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**Health, Social Services  
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta  
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# **New Strategic Direction for Alcohol and Drugs 2006 - 2011**

May 2006

#### **ACKNOWLEDGEMENTS**

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Alcohol and drug misuse together cost Northern Ireland society hundreds of millions of pounds a year, and causes undoubted misery to many individuals, families and communities.

Alcohol in particular presents its own challenge. Used sensibly and responsibly alcohol is enjoyed by many in Northern Ireland and plays an important part in the cultural and social life of people living here. However, the consequences of its misuse are all too evident and the additional stress that puts upon a wide range of health, social, criminal justice and other public services is one which we do have to confront and address.

In Northern Ireland we cannot deny we have a drug problem. It may not be on the same scale as other parts of the United Kingdom or in parts of the Republic of Ireland. However, a significant proportion of young people and adults take cannabis, we do have an injecting drug use population, and there are signs that cocaine use is becoming more prevalent.

This New Strategic Direction sets out to build on the successes and achievements of previous policies in this area. It acknowledges the excellent work carried out across Northern Ireland by hard working and dedicated individuals and organisations in the statutory and non-statutory sectors. It also draws on that wealth of experience, knowledge and skills developed in recent years.

The New Strategic Direction contains a number of Key Priorities and five pillars - prevention and early intervention; treatment and support; law and criminal justice; harm reduction and monitoring, evaluation and research. These pillars reflect that there has to be a consistent, co-ordinated and above all integrated response to these issues.

Alcohol and drug misuse is a challenge for us all – for all Government departments, for all sectors of society, for all individuals and communities. Addressing these challenges is something we have to do together. The New Strategic Direction is built firmly on the partnership approach. Alcohol and drug misuse affects us all. We all have to be involved in meeting those challenges and the New Strategic Direction is about meeting those challenges and making a difference, and being able to show what that difference is.

**SHAUN WOODWARD MP**  
**Minister for Health, Social Services and Public Safety**



# 1. Background



Alcohol and drug misuse have been two significant public health and social issues in Northern Ireland for a number of years. They have a major impact on individuals, families, communities and the wider society, and are seen as major concerns by the general public. Since 1986 there have been a number of Government initiatives to develop a strategic response to these two issues.

## 1.1 Tackling Drug Misuse

The Department of Health and Social Services published a strategy document in June 1986 outlining how drug misuse could be tackled in Northern Ireland within the context of the national Government strategy. At that time it was felt that a low profile approach in terms of public education and preventive measures was appropriate because of the relatively low level of drug misuse in Northern Ireland.

At the beginning of March 1995 " *Drug Misuse in Northern Ireland - A Draft Policy Statement*" was issued for consultation. The full policy statement was published in December 1995. This set out a clear statement of purpose, identifying the priorities and objectives for Northern Ireland, and included the roles and responsibilities of the major regional organisations and agencies.

In June 1995 the Government set up the Central Co-ordinating Group for Action Against Drugs (CCGAAD). This comprised senior representatives from Northern Ireland Government departments, NIO and associated agencies with consultancy support and advice provided by the medical profession, the RUC, Customs and Excise and others as necessary.

After securing additional funding CCGAAD representatives prepared a series of Action Plans. These formed the basis of the Northern Ireland Drugs Campaign which was launched by the Minister of State in October 1996. The campaign was developed in response to a rise in drug misuse among young people and it aimed to ensure co-ordinated and integrated Government action against drugs.

In 1998 it was decided to undertake a review both of the 1995 Policy Statement and the Northern Ireland Drugs Campaign, which was due to end in 1999. The aim was to update the strategy for addressing drug misuse in Northern Ireland. The review was completed in 1999, and a new *Drugs Strategy for Northern Ireland*<sup>1</sup> was launched in August 1999. Its broad aim was to reduce the level of drug-related harm in Northern Ireland, but it also set four inter-related aims. These were to:

- Protect young people from the harm resulting from illicit drug use.
- Protect communities from drug-related anti-social and criminal behaviour.
- Enable people with drug problems to overcome them and have healthy and crime-free lives.
- Reduce the availability of drugs in communities.

<sup>1</sup> Drug Strategy for Northern Ireland - NIO (August 1999) <http://www.nics.gov.uk/drugs/pubs/strat.pdf>



In December 1999 the Northern Ireland Executive was established with new Government departments and Ministerial profiles. As a part of these new arrangements, the responsibility for addressing drug misuse was passed to the Department of Health, Social Services and Public Safety (DHSSPS). A Ministerial Group on Drugs, chaired by the Minister for Health, Social Services and Public Safety, was established. This Group provided for the involvement of relevant Ministers from the Executive: Education; Further and Higher Education, Training and Employment; and Social Development and facilitated liaison with the NIO Minister responsible for law and order to ensure co-ordination between the devolved and reserved responsibilities and to address issues that cut across boundaries. CCGAAD was reformed as the Drug and Alcohol Implementation Steering Group (DAISG) and was chaired by the Permanent Secretary of DHSSPS.

During this time additional funds were made available and groups and organisations were encouraged to bid for these funds in order to develop new initiatives and activities. This was a two-phase process covering the three-year period 1999-2002.

## **1.2 Addressing Alcohol Misuse**

In 1988 the Health Promotion Strategy for the Prevention of Alcohol Misuse in Northern Ireland was published to address the growing recognition of the problems caused by excessive alcohol consumption. In December 1995 the Inter-departmental Working Group on Sensible Drinking produced recommendations on alcohol consumption. These recommendations were endorsed by the Department of Health, Social Services and Public Safety (DHSSPS).

In May 1998, a multi-disciplinary project team with representation from a variety of organisations was established to oversee a review of the existing strategy on alcohol-related harm, published 10 years earlier. A wide consultation process took place and the team reported its conclusions in June 1999.

A steering group from the DHSSPS considered the report's findings and, in discussion with Government departments in Great Britain and Ireland and following a wide consultation process, published the *Strategy for Reducing Alcohol Related Harm*<sup>2</sup> in September 2000. It focused on encouraging sensible drinking within medical guidelines, improving treatment services and protecting individuals and communities from alcohol-related harm.

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<sup>2</sup> Strategy for Reducing Alcohol Related Harm - DHSSPS (September 2000)  
<http://www.dhsspsni.gov.uk/alcohol.pdf>





### 1.3 Joint Implementation of the Drug and Alcohol Strategies

In May 2001, a Model for the Joint Implementation of the Drug and Alcohol Strategies<sup>3</sup>, or Joint Implementation Model (JIM), was approved. Under this new model CCGAAD changed its name to the Drugs and Alcohol Implementation Steering Group (DAISG) and the recently appointed Drug Strategy Co-ordinator was re-named the Regional Drugs and Alcohol Strategy Co-ordinator for Northern Ireland. The Northern Ireland Drugs Campaign became the Northern Ireland Drugs and Alcohol Campaign. A feature of the model was the establishment of six working groups. They developed Regional Action Plans and initiated activities to deliver these. At the local level, the four Drugs and Alcohol Co-ordination Teams (DACTs) worked to ensure that agencies and community organisations work together to tackle drug misuse in a manner appropriate to local needs and situations. They developed Local Action Plans to support and complement the Regional Action Plans.

### 1.4 'New Way Forward'

DAISG agreed in 2002 that there should be a Review of the two strategies and the Joint Implementation Model in 2004 in order to assess their current role and effectiveness. In May 2004 DAISG endorsed the New Way Forward which described a two-strand process which saw the Review as Part One, and the development of a *New Strategic Direction* for alcohol and drugs as Part Two. At a later meeting of DAISG it was agreed that the New Strategic Direction would be launched in May 2006, with implementation starting in October 2006.

### 1.5 Review of the two strategies and the JIM

The Review of the two strategies and the efficiency and effectiveness of the JIM<sup>4</sup> was presented by Professor Howard Parker in March 2005. Professor Parker's Review, whilst acknowledging the broad successes and generally satisfactory progress in terms of delivery on intended outputs and the development of new provisions, found that there were certain short-comings in the current monitoring and performance management systems which made measurement of success against the broader outcomes/strategic objectives harder to assess but that there seemed to be only limited success in this respect. Professor Parker highlighted and commented on certain weaknesses he felt there were in the current JIM structures and mechanisms. The Report also emphasised the need to address the issue of accountability. In respect of addressing these issues he suggested a redrafting and

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<sup>3</sup> Model for the Joint Implementation of the Drug and Alcohol Strategies (May 2001)  
<http://www.dhspni.gov.uk/jointdrug.pdf>

<sup>4</sup> Better Managing Northern Ireland's Alcohol and Drug Problems  
- A Review of the NI Alcohol and Drug Strategies and the Efficiency & Effectiveness of their Implementation Professor Howard Parker (March 2005)  
<http://www.dhspni.gov.uk/drugs-alcohol-Report-NI-review.pdf>



extending of strategic objectives, a more integrated system of monitoring and evaluation, a greater emphasis on certain good practice principles and new procedures to address the accountability issue during the suspension of devolution.

## **1.6 New Strategic Direction**

This began in April 2005 and followed a six-stage approach to develop 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. A more detailed description of the development of the NSD can be found in Annex B.

## **1.7 Review of Mental Health and Learning Disability**

In 2002 Professor David Bamford was asked to undertake an extensive review of mental health and learning disability in Northern Ireland<sup>5</sup>. A number of sub-groups were formed to facilitate this process, with one being tasked with looking at alcohol and drug issues. The various sub-groups have now begun to report separately, and the alcohol and drug report has now been published<sup>6</sup>. Many of its recommendations clearly resonate with the aims and aspirations of this document, and have been addressed within the regional and local outcomes.

## **1.8 Recent Developments**

On 22 November 2005 the Government announced plans for the Reform of Public Administration in Northern Ireland<sup>7</sup>. These include the establishment of a Strategic Health and Social Services Authority to replace the four Health and Social Services Boards, the reduction in the number of Trusts to five, and the creation of seven Local Commissioning Groups, operating as local offices of the Strategic Health and Social Services Authority. These new arrangements will also impact on the role and nature of the Department of Health, Social Services and Public Safety. In respect of education there will be one single regional Education Authority, which will replace the functions of the current five Education and Library Boards. In respect of local government, the current 26 councils will be reduced to seven, co-terminus with the Local Commissioning Groups described above. These changes will impact on the New Strategic Direction in the medium term.

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<sup>5</sup> Review of Mental Health & Learning Disability (N.I.) [www.rmhdni.gov.uk](http://www.rmhdni.gov.uk)

<sup>6</sup> <http://www.rmhdni.gov.uk/pubs/asm-main-report.pdf>

<sup>7</sup> Review of Public Administration in Northern Ireland (November 2005)

## 2. Current Position



Alcohol and drug misuse continue to have a major impact in Northern Ireland. Estimating the actual cost of alcohol and drug misuse can be problematical, but one estimate of the social costs of alcohol misuse in Northern Ireland put it at £770m, and the costs of drug misuse would be considerable as well.

### 2.1 Alcohol

Adult alcohol consumption in Northern Ireland over the past 15 years has remained relatively constant, although there has been a gradual decline in the proportion of abstainers. To a certain extent this can be explained by the changing drinking patterns of female drinkers.

Of those adults who do drink, a significant proportion of males drink in excess of the previous weekly recommended limit; a smaller proportion of women drink in a similar fashion, although this has increased more significantly over the last 10 years.

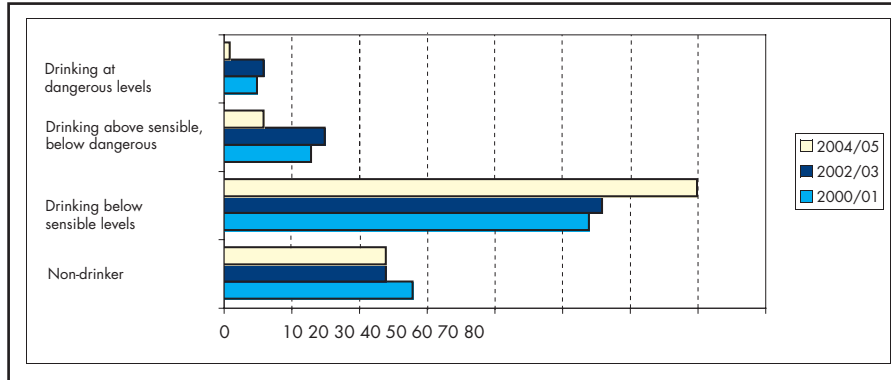
One feature of drinking often ascribed to Northern Ireland drinking is that of 'binge drinking'. This is a colloquial expression describing the consumption of several drinks/units in a single or prolonged session. The most recent research available does confirm this type of drinking, with 48% of male drinkers and 35% of female drinkers having been engaged in at least one binge drinking session during the previous week. It is also true that the bulk of drinking takes place on Fridays, Saturdays and Sundays.

Adult drinking patterns do appear to differ depending on gender, age and socio-economic background. The following figures are for adults aged 18 and over and are taken from the Continuous Household Survey.

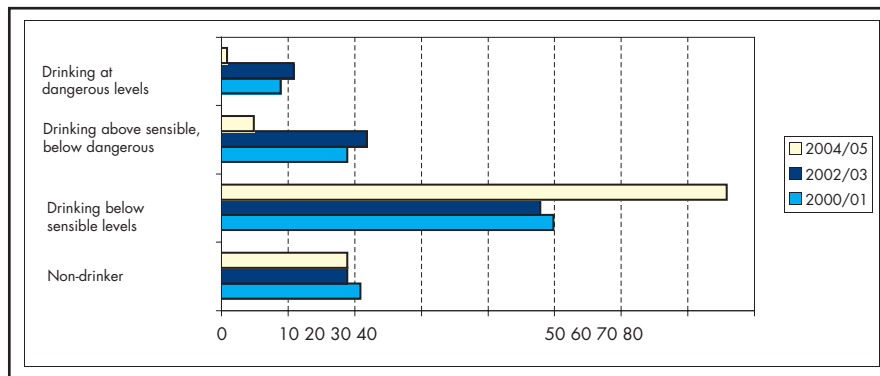


## Northern Ireland drinking categories by percentage

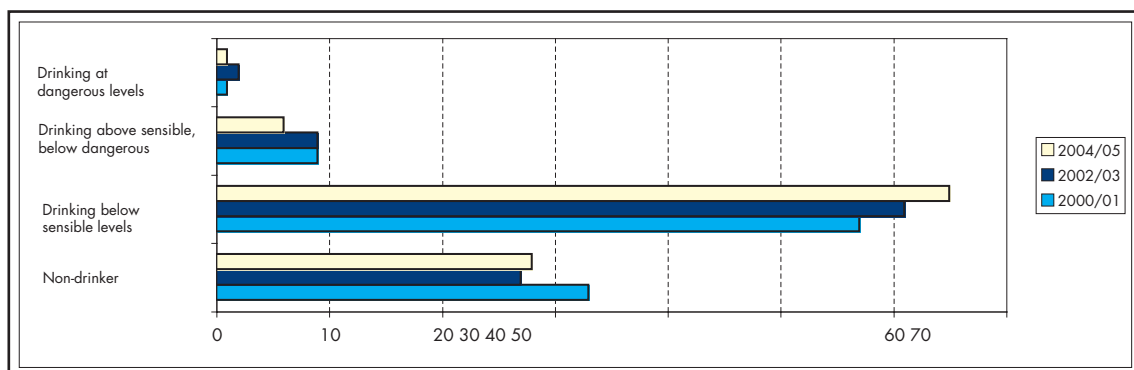
### All Adults



### Men



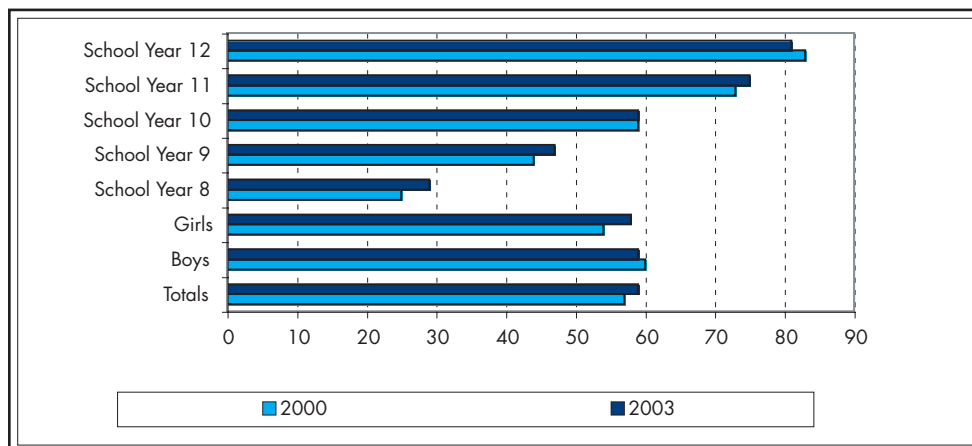
### Women



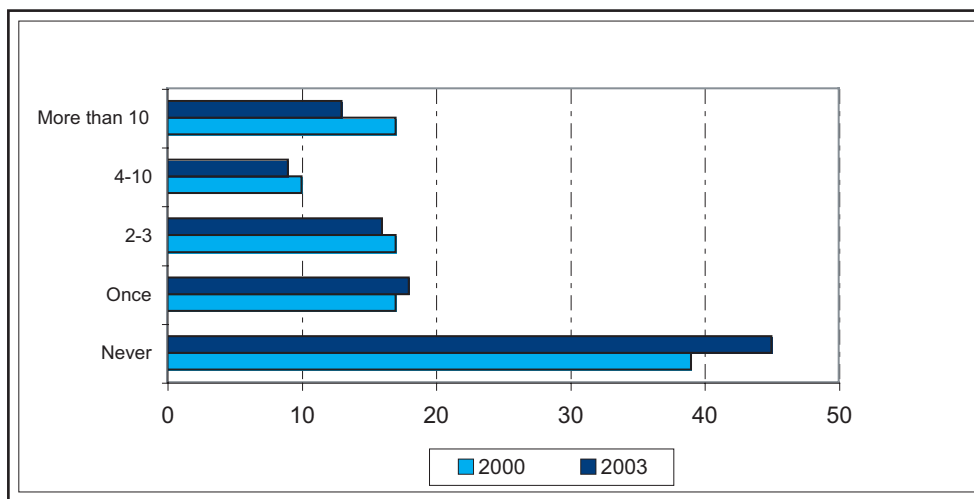


Although young people's drinking has remained relatively constant in recent years, as shown by the figures below, there remains a concern about the high proportion of young people who have drunk alcohol and particularly with the proportion of young people reporting having been drunk.

### Percentage of young people drinking alcohol\*



### Number of times young people have been drunk\* (for those who had ever drunk alcohol)



\*Figures from the Young Persons Behaviour and Attitudes Survey 2000 and 2003 (11-16 year olds)



## 2.2 Drug Use

Drug use, compared to alcohol, can vary in respect of scale, pattern and intensity. Drug use in Northern Ireland over the last 20 years has reflected the changing nature of illicit drug use. The other point about drug misuse, as with alcohol misuse, is that people inevitably make comparisons with other countries and regions. In Northern Ireland this has been particularly the case with opiate misuse, and more recently with cocaine use. In fact, Northern Ireland's pattern of drug use has probably mirrored that in Great Britain and the Republic of Ireland in terms of recreational use, but has not seen the same intensity of problem drug use, especially in respect of heroin and crack cocaine. Thus figures provided by prevalence surveys and treatment services show that cannabis remains the main drug of choice, and also the most commonly reported on by treatment services. In the early 1990s an emerging 'rave' or club scene was observed and commented on, and Ecstasy, LSD and speed became drugs which were of some concern, especially among young people. At the same time there was a growing acknowledgement of localised heroin use in certain parts of Northern Ireland, and public concern about such use in these areas was noticeable. Particular note should also be taken of the prevalence of blood borne viruses among the injecting drug user population.

This Northern Ireland trend seemed to grow slowly into the early 21st century. Since then the rise in drug use among young people seems to have slowed, and there has not been an explosion in opiate use as was seen in Dublin and parts of Great Britain at the end of the 1990s. However, cannabis use is still of some concern and it would also appear that there has been an increase in the use of cocaine as exemplified by increased seizures, treatment referral figures and anecdotal evidence.

Another aspect or feature of drug use in Northern Ireland is the misuse of 'over-the-counter' (OTC) medicines and prescribed drugs often, but not solely, by older people. In addition, volatile substance misuse remains a perennial issue, especially among young people.



## Figures from the All-Ireland Study 2002 – 15-64 year-olds <sup>8</sup>

**Table 1.1: Northern Ireland – Lifetime Prevalence (%)**

	All Adults 15-64	Males	Females	Young adults 15-34	Older adults 35-64
Total Sample (unweighted)	(3516)	(1575)	(1941)	(1397)	(2119)
Any illegal drugs <sup>1</sup>	20.0	26.7	13.5	30.9	11.5
Cannabis	16.8	23.3	10.5	25.1	10.3
Heroin	0.2	0.4	- 0.3		0.1
Methadone	0.1	0.2	0.1	0.2	0.1
Other Opiates <sup>2</sup>	18.0	16.4	19.5	17.9	18.0
Cocaine (total including crack)	1.6	2.8	0.5	2.9	0.6
Crack	0.2	0.4	0.1	0.4	0.1
Cocaine Powder	1.6	2.7	0.5	2.9	0.6
Amphetamines	4.0	6.3	1.8	7.2	1.5
Ecstasy	5.8	8.3	3.3	11.3	1.4
LSD	4.5	7.0	2.0	7.8	1.9
Magic mushrooms	4.3	6.3	2.4	6.4	2.7
Solvents	2.9	4.1	1.7	5.4	1.0
Poppers <sup>3</sup>	5.5	7.3	3.8	10.9	1.3
Anabolic Steroids	0.7	0.7	0.8	0.9	0.6
Nubain®	0.1	0.1	-	0.1	0.1
Sedatives, Tranquillisers, Anti-depressants	22.1	15.5	28.5	16.2	26.7
Alcohol	88.2	90.3	86.0	89.1	87.4
Tobacco	58.6	61.4	55.8	56.8	59.9

**Table 1.2: Northern Ireland – Last Year Prevalence (%)**

	All Adults 15-64	Males	Females	Young adults 15-34	Older adults 35-64
Total Sample (unweighted)	(3516)	(1575)	(1941)	(1397)	(2119)
Any illegal drugs <sup>1</sup>	6.4	9.7	3.1	11.6	2.2
Cannabis	5.4	8.7	2.2	9.8	2.0
Heroin	-	-	-	-	-
Methadone	*	-	0.1	-	0.1
Other Opiates <sup>2</sup>	8.0	6.9	9.0	7.5	8.3
Cocaine (total including crack)	0.5	1.0	0.1	1.0	0.1
Crack	*	0.1	-	0.1	-
Cocaine Powder	0.5	0.9	0.1	0.9	0.1
Amphetamines	0.8	1.4	0.2	1.5	0.2
Ecstasy	1.6	2.7	0.6	3.3	0.4
LSD	0.1	-	0.1	0.1	-
Magic mushrooms	0.2	0.4	0.1	0.3	0.1
Solvents	0.2	0.3	0.1	0.3	*
Poppers <sup>3</sup>	0.5	0.7	0.3	1.1	-
Anabolic Steroids	0.3	0.3	0.3	0.4	0.3
Nubain®	*	0.1	-	-	0.1
Sedatives, Tranquillisers, Anti-depressants	12.6	8.7	16.5	8.6	15.8
Alcohol	79.3	82.2	76.5	83.4	76.1
Tobacco	40.2	40.9	39.6	43.2	37.9

<sup>8</sup> Drug Use in Ireland and Northern Ireland 2002/2003 Drug Prevalence Survey: Health Board (Ireland) and Health and Social Services Board (Northern Ireland) Results Revised (Bulletin 2)



**Table 1.3: Northern Ireland – Last Month Prevalence (%)**

	All Adults 15-64	Males	Females	Young adults 15-34	Older adults 35-64
<i>Total Sample (unweighted)</i>	(3516)	(1575)	(1941)	(1397)	(2119)
Any illegal drugs <sup>1</sup>	3.4	5.7	1.1	6.1	1.2
Cannabis	2.9	5.1	0.8	5.4	1.0
Heroin	–	–	–	–	–
Methadone	*	–	0.1	–	0.1
Other Opiates <sup>2</sup>	4.1	3.1	5.2	3.3	4.8
Cocaine (total, including crack)	0.1	0.2	–	0.2	–
Crack	–	–	–	–	–
Cocaine Powder	0.1	0.2	–	0.2	–
Amphetamines	0.2	0.5	–	0.3	0.1
Ecstasy	0.5	0.9	0.1	1.1	0.1
LSD	*	–	*	*	–
Magic mushrooms	*	0.1	–	–	0.1
Solvents	0.1	0.1	0.1	0.1	*
Poppers <sup>3</sup>	0.2	0.2	0.1	0.3	–
Anabolic Steroids	0.1	0.1	0.2	0.1	0.1
Nubain®	–	–	–	–	–
Sedatives, Tranquillisers, Anti-depressants	9.8	7.0	12.5	5.4	13.2
Alcohol	67.6	72.7	62.5	70.1	65.5
Tobacco	37.0	37.0	37.1	39.3	35.2

1 For the purposes of this study, “illegal drugs” refers to cannabis, ecstasy, amphetamines, crack, cocaine powder, heroin, LSD, solvents, poppers, and magic mushrooms.

2 Other opiates, i.e. Temgesic®, codeine, Kapake®, morphine, opium, DFs, diffs, dikes and peach.

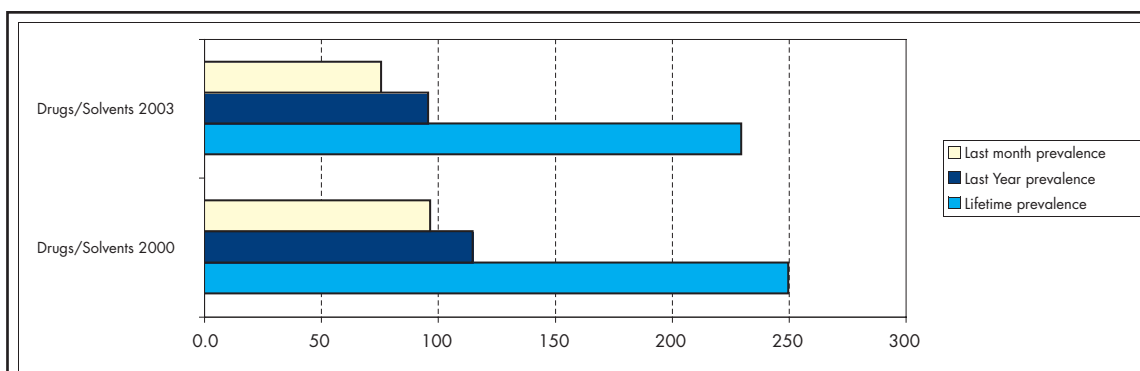
3 Poppers, i.e. amyl or butyl nitrite.

– No person surveyed reported the use of this drug.

\* less than half of 0.1 percent (<0.05%) of those surveyed reported the use of this drug.

Note: Unweighted sample sizes for each group are given at the head of each column. All prevalence rates are based on weighted data. All figures are rounded to the nearest decimal place. Drug Use in Ireland & Northern Ireland 2002/2003

## Drug Prevalence of 11-16 year olds



Figures from Young Persons Behaviour and Attitudes Survey 2000 and 2003 Age Range (11-16 Years Old)<sup>9</sup>

Additional statistical information can be found at [www.drugsalcohol.info](http://www.drugsalcohol.info)

<sup>9</sup> Secondary Analysis of the 2003 Young Persons Behaviour and Attitudes Survey (Drugs, Solvents and Alcohol)





## 2.3 Addressing Alcohol and Drug Misuse

Such variations in use, both temporal and spatial, present particular challenges for prevention and treatment, especially in assessing need, planning future services and campaigns and allocating finite resources. For prevention there is the risk of appearing to encourage a trend instead of anticipating it and for treatment there is the issue of work force capacity and the difficulties and time lags involved in any reorientation of services.

The JIM emphasised three particular strands of intervention – treatment, education and prevention, and criminal justice. It also placed special emphasis on the role and importance of the voluntary and community sectors as well as the importance of promoting partnership working.

### Treatment

Most treatment provision for alcohol and drug users is delivered within the community and primary care setting by statutory and non-statutory services. Within the statutory services treatment is typically provided through a community addiction service consisting of a multi-disciplinary team of nurses, social workers and a consultant in addictions psychiatry. In addition, there are in-patient treatment programmes with supervision in a controlled medical environment. Such services also act as a valuable resource for the management of complex cases within the community. The voluntary sector provides a range of services including counselling and residential places.

These services collectively provide a full range of treatment options – detoxification, rehabilitation, substitute prescribing and therapeutic counselling.

Many people also choose to access self-help organisations for support and advice. Various self-help groups cater for those with specific issues in alcohol and drug misuse and their families and carers.

### Education and Prevention

A great deal of positive prevention work is carried out in Northern Ireland targeting a wide range of groups and delivered by a wide spectrum of statutory and non-statutory organisations and agencies. This has been particularly enhanced in recent years through initiatives developed initially as part of the original Northern Ireland Drugs Campaign but more recently through the JIM. A great deal of this work has been carried out within the formal education and youth setting, ie schools and clubs. There has also been an increasing emphasis on developing and promoting prevention work in the community and neighbourhood setting, with a greater emphasis on informal and outreach approaches, especially



in respect of 'hard-to-reach' groups and areas typically described as disadvantaged. Increasingly such work has been guided by known good practice.

## **Criminal Justice**

The criminal justice system has made a major contribution to addressing alcohol and drug misuse in Northern Ireland. Besides the work undertaken by the Police Service for Northern Ireland (PSNI) in tackling the issue of the availability of illicit drugs, they have also been contributing to prevention efforts through education and support to local communities. The Probation Board for Northern Ireland (PBNI) and the Northern Ireland Prison Service (NIPS) also play a major role in both prevention and support and the issue of 'at risk' and vulnerable groups is one which the Youth Justice Agency has also given a high priority to.

In addition, more recently the criminal justice system and the health service have begun to work more closely to develop a partnership approach to tackling offenders who have illicit drug problems. Community Addiction Teams have seen referrals from criminal justice projects, people who have never had any previous contact with treatment services. There are also schemes and projects involving the NIPS, the PBNI and the PSNI.

As the range of further services available expands and the options available for the courts increase, the assistance that can be offered to willing offenders can also be improved and the effectiveness of each approach monitored.

## **2.4 Role of voluntary and community sector**

The voluntary and community sectors play a vital role in tackling alcohol and drug misuse in Northern Ireland. In terms of education and prevention they are well positioned to address local issues and highlight local needs. In addition there are a number of voluntary organisations who provide additional treatment and support services to those currently provided by the statutory sector.

## **2.5 Partnership**

The JIM placed particular emphasis on partnership working both within and across sectors. The Communities Working Group developed a model for partnership working, and it was intended that it would inform future co-operative and collaborative working.

## 3. New Strategic Direction



### 3.1 Approach

The development of the NSD has essentially followed a 'logic model' approach. Through this approach the emphasis has been from the outset on the development of long-term outcomes with the subsequent development of short and medium outcomes in order to deliver these long-term outcomes. This has also involved the development of outputs or activities. Together these deliver the overall long-term aims which themselves are set within the overarching long-term aim of reducing the level of alcohol and drug-related harm in Northern Ireland.

### 3.2 Aim of New Strategic Direction

The overall aim of New Strategic Direction is to reduce the level of alcohol and drug-related harm in Northern Ireland.

The NSD has a set of overarching long-term aims 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.
- reduce level, breadth and depth of alcohol and drug-related harm to users, their families and/or their carers and the wider community.
- increase awareness on all aspects of alcohol and drug-related harm in all settings and for all age groups.
- integrate those policies which contribute to the reduction of alcohol and drug-related harm into all Government Department strategies.
- develop a competent skilled workforce across all sectors that can respond to the complexities of alcohol and drug use and misuse.
- promote opportunities for those under the age of 18 years 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.
- reduce the availability of illicit drugs in Northern Ireland.



### 3.3 Key Indicators

In order to measure the extent to which the overall aim of reducing alcohol and drug-related harm has been met it is proposed to establish a set of Indicators which can be used for this purpose. It is the intention that these Key Indicators will be published annually and should form the basis of an annual report on the NSD's progress. It is also acknowledged that there is a wide range of other indicators which are able to measure, for instance, changes in knowledge and attitudes, and further work will take place to develop these and other performance indicators against particular and appropriate outcomes. The Key Indicators identified for alcohol and drugs are –

Alcohol	Drugs
<ul style="list-style-type: none"><li>• Numbers referred to treatment</li><li>• Hospital admissions - primary and secondary diagnosis</li><li>• Alcohol-related deaths</li><li>• Binge drinking target</li><li>• Prevalence (hazardous drinking; problem drinkers)</li><li>• Per capita consumption or expenditure</li><li>• Alcohol-related crime</li><li>• Drink-driving</li><li>• Public perceptions of alcohol as a social problem</li></ul>	<ul style="list-style-type: none"><li>• Numbers referred to treatment</li><li>• Hospital admissions - primary and secondary diagnosis</li><li>• Drug-related deaths</li><li>• Blood Borne Viruses among Injecting Drug Users</li><li>• Prevalence (including problem prevalence)</li><li>• Drug-related crime</li><li>• Drug driving</li><li>• Disruption of supply markets</li><li>• Public perceptions of drugs as a social problem</li></ul>

Where appropriate figures will be broken down in terms of age, gender and geographical area.

### 3.4 Values and Principles

The use and misuse of alcohol and illicit drugs in any society is a complex issue to understand and a challenging one to address. The realities of the harm caused by alcohol and drug misuse are felt by and found within all communities in Northern Ireland. However, it is also clear that some communities and vulnerable groups may be more at risk from the harms associated with the problem use of alcohol and drugs. In order to ensure that the NSD for alcohol and drugs in Northern Ireland encompasses the needs and addresses the realities of all its citizens it is underpinned by a set of values and principles.

#### 3.4.1 Values

These are the basic tenets which lie at the heart of the NSD:

##### Person Centred and Non-Judgemental

The strategy recognises that each person has individual circumstances,



experiences and needs. By developing and delivering services that are congruent, respectful and relevant to each person, people can be empowered to make healthier choices and support personal growth that can prevent or reduce the misuse of substances. The NSD respects the value and dignity of every human being and believes that everyone should feel able to freely engage with services without feeling prejudiced, isolated, stereotyped or stigmatised.

#### Balanced Approach

The needs and rights of the individual to make health related choices should be balanced with the need to protect families, communities and societies from any adverse effects of such choices.

#### Shared Responsibility

Acknowledgement that all, whether individuals, communities, statutory and voluntary organizations, the private sector and partnerships share a central role in the development, implementation and monitoring of agreed solutions.

#### Equity

Each person has equal worth and basic rights regardless of differences in race, gender, age, ability, religious belief, political affiliation, cultural outlook, national origin, sexual orientation, citizenship, nature and pattern of alcohol and/or drug misuse or geographical location.

### **3.4.2 Principles**

#### Partnership

As commented on earlier, partnership was a particular feature of the previous JIM. Effective partnership has a far greater impact on the complex area of substance misuse rather than fragmented actions carried on in isolation. The NSD will ensure joint action at every level of implementation. All the relevant stakeholders will collaborate to tackle the long-term challenges and opportunities in which we all have a shared interest and purpose.

#### Good Practice/Evidence Based

There is a firm commitment to take forward the NSD in light of evidence about what the problems are and about 'what works' in relation to prevention, treatment and enforcement.



The NSD will require the collection, analysis and interpretation of systematically collected data from a range of sources - routine systems, monitoring, evaluation, surveys, research studies - to inform good practice and decision-making.

Without the right information it will not be possible to measure the desired Outcomes and Key Indicators.

Work to improve the evidence base will include the following:

- Information collection;
- Systematic monitoring;
- Evaluation of projects and interventions;
- Population surveys of adults and children;
- Targeted research projects.

### Communication

Effective communication is central to the delivery of the strategy/strategies. It is therefore important that all those contributing to the Drug and Alcohol Strategy/Strategies keep everyone informed of key actions and activities. By communicating activities to others, this will enhance and demonstrate coherent planning, co-ordination and partnership working, and in particular reduce risk of unnecessary replication and duplication.

### Promoting Social Inclusion

Those who experience problems with substance misuse may be at risk of being marginalised by society. The NSD is committed to striving to eliminate inequalities and aims to be both reasonable and just in all its activities and responsibilities. In particular it will address the needs of those identified as being 'vulnerable' or 'at risk'. It aims to advance social inclusion by promoting services that remove obstacles which hinder people with problems related to alcohol or drugs from meeting their psychological and physiological needs. It is also anticipated that those who use existing services and/or are problem users should be involved in any discussions about the nature and possible further development of such services.

### Community-based work

Alcohol and drug misuse is a community issue. It can affect whole communities – individuals (including users), parents, families, local businesses. The NSD recognises the importance of the community dimension to alcohol and drug misuse, acknowledges the work carried out by and within the community in addressing this issue, and will continue to promote good practice in this area.



### Accountability and Transparency

Accountability is an integral part of the NSD. It clearly outlines the tasks to be undertaken, who is responsible, how they will account for decisions made and the outcomes achieved. Through a process of monitoring and evaluation progress will be measured and tracked. Transparency will be evidenced through the full, accurate and timely provision of information.

### Long-term Focus

There is no simple or immediate solution to the complex issues of substance misuse. A long-term strategic approach, with measured short-term milestones, is required. Therefore, the NSD implementation will be flexible, responsive and will continually evolve in response to changing needs trends and developments. It is essential to work towards agreed long-term strategic goals while also addressing emerging issues.

### Value for Money

The NSD has measures in place that will ensure resources are used in a way that minimises costs, maximises outputs and always seeks to achieve intended outcomes.

## 4. The Five Pillars



In developing the NSD five supporting pillars were identified. These pillars provide the conceptual and practice base for the whole of the NSD.

The five pillars are:

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

### 4.1 Prevention and Early Intervention

Prevention and Early Intervention is fundamental to the success of the NSD. It is largely concerned with encouraging and developing ways to support and empower individuals, families and communities in the acquisition of knowledge, attitudes and skills which will facilitate the aim of reducing alcohol and drug-related harm. Particular stress is also placed on the importance of early intervention (young children; families), and the adoption of targeted, as well as universal types, of prevention which will lead to the reduction of risk factors and the development of protective factors associated with the prevention of alcohol and drug-related harm. It will also emphasise the importance of interventions tailored to particular settings such as the school, community and workplace. In this respect the importance of formal and informal education and community-based approaches is acknowledged.

*[Further information on the types of prevention and risk and protective factors is provided in Annex C.]*

### 4.2 Treatment and Support

It is clear that a comprehensive range of early intervention, treatment and rehabilitation services for individuals and families affected by alcohol and drug use should be in place. There is also a need to acknowledge the wide range of substances which are misused, including prescribed and 'over the counter' preparations as well as 'illicit' drugs. Particular importance needs to be placed on the continuity of care, and the need to develop greater linkages across agencies and the Health and Social Services. Similarly, people should be able to access a comprehensive range of community-orientated, evidence-based treatment and support services responsive to client needs. In England, 'models of care' now provides a conceptual framework to aid rational and evidence-based commissioning of alcohol and drug treatment. Through this, services can be grouped into four broad bands of tiers. The model helps to form the basis of the future planning of services for tackling substance misuse among the adult population both at a regional and local level by:





- defining the function of different services and interventions;
- helping define entry and exit criteria for each tier;
- helping define target groups and maximise targeting of resources;
- assisting in planning and commissioning a comprehensive system of care nationally and within each locality and region; and
- defining the points at which different levels of assessment and care co-ordination take place.

[Further information on the 4 Tier Model is provided in Annex C.]

### **4.3 Law and Criminal Justice**

The NSD will continue to stress the importance of addressing those issues which fall within the domain of the law and criminal justice. As well as continuing those efforts aimed at reducing the supply of illicit drugs and the illegal supply of alcohol, the NSD will continue to support those justice and correctional initiatives which aim to reduce the level of harm associated with drug use such as the increased emphasis on diversion to treatment.

### **4.4 Harm Reduction**

Harm reduction refers to policies, strategies and programmes designed to reduce the harmful consequences of substance misuse. A defining feature of harm reduction is the focus on the prevention of alcohol and drug-related harm for those users who are unable or unwilling to stop using substances. This includes reducing the harm at the individual, family and community levels, and reducing different types of harm such as health, social, economic and legal.

Harm reduction is not about condoning alcohol and/or drug use. It should be seen as a term embracing those policies, programmes and approaches which aim to reduce alcohol and drug-related harm.

Within the overall context of the NSD, harm reduction should be seen as the prevention of anticipated harm and the reduction of actual harm. It can therefore include those *supply reduction* strategies which disrupt the production and supply of illicit substances and the control and regulation of licit substances including alcohol and those *demand reduction* strategies designed to prevent the uptake of harmful use, including abstinence orientated strategies and treatment to reduce substance misuse. However, its focus will be on supporting and further developing *harm reduction* strategies and approaches which reduce alcohol and drug-related harm to individuals and communities.



## 4.5 Monitoring, Research and Evaluation

It is recognised that it is of vital importance at both regional and local levels to monitor and evaluate process, outputs and outcomes in order to inform the overall implementation of the NSD and ultimately measure its success.

Information obtained through monitoring systems, surveys and research will provide the foundation of what is required for year-on-year monitoring of progress and comparisons with established baselines. Where appropriate existing systems and surveys will help to set baselines and monitor progress and changes, however it may be necessary to develop new monitoring systems or build on existing ones to provide additional information required.

In addition, well-designed and targeted research projects can address gaps in knowledge and seek to explore specific topics and issues in greater detail.

It will be essential that the resources available to deliver the NSD are properly targeted at activities and programmes that have been shown by previous research and evaluation to be effective. This does not devalue the need for innovation. Arrangements for evaluation will be an integral part of all new services funded as part of the NSD.

## 5. Themes



Within the NSD two themes have been identified - Children, Young People and Families; and Adults and the General Public. The intention behind identifying these themes is to enable an integrated and co-ordinated approach to be developed incorporating elements of the five pillars as appropriate, and acknowledging that there is a cross-sectoral dimension to virtually all of those activities which aim to reduce the level of alcohol and drug-related harm in Northern Ireland.

### 5.1 Theme 1 – Children, Young People and Families

Children, young people and families present a major challenge to alcohol and drug prevention and treatment. Alcohol and drug use (including solvents) among children and young people remain a significant concern for the public in general and parents in particular, and there is increasing emphasis being placed on the need to provide appropriate and timely support to families.

There is also an increasing awareness of the need to target in particular those young people deemed 'at risk' or 'vulnerable' in respect of problem alcohol and/or drug use. It is also often the case that such young people are 'at risk' of a number of problematical behaviours, and that their use or potential problem use of alcohol and/or drugs should not be seen in isolation from other issues and behaviours. It is this complex, multi-factoral dimension to alcohol and drug use among children and young people which means that any response should be multi-dimensional, integrated and co-ordinated.

By adopting a more integrated approach the NSD will encourage greater cross-sectoral co-operation. It will thus acknowledge and highlight the specific contributions to be made by education and the community in respect of prevention but also the need to adopt a far more integrated approach in terms of treatment and support for young people aged under 18, especially through the adoption of the 4 Tier model. Through this key issues such as Hidden Harm<sup>10</sup> will be addressed within a broader structure, again acknowledging the multi-dimensional aspect of the issue and the cross-sectoral nature of the response. It is recognised that in some preventive settings the age limit for 'young people' is 25.

### 5.2 Theme 2 – Adults and the General Public

Alcohol and drug misuse is a major public and social health issue for the adult population in Northern Ireland. A significant proportion drink at a level harmful or hazardous to their own and/or others health, and binge drinking is also a particular feature. Although compared to other parts of the UK and the Republic of Ireland the overall level of problem drug use, in particular injecting heroin use, is lower; there has been some recent concern about the apparent increasing use

<sup>10</sup> <http://www.drugs.gov.uk/publication-search/acmd/hidden-harm>



of cocaine, and cannabis use remains a particular challenge. There is also concern about the misuse of prescribed drugs and OTC medicines. Due note should also be taken of the current prevalence of blood borne viruses (BBVs) among the injecting drug user population.

Education and prevention approaches continue to promote the sensible and responsible use of alcohol and the non-use of illicit drugs, although where people do choose to use illicit drugs harm reduction approaches are utilised appropriately.

Treatment and support services for alcohol and drug misuse are provided through the statutory and voluntary sector where a full range of services are provided including in-patient and out-patient detox and counselling. This has been supplemented more recently by the establishment of substitute prescribing services in all four Health and Social Services Boards areas. There is also a regional needle and syringe exchange scheme carried out through community pharmacies. More recently also there has been a more direct route into treatment from the criminal justice sector via arrest referral schemes. The NSD will support and promote the adoption of the 4 tier model for treatment services, with an emphasis on the measurement of effectiveness and the development of through care plans.

The general public do have concerns about levels of drug use and drug dealing and the anti-social behaviour typically associated with alcohol, especially in those urban areas where there is a cluster of clubs and pubs. This is often referred to as issues arising from the night-time economy, and there have been a number of partnership initiatives which have been tackling this issue.

Identifying adults (including adults carers) and the general public as a theme will enable a more co-ordinated response to prevention issues such as reducing the demand for illicit drugs and addressing the current risky patterns of drinking as typified by the binge drinking culture, as well as looking at the whole issue of dealing with problem alcohol and drug use. It also enables work to be developed which addresses the broader societal impact of alcohol and drug misuse.

## 6. Key Priorities



Although the NSD will address a wide range of issues, a number of Key Priorities have been identified. These will form the cornerstone of work over the next five years and reflect those issues which have been identified of crucial importance through the Review and the extensive pre-consultation exercise. It is anticipated that resource allocation will reflect these priorities.

### 6.1 Developing a Regional Commissioning Framework

The Audit of Statutory Addiction Services (Kenny Report 2003) commissioned by the four HSSBs identified a number of recommendations to improve the commissioning of addiction services. In addition much work has been done on developing a more structured and co-ordinated approach to commissioning of alcohol and drug treatment and support services in England and elsewhere. There is support in Northern Ireland to consider this issue in more detail and develop a strategic framework which would both cover the proposed 4 tier key model of delivery but also the development of local needs-based plans at the current HSSB area.

### 6.2 Developing a 4 Tier Model for services for Children, Young People and Adults

Following the example set by England, and building on the recommendations of the National Service Framework, it is proposed to adopt and implement the 4 Tier model of service delivery recommended by the Substance Misuse Advisory Service<sup>11</sup> and the Models of Care document developed by the National Treatment Agency<sup>12</sup>.

### 6.3 Developing young people's services

The pre-consultation exercise clearly demonstrated a strong view that treatment and support services for young people needed to be targeted towards 17-year olds and younger. It is essential that these services are built upon and developed across all sectors as they will be a major support to the implementation of a 4 Tier Model for drug and alcohol services for children, young people and their families.

### 6.4 Promoting good practice in respect of alcohol and drug-related education and prevention

In developing or implementing education and prevention programmes, regardless of the target group or setting, due attention must be made to ensure that they are

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<sup>11</sup> Substance Misuse Advisory Service (1999) Commissioning Standards. Drug and Alcohol Treatment and Care. London: Health Advisory Service 2000.

<sup>12</sup> <http://www.nta.nhs.uk/frameset.asp?u=http://www.nta.nhs.uk/programme/drd3.htm>



following sound conceptual principles and that they are following acknowledged and, where possible, evidenced good practice. In this respect due note should be made of the recent set of principles developed by the Eastern Drug and Alcohol Co-ordination Team (EDACT)<sup>13</sup>. Such good practice should cover the whole education and prevention spectrum, including acknowledging the efficacy of community-based approaches. Within the school setting due note should be taken of **drugs: guidance for schools**<sup>14</sup>. There should also be greater emphasis on targeted/selective and indicated prevention approaches especially in respect of those young people identified as being potentially at risk (see Annex B).

## 6.5 Targeting those at risk and vulnerable

Although it is an issue which is typically associated with 'at risk' young people, within the context of the NSD vulnerability refers to both young people and adults. The following groups have been described as potentially vulnerable in respect of alcohol and drug misuse, although the list is not exhaustive:

- Homeless, including rough sleepers.
- Refugees and asylum seekers.
- Ethnic minorities.
- People living with domestic violence.
- Sex workers.
- Ex-offenders.
- Vulnerable young people including -
  - Looked-after children.
  - Young homeless.
  - Young offenders.
  - School excludees.
  - Children of alcohol/drug using parents (Hidden Harm).
- Older people dependant on alcohol and/or drugs.
- People with mental health problems.
- People with learning disabilities
- Street drinkers.
- Those excluded from communities because of their alcohol and/or drug use.

The NSD would like to see that high priority is given to prevention and early intervention, treatment and support and appropriate harm reduction initiatives targeting these groups where the need has been identified.

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<sup>13</sup> <http://www.edact.org/reports>

<sup>14</sup> [http://www.deni.gov.uk/drugs\\_-\\_contents-2.pdf](http://www.deni.gov.uk/drugs_-_contents-2.pdf)



## **6.6 Addressing under-age drinking**

Under age drinking is a concern for everyone and needs to be addressed at many levels. This includes not just education efforts aimed at demand reduction, but also efforts addressing the access to and availability of alcohol to young people. A range of initiatives, both regional and local, will be implemented through the life of the NSD. Particular emphasis must be put on the development of regional and local partnerships to address this issue including, for example, local councils, Community Safety Partnerships, District Policing Partnerships, etc.

## **6.7 Reducing illicit drug use**

Illicit drug use is harmful and carries a wide range of risks, whether it is experimental or 'recreational'. Efforts will continue to promote and support the non-use of drugs.

## **6.8 Tackling alcohol and drug-related anti-social behaviour**

There is increasing public concern about those types of anti-social behaviour associated with and exacerbated by alcohol and drugs. The misuse of alcohol has been associated with a range of anti-social behaviours including noise, nuisance, litter, criminal damage and verbal or physical abuse. Such behaviour has been associated with the 'night time economy' in urban centres, but is also recognised as a problem in rural and/or residential areas as well. The impact of anti-social behaviour on public services such as police, fire, ambulance and transport, and also on the general public, is acknowledged. Activities which aim to address this issue, especially within the community setting, are to be encouraged.

## **6.9 Developing effectiveness indicators for treatment**

The Audit of Statutory Addiction Services (Kenny Report 2003) commissioned by the four HSSBs identified the need for more robust tools for evaluating the effectiveness of addiction services in all settings. Considerable resources are invested in the treatment of drug and alcohol problems. It is proposed that all services working in this area will adopt the same assessment and evaluation tools. This will allow services to assess more accurately their own effectiveness. Agreed indicators across the drug and alcohol field will also be put in place. This is essential in order to improve the commissioning of treatment and support services.



## **6.10 Addressing binge drinking**

The pattern of drinking described as binge drinking, or excessive sessional drinking is one which carries with it a wide range of individual and societal harms. A high priority will be given to co-ordinated activities and programmes which aim to address this issue, including the continuing promotion of the 'sensible drinking' message.

## **6.11 Reduced availability of illicit drugs**

Continued emphasis will be placed on those efforts and activities within the law and criminal justice sector which aim to reduce the availability of drugs, with particular attention being paid to the complex supply chain involved.

## **6.12 Addressing community issues**

The importance of the community sector in respect of addressing alcohol and drug misuse is recognised, and particular emphasis needs to be placed on supporting community-based activities, especially strengthening community capacity to respond to alcohol and drug issues through identified outcomes.

## **6.13 Harm Reduction approaches**

The overall aim of the NSD is to reduce alcohol and drug-related harm. Continuing support should therefore be given to further developing appropriate harm reduction approaches and strategies, which reduce the harmful consequences of substance misuse, with, particularly, a closer look at such approaches in respect of alcohol misuse.

## **6.14 Workforce Development**

A broad range of workers have a key role to play in addressing substance misuse, and reducing substance misuse should be regarded as a core business to many services. It is clear that the successful implementation of the NSD will require colleagues in related sectors to recognise the significant contribution they can make to addressing drug and alcohol issues. Although numbers in the workforce are important it is the competence of those staff which has the most crucial relationship to achievement of the NSD aims. In particular all those working with vulnerable individuals need to have a basic substance misuse knowledge and understanding. To this end a priority will be given to the development of agreed and appropriate competences across all sectors and access to supportive training.



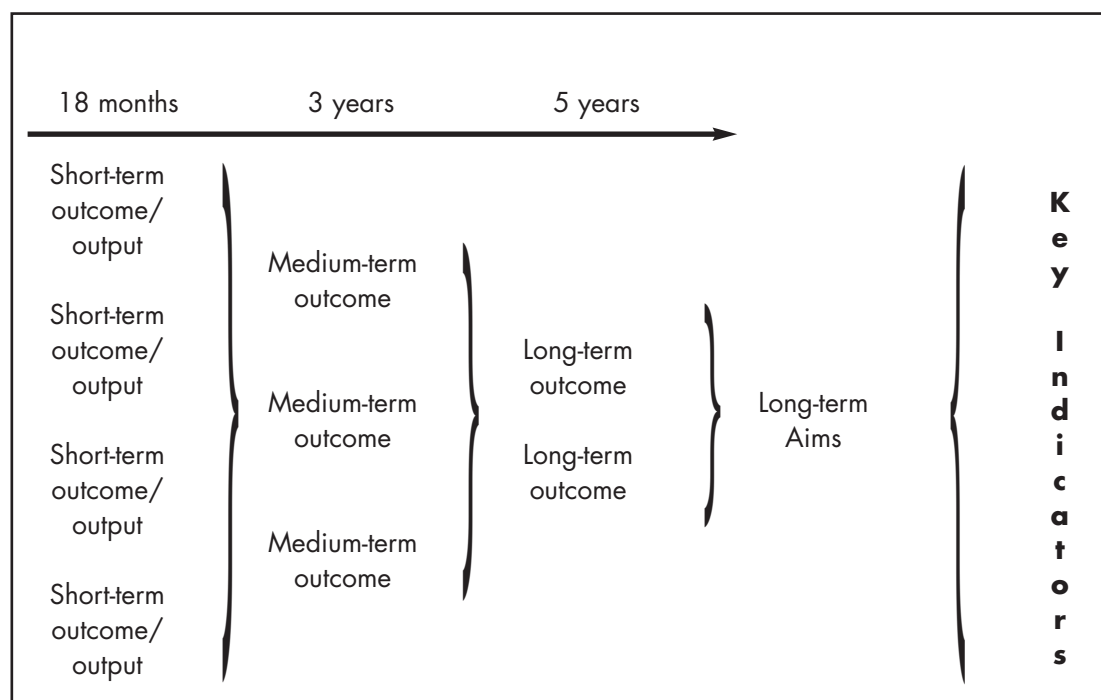
## 7. Outcomes



In order to deliver the overarching long-term aims of the NSD a series of outcomes have been developed. Following the logic model approach a number of long-term outcomes were initially developed. These have subsequently been supported by a number of regional and local short and medium-term outcomes and outputs. It is these which will provide the focus for activities and future work. (By short term this means within 18 months of the NSD's start, medium term is within three years, and long-term within five years)

Outcomes will be measured, and the overall success or otherwise of achieving the long-term aim will be measured by the Key Indicators previously described.

The outcomes have been structured in a manner which not only demonstrates their sequential nature across the five years of the NSD, but also their relationship with the themes, long-term aims and Key Priorities.



The outcomes have been grouped as follows:

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

They are set out in detail in Annex A.

## 8. Implementation



It is acknowledged that both alcohol and drug misuse are multi-factorial issues, and any work to address them has to be cross-sectoral. The drugs and alcohol strategies currently sit within the overarching public health strategy of Investing for Health<sup>15</sup>, which itself emphasises the cross-sectoral nature of health improvement. It is also clear that the achievement of any one outcome is dependant on the input from a range of organisations and sectors. Furthermore, it is important that all outcomes are monitored and progress or otherwise reported on. At the same time a particular feature of alcohol and drug misuse is that new issues can emerge and new trends develop very quickly, and there is a need to ensure that existing outcomes remain appropriate. Professor Parker's Review did highlight that the previous JIM structure was particularly burdensome, but also acknowledged that there was a need to ensure key priority issues were addressed.

### 8.1 Revised Structure

There will be a New Strategic Direction (for Alcohol and Drugs) Steering Group (NSDSG) chaired by the Permanent Secretary, DHSSPS. Its primary role will be to maintain an overview of the NSD, in particular progress on work to achieve its outcomes. It will also consider issues brought to it by members and those teams and groups reporting to it. Its membership will consist of key statutory and non-statutory stakeholders, and in this respect will not be dissimilar from the current Drug and Alcohol Implementation Steering Group (DAISG) but with an expanded membership to reflect the increased emphasis on alcohol-related issues. Further details on this Group's membership will be published following further consultation.

NSDSG will in turn report to the current Ministerial Group on Public Health (MGPH). MGPH consists of senior civil servants from a wide range of Government Departments together with NIO whose business areas impact on public health and the determinants of health. It is currently chaired by the Minister with responsibility for Health.

There will be four new Advisory Groups:

- Children, Young People and Families
- Treatment and Support
- Law and Criminal Justice
- 'Binge Drinking'

Their role will be to:

- advise the NSDSG in respect of the particular issue;
- comment on current work towards the outcomes in the NSD; and
- make recommendations as to future work and direction.

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<sup>15</sup> <http://www.investingforhealthni.gov.uk/>



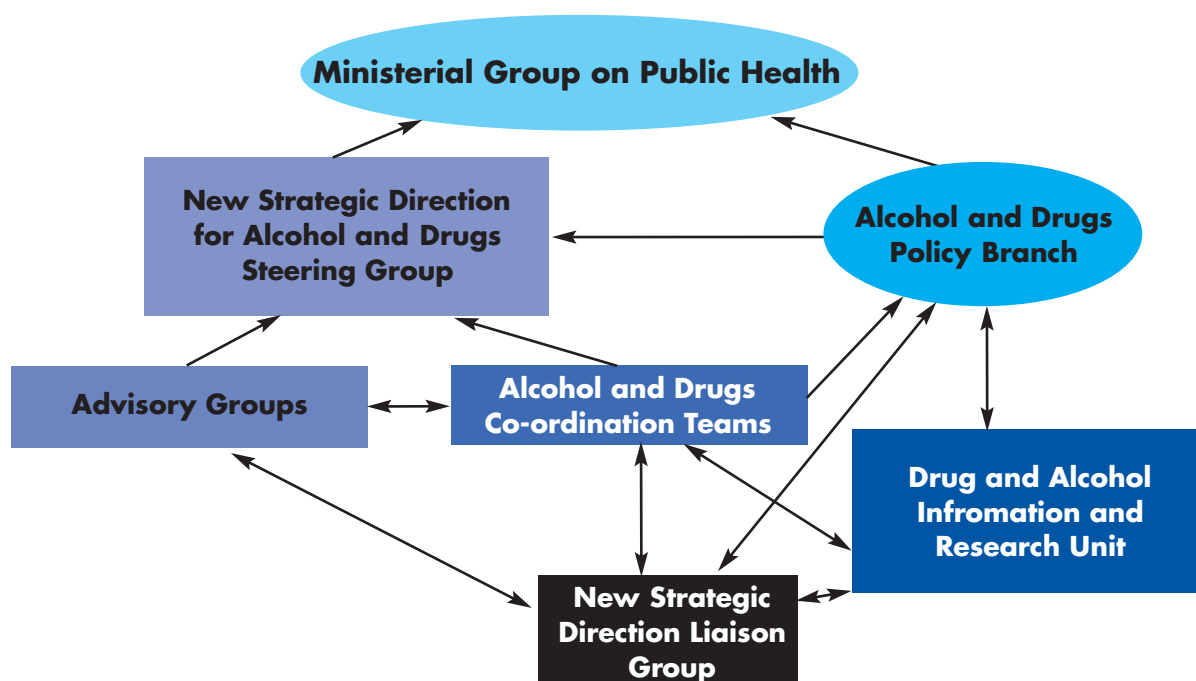
Proposals will be published over the next three months following further consultation on the protocols for membership of these four advisory groups. This will include securing appropriate and adequate community and stakeholder representation, including service users.

It is envisaged that the current local Drugs and Alcohol Co-ordination Teams will continue, although they will be redesignated as local Alcohol and Drugs Co-ordination Teams from 1 October 2006.

Within the Department of Health, Social Services and Public Safety there will be a reconfigured Alcohol and Drugs Policy Branch (ADPB) which will work closely together with Drug and Alcohol Information Research Unit (DAIRU) in respect of monitoring, evaluation and research. DAIRU will also take forward the development of the Early Warning System. ADPB will as part of their function report on the overall progress in respect of the NSD and its associated outcomes.

In addition to the above there will be a Liaison Group consisting of Chairs and Senior Co-ordinators of the local Alcohol and Drugs Co-ordination Teams, ADPB, DAIRU and Chairs of the four advisory groups. They will meet on a regular basis to monitor overall progress on the NSD. All of the above groups will be in place from 1 October 2006.

The new structure is envisaged as:





## **8.2 Accountability**

It is appreciated that the future changes arising from Review of Public Administration (RPA) will impact on current structures and relationships between them, especially in respect of monitoring and accountability. There will, however, be a clear need for local co-ordination and monitoring, and until these new arrangements are put in place the current local co-ordination arrangements will continue. From 1 October 2006 local teams should have, with the support of HSSBs, increased autonomy and responsibility in respect of developing and the monitoring of short and medium-term outcomes within the overall structure and ethos of the NSD. It is also proposed that ADCTs, as part of their own Action Plans, develop targets and performance indicators in support of the Key Indicators. ADCTs will then report to NSDSG and the MGPB as to their progress in meeting these targets and progress on their outcomes.

## **8.3 Funding**

Following consideration of issues which arose during the Review and the subsequent consultations in respect of the NSD development revised funding arrangements have been put in place.

Those outcomes which are clearly regional will continue to be funded directly from central government. While it is recognised that the main source of funding for this comes through DHSSPS it is also recognised that certain outcomes fall within the remit of other Government Departments and their continued support of these is envisaged. The relationship between these Departments and the long-term outcomes will be described in more detail in a document to be produced within the first 12 months of the implementation period.

It is intended that local co-ordination teams be given more autonomy and responsibility. From 1 October 2006 funding for the delivery of the local ADCTs' outcomes and action plans will be allocated to the host HSSB. This funding will be accompanied by a Memorandum of Understanding clearly associating the funding with the delivery of the NSD's outcomes. The Boards will be responsible for the monitoring and financial verification of all programmes funded through this process, and will submit regular reports to the NSDSG through ADPB.

## **8.4 Tendering Process**

In order to ensure that the emphasis remains on the outcomes contained within the NSD, at the local level groups, organisations and agencies will be invited to tender to deliver the agreed outcomes.



## 8.5 Monitoring Performance

The NSD and its implementation will be reviewed regularly. Monitoring of performance will take place both regionally and locally, within each sector (eg health, education) and in a number of ways.

In order to measure the extent to which the overall aim of reducing alcohol and drug-related harm has been met, an annual report outlining progress against the Key Indicators will be published. All those with responsibility for an outcome(s), including Departments, organisations, the ADCTs and the new Advisory Groups, will input to this report to illustrate the contribution that they are making towards the overall achievement of the outcomes. This annual report will be presented to the NSDSG and the MGPH, and will be published.

Monitoring and evaluation will be an integral element of all new and existing services/programmes funded as part of the NSD. Monitoring information will be collected to support the evaluation process. From 1 October 2006 a revised monitoring and evaluation system will be in place. Funding will be set aside to ensure that adequate monitoring of outcomes takes place and that an evaluation of all programmes and activities across the NSD will take place at the end of the first 18 months, with further evaluations to follow. It is also envisaged that at the end of three years there will be an interim review which will consider and report on progress and make recommendations for the next five years, ie 2011-2016.

## 9. Cross-sectoral Relationships



As described previously, efforts to address alcohol and drug misuse require input from a range of sectors and organisations. Many of the outcomes in the NSD are the responsibility of more than one sector, department or structure.

At this stage we have noted that the following have a role in addressing alcohol and drug misuse in Northern Ireland:

- o Department of Health, Social Services and Public Safety
- o Department of Education
- o Department of Employment and Learning
- o Department of Culture, Arts and Leisure
- o Department for Social Development
- o Department of the Environment
- o Department of Enterprise, Trade and Investment (HSENI)
- o Northern Ireland Office
- o Northern Ireland Court Service
- o Drugs and Alcohol Co-ordination Teams
- o Voluntary and Community Organisations
- o Health Promotion Agency for Northern Ireland
- o Police Service of Northern Ireland
- o Probation Board for Northern Ireland
- o Northern Ireland Prison Service
- o HM Revenue and Customs
- o Youth Justice Agency
- o Northern Ireland Housing Executive
- o Institute of Public Health
- o Youth Council for Northern Ireland
- o Health and Social Services Boards and Trusts
- o Education and Library Boards
- o The Council for the Curriculum Examinations and Assessments
- o Northern Ireland Drinks Industry Group
- o Federation of the Retail Licensed Trade NI
- o Investing for Health Teams and Partnerships
- o Community Safety Partnerships
- o Health Action Zones
- o Local Councils
- o Irish Congress of Trade Unions
- o Employers' organisations
- o Faith-based groups and organisations

The factors that impact on alcohol and drug misuse are many and varied. Similarly, alcohol and drug misuse is one of many factors which impact on other issues. It is therefore important that the NSD acknowledges the contribution it can provide in relation to outcomes and objectives to be found in other strategies and policies, similarly it is to be hoped that such an arrangement is reciprocal. In



developing the NSD it was clear that there is a wide range of existing and proposed strategies/initiatives which illustrate this point. These include:

- o Investing for Health
- o Liquor Licensing Review
- o Hepatitis C
- o Suicide Prevention
- o Sexual Health
- o Mental Health
- o Strategy for Children and Young People (OFMDFM)
- o Northern Ireland Housing Executive Homelessness Strategy
- o Northern Ireland Housing Executive Supporting People
- o Creating a Safer Northern Ireland Through Partnership
- o Promoting Social Inclusion
- o Neighbourhood Renewal Strategy
- o Northern Ireland Policing Plan
- o drugs: guidance for schools

The consultation process clearly indicated support for greater clarity and integration between the various strategies and policies. That has been acknowledged by the development of a specific short-term outcome which will be actioned by ADPB.

Co-operation at a strategic and operational level with other countries is increasing, especially within the context of the British-Irish Council. It is envisaged that such co-operation will continue to be further developed and promoted.

# 10. Equality



All designated public authorities in Northern Ireland are required to comply with the statutory equality duty set out in section 75 of the Northern Ireland Act 1998, which requires them in carrying out their functions to *'have due regard to the need to promote equality of opportunity between -*

- a. persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- b. men and women generally;
- c. persons with a disability and persons without; and
- d. persons with dependants and persons without'.

In addition, and without prejudice to the above duty , public authorities are required to *'have regard to the desirability of promoting good relations between persons of different religious belief, political opinion or racial group'.*

The Department of Health, Social Services and Public Safety is fully committed to complying with this statutory obligation and has set out in its Equality Scheme how it will fulfil this when reviewing and developing policy .

The proposals in this paper are intended to reduce the level of alcohol and drug-related harm in Northern Ireland. As part of its pre-consultation process, the Department conducted an Equality Screening Assessment on the issue of alcohol and drug misuse using focus groups, special interest groups and an e-consultation exercise. This was to indicate whether there is any likelihood that the proposals will have a significant differential impact on any of the section 75 categories. The results from this showed that there were certain instances where vulnerability , gender and age are issues, and the NSD has been developed with clear aims, values and principles and outcomes to acknowledge and address these. The Department also addressed the four standard screening criteria as recommended by the Equality Commission and considered available data and information in arriving at its initial screening decision that a full equality impact assessment is not necessary.





# Annexes



# Annex A - Outcomes

## Children, Young People and Families - 1 (Treatment and Support)

### AIMS

- To provide accessible and effective treatment and support for people who are consuming alcohol and/or using drugs in a hazardous, harmful or dependent way
- To reduce level, breadth and depth of alcohol and drug-related harm to users, their families and/or their carers and the wider community

← 18 MONTHS →

#### Regional Short Term Outcomes/Outputs

- A regional steering group to assess/ address the need for a regional tier 4 service for under 18-year-olds in partnership with CAMH services established
- A framework to deliver a 4 Tier model for children's services established
- Service specifications for level 2 and 3 services for under 18-year-olds and parents developed
- Joint plans by children service planning in relation to vulnerable young people and drug and alcohol misuse developed with the support of DACTs
- An integrated Hidden Harm strategy for alcohol and drugs developed
- A regional initial assessment tool for agencies working with vulnerable young people across all sectors including youth justice and allied preventative services developed.
- Recommendations from the evaluation of the Youth Counselling Services considered.
- Support services to young people and families that could be offered as a new court disposal or on a voluntary basis developed
- 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 range of court disposal options available for young offenders and juveniles considered.

#### Local Short Term Outcomes/Outputs

##### EDACT

- Work of the Children's Services Planning Joint Strategic Planning Group for Drugs and Alcohol in relation to vulnerable and at-risk young people supported
- Work of the Children's Services Planning Joint Strategic Planning Group on Family Support and Child Protection in relation to parental substance misuse supported
- appropriate provision of treatment and support services for children, young people and their families across the whole of EHSSB area supported

##### NDACT

- NDACT's Substance Misuse Implementation Plan (SMIP) for children and young people led by NDACT's Young People (Treatment and Children's Services Planning sub-group) delivered
- Identified posts and services within the SMIP tendered for;
  - Co-ordination with NDACT's training, information and awareness activity/programme
  - Family support networks and services available across the Northern Board area.
- Local protocols in place ensuring that young people (under 18) involved with the Criminal Justice (CJ) system are being referred to appropriate agencies / groups who can provide support and information on alcohol and drug issues.

##### SDACT

- Formal linkages to Children's Services, Area Addiction Service, Trauma Advisory Panel, LHSCG, HAZ, Board commissioning base, area Hospitals, funded projects developed.
- Youth Service Counselling facility expanded Formalised links with treatment services and key hospitals to support development of a 4 Tier approach. Implementation of the Regional Hidden Harm Strategy at area level
- Process of engagement and interventions with parents particularly those 'at-risk young people and those involved themselves in Drugs/Alcohol misuse facilitated. Needs and target specific 'at risk'/vulnerable groups of young people mapped out and identified.

##### WDACT

- Young people have access to the appropriate Youth Counselling and Treatment Support Services
- Work of the Children Services Planning (CSP), the Western Area Children and Young People's Committee (WACYPC) and the WDACT Children and Young People Advisory Group (CYPAG) in support of a Western area Integrated Hidden Harm Strategic Approach and in addressing the needs of at risk and vulnerable young people supported



## KEY PRIORITIES

- Developing a 4 Tier Model for services for children, young people and adults
- Developing young people's services
- Addressing under-age drinking.
- Targeting those at risk and vulnerable
- Reducing illicit drug use

← 3 YEARS →

### Regional Medium Term Outcome

- A 4-Tier model for children services across Northern Ireland implemented
- The number of young people and parents accessing treatment and support services increased
- All organisations with a responsibility for young people have a policy in respect of reducing alcohol and drug related harm
- The proportion of services to young people delivered by a fully competent workforce is increased
- Court disposal options for young people and juveniles identified as feasible and subsequently implemented

← 5 YEARS →

### Regional Long Term Outcome

- Children and young people have access to early interventions and appropriate support services directly related to their alcohol and drug use.
- Appropriate and effective treatment and support services are (open and) accessible to those children and young people who require it.

# Annex A - Outcomes



## Children, Young People and Families - 2 (Prevention & Early Intervention)

### AIMS

- To increase awareness on all aspects of alcohol and drug-related harm in all settings and for all age groups.
- To promote opportunities for those under the age of 18 years to develop appropriate skills, attitudes and behaviours to enable them to resist societal pressures to drink alcohol and / or use illicit drugs.

← 18 MONTHS →

Regional Short Term Outcomes/Outputs	Local Short Term Outcomes/Outputs
<ul style="list-style-type: none"> <li>• A set of agreed principles of best practice for alcohol and drug education applicable across all sectors developed.</li> <li>• Knowledge and understanding among young people about the dangers and risks of misuse of alcohol and illicit drugs to have increased.</li> <li>• The skills of young people to enable them to resist social pressures to experiment with alcohol and illicit drugs to have been further developed.</li> <li>• Schemes and co-ordinated activities that address under-age drinking developed and promoted both regionally and locally.</li> <li>• 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</li> <li>• Successful implementation of new liquor licensing regulations and laws.</li> </ul>	<p><b>EDACT</b></p> <ul style="list-style-type: none"> <li>• Provision of universal prevention and early intervention initiatives for children, young people and families across the EHSSB area supported</li> <li>• Provision of targeted prevention and early intervention programmes for specific vulnerable/at-risk groups of children and young people supported</li> <li>• Work of the Children's Services Planning Joint Strategic Planning Group for Drugs and Alcohol in relation to vulnerable and at-risk young people supported</li> <li>• Local community groups and organisations supported to respond to drug and alcohol related issues appropriately</li> <li>• Local strategic planning and information sharing supported</li> <li>• Development of agreed principles for best practice in drug prevention work at a local and regional level supported</li> </ul> <p><b>NDACT</b></p> <ul style="list-style-type: none"> <li>• Agencies and groups invited to tender to deliver relevant and appropriate alcohol and drug education / prevention programmes (based on recognised best practice) in identified geographical areas eg Mid Ulster, Causeway, Antrim/Ballymena and East Antrim;</li> <li>• Co-ordination and joint working with other appropriate and relevant strategies / funding such as Suicide, Sexual Health, Teenage Pregnancy, Investing for Health, etc. specific theme(s) identified annually and develop related initiative/campaigns via current NDACT communication structures eg Newsletter, Activity Report and Annual Seminar and/or via specific events eg Year 1 Binge-drinking (young person led initiatives), Year 2 Steroids, OTC and prescribed drugs, Year 3 Cannabis and Mental Health</li> <li>• Family support networks and services available across the Northern Board area.</li> </ul> <p><b>SDACT</b></p> <ul style="list-style-type: none"> <li>• Improved engagement and liaison with key partners involved in addressing these issues across a range of agencies</li> <li>• Currently available models of good practice in this regard studied.</li> <li>• Integrate training of all staff to facilitate the delivery of a coherent and consistent approach to underage drinking issues.</li> <li>• All small grant recipients aware of their specific delivery obligations with regard to underage drinking.</li> <li>• All agreed programmes fully reflect key models of effectiveness and good practice currently accessible to us.</li> <li>• On-going evaluation arrangements fully implemented.</li> <li>• Area-wide awareness raising of the key issues to have been addressed with all key partners, interest groups, statutory, community and voluntary supporting publicity mechanisms.</li> </ul> <p><b>WDACT</b></p> <ul style="list-style-type: none"> <li>• Young people have access to appropriate, effective and targeted early intervention and prevention-based alcohol and drug programmes and support initiatives.</li> <li>• These programmes where appropriate should focus on harm reduction strategies. Note* a particular focus on Selective and Indicated Prevention targets.</li> <li>• Support and liaise with relevant agencies and organisations in addressing binge drinking.</li> <li>• Relevant agencies/organisations in addressing illicit drug use and underage drinking to ensure a co-ordinated approach.</li> </ul>

## KEY PRIORITIES

- Developing a 4 Tier Model for services for children, young people and adults
- Promoting good practice in respect of alcohol and drug related education and prevention.

- Addressing under-age drinking.
- Addressing community issues
- Targeting those at risk and vulnerable.
- Reducing illicit drug use

← 3 YEARS →

### Regional Medium Term Outcome

- All education programmes with young people based on agreed proven good practice.
- Those responsible for the education and informing of young people have ensured they receive information concerning alcohol and drug misuse.
- 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.
- All programmes of alcohol and drug education are able to demonstrate changes in attitude, knowledge and skills using an agreed evaluation tool.
- Skills and knowledge of parents in respect of addressing alcohol and drug issues with their children is increased.
- Proportion of young people who see taking illicit drugs and getting drunk as socially unacceptable increased
- Availability and accessibility of alcohol by young people reduced
- Proportion of young people who get drunk decreased
- Proportion of young people who drink on a regular basis decreased
- Proportion of young people who take drugs on a regular basis decreased

← 5 YEARS →

### Regional Long Term Outcome

- All children and young people, with particular emphasis on those deemed at risk or vulnerable, have access to appropriate and effective prevention and health promoting programmes and initiatives.
- The levels of alcohol and drug-use among children and young people and its subsequent negative impact on their society is reduced



# Annex A - Outcomes

## Adults and the General Public - 1 (Treatment and Support)

### AIMS

- To provide accessible and effective treatment and support for people who are consuming alcohol and / or using drugs in a 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.

← 18 MONTHS →

Regional Short Term Outcomes/Outputs	Local Short Term Outcomes/Outputs
<ul style="list-style-type: none"> <li>• A Regional Commissioning Group in respect of treatment and support established.</li> <li>• Group to oversee development of Standardised Assessment and Monitoring Tool (SA&amp;MT) and treatment effectiveness indicators established</li> <li>• Protocols for the involvement of key stakeholders to have been developed</li> <li>• Provision of needle and syringe exchange reviewed and proposals for its possible extension developed, considered and progressed.</li> <li>• A regional Service User Network developed</li> <li>• Substitute Prescribing Service reviewed</li> <li>• Co-ordination and support of harm reduction approaches and activities</li> <li>• Proposals to address the employability needs of problem substance users developed.</li> <li>• Support and promotion of workplace alcohol and drugs policies developed</li> <li>• Education and training for professionals, carers and families in relation to substance misuse problems in older people to be supported.</li> <li>• Information and education campaign in respect of BBVs targeting IDUs together with supporting information for professionals</li> <li>• The impact of arrest referral schemes in NI assessed, and if appropriate the number of schemes extended.</li> <li>• Need for, and impact of, Drug Treatment and Testing Orders in NI assessed.</li> <li>• The number of police officers trained in Drug Influence Recognition/Field Impairments Testing techniques increased.</li> <li>• The number of detections for drink and drugs driving increased.</li> <li>• Participate in a UK pilot for the Home Office to assess a range of new devices to test drivers for drinking and driving</li> </ul>	<p><b>EDACT</b></p> <ul style="list-style-type: none"> <li>• Planning, delivery and co-ordination of existing and future alcohol and drug services within the EHSSB area improved.</li> <li>• Range of treatment and support services for alcohol and drug users and their families expanded</li> <li>• Skills of those working with alcohol and drug users improved</li> <li>• Access to needle exchange services for IV drug users increased</li> <li>• Harm caused by alcohol and drug misuse within the homeless population reduced</li> <li>• Development of alcohol liaison initiatives in the hospital setting supported</li> <li>• 'At risk' groups have access to the full range of alcohol and drug services</li> <li>• Skills of those working with at risk/vulnerable adults in relation to substance misuse improved</li> </ul> <p><b>NDACT</b></p> <ul style="list-style-type: none"> <li>• Tier-4 specialist in-patient alcohol and drug services accessible and available at a local level</li> <li>• Family support networks and services are available across the Northern Board area.</li> <li>• Development and delivery, in partnership with local key stakeholders, of education/support programmes.</li> <li>• Accredited module on pre/post BBV test counselling.</li> <li>• Develop where appropriate local resources for BBV pre/post test counselling.</li> <li>• Local areas identified with a need for access to a Needle and Syringe Exchange Scheme (NSES);</li> <li>• Expansion of the NSES in the NHSSB area.</li> <li>• Drug outreach service available in identified areas across the NHSSB.</li> <li>• Access to supported and direct access accommodation for individuals with alcohol and drug dependency available.</li> <li>• Alcohol and drug users involved in the process of inputting to the development of services, with local mechanism for supporting a service-users forum/activities in place.</li> </ul> <p><b>SDACT</b></p> <ul style="list-style-type: none"> <li>• Formal engagement between SDACT and SHSSB commissioning group established and formalised.</li> <li>• Associated training needs identified and actioned.</li> <li>• Initiation and implementation of a process of engagement with targeted 'at risk' and vulnerable people, involving relevant Health, Community and Criminal Justice organisations.</li> <li>• Continuum of programmes and interventions for addressing the needs of specifically targeted individuals and groups developed</li> <li>• Specific resources to enable the engagement of Black Minority Ethnic groupings across the area developed</li> </ul> <p><b>WDACT</b></p> <ul style="list-style-type: none"> <li>• Information, support, training and treatment for older people who misuse alcohol and/or prescription drugs provided.</li> <li>• Support for provision of service for long-term chronic drinkers, street drinkers continued.</li> <li>• Co-ordinate and oversee the development of the NSES within the WHSSB area in conjunction with the ADPB.</li> <li>• Work with the WHSSB and Trusts on a co-ordinated approach to the provision of Substitute Prescribing.</li> <li>• Links developed to ensure parents and carers can play a preventative role in respect of alcohol and illicit drug use.</li> <li>• Models of good practice identified for services for families and carers of substance misusers and their implementation supported.</li> <li>• Co-ordination and implementation of a WHSSB area integrated Hidden Harm strategy.</li> </ul>



## KEY PRIORITIES

- Developing a Regional Commissioning Framework.
- Developing a 4 Tier Model for services for children, young people and adults.
- Targeting those at risk and vulnerable
- Developing effectiveness indicators for treatment
- Reducing availability of illicit drugs

← 3 YEARS →

### Regional Medium Term Outcome

- Regional commissioning guidelines for the commissioning of adult addiction services in place.
- An expanded NSES.
- Agreed measures of effectiveness of treatment in place.
- The number of problem users who access treatment and support services has increased.
- The number of GPs contributing to the substitute prescribing programme has increased.
- The numbers of substance misuse crisis admissions to hospitals and residential nursing homes reduced.
- Evidenced based harm reduction approaches and activities in respect of alcohol and drug misuse promoted and expanded appropriately.
- Service users adequately and appropriately involved in planning and provision of treatment and support services
- Service user groups/network established at regional and local level
- Multi-agency arrangements for Hepatitis C and other BBVs prevention developed.
- The establishment of co-operative working relationships between statutory, voluntary and community sectors that will deliver services to alcohol and drug misusing offenders continuing
- A continuum of treatment and support opportunities between custody and release of offenders back into the community for young and adult offenders developed.
- Support for families of alcohol and drug offenders who are affected by alcohol and drug misuse further developed.

← 5 YEARS →

### Regional Long Term Outcome

- The proportion of adult male and female drinkers who drink in a manner harmful to their own health and the subsequent negative impact on society reduced.
- All problem alcohol and drug users have access to appropriate and effective treatment and support services.
- The level of drug use and drug-related harm among the adult population reduced.
- Integrated, cross-departmental and cross-sectoral planning for treatment and support services in place.
- Monitoring information in the development of the standardised assessment and monitoring tool being provided.
- A standardised assessment and evaluation tool in place.
- All those deemed vulnerable have equitable access to appropriate and effective prevention, early intervention, support and treatment services.
- A body of legislation that will meet the needs of the NI community to tackle alcohol and illicit drugs issues.
- The current penalties and blood/alcohol limits associated with drink-driving to be considered with a view to strengthening them to reflect current EU levels.
- Organised gangs involved in supplying drugs to NI are disrupted.



# Annex A - Outcomes

## Adults and the General Public - 2 (Prevention and Early Intervention)

### AIMS

- 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 reduce the availability of illicit drugs in Northern Ireland.

← 18 MONTHS →

Regional Short Term Outcomes/Outputs	Local Short Term Outcomes/Outputs
<ul style="list-style-type: none"> <li>• A five-year integrated binge-drinking prevention campaign developed.</li> <li>• The Safer Entertainment Guidelines to have been implemented.</li> <li>• Local community support service developed.</li> <li>• Good practice guidelines supporting and informing community-based initiatives and activities addressing alcohol and drug misuse developed</li> <li>• Co-ordinated public information campaigns addressing alcohol and drug misuse developed</li> <li>• Drink-driving media campaigns continued and their impact assessed.</li> <li>• Roadside drug screening devices in place when available.</li> <li>• New roadside breath testing devices in place for drink drivers when available.</li> </ul>	<p><b>EDACT</b></p> <ul style="list-style-type: none"> <li>• Prevention and early intervention programmes tackling adult alcohol and drug use developed</li> <li>• Local community groups and organisations to respond to drug and alcohol-related issues appropriately supported</li> <li>• Needs-based local strategic planning and information sharing facilitated</li> <li>• Misuse of prescribed medication within the EHSSB area addressed</li> <li>• Range of initiatives addressing binge drinking across the EHSSB area developed</li> <li>• Partnership working between EDACT and CSPs within the EHSSB area developed</li> </ul> <p><b>NDACT</b></p> <ul style="list-style-type: none"> <li>• An agreed regional definition and health promoting message(s) for binge drinking available locally.</li> <li>• Licensees, their staff, enforcement agencies and other interested parties given opportunity to increase their knowledge on the implementation and delivery of the Safer Entertainment Guidelines.</li> <li>• Support for communities dealing specifically with alcohol and drug issues is available across the NHSSB area;</li> <li>• Family support networks and services are available across the NHSSB area.</li> </ul> <p><b>SDACT</b></p> <ul style="list-style-type: none"> <li>• Integrate training of all staff to facilitate the delivery of a coherent and consistent approach to binge drinking issues.</li> <li>• All small grant recipients are aware of their specific delivery obligations with regard to binge drinking.</li> <li>• Agreed timetable to facilitate a response to this issue developed.</li> </ul> <p><b>WDACT</b></p> <ul style="list-style-type: none"> <li>• Information, support, training and treatment for older people who misuse alcohol and/or prescription drugs provided.</li> <li>• Public's awareness and knowledge of binge drinking increased.</li> <li>• Levels of binge-drinking within the WHSSB area reduced.</li> <li>• Local targeted education and prevention campaigns developed and supported.</li> <li>• Communities supported in identifying and responding to alcohol and drug issues in their areas.</li> <li>• Identified and diverse needs of vulnerable groups in relation to alcohol and drug issues supported.</li> </ul>





## KEY PRIORITIES

- Targeting those at risk and vulnerable.
- Reducing illicit drug use.
- Addressing binge drinking.
- Reduced availability of illicit drugs.
- Addressing community issues.
- Harm Reduction approaches.

← 3 YEARS →

### Regional Medium Term Outcome

- Those adults who drink above recommended levels have reduced their consumption of alcohol.
- The proportion of adults who have used drugs in the past year reduced
- The proportion of adults who binge drink reduced.
- The proportion of adults who drink sensibly and responsibly increased.
- Targeted local prevention and harm reduction programmes in place.
- The level of alcohol and drug-related traffic accidents lowered.
- The number and capacity of local initiatives responding to alcohol and drug issues increased.
- The number of workplaces implementing alcohol and drug policies increased.

← 5 YEARS →

### Regional Long Term Outcome

- The proportion of adult male and female drinkers who drink in a manner harmful to their own health and the subsequent negative impact on society reduced.
- The level of drug use and drug-related harm among the adult population reduced.
- All those deemed vulnerable have equitable access to appropriate and effective prevention, early intervention, support and treatment services
- The current penalties and blood/alcohol limits associated with drink driving to be considered with a view to strengthening them to reflect current EU levels



# Annex A - Outcomes

## Adults and the General Public - 3 (Anti-Social Behaviour)

### AIMS

- 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.

← 18 MONTHS →

Regional Short Term Outcomes/Outputs	Local Short Term Outcomes/Outputs
<ul style="list-style-type: none"> <li>• Existing relationships between CSPs and DACTs to have been further developed.</li> <li>• 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.</li> <li>• Promotion of schemes that tackle the problem of anti-social behaviour and under-age drinking.</li> <li>• Promotion of the “night-time economy” through reducing alcohol-related crime and disorder in town centres.</li> <li>• The police are supported in their activities to reduce the availability of illicit drugs in NI</li> </ul>	<p><b>EDACT</b></p> <ul style="list-style-type: none"> <li>• Partnership working between EDACT and Community Safety Partnerships within the EHSSB area.</li> </ul> <p><b>NDACT</b></p> <ul style="list-style-type: none"> <li>• Licensees, their staff, enforcement agencies and other interested parties given opportunity to increase their knowledge on the implementation and delivery of the Safer Entertainment Guidelines.</li> </ul> <p><b>SDACT</b></p> <ul style="list-style-type: none"> <li>• An agreed area strategy and implementation approach to ensure the support for all agencies involved in addressing drugs and alcohol related anti-social behaviour.</li> <li>• Development of key resources, and skills packs and delivery mechanisms to facilitate their use across the area.</li> <li>• Expanded area wide liaison group developed.</li> <li>• Training to support the development of key skills required to facilitate ASB issues and concerns developed.</li> <li>• An agreed programme fully integrated into the targets of all funded projects and linked personnel.</li> <li>• Specific mechanisms developed and agreed to address the complex needs of marginalised minority groupings in the regard.</li> <li>• Assessment of current levels/patterns of low level disorder and anti-social behaviour carried out and action plan developed.</li> <li>• Lobby for review and changes of local bye-laws to facilitate addressing low level disorder/anti-social behaviour</li> <li>• Promotion of models of good practice training with the Retail Sector</li> <li>• Implementation of regional ‘Safer Entertainment Guidelines’ throughout the SHSSB supported.</li> </ul> <p><b>WDACT</b></p> <ul style="list-style-type: none"> <li>• Working relationship between the criminal justice sector and WDACT further developed and supported.</li> <li>• Integrated approach to tackling alcohol and drug-related anti-social/offending behaviour.</li> <li>• Approval and implementation of the Safer Entertainment Guidelines encouraged</li> <li>• Agreed and co-ordinated activities addressing issues of local concern in respect of alcohol and drug-related anti-social behaviour delivered.</li> </ul>



## KEY PRIORITIES

- Tackling alcohol and drug-related anti-social behaviour
- Addressing binge drinking
- Reducing illicit drug use
- Addressing community issues.

← 3 YEARS →

### Regional Medium Term Outcome

- DACTs and CSPs delivering agreed co-ordinated activities addressing local issue/concerns in respect of alcohol and drug-related anti-social behaviour
- 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.

← 5 YEARS →

### Regional Long Term Outcome

- The level of public confidence in how alcohol and drug-related issues, and their impact at community level are addressed has been increased
- The current penalties and blood/alcohol limits associated with drink-driving to be considered with a view to strengthening them to reflect EU levels



## SUPPORTING OUTCOMES – MONITORING, EVALUATION AND RESEARCH

← 18 MONTHS →

### Regional Short Term Outcomes/Outputs

- Arrangements for the monitoring and evaluation of all new initiatives funded as part of the NSD established.
- Appropriate Performance Indicators, both regional and local, in respect of the Key Indicators developed.
- Existing monitoring systems (DMD, Substitute Prescribing and NSES) maintained and an alcohol misuse database established.
- A rolling research programme developed and updated on an annual basis.
- Available statistics and research information to be published.
- Arrangements for the monitoring of the Key Indicators established.
- An annual report on the Key Indicators published.
- An “Early Warning System” in respect of alcohol and drug trends developed.

### Local Short Term Outcomes/Outputs

#### All DACTs

- Appropriate mechanisms in place for monitoring, evaluation and research



← 3 YEARS →

← 5 YEARS →

### Regional Medium Term Outcome

- More detailed and relevant information in respect of alcohol and drug misuse available
- Current and future alcohol and drug-related activities and policies further informed
- Progress in respect of aims of NSD described accurately and reported on

### Regional Long Term Outcome



# Annex A - Outcomes

## SUPPORTING OUTCOMES – WORKFORCE

18 MONTHS

### Regional Short Term Outcomes/Outputs

- 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.
- The development of Drugs and Alcohol National Occupational Standards (DANOS) appropriate for all sectors in NI
- Training in respect of Hepatitis C and other BBVs for those working with IDUs developed and implemented

### Local Short Term Outcomes/Outputs

#### EDACT

- Increased awareness of alcohol/drugs training available in the EHSSB area

#### NDACT

- NDACT to co-ordinate with other relevant strategies and funding streams in identifying training opportunities and other resources;
- Co-ordination with NDACT's training, information and awareness activity
- In conjunction with key stakeholders a co-ordinated and appropriately accredited training and information programme developed
- Audit to establish existing baselines (ascertain current training available) and assess gaps;
- Training programmes devised and accredited sources of delivery developed;

#### SDACT

- Structured programme of accredited community based training developed for individuals and groups who can impact upon drugs and alcohol related issues, particularly with 'at risk' young people.
- Structure, content, range, access and costings of area training programme agreed and subsequently developed and implemented.
- All additional needs for relevant training staff to be identified and actioned.
- Full integration with regional training plans to be maintained.
- Adherence to and delivery of regional training evaluation programmes.
- Accessible training on evaluation for all staff and funded agencies provided to ensure adherence to new protocols

#### WDACT

- Competent trained workforce in respect of dealing with alcohol and drug-related issues developed.



← 3 YEARS →

← 5 YEARS →

### Regional Medium Term Outcome

- 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.
- Dissemination of DANOS across NI

### Regional Long Term Outcome



# Annex A - Outcomes

## SUPPORTING OUTCOMES – OTHER

← 18 MONTHS →

### Regional Short Term Outcomes/Outputs

- Development and dissemination of a paper which describes and promotes the contribution made by regional strategies and policies in addressing alcohol and drug misuse.
- Arrangements to take account of the Review of Public Administration developed and implemented

### Local Short Term Outcomes/Outputs





← 3 YEARS →

← 5 YEARS →

### Regional Medium Term Outcome

- A regional framework document describing and detailing the contribution made by all sectors to alcohol and drug prevention.
- NSD outcomes and process reviewed

### Regional Long Term Outcome

- Proposals for new/revised outcomes developed



## **TIMETABLE AND PROCESSES INVOLVED IN THE DEVELOPMENT OF THE NSD**

### **Stage 1**

***April - September 2005***

#### **Consultations and initial scoping exercise**

This involved the establishment of NSD Development and Advisory Groups and the utilisation of existing JIM structures, ie DAISG, DACTs and Regional Working Groups. It also saw the establishment of special interest/expert groups and stakeholder consultation across the statutory and non-statutory sectors. There were ten special interest groups:

Early Warning System	Families / Hidden Harm
Knowledge Management	Employability
Vulnerable Groups	Night Time Economy
Service Users	Training
Harm Reduction	Young People

The conclusions and recommendations from Professor Parker's Review were given particular consideration.

### **Stage 2**

***September 2005 – January 2006***

#### **Development of the NSD document**

The reports from the consultation process, working group, special interest groups, and DACT conclusions and recommendations were considered by the NSD Development Group, and integrated into a resultant draft strategic direction document.

### **Stage 3**

***February – March 2006***

#### **Public Consultation**

The draft NSD document issued for public consultation.



## **Stage 4**

**April – May 2006**

### **Revisions**

The NSD Development Group considered the replies and responses and a revised final NSD developed.

## **Stage 5**

**May 2006**

The final NSD document launched.

## **Stage 6**

**October 2006 – NSD Implementation begins**



## Key Concepts

Three key conceptual issues which need to be considered in taking forward activities and initiatives addressing alcohol and drug misuse have been identified.

### 1. Levels of Prevention

Broadly speaking, prevention may be defined as any activity that reduces the risk of an individual experiencing hazardous and harmful drug use or reduces the actual levels of drug-related harm experienced by individuals, families or communities.

'Prevention' includes any initiatives to support individuals, families and communities to acquire the knowledge, attitudes, and skills to adopt healthy behaviours and lifestyles. Prevention involves a diverse range of programs and activities aimed at all people and communities affected by drug use by:

- preventing and/or delaying of initiation into drug use;
- discouraging continued drug use; and/or
- reducing the harm associated with drug use.

Traditional models of prevention classified activities as primary (preventing problems starting), secondary (preventing existent and emerging problems becoming worse) or tertiary (reversing or ameliorating entrenched problems).

Contemporary models describe prevention in relation to the level of risk of harm and the type of intervention: universal/population based (targeting those with an average level of risk), targeted/selective (targeting people with a raised level of risk) or indicated (targeting those experiencing harm). Recent research suggests that while universal interventions may be more appropriate for licit drugs, more targeted interventions at key developmental stages may have a greater potential for impacting on other drug use and associated risk behaviours. The three interventions are summarised below:

**Universal prevention strategies** address the entire population, eg at national, local community, school, or neighbourhood level with programmes, initiatives and messages aimed at preventing or delaying illicit drug use.

**Selective prevention strategies** target subsets of the total population that are deemed to be at greater risk for substance misuse because they fall into a particular population segment.

**Indicated prevention strategies** are designed to prevent the onset of problem drug use in individuals who already are experiencing early signs of substance abuse and other problem behaviours.



Through this model, prevention activities target all levels on the continuum of care, including:

- 'well' people, to deter the development of health compromising behaviours;
- groups at higher risk of developing harmful behaviours, such as young people. These are usually population, community or group based;
- those experiencing low-level harm from drug use, through detecting problems early and intervening. This includes individual or group early screening and brief interventions; and
- people already experiencing substantial harm from their drug use, usually in a clinical setting on an individual basis, eg needle and syringe exchange programs.

## 2. Risk and Protective Factors

Various risk and protective factors influence young people's attitudes and behaviours with regard to substance use.

A risk factor is any factor associated with the increased likelihood of a behaviour that usually has negative consequences. A protective factor is any factor that reduces the impact of a risk behaviour, helps individuals not to engage in potentially harmful behaviour, and/or promotes an alternative pathway. A growing body of cross-cultural evidence indicates that various psychological, social, and behavioural factors are protective of health, especially during adolescence (WHO 2002).

Risk factors and protective factors are often organised into five categories or life domains:

- Individual;
- Family;
- School;
- Peer group; and
- Community.

The factors often interact with each other.

The effect of risk and protective factors is cumulative. As the number of risk factors increases, substance use increases. As the number of protective factors increases, substance use decreases. Exposure to risk factors in the relative absence of protective factors dramatically increases the likelihood that a young person will engage in problem behaviours. The most effective approach for improving young people's lives is to reduce risk factors while increasing protective factors in all of the areas that touch their lives.



Evidence from research studies support the need for both targeted and broad-based prevention programmes.

### 3. The Four Tier Model

In England, 'models of care' now provides a conceptual framework to aid rational and evidence-based commissioning of alcohol and drug treatment.



Through this, services can be grouped into four broad bands of tiers. The Four Tiers in respect of adult services can be summarised briefly as:

#### **Tier 1 - Non Drug Treatment Specific Services**

Tier 1 consists of services offered by a wide range of professionals (eg primary care medical services, generic social workers, teachers, community pharmacists, probation officers, housing officers, homeless persons units). Tier 1 services work with a wide range of clients including substance misusers, but their sole purpose is not simply substance misuse.

#### **Tier 2 - Open access drug and alcohol treatment services**

Tier 2 services provide accessible drug and alcohol specialist services for a wide range of drug and alcohol misusers referred from a variety of sources, including self-referrals. This tier is defined by having a low threshold to access services, and limited requirements on drug and alcohol misusers to receive services. Often drug and alcohol misusers will access drug or alcohol services through Tier 2 and progress to higher tiers.

The aim of the treatment in tier 2 is to engage drug and alcohol misusers in drug



treatment and reduce drug-related harm. Tier 2 services do not necessarily require a high level of commitment to structured programmes or a complex or lengthy assessment process. Tier 2 services include needle exchange, drug (and alcohol) advice and information services, and ad hoc support not delivered in the context of a care plan. Specialist substance misuse social workers can provide services within this tier, including the provision of access to social work advice, childcare/parenting assessment, and assessment of social care needs. Tier 2 can also include low-threshold prescribing programmes aimed at engaging opioid misusers with limited motivation, while offering an opportunity to undertake motivational work and reduce drug-related harm.

### **Tier 3 - Structured community-based drug treatment services**

Tier 3 services are provided solely for drug and alcohol misusers in structured programmes of care. Tier 3 structured services include psychotherapeutic and pharmacological interventions (eg cognitive behavioural therapy, motivational interventions, structured counselling, substitute prescribing programmes, community detoxification, or day care provided either as a drug and alcohol free programme or as an adjunct to substitute prescribing programmes). Community-based aftercare programmes for drug and alcohol misusers leaving residential rehabilitation or prison are also included in Tier 3 services.

### **Tier 4 - Residential services for drug and alcohol misusers**

Tier 4 services are aimed at individuals with a high level of presenting need. Services in this tier include:

- in-patient drug and alcohol detoxification or stabilisation services;
- drug and alcohol residential rehabilitation units; and
- residential drug crisis intervention centres.

In England guidance to Commissioners on working within a 4 Tier model has been issued.

### **In respect of young people the 4 Tier Model is described as:**

#### Tier 1 - Universal Drug Education, assessment and referral

Provided by generic services such as education, youth services, general practitioners, social workers, sports coaches, volunteers, in fact anyone working with young people.



Tier 2 - Drug education, assessment and referral targeted at drug users or those most at risk.

Provided by youth oriented services with some specialist knowledge of drugs and alcohol, and skills in working with young people's problems. Key professionals include youth workers, counsellors, social workers and psychologists.

Tier 3 – Multi-disciplinary response involving components of specialised youth or substance services for young drug users with complex needs.

These services might involve young people's substances teams, child and adult mental health teams, youth offending teams, youth counselling teams and outreach workers

Tier 4 - In-patient or residential assessment, care and treatment for those with significant, complex and often multiple problems.





## GLOSSARY OF TERMS

ADCT	Alcohol and Drugs Coordination Team
ADPB	Alcohol and Drugs Policy Branch
BBV	Blood Borne Virus
BME	Black and minority ethnic
CAMHS	Children and Adolescent Mental Health Services
CAT	Community Addiction Team
CCGAAD	Central Coordinating Group for Action Against Drugs
CSP	Community Safety Partnership
CYPAG	Children and Young People's Advisory Group
DACT	Drugs and Alcohol Co-ordination Team
DAIRU	Drugs and Alcohol Information and Research Unit
DAISG	Drugs and Alcohol Implementation Steering Group
DANOS	Drugs and Alcohol National Occupational Standards
DAST	Drugs and Alcohol Strategy Team
DHSSPS	Department of Health, Social Services and Public Safety
DMD	Drug Misuse Database
EDACT	Eastern Drugs and Alcohol Co-ordination Team
EHSSB	Eastern Health and Social Services Board
FOIA	Freedom of Information Act 2000
DPA	Data Protection Act 1998
GP	General Practitioner
HAZ	Health Action Zone
HSENI	Health and Safety Executive for Northern Ireland
HSS	Health and Social Services
HSSBs	Health and Social Services Boards
IDU	Intravenous Drug User
IV	Intravenous
JIM	Joint Implementation Model
LHSCG	Local Health and Social Care Group
LLR	Liquor Licensing Review
MGPH	Ministerial Group on Public Health
NDACT	Northern Drugs and Alcohol Co-ordination Team
NGO	Non-Governmental Organisation
NHSSB	Northern Health and Social Services Board
NI	Northern Ireland
NIO	Northern Ireland Office
NIDAC	Northern Ireland Drugs and Alcohol Campaign
NIPS	Northern Ireland Prison Service
NSD	New Strategic Direction
NSDAD	New Strategic Direction for Alcohol and Drugs
NSDSG	New Strategic Direction Steering Group
NSES	Needle and Syringe Exchange Scheme



OFMDFM	Office of the First Minister and Deputy First Minister
OTC	Over-the-counter
PBNI	Probation Board for Northern Ireland
PSNI	Police Service of Northern Ireland
RPA	Review of Public Administration
RUC	Royal Ulster Constabulary (now PSNI)
SA & MT	Standardised Assessment and Monitoring Tool
SDACT	Southern Drugs and Alcohol Co-ordination Team
SEGs	Safer Entertainment Guidelines
SHSSB	Southern Health and Social Services Board
SMIP	Substance Misuse Implementation Plan
WACYPC	Western Area Children and Young People's Committee
WDACT	Western Drugs and Alcohol Co-ordination Team
WFD	Workforce Development
WHO	World Health Organisation
WHSSB	Western Health and Social Services Board

