.

The reports of the findings of the 2005 & 2008 surveys can be accessed on-line at http://www.dhsspsni.gov.uk/stats&research/pubs.asp.

Summary

Consumption

- Almost three quarters of survey respondents in both 2008 (72%) and 2005 (73%) drank alcohol.
- A higher proportion of males than females stated that they drank alcohol in both years of the survey (74% compared to 70% in 2008 and 77% compared to 70% in 2005).
- Younger adults (18-29 years) were more likely to drink alcohol than older adults (60-75 years) in both 2008 (83% and 54%, respectively) and 2005 (86% and 55%, respectively).

Recommended Daily Limits

Definition: The current recommended daily drinking limits state that drinking 4 or more units of alcohol a day for males and 3 or more units a day for females increases alcohol related health risks.

- Just over four fifths of respondents who had consumed alcohol in the week prior to the survey exceeded the recommended daily limits in both 2008 (81%) and 2005 (82%).
- In both years of the survey, approximately four fifths of both males (79% in 2008 and 81% in 2005) and females (83% in 2008 and 83% in 2005) exceeded the recommended daily drinking limits in the week prior to the survey.

Hazardous Drinking

Definition: Levels of alcohol consumption can be banded into weekly guidelines for sensible drinking. On a weekly basis, males drinking 21 units or less are considered to be within sensible limits, those drinking between 22 and 50 are considered to be above sensible but below dangerous levels and those drinking 51 units and above are drinking at dangerous levels. For females, within sensible limits is 14 units per week, above sensible but below dangerous levels is between 15 and 35 units and dangerous levels are 36 units and above.

- Of those who consumed alcohol in the week prior to the survey, just over three quarters (76%) of respondents in 2008 consumed alcohol with in sensible limits compared to 71% in 2005. This is a statistically significant increase since 2005. The proportion of respondents who consumed alcohol at above sensible but below dangerous weekly limits decreased from 23% in 2005 to 19% in 2008.

- In 2008, a similar proportion of females (78%) and males (74%) stayed within their respective sensible weekly limits, whereas in 2005, a higher proportion of females (74%) than males (67%) did so. The proportion of males staying within their respective sensible weekly limits has increased significantly since 2005.

- Younger drinkers (18-29 years) were more likely than older drinkers (60-75 years) to exceed the weekly guidelines for sensible drinking limits in both 2008 and 2005.

Problem Drinking

- CAGE question analysis (clinical interview questions) indicated that in both 2008 and 2005, one tenth (10%) of those who drank in the week prior to the survey were highly likely to have a problem with alcohol.

- Males (13%) were more likely than females (7%) to have a problem with alcohol in 2005, although in 2008, females (10%) were just as likely as males (11%) to have a problem with alcohol.

4.2 Binge Drinking Target (PSA 8, Indicator 5)

To reduce by 5% the proportion of adults who binge drink (i.e. to 36%)

A binge is defined as consuming 10 or more units of alcohol in one session for males and 7 or more units of alcohol for females.

The baseline information used to inform this target is taken from the 2005 Adult Drinking Patterns Survey which found that 38% of adults (aged 18-75 years) who had drunk alcohol in the week prior to the survey had engaged in at least one binge drinking session.

- In 2008, almost one third (32%) of respondents engaged in at least one binge drinking session during the week prior to the survey. This was a significant decrease since 2005 in the proportion of adults who binge drink, surpassing the PSA target.

- A higher proportion of males (35%) than females (29%) were classified as binge drinkers in the 2008 survey; in 2005, males (43%) were also more likely than females (33%) to binge drink. The percentage of male binge drinkers decreased between 2005 and 2008 whereas there was no significant difference in the proportions of female binge drinkers.

- The proportion of respondents who had consumed alcohol in the week prior to the survey and engaged in a binge drinking session significantly decreased with age, with younger people (18-29 years) more likely than older people (60-75 years) to binge drink in both years of the survey (54% compared to 16% in 2005, and 56% compared to 12% in 2008).

Other Source: Continuous Household Survey (CHS) - Alcohol module (2004/05, 2006/07, 2008/09)

Information on alcohol consumption among adults aged 18 years and over is also available from the CHS and results can be accessed online at the following address: www.csu.nisra.gov.uk

4.3 Alcohol Prevalence among Young People (11-16 years)

Source: Young Persons' Behaviour and Attitudes Survey (2003 & 2007) Secondary Analysis, November 2005 & January 2009

Background
The Young Persons' Behaviour and Attitudes Survey (YPBAS) is a post-primary school-based survey conducted by the Central Survey Unit (CSU) of NISRA on behalf of a consortium of government departments and public bodies. The secondary analysis of the alcohol and drugs modules of the 2003 & 2007 surveys can be accessed on-line at the following address: http://www.dhsspsni.gov.uk/stats&research/pubs.asp

Summary

Lifetime Prevalence

- The proportion of respondents aged 11-16 who said that they had ever taken an alcoholic drink (not just a taste or a sip) decreased from 60% in 2003 to 55% in 2007.

- Since 2003, lifetime prevalence of alcohol decreased for both males (from 61% to 55%) and females (from 59% to 56%). There were no significant differences in lifetime prevalence rates between males and females in both 2003 and 2007.

- The likelihood of ever having taken an alcoholic drink was found to increase with age in both 2003 and 2007.

*Last Week Prevalence**

- In 2007, almost one fifth (19%) of all pupils had drunk alcohol in the week prior to the survey.

- In 2007, there was no significant difference in the proportions of males (18%) and females (20%) who had drunk alcohol in the week before the survey.

- In 2007, older pupils were more likely to have drunk alcohol during the week prior to the survey than younger pupils.

  *No comparable information is available from the 2003 YPBAS

Drunkenness

- Of those who had ever drunk alcohol, over half of respondents reported to having been drunk on at least one occasion in both 2003 (56%) and 2007 (55%). Similar proportions of those who drank alcohol said that they had never been drunk (44% in 2003 and 45% in 2007).

- In 2007, females (58%) were more likely than males (51%) to have been drunk, whereas the proportions were similar in 2003 (56% for females and 55% for males). There were no significant differences among the proportions of female or male pupils who said they had been drunk between 2003 and 2007.

- Older pupils were more likely to report ever having been drunk than younger pupils in both 2003 and 2007.

4.4 Drug Prevalence among Adults (15-64 years)

Source: All Ireland Drug Prevalence Survey (2002/03 & 2006/07)

Background

The survey was carried out in Northern Ireland by the Central Survey Unit (CSU) of NISRA according to standards set by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Results relating to drug prevalence are presented on a lifetime, last year (recent), and last month (current) basis in Bulletin 1. More detailed information on the survey and all of the bulletins produced can be accessed online at the following address: http://www.dhsspsni.gov.uk/stats&research/pubs.asp.

Summary

Lifetime Prevalence

- Lifetime use of any illegal drugs increased from 20% in 2002/03 to 28% in 2006/07 among all adults aged 15-64 years.

- There were increases since 2002/03 in lifetime use of any illegal drugs among males (from 27% to 34%) and females (from 13% to 22%).

- Lifetime use of any illegal drugs increased among young adults aged 15-34 years (from 31% in 2002/03 to 40% in 2006/07) and among older adults aged 35-64 years (from 11% in 2002/03 to 19% in 2006/07).

- Since the previous survey in 2002/03, lifetime use of the following drugs increased among all adults aged 15-64 years: cannabis (from 17% to 25%); cocaine (from 2% to 5%); magic mushrooms (from 4% to 7%); poppers (from 6% to 8%); LSD (from 5% to 7%); ecstasy (from 6% to 8%); and amphetamines (from 4% to 6%).

- There were increases since 2002/03 in lifetime use of cannabis and cocaine among both males and females, and among both young adults and older adults.

Last Year Prevalence

- Last year use of any illegal drugs increased from 6% in 2002/03 to 9% in 2006/07 among all adults aged 15-64 years.

- There were increases since 2002/03 in last year use of any illegal drugs among males (from 10% to 14%) and females (from 3% to 5%).

- Last year use of any illegal drugs increased among young adults aged 15-34 years (from 12% in 2002/03 to 17% in 2006/07) and among older adults aged 35-64 years (from 2% in 2002/03 to 4% in 2006/07).

- Since the previous survey in 2002/03, last year use of the following drugs increased among adults aged 15-64 years: cannabis (from 5% to 7%); cocaine (from 0.5% to 2%); and poppers (from 0.5% to 1%).

- There were increases since 2002/03 in last year use of cocaine among both males and females, and among both young adults and older adults.

Last Month Prevalence

- There was no significant difference in last month use of any illegal drugs among all adults aged 15-64 years since the previous survey (3% in 2002/03 and 4% in 2006/07).

- The only significant increase since 2002/03 in last month use of any illegal drugs was found among females (from 1% to 2%).

- There was an increase since 2002/03 in last month use of ecstasy among females (from 0.1% to 0.7%).

4.5 Problem Prevalence

Source: Estimating the Prevalence of Problem Opiate and Problem Cocaine Use in Northern Ireland (2006)

Background

This research was commissioned by DHSS PS and used the capture-recapture method, an established method for estimating the size of covert populations. The report provides prevalence estimates for problem drug use (defined as use of opiates and/or cocaine) in Northern Ireland in 2004 and can be accessed online at the following address: http://www.dhsspsni.gov.uk/index/stats_research/public_health/statistics_and_research-drugs_alcohol-2.htm

Summary

- In 2004, it was estimated that there were 1,395 problem opiate users (1.28 per thousand of the population aged 15-64 years) in Northern Ireland.

- The number of problem opiate and/or cocaine users in 2004 was estimated to be 3,303, which corresponds to 3.03 per thousand of the Northern Ireland population.

  At this point in time, there are no plans to repeat this research in future.

4.6 Drug Prevalence among Young People (11-16 years)

Source: Young Persons' Behaviour and Attitudes Survey (2003 & 2007) Secondary Analysis, November 2005 & January 2009

Summary

Lifetime Prevalence

- Among all respondents, lifetime use of any drugs or solvents decreased from 23% in 2003 to 19% in 2007.

- Since 2003, lifetime use of any drugs or solvents decreased among male pupils (from 26% to 19%), with no significant difference in lifetime prevalence among female pupils (20% in 2003 and 19% in 2007).

- In both 2003 and 2007, older pupils were more likely to report ever using any drugs or solvents than younger pupils.

- Lifetime use of the following drugs decreased from 2003 to 2007 among all pupils: cannabis (from 16% to 9%), magic mushrooms (from 3% to 1%), and solvents (from 10% to 8%). In contrast, lifetime use of poppers increased from 4% to 6%.

- Among males, there were decreases since the 2003 survey in the lifetime use of cannabis (from 19% to 10%), speed (from 3% to 2%), magic mushrooms (from 3% to 2%) and solvents (from 10% to 8%), while the lifetime prevalence rate for poppers increased from 4% to 6%.

- Among females, lifetime use of cannabis decreased from 14% in 2003 to 8% in 2007 while lifetime prevalence rates increased for the following drugs: LSD (from 1% to 2%), poppers (from 3% to 6%) and cocaine (from 2% to 3%).

- Lifetime use of cannabis decreased across all age groups from 2003 to 2007.

Last Year Prevalence

- Among all respondents, last year use of any drugs or solvents decreased from 18% in 2003 to 13% in 2007.

- Since 2003, last year use of any drugs or solvents decreased among male pupils (from 20% to 14%) and among female pupils (from 16% to 13%).

- In both 2003 and 2007, older pupils were more likely to report using any drugs or solvents in the last year than younger pupils.

- Last year use of the following drugs decreased from 2003 to 2007 among all pupils: cannabis (from 13% to 7%), speed (from 1.5% to 1%), magic mushrooms (from 2% to 0.7%), and solvents (from 6% to 4%), while last year use of poppers increased from 2% to 4%.

- Among males, there were decreases since the 2003 survey in the last year use of cannabis (from 15% to 7%) and magic mushrooms (from 2% to 0.9%), while the last year prevalence rate for poppers increased from 3% to 4%.

- Among females, last year use of cannabis decreased from 11% in 2003 to 6% in 2007 while last year prevalence rates increased for poppers (from 2% to 4%) and cocaine (from 1% to 2%).

- Last year use of cannabis decreased across all age groups from 2003 to 2007.

Last Month Prevalence

- Among all respondents, last month use of any drugs or solvents decreased from 12% in 2003 to 7% in 2007.
- Since 2003, last month use of any drugs or solvents decreased among male pupils (from 13% to 8%) and among female pupils (from 10% to 7%).
- In both 2003 and 2007, older pupils were more likely to report using any drugs or solvents in the last month than younger pupils.
- Last month use of the following drugs decreased from 2003 to 2007 among all pupils: cannabis (from 8% to 4%), speed (from 0.8% to 0.4%) and magic mushrooms (from 0.9% to 0.3%), while last month use of poppers increased from 1% to 2%.
- Among males, there were decreases since the 2003 survey in the last month use of cannabis (from 10% to 4%) and magic mushrooms (from 1% to 0.4%).
- Among females, last month use of cannabis decreased from 7% in 2003 to 3% in 2007 while last year prevalence rates increased for poppers (from 0.8% to 2%).

Section 5 - Blood Borne Viruses among Injecting Drug Users

5.1 Viral Infections

Source: Unlinked Anonymous Prevalence Monitoring Programme - Survey of Injecting Drug Users (IDUs);
Shooting Up - Infections among injecting drug users in the UK 2008

Background

Injecting drug users (IDUs) are vulnerable to a wide range of infections, including blood borne viruses such as HIV, Hepatitis B and Hepatitis C. The Unlinked Anonymous Prevalence Monitoring Programme (UAPMP) survey of injecting drug users monitors HIV, Hepatitis B and Hepatitis C infection levels in those injectors in contact with specialist services, such as needle exchanges, or on treatment programmes, such as methadone maintenance. It is a voluntary survey where those injectors who agree to participate provide an anonymous saliva sample and complete a brief behavioural questionnaire. The following information summarises data presented in the 'Shooting Up' report produced by the Health Protection Agency on the extent and trends over time of Hepatitis B and C infections among IDUs up to the end of 2008: figures on new diagnoses of HIV infection are not reported at Northern Ireland level.

Further information about the UAPMP can be found on the Health Protection Agency website: http://www.hpa.org.uk

Summary

- The sharing of needles and syringes is a key route by which blood borne infections may be transmitted among IDUs and approximately one-fifth of IDUs in Northern Ireland continue to share. Combining data from Northern Ireland for the years 2007 and 2008, 19% (17 of 89) of IDUs participating in the UAPMP survey who had injected in the four weeks prior to the survey, reported sharing needles and syringes during this time. This compares to 21% (18 of 84) when the data for the years 2006 and 2007 was combined and 21% (19 of 90) for 2005 and 2006 combined.

Hepatitis C

- Since the introduction of diagnostic tests in 1990, laboratories in Northern Ireland have reported a total of 1,291 diagnoses of Hepatitis C up to and including the year 2008.

- In 2008 there were 132 new diagnoses of Hepatitis C reported and of those reports with exposure data, 88% were associated with injecting drug use. The corresponding numbers of new diagnoses for 2005, 2006 and 2007 were 134, 140 and 118 respectively.

- Of the current and former IDUs participating in the UAPMP survey, Hepatitis C prevalence in Northern Ireland for the years 2007 and 2008 combined was 31% (97 of 317). The corresponding prevalence rate for 2005 and 2006 data combined was 29% (90 of 312) and 29% (95 of 329) for 2006 and 2007 data combined.

- Among current IDUs participating in the UAPMP survey, Hepatitis C prevalence in Northern Ireland for the years 2005 and 2006 combined was 25% (23 of 92 samples). Hepatitis C prevalence among current IDUs for subsequent years is no longer reported at Northern Ireland level.

- Less than one in ten (7.6%, 23 of 302) survey participants in 2007/08 reported not having been tested for Hepatitis C and almost one third (27 of 85) of IDUs infected with Hepatitis C were unaware of their infection. This compares to,9%, (27 of 307) of participating IDUs in 2006/07 who reported not having been tested for Hepatitis C and just over one quarter (23 of 83) of those infected were unaware of their infection. Similarly in 2005/06, 9% of survey participants (25 of 292) reported not having been tested and just over one quarter (23 of 80) of IDUs infected with Hepatitis C were unaware of their infection.

Hepatitis B

- In Northern Ireland, the total number of reports of both acute and chronic Hepatitis B was 101 in 2008, 104 in 2007, 76 in 2006, and 72 in 2005. Some of these infections will have been related to injecting drug use.

- Of the current and former IDUs participating in the UAPMP survey, Hepatitis B prevalence in Northern Ireland for the years 2007 and 2008 combined was 5.7% (18 of 316 samples). This compares to 8% (25 of 312 samples) for the years 2005 and 2006 combined and 6% (21 of 329 samples) for 2006 and 2007 combined.

HIV

- Of the current and former IDUs participating in the UAPMP survey, HIV prevalence in Northern Ireland for the years 2007 and 2008 combined was 2.2% (7 of 317 samples). This compares to 1.9% (6 of 312 samples) for the years 2005 and 2006 combined and 1.8% (6 of 329 samples) for 2006 and 2007 combined.

5.2 Viral Testing and Vaccination

Source: Statistics from the Northern Ireland Drug Misuse Database: 1 April 2005 - 31 March 2006; 1 April 2006 - 31 March 2007; 1 April 2007 - 31 March 2008; 1 April 2008 - 31 March 2009

Background

In addition to drugs misused, the Drug Misuse Database (DMD) also collects information on injecting behaviour and virus testing. However, this data from the DMD has been supplemented by the introduction of the study of anonymous testing of IDUs in

contributing agencies, which has been outlined in ***Section 5.1***. This study should provide robust data on levels of infection in the injecting drug-using population.

Summary

- From 2005/06 to 2008/09, approximately nine-in-ten individuals who had presented to treatment services had never been tested for HIV, Hepatitis B or C.

- Over nine-in-ten individuals presenting for treatment since 2005/06 had not had any injections of the Hepatitis B vaccination course. Less than one-in-twenty had completed all 3 injections.

5.3 Needle and Syringe Exchange Scheme

Source: Statistics from the Northern Ireland Needle and Syringe Exchange Scheme: 1 April 2005 – 31 March 2006; 1 April 2006 – 31 March 2007; 1 April 2007 – 31 March 2008; 1 April 2008 - 31 March 2009

Background

Needle and Syringe Exchange Schemes (NSES) are a service for injecting drug users (IDUs), targeted as a harm reduction measure to help limit the spread of blood borne viruses such as Hepatitis B and C and HIV. The Northern Ireland NSES began operation in pharmacies from April 2001 and publications summarising the information collected on the operation of the NSES can be accessed online at the following address: http://www.dhsspsni.gov.uk/index/stats_research/public_health/statistics_and_research-drugs_alcohol-2.htm

Summary

- During 2008/09, there were 13,389 visits to participating pharmacies by users of the scheme. This is an increase of 18% (2,002 visits) on the 2007/08 figure (11,387). The corresponding number of visits for the years 2006/07 and 2005/06 were 9,997 and 8,797 respectively.

- Since 2005/06, over four fifths of visits to participating pharmacies were made by males.

- Over half of all visits were made by clients aged 31 and over in each of the years since 2005/06.

Section 6 - Personal Expenditure on Alcohol

Source: Expenditure and Food Survey (EFS) (2006 and 2007)

Background

The EFS is a continuous survey which collects information on household expenditure, income and food consumption. In addition to each participating household completing a questionnaire on the above topics, each person aged 16 and over in that household is asked to maintain a detailed diary for 14 consecutive days following the interview, recording full details of all expenditure (including expenditure on alcohol) during that period. The information recorded in this diary is used to calculate weekly personal expenditure.

Summary

- Over half of survey respondents aged 18 years and over in both 2006 (54%) and 2007 (51%) did not have any weekly expenditure on alcohol. (Table C.1) Almost all respondents under the age of 18 (99% in 2006 and 98% in 2007) did not spend any money on alcohol in a typical week. (Table C.2)

- Over one third of all respondents aged 18 years and over spent between £0.01 and £20.00 on alcohol per week in both 2006 (34%) and 2007 (37%). (Table C.1)

- Excluding those who spent £0 a week on alcohol, the average personal weekly expenditure for all respondents aged 16 and over was £15.10 in 2006 and £15.60 in 2007. (Table C.3)

- On average, males spent more money per week on alcohol than females in both 2006 (£18.20 compared to £11.80) and 2007 (£18.00 compared to £13.00). (Table C.3)

- Of those who spent more than £0 per week on alcohol, the average weekly personal expenditure on alcohol was highest among those aged 18-24 years in both 2006 (£18.80) and 2007 (£20.80). (Table C.3)

Table C.1 Weekly expenditure on alcohol by all persons aged 18 years and over (2006 and 2007)

All persons aged 18 years and over Base = 100%	**Year**	
	2006	**2007**
£0.00 54		51
£0.01 - £10.00	24	22
£10.01 - £20.00	10	14
£20.01 - £30.00	6	5
£30.01 - £40.00	2	3
£40.01 - £50.00	1	1
£50.01 and over	2	2
n =	**1126**	**1125**

Table C.2 Weekly expenditure on alcohol by all persons under 18 years of age (2006 and 2007)

All persons under 18 years of age Base = 100%	**Year**	
	2006	**2007**
£0.00 99		98
£0.01 - £10.00	0	1
£10.01 - £20.00	0	1
£20.01 - £30.00	0	0
£30.01 - £40.00	0	0
£40.01 - £50.00	0	0
£50.01 and over	0	0
n =	**409**	**439**

Table C.3 Average weekly expenditure on alcohol by all persons aged 16 years and over who spent more than £0 on alcohol (2006 and 2007)

	Year					
	2006			**2007**		
	Male	***Female***	***Total***	***Male***	***Female***	***Total***
Under 18 years	£10.10	£0.0	£10.10	£12.80	£6.30	£8.30
18 – 24 years	£22.80	£16.10 £1	8.80 £22.90		£18.00	£20.80
24 – 44 years	£18.00	£11.30 £1	4.80 £15.90		£12.30	£14.10
45 – 64 years	£19.00	£9.70	£14.50	£20.30 £1	3.80 £17.00	
65 years and over	£13.50	£10.50 £1	2.40 £10.90		£7.80	£9.30
Total	**£18.20 £1**	**1.80 £15.10**	**£18.00**		**£13.00**	**£15.60**

Section 7 – Alcohol / Drug-related Crime

Source: Northern Ireland Policing Board (NIPB) and the Police Service of Northern Ireland (PSNI)

Background

The NIPB was established on 4th November 2004 as a result of the Police (Northern Ireland) Act 2000. It is an independent body responsible for overseeing policing in Northern Ireland. The Policing Board was reconstituted on 1st April 2006 and the second Policing Board was set up. It is responsible for defining in the annual policing plan the priorities for policing and publishing the policing plan each year. Two key objectives of the policing plan are to tackle crime and promote community safety.

Summary

The relationship between the consumption of alcohol, drugs and crime is well established. It has been suggested that the consumption of alcohol and the use of illicit drugs is a contributing factor in a large percentage of all crime. The misuse of both drugs and alcohol are of increasing concern to the police and public alike.

Whilst traditionally the police contribution in tackling the drugs problem has centred on enforcement and reducing the availability of drugs, the PSNI recognises that they have other roles to play such as:

- Protecting young people from the harm resulting from illicit drug misuse
- Protecting communities from drug related antisocial and criminal behaviour
- Enabling people with drug problems to overcome them and lead healthy and crime-free lives
- Reducing the availability of drugs in communities

The Annual Policing Plan published by the NI Policing Board also sets a number of objectives for the PSNI which impact upon community safety:

- To reduce the incidence of anti-social behaviour: During 2008/09 there was an overall reduction of 12.1%.
- To reduce crime: During 2008/09 there was a slight increase of 1.5%.
- To reduce the total number of violent crimes by 2%: During 2008/09 there was a slight increase of 0.46%.

Whilst the percentage reductions do not show which crimes were directly linked to alcohol or drug abuse, we can assume that they indicate a reduction in both areas as they include all crimes whether or not they were drug or alcohol related.

A recent analysis of persons arrested and brought to Police Custody suites revealed that 46% of those arrested declared that they had consumed alcohol recently before arrest. This rose to 77% for persons arrested between 22:00 and 06:00 on Fri/Sat, Sat/Sun and Sun/Mon. In over half of the arrests for assault-related offences, alcohol had been consumed prior to arrest.

These arrest-related statistics highlight the demand on Police resources in managing the Night-Time Economy. PSNI are working with the Federation of Retail Licensed Trade, the wider alcohol industry, local councils and other partners to make City Centres and Town Centres safer places for everyone to enjoy.

The forthcoming Policing Plan for 2009 -2012 Part 3 makes particular reference 'To work in partnership with other agencies to tackle crime including Drugs Crime, Alcohol Related Crime……. And to deliver this in line with the five principles of Policing with the Community'

The issue of alcohol and drug-related crime is particularly pertinent in all policing districts with a high level of entertainment venues. The PSNI tackle alcohol and illicit drugs issues being actively involved in a number of partnership initiatives including:

- training schemes for nightclub door staff
- arrest referral in Belfast, Londonderry and Ballymena
- Development of a Code of Conduct for the Alcohol Industry
- "Keepsafe" initiative in Kilcooley Estate, Bangor
- Enforcing the law relating to licensed premises
- Street drinkers in Londonderry
- Tackling alcohol related anti-social behaviour and serious assaults through Get Home safe initiative

In July 2008 the PSNI launched Operation SNAPPER (Supporting No Alcohol In Public through Partnership Enforcement and Regulation). This initiative focused on underage drinking, on street drinking and drinking at other events. Between 1 July 2008 and 31 March 2009, over 20,000 items of alcohol were seized, 654 persons reported to PSNI Youth Diversion Officers, 291 persons reported to local councils for prosecution, 33 persons reported to public prosecution service.

Whilst there are challenges in the year ahead including a need to provide a better service with finite resources, the PSNI are not complacent. The PSNI have also been working in partnership with the DHSSPS and others in developing the Action Plan 'Addressing Young Persons Drinking in Northern Ireland' and it is anticipated that this action plan will be launched during the coming year.

7. 1 Recorded Crime

Source: Police Service of Northern Ireland (PSNI) – Central Statistics Branch
'PSNI Annual Statistical Report: Recorded Crime and Clearances'

Background

PSNI collate crime statistics for Northern Ireland in accordance with the National Crime Recording Standard. Copies of the reports produced can be accessed online at the following address:
http://www.psni.police.uk/index/updates/updates_statistics/update_crime_statistics.htm

Drug Offences

- From 2006/07 to 2008/09, the total number of drug offences recorded has increased (2,411 in 2006/07, 2,720 in 2007/08 and 2,974 in 2008/09).
- Since 2006/07, approximately four fifths of drug offences recorded were non-trafficking offences (80% in 2006/07, 81% in 2007/08 and 80% in 2008/09).

Section 8 - Drink/Drug Driving

8.1 Detections in NI

Source: Police Service of Northern Ireland (PSNI) Roads Policing Development Branch

Background

Statistics on drink/drug-driving detections are collated by the PSNI Roads Policing Development Branch who receive the figures from District Command Units and the Urban and Rural Road Policing Command Units. The numbers of drink/drug driving detections are held on the Drink/Drive Register which is usually retained in each PSNI Enquiry Office and contains details of returns submitted by various ranks of the PSNI and Administrative Support Staff.

Separate drink-driving and drug-driving detection statistics are not available. Only aggregated information on the number of drink/drug-driving detections is available at NI level and cannot be broken down by gender and/or age.

Summary

- From 2004 to 2005, the number of drink/drug-driving detections in Northern Ireland increased by 16%, from 4,460 to 5,152 and remained fairly constant in 2006 and 2007 (5,043 and 5,117 respectively). However, since 2007 the number of detections fell by 18% to 4,207 in 2008. (Table D.1)

At present, current recording and monitoring systems within the PSNI do not permit the calculation of the number of those who tested positive for alcohol/drugs as a proportion of those who were stopped and tested for drink/drug-driving. However, it is proposed that new technology will be introduced in the future which will automatically record the number of individuals tested for drink/drug-driving and the number of those who tested positive for alcohol/drugs

8.2 Prosecutions and Convictions in NI

Source: Northern Ireland Office (NIO) Statistics and Research Branch

Background

The figures that the NIO use in relation to court prosecutions and convictions are based on extracts from the PSNI operational database (Integrated Crime Information System) and refer to those defendants against whom criminal proceedings were completed in each of the listed years. While care is taken in collating the data, they are subject to the inaccuracies inherent in any large-scale operational system and to variation in recording practice over time. The statistical coverage is restricted to those criminal prosecutions in which the PSNI is involved, excluding prosecutions brought by certain government departments, public bodies and private individuals.

Separate drink-driving and drug-driving prosecution and conviction statistics are not available. The offence referred to in the subsequent tables is one for which the court took its final decision. This is not necessarily the same as that for which the defendant was initially proceeded against. The decision recorded is that reached by the court and takes no account of any subsequent appeal to a higher court. If a number of defendants are jointly charged with a particular offence, each is recorded, as are any charges dealt with on separate occasions. Where proceedings involve more than one offence dealt with at the same time, the tables record only the principal offence. The basis for selection of the principal offence is laid down in rules issued by the Home Office. In summary these indicate that, where there is a finding of guilt, the principal offence is usually that for which the greatest penalty was imposed. Where there has not been a finding of guilt (e.g. on acquittal or committal for trial on all charges) it is usually that for which the greatest penalty could have been imposed.

Summary

Prosecutions

- The number of prosecutions for alcohol/ drug related driving offences in Northern Ireland has increased by 6%, from 2,767 in 2004 to 2,946 in 2006. (Table D.2)

- Almost nine-in-ten prosecutions for alcohol/drug related driving offences were among males in each of the years from 2004 to 2006. (Table D.2)

- In each of the three years from 2004 to 2006, approximately four fifths of alcohol/drug related driving offences were among those over the age of 25 years. (Table D.2)

Convictions

- The number of convictions for alcohol/drug related driving offences in Northern Ireland has increased by 5%, from 2,679 in 2004 to 2,809 in 2006. (Table D.3)

- Almost nine-in-ten convictions for alcohol/drug related driving offences were among males in each of the years from 2004 to 2006. (Table D.3)

- In each of the three years, approximately four-fifths of convictions for alcohol/drug related driving offences were among those over the age of 25 years. (Table D.3)

- The vast majority of prosecutions for alcohol/drug related driving offences resulted in a conviction in each year, irrespective of gender or age. (Table D.4)

PLEASE NOTE:

It is not appropriate to measure police detections against persons proceeded against and convicted for the following reasons:

Offences that occur in previous years may not result in prosecutions or convictions for the year in which the crime is detected.

Counting rules for recorded crimes and prosecutions statistics differ in that, except in special circumstances, only the most serious offence (one crime) is recorded per victim.

If a number of offenders are subsequently charged for the same incident, each offender will be included in the prosecution and conviction figures.

The detection statistics document the offence as initially recorded. These may differ from the offence for which a suspect or suspects are subsequently proceeded against.

In cases where an offender has been charged or a summons has been issued, not all of these may be tried at court, for example, the Public Prosecution Service may not take forward proceedings.

8. 3 Injury Road Traffic Collisions due to Alcohol or Drugs (all road users)

Source: Police Service of Northern Ireland (PSNI) – Central Statistics Branch 'PSNI Annual Statistical Report: Injury Road Traffic Collisions and Casualties'

Background

PSNI collate statistics on all road traffic collisions (RTCs) on public roads where persons are injured (non-injury collisions are excluded). Copies of the reports produced can be accessed online at the following address:
http://www.psni.police.uk/index/updates/updates_statistics/updates_road_traffic_statistics.htm

Summary

- From 2004 to 2008, just over one-in-twenty of all injury road traffic collisions (for all road users) have been as a result of alcohol consumption or drug taking. (Table D.5)
- Of all fatal collisions, almost a quarter in both 2004 (24%) and 2005 (24%), 16 % in 2006 and approximately one fifth in 2007 (18%) and 2008 (20%), were attributed to alcohol or drugs. (Table D.5)
- Approximately one-in-ten of all serious collisions were attributed to drinking alcohol or taking drugs in each of the years from 2004 to 2008. (Table D.5)
- From 2004 to 2008, approximately one-in-twenty slight collisions were as a result of alcohol consumption or drug taking. (Table D.5)
- In 2004 and 2005, just under one-in-ten of all injury collisions attributed to alcohol/drugs were fatal collisions compared to one-in-twenty from 2006 to 2008. (Table D.6)

- In each of the years from 2004 to 2008, approximately a quarter of all injury collisions attributed to al cohol/drugs were serious co llisions and approximately two thirds were slight collisions. (Table D.6)

Detections in NI

Table D.1 Number of Drink/Drug-driving detections in NI (2004 - 2007)

Year	**2004**	**2005**	**2006**	**2007**	**2008**
No. Drink/Drug-driving detections	4460	5152 5	043 511	7 4207	

Prosecutions and Convictions in NI

Table D.2 Prosecutions for Alcohol/Drug related driving offences in NI (2004 - 2006)

	2004		**2005**		**2006**	
	n	**%**	**n**	**%**	**n**	**%**
All	2767	*100*	2906	*100*	2946	*100*
Gender						
Male 2428		*88*	2509	*86*	2568	*87*
Female 339		*12*	397	*14*	378	*13*
Age						
Under 18	22	*1*	31	*1*	16	*1*
18-21 274		*10*	261	*9*	321	*11*
22-24 276		*10*	310	*11*	269	*9*
25-29 357		*13*	418	*14*	444	*15*
30-34 384		*14*	403	*14*	370	*13*
35-39 374		*14*	348	*12*	419	*14*
40-44 380		*14*	359	*12*	379	*13*
45-59 570		*21*	629	*22*	601	*20*
60+ 130		*5*	141	*5*	121	*4*
Missing 0		*0*	6	*0*	6	*0*

Table D.3 Convictions for Alcohol/Drug related driving offences in NI (2004 -2006)

	2004		2005		2006	
	n	%	n	%	n	%
All	2679	*100*	2807	*100*	2809	*100*
Gender						
Male 2346		*88*	2418	*86*	2447	*87*
Female 333		*12*	389	*14*	362	*13*
Age						
Under 18	21	*1*	29	*1*	13	*0*
18-21 268		*10*	253	*9*	305	*11*
22-24 265		*10*	303	*11*	258	*9*
25-29 341		*13*	404	*14*	420	*15*
30-34 369		*14*	388	*14*	352	*13*
35-39 364		*14*	335	*12*	400	*14*
40-44 367		*14*	341	*12*	364	*13*
45-59 560		*21*	611	*22*	580	*21*
60+ 124		*5*	137	*5*	111	*4*
Missing 0		*0*	6	*0*	6	*0*

Table D.4 Convictions as a proportion of Prosecutions for Alcohol/Drug related driving offences in NI (2004 - 2006)

	2004	2005	2006
	%	%	%
All	*97 97 95*		
Gender			
Male	*97 96 95*		
Female	*98 98 96*		
Age			
Under 18	*95 94 81*		
18-21	*98 97 95*		
22-24	*96 98 96*		
25-29	*96 97 95*		
30-34	*96 96 95*		
35-39	*97 96 95*		
40-44	*97 95 96*		
45-59	*98 97 97*		
60+	*95 97 92*		
Missing	- - -		

Injury Road Traffic Collisions

Table D.5 Injury Road Traffic Collisions attributed to alcohol/drugs as a proportion of all Injury Collisions (2004-2008)

	Number of reported injury collisions (all road users)											
	Fatal collision			**Serious collision**			**Slight collision**			**Total**		
Year	All	No. attributed to alcohol or drugs	*% attributed to alcohol or drugs*	All	No. attributed to alcohol or drugs	*% attributed to alcohol or drugs*	All	No. attributed to alcohol or drugs	*% attributed to alcohol or drugs*	All	No. attributed to alcohol or drugs	*% attributed to alcohol or drugs*
2004	128	31	*24*	895	89	*10*	4610	238	*5*	5633	358	*6*
2005	127	30	*24*	835	85	*10*	3985	219	*5*	4947	334	*7*
2006	110	18	*16*	904	95	*11*	4614	248	*5*	5628	361	*6*
2007	105	19	*18*	838	104	*12*	5047	289	*6*	5990	412	*7*
2008	98	20	*20*	814	105	*13*	5311	257	*5*	6223	382	*6*

Table D.6 Injury Road Traffic of Collisions attributed to alcohol/drugs (2004 – 2008)

	Reported injury collisions attributed to alcohol/drugs (all road users)							
	Fatal collision		**Serious collision**		**Slight collision**		**Total**	
Year	**No.**	***%***	**No.**	***%***	**No.**	***%***	**No.**	***%***
2004	31	*9*	89	*25*	238	*66*	358	*100*
2005	30	*9*	85	*25*	219	*66*	334	*100*
2006	18	*5*	95	*26*	248	*69*	361	*100*
2007	19	*5*	104	*25*	289	*70*	412	*100*
2008	20	*5*	105	*27*	257	*67*	382	*100*

Section 9 - Disruption of Drug Supply Markets

Source: Police Service of Northern Ireland (PSNI)

Background

PSNI aim to reduce the availability of controlled drugs through enforcement activity, directed at disrupting the supply of illegal drugs destined for our communities. This is a key objective of the Policing Board (and is included in the Annual Policing Plan – its success can be evaluated according to certain criteria detailed below) who seek to work in partnership with other agencies in tackling the problem of drug misuse.

	Frustration	Disruption	Dismantle
Criteria One	One or more significant seizures. **OR** One or more significant arrests. **OR** Seizure of Assets.	One or more significant arrests. **AND** One or more significant seizures. **AND** Seizure of Assets.	One or more significant seizures. **AND** Two or more significant arrests. **AND** Seizure of Assets.
Criteria Two		Two or more significant arrests (without seizure of drugs or seizure of assets).	
Criteria Three		Two or more significant seizures (without arrests or seizure of assets).	

Policing Plan 2007 – 2010

The current method of evaluating success in disrupting supply involves measuring the impact achieved by police activity directed against organised crime gangs involved in the distribution/supply of controlled drugs.

A methodology has been developed by PSNI to ensure police identify and target those crime gangs 'at the top of the supply chain' and who are responsible for bringing drugs into Northern Ireland for onward distribution. PSNI believe that this is the most effective strategy to adopt because it focuses on the individuals who source, distribute and supply controlled drugs and that focus will have the greatest impact on reducing availability within the market.

Whilst PSNI's aim is to 'disrupt' the supply of controlled drugs, all investigations/operations aspire to 'dismantle' crime gangs involved in supply. That means putting the gang out of business and closing down their particular supply network.

Summary

- PSNI success against crime gangs is increasing with 41 gangs frustrated, 17 gangs disrupted and 5 gangs dismantled in 2008/2009. This compares to 29 frustrated, 25 disrupted and 4 dismantled gangs in 2007/08. (Table E.1)

9.1 Drug Seizures and Arrests

Source: Police Service of Northern Ireland (PSNI) – Central Statistics Branch 'PSNI Annual Statistical Report: Drug Seizures and Arrests'

Background

PSNI reports statistics on the quantities of drugs seized and on the number of seizure incidents on a financial year basis. Copies of the reports produced can be accessed online at the following address:
http://www.psni.police.uk/index/updates/updates_statistics/updates_drug_statistics.htm

Summary

Seizures

- From 2006/07 to 2008/09, the total number of drug seizure incidents recorded has increased (2,590 in 2006/07, 2,968 in 2007/08 and 3,198 in 2008/09).

- In each of the years since 2006/07, cannabis was the drug most commonly seized while ecstasy (including the BZP derivative) and cocaine continue to be the second and third most commonly seized drugs in Northern Ireland respectively.

Arrests

- The number of persons arrested for drug-related offences increased by 10% from 2006/07 (1,726) to 2007/08 (1,896) and by a further 6% from 2007/08 to 2008/09 (2,014).

Table E.1 Frustrated, Disrupted and Dismantled drug gangs (2006/07 - 2008/09)

Year*	Frustrated	Disrupted	Dismantled
2006/2007	6 4 2		
2007/2008	29 25		4
2008/2009	41 17		5

* Figures for 2006/2007 reflect C1 Drug Squad activity only, which is directed at the 'top end' of the drug supply networks. The focus of the target has been further developed by PSNI as district command units adopt the strategy, targeting the 'supply networks' at local/community level and this is reflected in the 2007/08 and 2008/09 figures.

Section 10 - Public Perception of Alcohol/Drugs as a Social Problem

Source: NI Omnibus Survey – Alcohol and Drugs Module (2007 and 2008)

Background

The Northern Ireland Omnibus Survey is a household based survey carried out among people aged 16 and over on a regular basis and is designed to provide a snapshot of their lifestyle and views on a wide range of issues.

Summary

Alcohol

- The percentage of survey respondents who said that alcohol misuse was a fairly or very big problem in their area increased from 38% in 2007 to 44% in 2008. Conversely, the percentage of those who said that alcohol misuse was not a very big problem in their area decreased from 35% in 2007 to 30% in 2008. (Table F.1)

- The majority of survey respondents said that alcohol misuse was a fairly or very big problem in Northern Ireland in both 2007 (88%) in 2007 and 2008 (91%). This was a significant increase between the two years. Conversely, the percentage of those who said that alcohol misuse was not a very big problem in Northern Ireland decreased from 9% in 2007 to 5% in 2008. (Table F.2)

- Just over half of survey respondents said that underage drinking was a fairly or very big problem in their area in both 2007 (51%) and 2008 (53%). Approximately a quarter of respondents said it was not a very big problem (27% in 2007 and 24% in 2008) and almost a fifth said that it was not a problem at all (18% in both 2007 and 2008). (Table F.3)

- Just over one quarter of those surveyed said that 'street drinkers' were not a very big problem in their area in both 2007 (26%) and 2008 (28%). The percentage of respondents who said that they were a fairly or very big problem increased from 15% in 2007 to 19% in 2008 while the percentage of those who did not think they were a problem at all decreased from 58% in 2007 to 51% in 2008. (Table F.4)

- Just under a quarter (24%) of survey respondents said that rowdy and drunken behaviour was a fairly or very big problem in their area in both 2007 and 2008. The percentage of respondents who said that it was not a very big problem increased from 36% in 2007 to 41% in 2008 while the percentage of those who did not think it was a problem at all decreased from 40% in 2007 to 35% in 2008 (Table F.5)

- The percentage of survey respondents who said that alcohol misuse had a fairly or very big impact on family life in their area increased from 22% in 2007 to 27% in 2008. There was a decrease in the percentage of respondents who said that alcohol misuse did not have a very big impact on family life in their area (from 38% in 2007 to 35% in 2008) and in the percentage of those who said it had no impact at all (from 33% in 2007 to 28% in 2008). (Table F.6)

- In both years of the survey, almost half of respondents felt that the situation with alcohol misuse in their area was about the same as it was 5 years ago (46% in 2007 and 48% in 2008), just under a third felt that it was a little or a lot worse (32% in 2007 and 29% in 2008) while less than a tenth felt that it was a little or a lot better (6% in 2007 and 7% in 2008). (Table F.7)

Drugs

- In both years of the survey, respondents had similar views on drug misuse in their area. Over a fifth of survey respondents said that drug misuse was a fairly or very big problem in their area in both 2007 (23%) and 2008 (22%), less than a third said it was not a very big problem (28% in 2007 and 30% in 2008) and approximately a third said it was not a problem at all (33% in 207 and 31% in 2008). (Table F.8)

- The majority of survey respondents said that drug misuse was a fairly or very big problem in Northern Ireland in both 2007 (85%) and 2008 (86%). (Table F.9)

- In both years of the survey, respondents had similar views on young people taking drugs in their area. Over a quarter of survey respondents said that young people taking drugs was a fairly or very big problem in their area (29% in 2007 and 27% in 2008), not a very big problem (28% in 2007 and 29% in 2008) and not a problem at all (28% in 2007 and 26% in 2008). (Table F.10)

- Approximately a fifth of those surveyed felt that drug dealing was a fairly or very big problem in their area in both 2007 (20%) and 2008 (19%), approximately a quarter felt it was not a very big problem (26% in 2007 and 25% in 2008) and approximately a third felt it was not a problem at all (35% in 2007 and 33% in 2008). (Table F.11)

- In both years of the survey, respondents had similar views on cocaine use in their area. Almost a tenth of survey respondents felt that cocaine use was a fairly or very big problem in their area in 2007 (9%) and 2008 (9%), almost a fifth felt it was not a very big problem (19% in 2007 and 18% in 2008) and approximately two fifths felt it was not a problem at all (40% in 2007 and 37% in 2008). Approximately a third of respondents didn't know if cocaine use in their area was a problem in both 2007 (32%) and 2008 (36%) (Table F.12)

- Over two fifths of survey respondents felt that injecting drug use (such as injecting heroin) was not a problem at all in their area in both 2007 (46%) and 2008 (43%). Less than one fifth said it was not a very big problem (18% in 2007 and 18% in 2008) and 4% in both 2007 and 2008 said it was a fairly or very big problem. Approximately a third of respondents didn't know if injecting drug use in their area was a problem in both 2007 (32%) and 2008 (35%) (Table F.13)

- Less than a fifth of survey respondents said that drug misuse had a fairly or very big impact on family life in their area in both 2007 (17%) and 2008 (18%). The percentage of those who did not know if drug misuse had an impact on family life in their area increased from 16% in 2007 to 20% in 2008. Conversely, the percentage of those who said that drug misuse did not have a very big impact on family life in their area decreased from 28% in 2007 to 25% in 2008 and the percentage of respondents who said that drug misuse had no impact at all decreased from 40% in 2007 to 36% in 2008. (Table F.14)

- In both years of the survey, just over two fifths of respondents felt that the situation with drug misuse in their area was about the same as it was 5 years ago (43% in 2007 and 42% in 2008), less than a third felt that it was a little or a lot worse (30% in 2007 and 28% in 2008) while approximately a twentieth felt that it was a little or a lot better (4% in 2007 and 5% in 2008). (Table F.15)

Alcohol

Table F.1 How much of a problem is alcohol misuse in your area?

All persons aged 16 and over Base = 100%	Year	
	2007	**2008**
Fairly or very big problem	38.5	43.6
Not a very big problem	35.3	30.1
Not a problem at all	23.8	23.2
Don't know	2.3	3.1
n =	**1330**	**1213**

Table F.2 How much of a problem is alcohol misuse in Northern Ireland?

All persons aged 16 and over Base = 100%	Year	
	2007	**2008**
Fairly or very big problem	87.5	91.0
Not a very big problem	8.9	5.1
Not a problem at all	1.6	1.5
Don't know	2.0	2.4
n =	**1330**	**1213**

Table F.3 How much of a problem in your area is underage drinking?

All persons aged 16 and over Base = 100%	Year	
	2007	**2008**
Fairly or very big problem	50.7	52.8
Not a very big problem	27.0	23.6
Not a problem at all	17.9	18.1
Don't know	4.4	5.4
n =	**1330**	**1213**

Table F.4 How much of a problem in your area are 'street drinkers'?

All persons aged 16 and over Base = 100%	**Year**	
	2007	**2008**
Fairly or very big problem	15.0	18.8
Not a very big problem	25.7	27.9
Not a problem at all	57.9	51.5
Don't know	1.4	2.2
n =	**1330**	**1213**

Table F.5 How much of a problem in your area is rowdy and drunken behaviour?

All persons aged 16 and over Base = 100%	**Year**	
	2007	**2008**
Fairly or very big problem	23.6	23.7
Not a very big problem	36.3	40.7
Not a problem at all	39.5	34.5
Don't know	0.5	1.0
n =	**1330**	**1213**

Table F.6 How much of an impact does alcohol misuse have on family life in your area?

All persons aged 16 and over Base = 100%	**Year**	
	2007	**2008**
Fairly or very big impact	21.7	27.3
Not a very big impact	38.0	34.7
No impact at all	32.9	28.3
Don't know	7.4	9.7
n =	**1330**	**1213**

Table F.7 How does the situation with alcohol misuse in this area compare with 5 years ago?

All persons aged 16 and over Base = 100%	**Year**	
	2007	**2008**
A little or a lot better	6.5	7.5
About the same	45.8	47.9
A little or a lot worse	32.2	28.6
Did not live in area 5 years ago	12.6	12.3
Don't know	2.9	3.7
n =	**1330**	**1213**

Drugs

Table F.8 How much of a problem is drug misuse in your area?

All persons aged 16 and over Base = 100%	Year	
	2007	**2008**
Fairly or very big problem	23.0	22.1
Not a very big problem	28.1	29.6
Not a problem at all	33.5	30.9
Don't know	15.4	17.4
n =	**1323**	**1213**

Table F.9 How much of a problem is drug misuse in Northern Ireland?

All persons aged 16 and over Base = 100%	Year	
	2007	**2008**
Fairly or very big problem	85.4	85.9
Not a very big problem	8.1	7.0
Not a problem at all	2.0	2.2
Don't know	4.5	4.9
n =	**1326**	**1213**

Table F.10 How much of a problem in your area is young people taking drugs?

All persons aged 16 and over Base = 100%	Year	
	2007	**2008**
Fairly or very big problem	28.7	27.3
Not a very big problem	28.4	28.6
Not a problem at all	27.8	26.4
Don't know	15.1	17.7
n =	**1325**	**1213**

Table F.11 How much of a problem in your area is drug dealing?

All persons aged 16 and over Base = 100%	Year	
	2007	**2008**
Fairly or very big problem	20.3	18.9
Not a very big problem	26.3	25.3
Not a problem at all	34.7	32.8
Don't know	18.7	23.1
n =	**1323**	**1209**

Table F.12 How much of a problem in your area is cocaine use?

All persons aged 16 and over Base = 100%	Year	
	2007	**2008**
Fairly or very big problem	8.7	9.1
Not a very big problem	19.1	17.8
Not a problem at all	39.9	36.7
Don't know	32.3	36.4
n =	**1314**	**1210**

Table F.13 How much of a problem in your area is injecting drug use (such as injecting heroin)?

All persons aged 16 and over Base = 100%	Year	
	2007	**2008**
Fairly or very big problem	4.4	4.3
Not a very big problem	18.0	17.8
Not a problem at all	45.6	42.6
Don't know	32.1	35.3
n =	**1309**	**1209**

Table F.14 How much of an impact does drug misuse have on family life in your area?

All persons aged 16 and over Base = 100%	Year	
	2007	**2008**
Fairly or very big impact	16.7	18.1
Not a very big impact	27.9	25.2
No impact at all	39.5	36.3
Don't know	15.8	20.4
n =	**1320**	**1213**

Table F.15 How does the situation with drug misuse in this area compare with 5 years ago?

All persons aged 16 and over Base = 100%	Year	
	2007	**2008**
A little or a lot better	3.9	4.5
About the same	43.1	41.7
A little or a lot worse	30.2	28.2
Did not live in area 5 years ago	12.7	12.2
Don't know	10.2	13.3
n =	**1324**	**1212**

Terms of Reference and Membership of Groups

NSD STEERING GROUP - Membership

Dr Michael McBride	(Chief Medical Officer, DHSSPS)
Koulla Yiasouma	(Children, Young People & Families Advisory Group Chair)
vacant	(Treatment & Support Advisory Group Chair)
Professor Ian Young	(Alcohol Advisory Group Chair)
Declan McGeown	(Law & Criminal Justice Advisory Group Chair)
Julie Smyth	(NDACT Chair)
Gary McMichael	(EDACT Chair)
Yvonne McWhirter	(WDACT Chair)
Kieran Devlin	(SDACT Chair)
Eugene O'Goan	(Northern VCSN Chair)
Anne Bill	(Eastern ISF Chair)
Jenny Irvine	(Western ISF Chair)
Craig Cook	(Southern ISF Chair)
John Spence	(HM Revenue & Customs)
Sharon Beattie	(PSNI Strategic Partnership & Development)
Cathy Mullan	(Public Health Agency)
Dr Delia Skan	(DETI/HSENI)
Jimmy Moore	(Probation Board NI)
Linda Wilson	(Dept of Education)
Deirdre Kenny	(DoE Road Safety)
Dr Philip McClements	(NI Prison Service)
Mick Cory	(Dept for Culture, Arts & Leisure)
Patricia McAlister	(Dept of Social Development)
Stephen Jackson	(Dept for Employment & Learning)
Kieron Moore	(Public Health & Information Research Branch, DHSSPS)
Gary Maxwell	(Health Development Policy Branch, DHSSPS)
Rob Phipps	(Health Development Policy Branch, DHSSPS)

NSD STEERING GROUP – Terms of Reference

Function

As part of the NSD implementation process an NSD Steering Group will be set up. Its function will be:

- to consider alcohol and drug-related issues and proposals brought to it by members and those teams and groups represented on it;
- to comment on and/or suggest proposed changes to the current strategic direction
- to monitor and provide an overview in respect of the NSD and its outcomes;
- via senior officials to report to the Ministerial Group on Public Health (MGPH).

Key Principles

Within the NSDSG there will be:

- Clear understanding of status, objectives, conduct and roles; and
- Openness in sharing information wherever possible.

The processes underpinning these principles are set out below.

Membership and Representation

Appointments will be made based on achieving a balanced and representative grouping which reflects the issues involved, with members contributing on the basis of their knowledge and back ground. However, where appropriate, members should be able to commit their organisations to certain actions.

Proposed membership is:

Chief Medical Officer DHSSPS - Chair
Population Health Directorate (DHSSPS)
Health Development Policy Branch (DHSSPS)
Public Health Information & Research Branch (DHSSPS)
NIO - CSU
PSNI - Drugs
PSNI - Alcohol
Probation Board
Prison Service
Revenue and Customs
DE

DOE

DCAL

DEL

HSE

DSD

Public Health Agency

Health & Social Care Board

Advisory Group Chairs

DACT Chairs

ISF Chairs

Any member unable to attend a meeting will be entitled to send a deputy, with prior agreement from secretariat.

Terms of Reference

- To agree proposals on future policy issues and priorities to address alcohol and drug-related issues
- To agree on future public awareness programmes
- To agree on future research priorities and the implications of research results for policy.
- To agree on the development of the future strategic direction
- To monitor progress in implementation of the appropriate regional and local outcomes

In practice, this will involve:

- Discussion of relevant policy and strategic issues
- Observation, at a strategic level, of the implementation of the short, medium and long term outcomes contained in the NSD
- Bringing relevant issues to the attention of the MGPH

Processes for Engagement

- Meetings should take place at least 2 times a year
- Meetings will normally be chaired by Permanent Secretary DHSSPS or, if unavailable, a DHSSPS senior official.
- HDPB officials will attend meetings in support of the NSD Steering Group.
- HDPB will provide a secretariat service to the Steering Group.
- Wherever possible, papers for meetings will be circulated to members one week in advance of each meeting.
- Minutes of meetings will record proceedings in a non- attributable format. These will be published on the website, as will the list of members. At the outset, these will record the processes for engagement.

NSD ADVISORY GROUPS - TERMS OF REFERENCE

Function

As part of the NSD implementation process, four Advisory Groups will be set up to provide advice for the NSD Steering Group that draws on expertise in relation to the strategic priorities and needs of specific strategic areas. Each Advisory Group will bring together key stakeholders and experts in respect of the issue. The four Advisory Groups are:

- Children, Young People and Families
- Treatment and Support
- 'Binge Drinking' (*now* Alcohol)
- Law and Criminal Justice

The function of each Advisory Group will be to advise, comment, and provide formative feedback on the NSD and its outcomes and on those relevant issues related to their specific remit.

Key Principles

Within each Advisory Group there will be:

- Clear understanding of status, objectives, conduct and roles; and
- Openness in sharing information wherever possible.

The processes underpinning these principles are set out below.

Membership and Representation

Appointments will be made based on achieving a balanced and representative grouping which reflects the issues involved, with members contributing on the basis of their knowledge and background. Each Advisory Group will have a common core membership consisting of:

- HDPB officials
- DACT representatives*
- Voluntary & Community representatives
- PHA / HSCB representatives
- PHIRB

* *where possible, DACT representatives to have an understanding/experience of the Advisory Group area of activity*

In addition each group will have members who will bring with them expertise, understanding and insights in respect of the particular issue. Further information on this and proposals on community/voluntary and key stakeholder representation will be in attached annexes.

At the discretion of the Advisory Group, representatives from other organisations may be co-opted or invited to attend particular meetings or for certain agenda items.

Any member unable to attend a meeting will be entitled to send a deputy, with prior agreement from secretariat.

Terms of Reference

- To advise, at a strategic level, on the implementation of the NSD in respect of treatment and support/ children, young people and families/ binge drinking/ law and criminal justice
- To note progress in implementation of the appropriate regional outcomes
- To advise on future policy issues and priorities to address
- To advise on future public awareness programmes
- To advise on future research priorities and the implications of research results for policy.
- To consider and advise as appropriate on the development of the future strategic direction

In practice, this will involve:

- Observation, at a strategic level, of the implementation of the short-term outcomes contained in the NSD
- Discussion of relevant policy and strategic issues
- Bringing relevant issues to the attention of the NSDSG

Processes for Engagement

- Meetings should take place at least 3 times a year
- Meetings will normally be chaired by an appropriate senior figure with expertise in the area of activity or, if unavailable, a HDPB/ NIOCSU senior official.
- HDPB/NIOCSU officials will attend meetings, as appropriate, in support of the Groups.
- HDPB/NIOCSU will provide a secretariat service to the Groups.
- Wherever possible, papers for meetings will be circulated to members one week in advance of each meeting.
- Minutes of meetings will record proceedings in a non-attributable format. These will be published on the web site, as will the list of members. At the outset, these will record the processes for engagement.
- Groups may invite presentations from individuals or representatives of organisations, as appropriate.

Areas of Activity
Each Advisory Group will have their own specific areas of activity

ANNEX D

DRUG & ALCOHOL CO-ORDINATION TEAMS - Contact Details

PHA Northern Office (Northern Drugs & Alcohol Co-ordination Team) County Hall 182 Galgorm Road BALLYMENA BT42 1QB Tel: (028) 2531 1111 Fax: (028) 2531 1122 E-mail: Elaine.Orr@hscni.net
PHA Eastern Office (Eastern Drugs & Alcohol Co-ordination Team) Ormeau Avenue Unit 18 Ormeau Avenue BELFAST BT2 8HS Tel: (028) 9027 9398 Fax: (028) 9031 1711 E-mail: Marianne.Ireland@hscni.net
PHA Western Office (Western Drugs & Alcohol Co-ordination Team) 2nd Floor 33 Anderson House Market Street OMAGH BT78 1EE Tel: (028) 8225 3950 Fax: (028) 8225 3959 E-mail: Helen.Patterson@hscni.net
PHA Southern Office (Southern Drugs & Alcohol Co-ordination Team) Pinewood Villa Longstone Hospital 73 Loughgall Road ARMAGH BT61 7PR Tel: (028) 3741 2481 Fax: (028) 3741 2479 E-mail: Joan.Porter@hscni.net