



Department of
**Health, Social Services
and Public Safety**

www.dhsspsni.gov.uk

New Strategic Direction for Alcohol and Drugs

Phase 2

2011-2016

**A Framework for Reducing Alcohol and Drug
Related Harm in Northern Ireland**

December 2011

Contents

<i>Chapters</i>	<i>Page</i>
1. Introduction	1
2. Background to the Development and Delivery of the NSD	3
3. Current Position	7
4. The NSD Review, Emerging Issues of Concern, and the NSD Phase 2 Consultation	23
5. NSD Phase 2 – The Revised Approach	29
6. NSD Phase 2 – Aims, Objectives, and Key Priorities	36
7. Outcomes and Indicators	40
8. Implementation and Delivery	43
 <i>Annexes</i>	
A Outcomes	48
B Equality Impact Assessment	59
C Notes: Admissions to Hospitals with an Alcohol / Drug Related Diagnosis	60
D Glossary of Terms	62
E Useful References & Links	64

1 Introduction

- 1.1 Alcohol and drug misuse, and their related harms, cost our society hundreds of millions of pounds every year. However, this financial burden can never fully describe the full impact that substance misuse has on many vulnerable individuals, including children and young people, families, and communities in Northern Ireland. Alcohol and drug misuse have therefore been identified as significant public health and social issues in Northern Ireland over many years, and they continue to be a key priority.
- 1.2 In 2005 the Department of Health, Social Services, and Public Safety (DHSSPS) led the development of a cross-sectoral strategy that sought to reduce the harm related to both alcohol and drug misuse in Northern Ireland. DHSSPS launched this strategy, entitled the *New Strategic Direction for Alcohol and Drugs* (NSD), in 2006.
- 1.3 Originally, the NSD had a five-year life span. However, following discussion at the NSD Steering Group (the group which oversees the ongoing policy development and delivery of the Strategy), it was agreed that despite significant progress, five years allowed a limited amount of time for a public health strategy to be embedded and, particularly, to change culture and behaviours.
- 1.4 It was agreed that, rather than undertaking a full new strategic development process, the existing NSD would be reviewed, revised, and extended until 2016. This decision was taken to ensure a consistent approach on the issue

over a ten-year period, and to ensure that resources continue to be directed at front-line services, programmes, and interventions. It also allowed the NSD to reflect new trends, and re-direct effort to where it is most needed or to where new issues/concerns are emerging.

- 1.5 This document is the outcome of that work, and sets the policy direction for reducing the harm related to alcohol and drug misuse across Northern Ireland for the period October 2011 – October 2016.

2 Background to the Development and Delivery of the NSD

NSD Development

- 2.1 Since 1986, there have been a number of Government initiatives to develop and implement a strategic response to alcohol and drug misuse. Initially there were separate strategies for Alcohol (2000) and Drug (1999) misuse, however in May 2001 the Model for the Joint Implementation of the Drug and Alcohol Strategies (JIM) was launched.
- 2.2 In 2004 following a review of the two strategies and of the JIM, there was agreement that a *New Strategic Direction for Alcohol and Drugs* (NSD) needed to be developed to tackle the harm related to these issues in Northern Ireland. DHSSPS began work to develop the NSD in April 2005 and followed a six-stage approach to produce a fully integrated, inclusive and co-ordinated strategic direction for addressing alcohol and drug misuse in Northern Ireland over the period 2006-2011. The intention was to combine a clear regional vision with local and community aspirations.
- 2.3 There was a comprehensive and inclusive engagement and consultation element to the original NSD's development. DHSSPS established ten special interest groups to look at specific issues such as workforce development, young people, and service users. In addition, a range of bi-lateral discussions, seminars, workshops and meetings was held to give key stakeholders the opportunity to shape the development of the NSD.

- 2.4 Following a formal public consultation during February/March 2006, DHSSPS published the original NSD in May 2006, and its implementation began in October 2006.

NSD Implementation

- 2.5 The Health Minister established the overarching NSD Steering Group in 2006. The Chief Medical Officer chairs this group and the Health Minister attends meetings as appropriate. The primary role of the Steering Group is to oversee and drive forward work to achieve the outcomes contained in the NSD. It also considers and makes recommendations in respect of policy and action on relevant issues raised by members, and those teams and groups who report to it.
- 2.6 Membership of the Steering Group includes relevant professionals, statutory bodies and agencies, Government Departments, and voluntary/community sector representatives.

Advisory Groups

- 2.7 The Department established four advisory groups to provide advice and policy guidance on specific priorities contained within the NSD, and to inform the work of the NSD Steering Group. These groups were:
- Children, Young People and Families;
 - Treatment and Support
 - Binge Drinking (*now* referred to as the Alcohol Advisory Group); and
 - Law and Criminal Justice.
- 2.8 The function of each group is to provide advice that draws on expertise in relation to the individual groups' strategic priorities and needs of specific strategic areas. Each group advises, commends and provides informative feedback on the NSD and its outcomes, and on relevant issues related to its own specific remit.

- 2.9 As part of the changes to the Health and Social Care system, and the taking forward of the Bamford Review, it was agreed that the work of the previous Treatment and Support Advisory Group would be carried out by the Substance Misuse Group established as part implementation of the Bamford Review. This group reports to the NSD Steering Group through its Chair.
- 2.10 DHSSPS also established a Liaison Group consisting of the Chairs of each advisory group along with the senior co-ordinators from the Public Health Agency (PHA), plus representatives from the Public Health Information and Research Branch and the Health Development Policy Branch within the DHSSPS. This group meets on a regular basis and helps to monitor overall progress against the NSD's targets and outcomes, and integrates and co-ordinates relevant issues.

Local Delivery

- 2.11 The NSD clearly recognised that local assessment of need, and the development and delivery of services, programmes and initiatives to meet these needs, is paramount to address this issue effectively. In support of this the local Drug and Alcohol Co-Ordination Teams (DACTs), which operated in each of the legacy Health and Social Service Board areas, developed local action plans. These action plans match and reflect NSD priorities, and support the implementation of the NSD at the local level. In order to deliver on these Local Action Plans, the PHA tendered for the services they require in their respective areas, enabling all organisations to bid to provide these services.
- 2.12 The PHA has established local delivery structures to oversee the implementation of their local action plans.

Community Involvement

2.13 From the very outset, the development of the NSD has benefited from the input and expertise of the voluntary and community sector. This was facilitated through focus group discussions, the Independent Sector Forums, and representation on the NSD Steering Group and the related Advisory Groups.

Links to Other Government Strategies

2.14 The NSD also contributes to, and is supported by, a wide range of other Government Strategies, such as the forthcoming Community Safety Strategy, Neighbourhood Renewal, Investing for Health, Accident Prevention, etc. This integration of strategies is supported by reciprocal involvement in relevant steering groups, and through the overarching lead given by Ministerial Group on Public Health. This enables more effective use of resources and a range of strategies to work together to achieve Government's overarching targets.

3 Current Position

3.1 The following Chapter sets out the current overarching position in relation to the prevalence of alcohol and drug misuse in Northern Ireland. This is only the outline position, and much more detailed information is available on prevalence and other related indicators (such as treatment, crime, etc.) in the detailed NSD Update Report which is available at:

http://www.dhsspsni.gov.uk/nsd_update_report_-_april_2010.pdf

Alcohol

3.2 An estimate undertaken in 1998 placed the social cost of alcohol related harm in Northern Ireland at £770m. A further piece of work published by the Department in 2010 (available online at:

http://www.dhsspsni.gov.uk/social_costs_of_alcohol_misuse_200809.pdf)

estimated that the cost of alcohol misuse could be as much as £900 million each year. It should be noted that the more recent figures cannot be directly compared to the 1998 figures as the methodology has changed over time.

3.3 According to the Continuous Household Survey, alcohol consumption has remained relatively constant since 2000/01, although, in recent years, we have seen a slight decrease in the proportion of people drinking above sensible levels and at dangerous levels.

