



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

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agus Sábháilteachta Poiblí**

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New Strategic Direction for Alcohol and Drugs (2006 – 2011)

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1. Executive Summary

1.1 Alcohol and drug misuse remain significant public health issues in Northern Ireland, and have been the subject of regional and local initiatives and activities for a number of years. Following the Review of the drugs and alcohol strategies and the Joint Implementation Model in 2005, a New Strategic Direction for Alcohol and Drugs has been developed. It will build on the objectives of the previous strategies and the successes of the Joint Implementation Model to take forward a five-year plan to address the overall aim of reducing the level of alcohol and drug related harm in Northern Ireland.

1.2 Long Term Aims

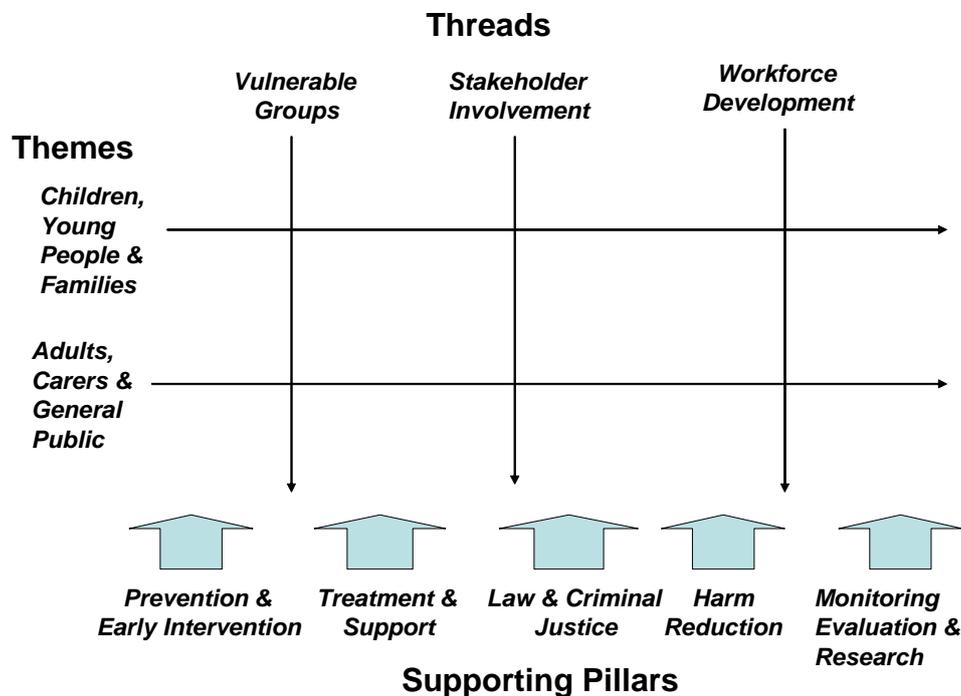
- 1.2.1 The New Strategic Direction has a set of overarching long term aims:
- 1.2.2 To provide accessible and effective treatment & support for people who are consuming alcohol and/or using drugs in a hazardous, harmful or dependent way.
- 1.2.2 To reduce level, breadth and depth of alcohol and drug-related harm to users, their families and/or their carers and the wider community.
- 1.2.3 To increase awareness on all aspects of alcohol and drug-related harm in all settings & for all age groups.
- 1.2.4 To integrate those policies which contribute to the reduction of alcohol and drug-related harm into all Government Department strategies.
- 1.2.5 To develop a competent skilled workforce across all sectors that can respond to the complexities of alcohol and drug use and misuse.
- 1.2.6 To promote opportunities for those under the age of 18 years to develop appropriate skills, attitudes & behaviours to enable them to resist societal pressures to drink alcohol and/or use illicit drugs.
- 1.2.7 To reduce the availability of illicit drugs in Northern Ireland.

1.3 Indicators of Harm

1.3.1 The long-term aims will be measured by a set of Indicators of Harm, which will form the basis of an annual report.

1.4 Structure

1.4.1 The New Strategic Direction has developed a structure involving five supporting pillars, three threads and two themes. This can be illustrated as follows:



1.5 Supporting Pillars

1.5.1 In developing the New Strategic Direction we have identified five supporting pillars. These pillars provide the conceptual and practice base for the whole strategy. This approach ensures that a more co-ordinated and integrated approach to alcohol and drug misuse in Northern Ireland can be accomplished.

1.5.2 **The five pillars are:**

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

1.6 Themes

1.6.1 A particular feature of the New Strategic Direction (NSD) is the identification of two themes. These are: Children, Young People and Families; *and* Adults, Carers 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.

1.7 Threads

1.7.1 In addition to the five supporting pillars and two themes, the NSD also highlights three threads which run through the strategy development and implementation.

Workforce Development

1.7.2 The development of a skilled and competent workforce across all sectors is crucial.

Stakeholder Involvement

1.7.3 The New Strategic Direction recognises the need to ensure the involvement of key stakeholders including service users and local communities and is aiming to see a measurable improvement in the

extent to which stakeholders are empowered and encouraged to fully participate in policy development and service delivery.

Vulnerable Groups

- 1.7.4 The New Strategic Direction would like to see a high priority given to prevention and early intervention, treatment and support and appropriate harm reduction initiatives targeting 'at risk' groups and vulnerable young people.

1.8 Key Priorities

- 1.8.1 Although the New Strategic Direction 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:

- Developing a regional commissioning framework
- 4 Tier Model for services
- Effectiveness indicators for treatment
- 'At risk' groups and vulnerable young people
- Addressing binge drinking
- Tackling alcohol and drug-related anti-social behaviour
- Reduce availability of illicit drugs
- Young people's services
- Under-age drinking
- Illicit drug use

1.9 Outcomes

- 1.9.1 At the heart of the New Strategic Direction are the outcomes. These represent the way in which the long-term aims will be achieved. As described earlier, alongside the long-term aims a number of key long-term

outcomes have been developed. These are then supported by short-term and medium-term outcomes, and it is these which will provide the focus for activities and future work.

2. Background

2.1.1 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 quite rightly 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.

2.2 Tackling Drug Misuse

2.2.1 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.

2.2.2 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.

2.2.3 In June 1995 the Government set up the Central Coordinating 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.

2.2.4 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 coordinated and integrated Government action against drugs.

2.2.5 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*¹ 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;
- to protect communities from drug-related anti-social and criminal behaviour;
- to enable people with drug problems to overcome them and have healthy and crime-free lives;
- to reduce the availability of drugs in communities.

2.2.6 In December 1999 the new 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 coordination 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.

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

2.2.7 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.

2.3 Addressing Alcohol Misuse

2.3.1 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 Interdepartmental 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).

2.3.2 In May 1998, a multidisciplinary 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.

2.3.3 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*² in September 2000. It focused on encouraging sensible drinking within medical guidelines, improving treatment services and protecting individuals and communities from alcohol-related harm.

2.4 Joint Implementation of the Drug and Alcohol Strategies

2.4.1 In May 2001, a Model for the Joint Implementation of the Drug and Alcohol Strategies³, or Joint Implementation Model (JIM), was approved.

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

³ Model for the Joint Implementation of the Drug and Alcohol Strategies (May 2001)
<http://dhsspsni.gov.uk/publications/2003/jointdrug.pdf>

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, there are four Drugs and Alcohol Coordination Teams (DACTs) who work 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.

2.5 ‘New Way Forward’

2.5.1 It was agreed at a meeting of DAISG 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.

2.6 Review of the two strategies and the Joint Implementation Model

2.6.1 The Review of the two strategies and the efficiency and effectiveness of the implementation model⁴ 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

⁴ 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.dhsspsni.gov.uk/publications/2005/drugs-alcohol-Report-NI-review.pdf>

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 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.

2.7 New Strategic Direction

2.7.1 This began in April 2005 and has been following a six-stage approach to ensure the development of 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 has been to combine a clear regional vision with local and community aspirations. A more detailed description of the development of the New Strategic Direction can be found in Chapter 4.

2.8 Review of Mental Health and Learning Disability

2.8.1 In 2002 Professor David Bamford was asked to undertake an extensive review of mental health and learning disability in Northern Ireland⁵. 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 is due to be published shortly. It is expected to contain a number of recommendations relating to many of the issues which have also been considered within this document, although largely within the narrower remit of treatment.

⁵ Review of Mental Health & Learning Disability (N.I.) www.rmhdni.gov.uk

2.9 Recent Developments

- 2.9.1 On 22 November 2005 the Government announced plans for the reform of public administration in Northern Ireland⁶. 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. These and other changes in respect of education and local government are likely to have an impact on the New Strategic Direction in the medium term.

⁶ Review of Public Administration in Northern Ireland (*November 2005*)

3. Current Position

3.1.1 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.

3.2 Alcohol

Summary

3.2.1 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.

3.2.2 Of those adults who do drink, a significant proportion of males drink over 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.

3.2.3 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.

3.2.4 Adult drinking patterns do appear to differ depending on gender, age and socioeconomic background.

3.2.5 Young people's drinking has remained relatively constant in recent years.

3.2.6 The figures below are for adults aged and are taken from the Continuous Household Survey.

% of drinkers in each drinks category

	2000/01	2002/03	2004/05
Non-Drinker	28	24	24
Below sensible levels	54	56	70
Above sensible, below dangerous	13	15	6
Dangerous levels	5	6	1

% of drinkers in each drinks category (Men)

	2000/01	2002/03	2004/05
Non-Drinker	21	19	19
Below sensible levels	50	48	76
Above sensible, below dangerous	19	22	5
Dangerous levels	9	11	1

% of drinkers in each drinks category (Women)

	2000/01	2002/03	2004/05
Non-Drinker	33	27	28
Below sensible levels	57	61	65
Above sensible, below dangerous	9	9	6
Dangerous levels	1	2	1

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

	Lifetime Prevalence	Last Year Prevalence	Last month prevalence
Alcohol 2000	NA	NA	57.9
Alcohol 2003	NA	NA	59.5

3.3 Drug Use

Summary

- 3.3.1 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 seen changes which reflect 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 the rest of the British Isles 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.
- 3.3.2 This trend seemed to grow slowly into the early 21st century, but since then the rise in drug use among young people seems to have slowed, although cannabis use is still of some concern and there has not been an explosion in opiate use as was seen in Dublin and parts of Britain at the end of the 1990's. However it would appear that there has been an increase in the use of cocaine as exemplified by increased seizures, treatment referral figures and anecdotal evidence.
- 3.3.3 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-olds⁷

Prevalence Table 1 – Northern Ireland						All HSSB Areas											
Table 1.1: Northern Ireland – Lifetime Prevalence (%)						Table 1.2: Northern Ireland – Last Year Prevalence (%)					Table 1.3: Northern Ireland – Last Month Prevalence (%)						
	All adults		Young adults		Older adults		All adults		Young adults		Older adults		All adults		Young adults		Older adults
	15-64	Males	Females	15-34	35-64		15-64	Males	Females	15-34	35-64		15-64	Males	Females	15-34	35-64
Total Sample (unweighted)	(3516)	(1575)	(1941)	(1397)	(2119)	Total Sample (unweighted)	(3516)	(1575)	(1941)	(1397)	(2119)	Total Sample (unweighted)	(3516)	(1575)	(1941)	(1397)	(2119)
Any illegal drugs ¹	20.0	26.7	13.5	30.9	11.5	Any illegal drugs ¹	6.4	9.7	3.1	11.6	2.2	Any illegal drugs ¹	3.4	5.7	1.1	6.1	1.2
Cannabis	16.8	23.3	10.5	25.1	10.3	Cannabis	5.4	8.7	2.2	9.8	2.0	Cannabis	2.9	5.1	0.8	5.4	1.0
Heroin	0.2	0.4	-	0.3	0.1	Heroin	-	-	-	-	-	Heroin	-	-	-	-	-
Methadone	0.1	0.2	0.1	0.2	0.1	Methadone	*	-	0.1	-	0.1	Methadone	*	-	0.1	-	0.1
Other Opiates ²	18.0	16.4	19.5	17.9	18.0	Other Opiates ²	8.0	6.9	9.0	7.5	8.3	Other Opiates ²	4.1	3.1	5.2	3.3	4.8
Cocaine (total, including crack)	1.6	2.8	0.5	2.9	0.6	Cocaine (total, including crack)	0.5	1.0	0.1	1.0	0.1	Cocaine (total, including crack)	0.1	0.2	-	0.2	-
Crack	0.2	0.4	0.1	0.4	0.1	Crack	*	0.1	-	0.1	-	Crack	-	-	-	-	-
Cocaine Powder	1.6	2.7	0.5	2.9	0.6	Cocaine Powder	0.5	0.9	0.1	0.9	0.1	Cocaine Powder	0.1	0.2	-	0.2	-
Amphetamines	4.0	6.3	1.8	7.2	1.5	Amphetamines	0.8	1.4	0.2	1.5	0.2	Amphetamines	0.2	0.5	-	0.3	0.1
Ecstasy	5.8	8.3	3.3	11.3	1.4	Ecstasy	1.6	2.7	0.6	3.3	0.4	Ecstasy	0.5	0.9	0.1	1.1	0.1
LSD	4.5	7.0	2.0	7.8	1.9	LSD	0.1	-	0.1	0.1	-	LSD	*	-	*	*	-
Magic mushrooms	4.3	6.3	2.4	6.4	2.7	Magic mushrooms	0.2	0.4	0.1	0.3	0.1	Magic mushrooms	*	0.1	-	-	0.1
Solvents	2.9	4.1	1.7	5.4	1.0	Solvents	0.2	0.3	0.1	0.3	*	Solvents	0.1	0.1	0.1	0.1	*
Poppers ³	5.5	7.3	3.8	10.9	1.3	Poppers ³	0.5	0.7	0.3	1.1	-	Poppers ³	0.2	0.2	0.1	0.3	-
Anabolic Steroids	0.7	0.7	0.8	0.9	0.6	Anabolic Steroids	0.3	0.3	0.3	0.4	0.3	Anabolic Steroids	0.1	0.1	0.2	0.1	0.1
Nubain®	0.1	0.1	-	0.1	0.1	Nubain®	*	0.1	-	-	0.1	Nubain®	-	-	-	-	-
Sedatives, Tranquillisers, Anti-depressants	22.1	15.5	28.5	16.2	26.7	Sedatives, Tranquillisers, Anti-depressants	12.6	8.7	16.5	8.6	15.8	Sedatives, Tranquillisers, Anti-depressants	9.8	7.0	12.5	5.4	13.2
Alcohol	88.2	90.3	86.0	89.1	87.4	Alcohol	79.3	82.2	76.5	83.4	76.1	Alcohol	67.6	72.7	62.5	70.1	65.5
Tobacco	58.6	61.4	55.8	56.8	59.9	Tobacco	40.2	40.9	39.6	43.2	37.9	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. Tramadol, codeine, Kapakol®, morphine, opium, DPs, dilt, diltas 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.

Figures from Young Persons Behaviour and Attitudes Survey 2000 and 2003⁸

	Lifetime Prevalence	Last Year Prevalence	Last month prevalence
Drugs/Solvents 2000	25.0	11.5	9.7
Drugs/Solvents 2003	23.0	9.6	7.6

⁷ 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)

⁸ Secondary Analysis of the 2003 Young Persons Behaviour and Attitudes Survey (Drugs, Solvents and Alcohol)

3.4 Addressing alcohol and drug misuse

3.4.1 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.

3.4.2 The Joint Implementation Model emphasised three particular strands of intervention – treatment, education and prevention, and criminal justice.

Treatment

3.4.3 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 covering counselling and residential places.

3.4.4 These services collectively provide a full range of treatment options – detoxification, rehabilitation, substitute prescribing and therapeutic counselling. They also provide a counselling and education service for young people through a partnership with a local voluntary organisation

3.4.5 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

3.4.6 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 Joint Implementation Model. A great deal of this work has been carried out within the formal education and youth setting, i.e. schools and clubs, but 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

3.4.7 The criminal justice system has made a major contribution to addressing alcohol and drug misuse in Northern Ireland. Besides the work of the 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 Service and the Prison Service 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.

3.4.8 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 prison service, the probation service and PSNI.

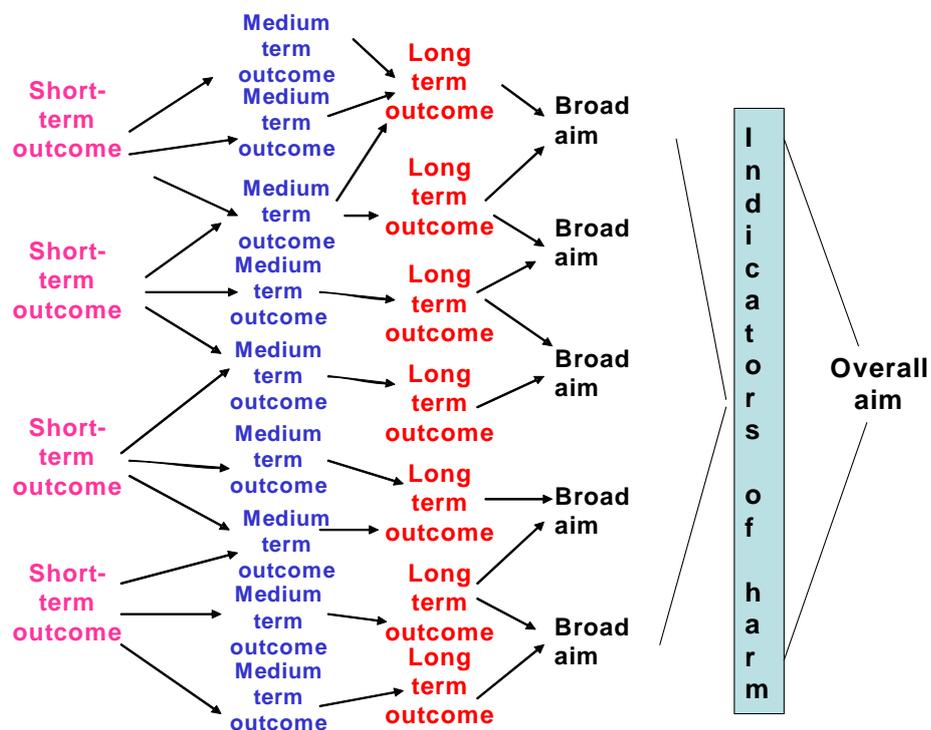
- 3.4.9 As the range of further services available expands and the options available for the courts increase, the assistance that can be offered to willing offenders can also be improved and the effectiveness of each approach monitored.

4. Structure of New Strategic Direction

4.1 Approach

4.1.1 The development of the New Strategic Direction 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. These in turn have been developed in order to 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.

4.1.2 The logic model approach can be best described through the diagram below.



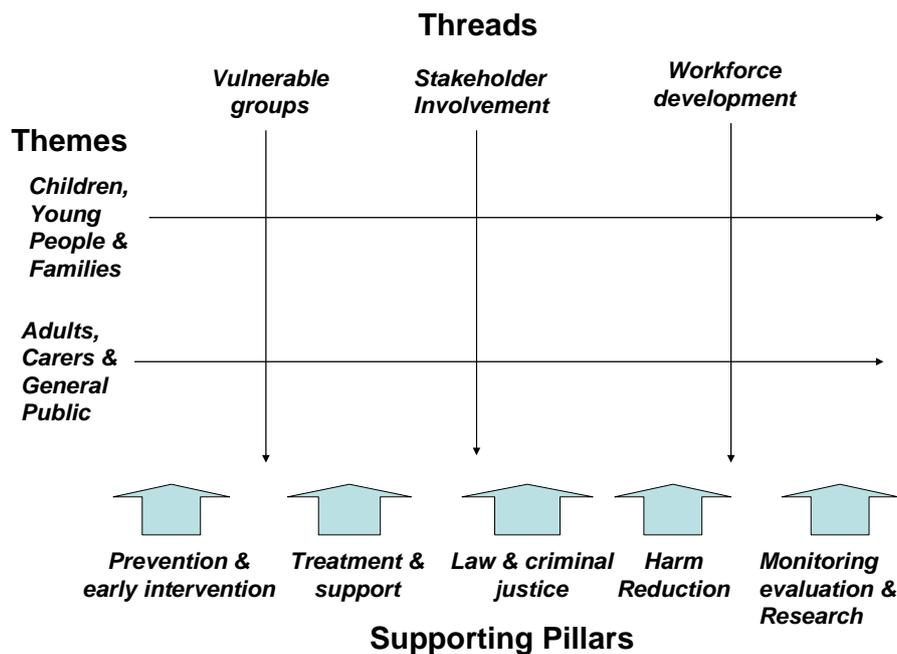
4.1.3 As part of this process Key Indicators of Harm have been proposed which will enable the measurement of the overall success of the New Strategic

Direction. A more detailed description of these is provided later in the document.

4.1.4 A key feature of the logic model approach is the emphasis on consultation, the acquisition of background information and the subsequent analysis of such data. The consultation phase of this approach is described in more detail in Annex A.

4.2 New Strategic Direction Structure

4.2.1 Following the consultation process a number of issues emerged. It was decided that these could be best incorporated through a model which identified pillars, themes, and threads. This is described in the diagram below:



4.2.2 More detailed information on these can be found in subsequent chapters.

4.3 Other elements

4.3.1 The other elements of the New Strategic Direction are:

- Overarching and long-term aims
- Indicators of Harm
- Values and principles
- Key Priorities
- Outcomes

5. Aim of New Strategic Direction

5.1 Overall aim of New Strategic Direction

5.1.1 To reduce the level of alcohol and drug-related harm in Northern Ireland

5.2 Overarching long-term aims

5.2.1 To provide accessible and effective treatment & support for people who are consuming alcohol and/or using drugs in a hazardous, harmful or dependent way

5.2.2 To reduce level, breadth and depth of alcohol and drug-related harm to users, their families and/or their carers and the wider community

5.2.3 To increase awareness on all aspects of alcohol and drug-related harm in all settings & for all age groups

5.2.4 To integrate those policies which contribute to the reduction of alcohol and drug-related harm into all Government Department strategies.

5.2.5 Development of a competent skilled workforce across all sectors that can respond to the complexities of alcohol and drug use and misuse

5.2.6 To promote opportunities for those under the age of 18 years to develop appropriate skills, attitudes & behaviours to enable them to resist societal pressures to drink alcohol and/or use illicit drugs

5.2.7 To reduce the availability of illicit drugs in Northern Ireland

Consultation Questions

Aim of NSD

Q1: Is the overall aim of the NSD appropriate to the needs of Northern Ireland?

Q2: Are the overarching long-term aims appropriate to deliver the overall aim of the NSD?

6. Indicators of Harm

6.1.1 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 Indicators will be published annually and should form the basis of an annual report on the NSD's progress.

6.2 Alcohol

- Numbers referred to treatment
- Hospital admissions – primary & secondary diagnosis
- Alcohol-related deaths
- Binge drinking target
- Prevalence (hazardous drinking; problem drinkers)
- Per capita consumption or expenditure
- Alcohol-related crime
- Drink-driving
- Public perceptions of alcohol as a social problem

6.3 Drugs

- Numbers referred to treatment
- Hospital admissions – primary & secondary diagnosis
- Drug-related deaths
- Blood Borne Viruses among Injecting Drug Users
- Prevalence (including problem prevalence)
- Drug related crime
- Drug driving
- Disruption of supply markets
- Public perceptions of drugs as a social problem

Consultation Questions

Indicators of Harm

Q3: Are these indicators of harm appropriate to measure the extent to which the overall aim of reducing alcohol/drug harm has been met?

Q4: Are you aware of any other high level indicators of harm which could be appropriately used?

7. Values & Principles

7.1.1 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 new strategic direction 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.

7.2 Values

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

Person Centred and Non-Judgemental

7.2.2 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, we can empower people to make healthier choices and support personal growth that can prevent or reduce the misuse of substances. This strategy 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

7.2.3 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

- 7.2.4 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

- 7.2.5 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 or geographical location.

7.3 Principles

Partnership

- 7.3.1 Effective partnership has a far greater impact on the complex area of substance misuse rather than fragmented actions carried on in isolation. This strategy 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.

Accountability and Transparency

- 7.3.2 Accountability is an integral part of this strategy. 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

7.3.3 There is no simple or immediate solution to the complex issues of substance misuse. A long-term strategic approach, with measured shorter-term milestones, is required. Therefore, the strategy 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.

Good Practice/Evidence Based

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

7.3.5 The New Strategic Direction 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.

7.3.6 Without the right information it will not be possible to measure the desired outcomes and indicators of harm.

7.3.7 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.

Promoting Social Inclusion

- 7.3.8 Those who experience problems with substance misuse may be at risk of being marginalised by society. The Strategy is committed to striving to eliminate inequalities and aims to be both reasonable and just in all its activities and responsibilities. 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.

Value for Money

- 7.3.9 Ensuring that resources are used in a way that minimises costs, maximises outputs and always seeks to achieve intended outcomes.

Communication

- 7.3.10 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.

Consultation Questions

Values and Principles

- Q5: Are the values and principles appropriate and can they be clearly understood?**
- Q6: Are there any additional values and principles that should be considered?**

8. The Five Pillars

8.1.1 In developing the New Strategic Direction we have identified five supporting pillars. These pillars provide the conceptual and practice base for the whole strategy. This approach ensures that a more co-ordinated and integrated approach to alcohol and drug misuse in Northern Ireland can be accomplished.

8.1.2 The five pillars are: Prevention and Early Intervention; Treatment and Support; Law and Criminal Justice; Harm Reduction; *and* Monitoring, Research and Evaluation.

8.2 Prevention and Early Intervention

8.2.1 Prevention and Early Intervention is fundamental to the success of this 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 will also be 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 risks factors and the development of protective factors associated with the prevention of alcohol and drug related harm. It will also stress the importance of interventions tailored to particular settings such as the school, community and workplace. *[Further information on the types of prevention and risk and protective factors is provided in Annex B.]*

8.3 Treatment and Support

8.3.1 It is clear that a comprehensive range of early intervention, treatment and rehabilitation services for people affected by alcohol and drug use. Particular stress needs to be placed on the continuity of care, and the need to develop greater linkages across agencies and the HSS. Similarly

we need to ensure that people are 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 tackle 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
- 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 B]

8.4 Law and Criminal Justice

8.4.1 The New Strategic Direction 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.

8.5 Harm Reduction

8.5.1 Harm reduction refers to policies, strategies and programmes designed to reduce the harm associated with the use of alcohol and illicit drugs. 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.

8.5.2 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.

8.5.3 Within the overall context of the New Strategic Direction, 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; those *demand reduction* strategies designed to prevent the uptake of harmful use, including abstinence orientated strategies and treatment to reduce substance misuse; and also *harm reduction* strategies which reduce alcohol and drug-related harm to individuals and communities.

8.6 Monitoring, Research and Evaluation

8.6.1 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 New Strategic Direction and ultimately measure its success.

8.6.2 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.

- 8.6.3 In addition, well-designed and targeted research projects can address gaps in knowledge and seek to explore specific topics and issues in greater detail.
- 8.6.4 It will be essential that the resources available to deliver the New Strategic Direction 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 New Strategic Direction.

Consultation Questions

The Five Pillars

Q7: Do you think the pillars are appropriate and clear?

Q8: Do you feel the five pillars are fully inclusive – are there any gaps?

9. Themes

9.1.1 A particular feature of the New Strategic Direction is the identification of two themes. These are: Children, Young People and Families; and Adults, Carers 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.

9.2 Theme 1 – Children, Young People & Families

9.2.1 Previous strategies have identified children and young people as a particular focus for preventive work. However we also feel it is important to highlight the need to include families within this broad grouping as well. By adopting a more integrated approach the Strategy 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. It will also enable key issues such as Hidden Harm to be addressed within a broader structure, again acknowledging the multi-dimensional aspect of the issue and the cross-sectoral nature of the response. We recognise that in some preventive settings the age limit for 'young people' is 25.

9.3 Theme 2 – Adults, Carers and the General Public

9.3.1 Identifying 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.

Consultation Questions

Themes

Q9: Are the Themes appropriate and clear?

Q10: Do they reflect all the issues relevant to your organisation or sector?

Q11: Do they adequately reflect the issues / needs of general society in NI?

10. Threads

10.1.1 As well as there being a set of values and principles underpinning the NSD with five pillars supporting it, and in addition to the two themes outlined in the previous chapter, there are also three threads which run through the NSD development and implementation. These are Workforce Development, Stakeholder Involvement and Vulnerable Groups.

10.2 Workforce Development

10.2.1 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 New Strategic Direction will require colleagues in related sectors to recognise the significant contribution they can make to addressing drug and alcohol issues.

10.2.2 However, although numbers in the workforce are important it is the competence of those staff which has the most crucial relationship to achievement of the New Strategic Direction aims. All those working with vulnerable individuals need to have a basic substance misuse knowledge and understanding, and one of the key challenges for addressing alcohol and drug-related issues is the successful mainstreaming of such issues into those sectors where it is appropriate. Incorporating basic alcohol and drugs knowledge and skills into the basic and continuing professional development of our colleagues in related sectors will support this process. Typically these sectors are:

- those with a specialist interest (mostly health but also education and criminal justice); including government and NGO sectors
- generalists (e.g. police, GPs, teachers, counsellors)
- non-frontline workers (e.g. policy makers, managers, funders, researchers).

10.2.3 However this in turn will require a planned and co-ordinated workforce development (WFD) approach. It might mean that different WFD

strategies will be required by these diverse groups, each of which has different needs and priorities. Responding effectively to alcohol and drug related issues require specific knowledge and skills.

- 10.2.4 As part of this process we will need to ensure that there are well developed training opportunities available. While knowledge and skills provide a necessary foundation for good work practice, a wide range of factors influence whether a worker can function with maximum effectiveness. These factors include organisational policies and procedures, supportive colleagues/supervisors, training/professional development opportunities, workload, project/organisation funding and so on.

10.3 Stakeholder Involvement

- 10.3.1 There was positive and wide-ranging stakeholder involvement during the pre-consultation process and this has been identified as a necessary thread for the NSD. The essence of stakeholder involvement is to ensure that those who are deemed to be an appropriate target for an intervention or for whom a service is developed should have their views considered throughout the process, and certainly whenever a service or programme is being evaluated. Examples of key stakeholders include service users, parents, older people, young people and communities. There are sensitive and structural issues around representation and capacity, but the NSD would like to see a measurable improvement in the extent to which stakeholders are empowered and encouraged to fully participate in policy development and service delivery.

10.4 Vulnerable Groups

- 10.4.1 It is clear from the experiences of others in addressing alcohol and drug misuse, and from the high level of interest shown in this issue as part of the pre-consultation exercise that the issue of substance misuse and vulnerability is a key one. One of the main points is that many vulnerable people become socially excluded by their circumstances and this may

prevent them from being able to access the same level of advice, information and service as others.

10.4.2 Although it is an issue which is typically associated with 'at risk' young people, within the context of the New Strategic Direction vulnerability refers to both young people and adults.

10.4.3 The following groups were identified as vulnerable in respect of alcohol and drug misuse:

- homeless, including rough sleepers;
- refugees & asylum seekers;
- ethnic minorities;
- street drinkers
- people living with domestic violence;
- sex workers;
- ex-offenders;
- vulnerable young people, including: looked after children, young offenders, young homeless, young people excluded from school and children of alcohol/drug using parents. *This latter issue has been the subject of a separate and more detailed examination, resulting in the Hidden Harm report⁹.*
- older people dependant on alcohol and/or drugs and
- people with mental health problems.

Consultation Questions

Threads

Q12: Are the three threads appropriate and clear?

Q13: Is there anything missing / omitted in the threads?

⁹ Hidden Harm – Responding to the Needs of Problem Drug Users (Home Office 2003)
The report of an enquiry by the Advisory Council on the Misuse of Drugs

11. Key Priorities

11.1 Although the New Strategic Direction 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.

11.2 ***Developing young people's services***

The pre-consultation 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.

11.3 ***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 following sound conceptual principles and that they are following acknowledged and, where possible, evidenced good practice. In this respect we endorse the recent set of principles developed by the Eastern Drug and Alcohol Co-ordination Team (EDACT).

11.4 ***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 New Strategic Direction vulnerability refers to both young people and adults.

11.4.1 The following groups have been identified as vulnerable in respect of alcohol and drug misuse:

- 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.
- Street drinkers.
- Those excluded from communities because of their alcohol and/or drug use.

11.4.2 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.

11.5 ***Addressing under-age drinking***

Under age drinking is a concern for everyone and needs to be addressed at many levels. A range of initiatives both regional and local will be implemented through the life of this strategy. Particular emphasis must be put on the development of regional and local partnerships to address this issue.

11.6 *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.

11.7 *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.

11.8 *Developing a Regional Commissioning Framework*

The Audit of Statutory Addiction Services (*Kenny 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 Britain 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.

11.9 *Developing a 4 Tier Model for services*

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 and the Models of Care document developed by the National Treatment Agency.

11.10 *Developing effectiveness indicators for treatment*

The Audit of Statutory Addiction Services (*Kenny 2003*) commissioned by the four HSSBs also 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.

11.11 *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 aims to address this issue.

11.12 *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.

Consultation Questions

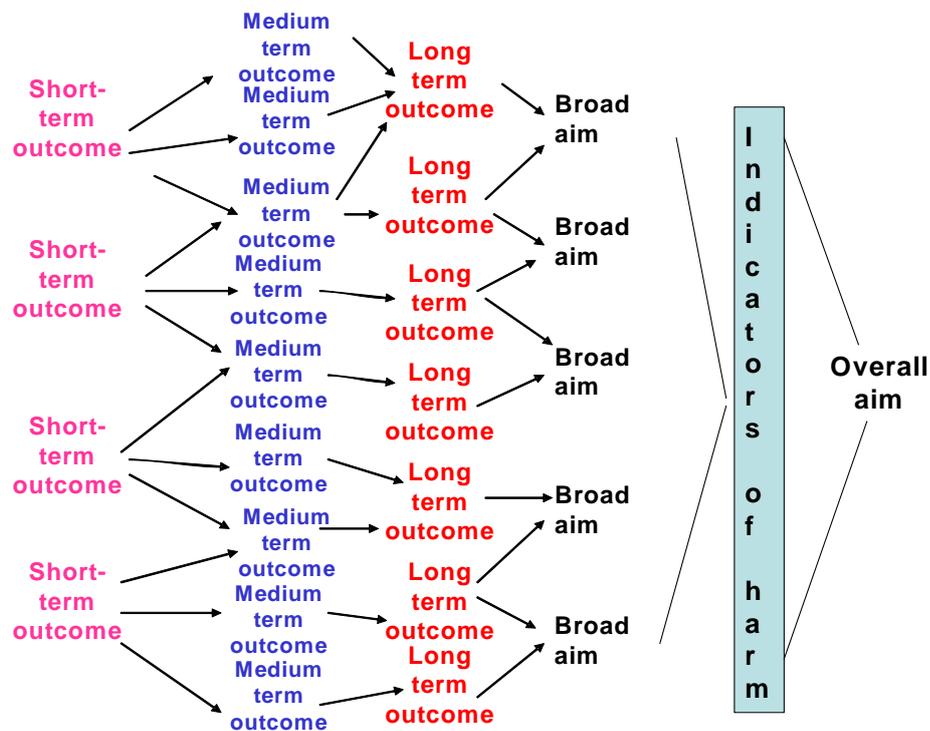
Key Priorities

Q14: Are they suitable?

Q15: Are there any other priorities which should be considered?

12. Outcomes

12.1.1 At the heart of the New Strategic Direction are the outcomes. These represent the way in which the long-term aims will be achieved. As described earlier, alongside the long-term aims a number of key long-term outcomes have been developed. These are then supported by short-term and medium-term outcomes, and it is these which will provide the focus for activities and future work. By short term we mean within 18 months of the New Strategic Direction’s start, medium term is within three years, and long term within five years. This is based on the logic model approach and can be described with this diagram:



12.1.2 Below are listed the short-term, medium term and long-term outcomes in respect of the two themes. In Annex C, the outcomes are grouped under the five pillars.

12.2 Theme 1

Children, Young People and Families

Short-Term Outcomes

- A framework to deliver a 4 Tier model for children's services established.
- 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.
- Service specifications for level 2 and 3 services for under 18 year olds and parents developed.
- An integrated Hidden Harm strategy for alcohol and drugs developed.
- A set of agreed principles of best practice for alcohol and drug education applicable across all sectors developed
- All those responsible for providing alcohol and drug education have plans in place to deliver such programmes within 12 months
- A regional initial assessment tool for agencies working with vulnerable young people across all sectors including youth justice and allied preventative services developed
- Joint plans by children service planning in relation to vulnerable young people and drug and alcohol misuse developed with the support of DACTs.
- 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 and if appropriate implemented
- Schemes and co-ordinated activities that address under-age drinking developed and promoted both regionally and locally
- Current and future liquor licensing regulations and laws concerning under-age drinking enforced

- 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.
- Gaps in training and support needs of existing staff/agencies who work with under 18 year-olds with substance misuse issues identified.
- Knowledge & understanding among young people about the dangers and risks of misuse of alcohol and illicit drugs to have increased
- The skills of young people to enable them to resist social pressures to experiment with alcohol and illicit drugs to have been further developed
- The proportion of young people who see taking illicit drugs and getting drunk as socially unacceptable to have been increased

Medium Term Outcomes

- A 4-Tier model for children services across Northern Ireland implemented
- The number of young people and parents accessing treatment and support services increased
- The availability and accessibility of alcohol by young people reduced
- The proportion of young people who get drunk decreased
- The proportion of young people who drink on a regular basis decreased
- The proportion of young people who take drugs on a regular basis decreased
- 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
- The 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
- 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
- The skills and knowledge of parents in respect of addressing alcohol and drug issues with their children is increased

Long Term Outcomes

- 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.
- Children and young people have access to early interventions and appropriate support services directly related to their alcohol and drug use.
- Appropriate & effective treatment and support services are (open and) accessible to those children and young people who require it.
- The levels of alcohol and drug-use among children & young people and its subsequent negative impact on their society is reduced

12.3 Theme 2

Adults, Carers and General Public

Short Term Outcomes

- A group to oversee the development of a Standardised Assessment and Monitoring Tool (SA&MT) established
- A five-year integrated binge-drinking prevention campaign developed
- Protocols for the involvement of key stakeholders to have been developed
- The Safer Entertainment Guidelines to have been implemented
- A Regional Commissioning Group in respect of treatment and support established
- A group to develop effectiveness indicators in respect of treatment established
- Specific work in respect of identified vulnerable groups included in DACTs' action plan
- Existing relationships between CSPs and DACTs to have been further developed
- Provision of needle and syringe exchange reviewed and proposals for its possible extension developed
- The proportion of adults who binge drink is reduced
- The proportion of adults who drink sensibly and responsibly has increased
- Local community support workers appointed
- A regional workplace alcohol and drugs policy co-ordinator appointed
- A regional service user development worker appointed
- Proposals to address the employment needs of problem substance users developed
- A regional co-ordinated cross-sectoral response to those issues in respect of identified vulnerable groups developed
- 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

- Education and training for professionals, carers and families in relation to substance misuse problems in older people to be supported by appropriate resources
- A Regional Harm Reduction Co-ordinator appointed
- The impact of arrest referral schemes in Northern Ireland assessed, and if appropriate the number of schemes extended.
- The need for, and impact of Drug Treatment and Testing Orders in Northern Ireland assessed
- The number of police officers trained in Drug Influence Recognition/Field Impairments Testing techniques increased
- The number of detections for drink and drugs driving increased
- To have participated in a UK pilot for the Home Office to assess a range of new devices to test drivers for drinking and driving

Medium Term Outcomes

- Regional commissioning guidelines for the commissioning of adult addiction services in place
- Agreed measures of effectiveness of treatment in place
- 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 has reduced
- The number of problems users who access treatment and support services has increased
- Targeted local prevention and harm reduction programmes in place
- DACTs and CSPs delivering agreed co-ordinated activities addressing local issue/concerns in respect of alcohol and drug-related anti-social behaviour
- The level of alcohol and drug-related traffic accidents lowered
- The number of GPs contributing to the substitute prescribing programme has increased
- The needle and syringe exchange service taking on board comments from review

- The number and capacity of local initiatives responding to alcohol and drug issues increased
- The number of workplaces implementing alcohol and drug policies increased.
- The numbers of substance misuse crisis admissions to hospitals and residential nursing homes reduced

Long Term Outcomes

- The proportion of adult male and female drinkers who drink in a manner harmful to their own health and a subsequent negative impact on society is 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 is 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
- The level of public confidence in how alcohol and drug-related issues, and their impact at community level are addressed has been increased
- All those deemed vulnerable have equitable access to appropriate and effective prevention, early intervention, support and treatment services.
- Organised gangs involved in supplying drugs to Northern Ireland are disrupted
- A body of legislation that will meet the needs of the Northern Ireland 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

12.4 Associated Outcomes

Short-Term

- Arrangements for the monitoring and evaluation of all new initiatives funded as part of the New Strategic Direction established.
- Appropriate Performance Indicators, both regional and local, in respect of the Indicators of Harm developed.
- Existing monitoring systems (DMD, Substitute Prescribing and Needle Exchange) 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 Indicators of Harm established.
- An annual report on the Indicators of Harm published.
- 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 Northern Ireland.
- 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.
- The working relationship between the criminal justice sector and the health service to ensure an integrated approach to tackling alcohol and drug offending behaviour continuing to improve.
- The police are supported in their activities to reduce the availability of illicit drugs in Northern Ireland.

- Drink driving media campaigns continued and their impact assessed.
- Roadside drug screening devices in place when available.
- New roadside breath testing devices in place for drink drivers when available.
- An “Early Warning System” in respect of alcohol and drug trends and developments developed.
- Promotion of schemes that tackle the problem of anti-social behaviour.
- Promotion of the “night-time economy” through reducing crime and disorder in town centres.

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.

Long Term Outcome

- The current penalties and blood / alcohol limits associated with drink-driving to be considered with a view to strengthening them to reflect EU levels.

Consultation Questions

Outcomes

Q16: Do the long term outcomes adequately reflect the aims of the New Strategic Direction?

Q17: Are the outcomes realistic and achievable?

Q18: Are there any other outcomes that would ensure the successful achievement of the long term aims which are not stated?

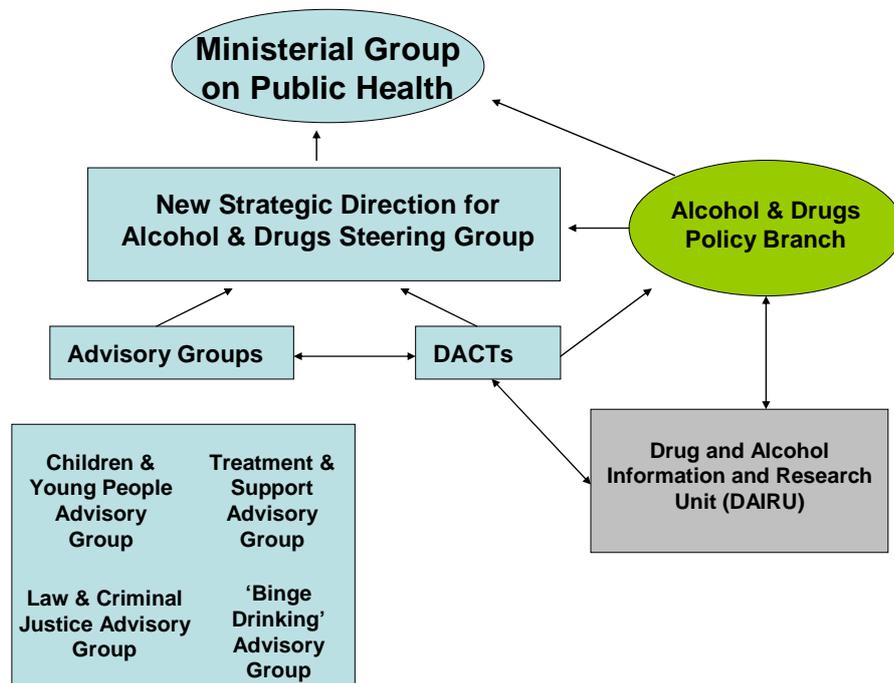
13. Implementation

- 13.1.1 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 have always sat within the overarching public health strategy of Investing for Health, 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 and that to a certain extent there is an argument for shared accountability. It is also 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. Thus there is a need to ensure that existing outcomes remain appropriate. Professor Parker's review did highlight that the previous Joint Implementation Model structure was particularly burdensome, but also acknowledged that there was a need to ensure key priority issues were addressed.
- 13.1.2 In the light of the above we are therefore proposing the following:
- 13.1.3 There will be a New Strategic Direction (for Alcohol and Drugs) Steering Group (NSDSG) chaired by the Permanent Secretary DHSSPS. 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.
- 13.1.4 This group in turn will report to current Ministerial Group on Public Health (MGPH). This group 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.

- 13.1.5 There will be four new Advisory Groups
- Children, Young People and Families
 - Treatment and Support
 - Law and Criminal Justice
 - 'Binge Drinking'
- 13.1.6 Their role will be to:
- (i) advise the NSDSG in respect of the particular issue,
 - (ii) comment on current work towards the outcomes in the Strategy and
 - (iii) make recommendations as to future work and direction.
- 13.1.7 Their membership will consist of key statutory and non-statutory stakeholders including service user representation.
- 13.1.8 Within the Department there will be a reconfigured Alcohol and Drug 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 co-ordinate delivery of the outcomes.
- 13.1.9 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, but there will be a clear need for local co-ordination and monitoring, and until as such time that new arrangements are put in place the current local co-ordination arrangements will continue. However we are proposing that the relationship between the local co-ordinating teams (DACTs) and the Department is clarified, similarly responsibilities in respect of monitoring and accountability. The intention is that DACTs have 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 New Strategic Direction. It is also proposed that DACTs as part of their own Action Plans develop targets and performance indicators in support of the regional Indicators of Harm. DACTs will then report to NSDSG and the MGPH as to their progress in meeting these targets and progress on their outcomes.

13.1.10 The new structure is envisaged as:



Consultation Questions

Implementation

Q19: Do you have any comments to make on the proposed structures and process?

14. Monitoring Performance

14.1.1 The New Strategic Direction and its implementation will be reviewed regularly. Monitoring of performance will take place both regionally and locally, within each sector (i.e. health, education) and in a number of ways.

14.2 Indicators of Harm

14.2.1 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 publish annually a report that outlines progress against the Indicators of Harm. The Drug and Alcohol Information and Research Unit will monitor the indicators regionally. There will be a commitment from all sectors to provide relevant information.

14.3 Outcomes

14.3.1 The Alcohol and Drugs Policy Branch will produce an annual report on the New Strategic Direction's progress as measured through the achievement of the various outcomes listed. All those with responsibility for an outcome(s) including Departments, organisations, the Drug and Alcohol Coordination Teams 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 New Strategic Direction Steering Group and the Ministerial Group on Public Health, and will be published.

14.4 Monitoring and Evaluation of Funded Initiatives

14.4.1 Evaluation will be an integral element of all new services/programmes funded as part of the New Strategic Direction. They will collect monitoring information to support the evaluation process.

Consultation Questions

Monitoring

Q20: Are the arrangements outlined in the NSD for the monitoring and evaluation appropriate?

15. Role of other Departments / Agencies / Structures and relationship with other Strategies

15.1.1 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.

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

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

- Community Safety Partnerships
- Health Action Zones
- Local Councils
- Irish Congress of Trade Unions
- Employers' organisations
- Faith-based groups and organisations

15.1.3 The above list is not exhaustive. During the period of consultation further discussion will take place with these and other sectors / departments to more clearly identify roles and responsibilities so that these can be acknowledged in the final version.

15.1.4 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 we were mindful of the wide range of existing and proposed strategies / initiatives which illustrate this point. *These include:*

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

- 15.1.5 The final version will include clear supportive outcomes in respect of these and other strategies following further discussion.

- 15.1.6 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.

16. Equality

- 16.1.1 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 -*
- a. between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;*
 - b. between men and women generally;*
 - c. between persons with a disability and persons without; and*
 - d. between persons with dependants and persons without'.*
- 16.1.2 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'.*
- 16.1.3 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.
- 16.1.4 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 New Strategic Direction 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.

16.1.5 As part of the consultation the Department welcomes your views on this screening decision, particularly in relation to the following question:

Q21: Do you feel that the New Strategic Direction's proposals are addressing adequately those categories of people within the remit of section 75?

16.1.6 The Department will consider all responses before finally deciding whether an Equality Impact Assessment is necessary.

17. How to Respond to the Consultation Paper

- 17.1.1 The Department welcomes your responses and comments on any aspect of this document. They should reach the Department by **31 March 2006**. A response can be submitted by letter, fax, e-mail or via the Department's website. Details are:

NSDAD Consultation
Department of Health, Social Services and Public Safety
Room C4.22
Castle Buildings
BELFAST
BT4 3SQ

Tel: 028 9052 0540
Fax: 028 9052 8490
E-mail: nidast@dhsspsni.gov.uk
Website: www.dhsspsni.gov.uk

- 17.1.2 Please ensure that responses are clearly marked '*A Response to the Consultation on The New Strategic Direction for Alcohol and Drugs*'.

17.2 Additional Copies

- 17.2.1 Additional copies of the document, free of charge, can be obtained by contacting the address above or from the 'Consultations' section of the Department's website.

17.3 Alternative formats

- 17.3.1 Versions of this document, in other languages, large type, Braille and audiocassette may be made available on request.

17.4 Freedom of Information Act 2000 - Confidentiality of Consultations

- 17.4.1 The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to this consultation, including personal information, may be published or disclosed on request in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA).

- 17.4.2 The Department can only refuse to disclose information in exceptional circumstances. Before you submit your response please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

- 17.4.3 The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely the Department in this case. This right of access to information includes information provided in

response to a consultation. However it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential. If you do not want information about your identity to be made public, please include an explanation in your response.

- 17.4.4 If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:
- 17.4.5 The Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided;
- 17.4.6 The Department should not agree to hold information received from third parties 'in confidence' which is not confidential in nature;
- 17.4.7 Acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.
- 17.4.8 For further information about confidentiality of responses please contact the Information Commissioner's Office (or the web site at: <http://www.informationcommissioner.gov.uk/>). For further information about this particular consultation please contact the Drugs and Alcohol Strategy Team at the above address.
- 17.4.9 An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

18. Consultation Questions

Aim of NSD

- Q1: Is the overall aim of the NSD appropriate to the needs of Northern Ireland?
- Q2: Are the overarching long-term aims appropriate to deliver the overall aim of the NSD?

Indicators of Harm

- Q3: Are these indicators of harm appropriate to measure the extent to which the overall aim of reducing alcohol/drug harm has been met?
- Q4: Are you aware of any other high level indicators of harm which could appropriately be used?

Values & Principles

- Q5: Are the values and principles appropriate and can they be clearly understood?
- Q6: Are there any additional values and principles that should be considered?

The Five Pillars

- Q7: Do you think the pillars are appropriate and clear?
- Q8: Do you feel the five pillars are fully inclusive – are there any gaps?

Themes

Q9: Are the themes appropriate and clear?

Q10: Do they reflect all the issues relevant to your organisation or sector?

Q11: Do they adequately reflect the issues/needs of general society in NI?

Threads

Q12: Are the three threads appropriate and clear?

Q13: Is there anything missing/omitted in the threads?

Key Priorities

Q14: Are they suitable?

Q15: Are there any other priorities which should be considered?

Outcomes

Q16: Do the long term outcomes adequately reflect the aims of the Strategy?

Q17: Are the outcomes realistic and achievable?

Q18: Are there any other outcomes that would ensure the successful achievement of the long term aims which are not stated?

Implementation

Q19: Do you have any comments to make on the proposed structures and process?

Monitoring

Q20: Are the arrangements outlined in the NSD for the monitoring and evaluation appropriate?

Equality

Q21: Do you feel that the New Strategic Direction's proposals are addressing adequately those categories of people within the remit of section 75?

Annexes

Annex A

Timetable and processes involved in development of New Strategic Direction

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 Joint Implementation Model structures i.e. DAISG, DACTs and Regional Working Groups, but 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 New Strategic Direction 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 containing aims, outcomes and associated action plans.

Stage 3

February – March 2006

Public Consultation

The draft New Strategic Direction document issued for public consultation

Stage 4

April – May 2006

Revisions

The New Strategic Direction Development Group will then consider the replies and responses and a revised final New Strategic Direction document will be published for launch by the end of May 2006

Stage 5

May 2006

The final Strategic Direction document will be launched together with any new funding protocols

Stage 6

October 2006 – Strategy Implementation begins

Annex B

Key Concepts

As well as the three Threads, 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

1.1 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.

1.2 '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.

1.3 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).

1.4 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:

- 1.5 **Universal prevention strategies** address the entire population, e.g. at national, local community, school, or neighbourhood level with programmes, initiatives and messages aimed at preventing or delaying illicit drug use.
- 1.6 **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.
- 1.7 **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
- 1.8 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. For example, needle and syringe exchange programs.

2. Risk and Protective Factors

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

2.2 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*).

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

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

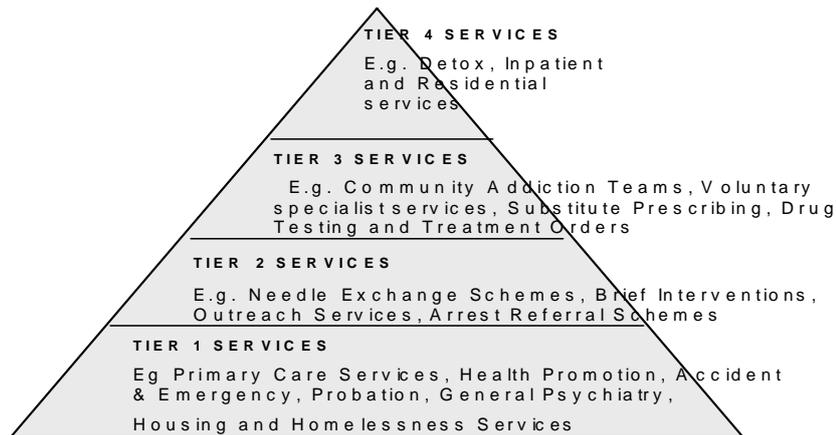
The factors often interact with each other.

2.4 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

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

3. The Four Tier Model

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



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

Tier 1 - Non Drug Treatment Specific Services

3.3 Tier 1 consists of services offered by a wide range of professionals (e.g. 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

3.4 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.

3.5 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

3.6 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 (e.g. 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 services: Residential services for drug and alcohol misusers

3.7 Tier 4 services are aimed at individuals with a high level of presenting need. Services in this tier include: inpatient drug and alcohol detoxification or stabilisation services; drug and alcohol residential rehabilitation units; and residential drug crisis intervention centres.

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

Annex C

Outcomes by Pillar

Treatment and Support

Term	Outcome
Short (18 months)	<ul style="list-style-type: none"> • A framework to deliver a 4 Tier model for children's services established. • 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. • Service specifications for level 2 and 3 services for under 18-year-olds and parents developed. • An integrated Hidden Harm strategy for alcohol and drugs developed. • A Regional Commissioning Group in respect of treatment and support established. • A group to develop effectiveness indicators in respect of treatment established. • 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. • Recommendations from the evaluation of the Youth Counselling Service considered.
Medium (3 years)	<ul style="list-style-type: none"> • A 4 Tier model for children services across Northern Ireland implemented. • The number of young people and parents accessing treatment and support services increased. • The proportion of services to young people delivered by a fully competent workforce is increased. • Regional commissioning guidelines for the commissioning of adult addiction services in place. • Agreed measures of effectiveness of treatment in place. • The proportion of adults that have used drugs in the past year has reduced. • 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.

Treatment and Support (continued)

Term	Outcome
Medium (3 years)	<ul style="list-style-type: none"> • The number of substance misuse crisis admissions to hospitals and residential nursing homes reduced. • 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.
Long (5 years)	<ul style="list-style-type: none"> • 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 is (open and) accessible to those children and young people who require it. • All problem alcohol and drug users have access to appropriate and effective treatment and support services. • Integrated, cross-departmental and cross-sectoral planning for treatment and support services in place. • All those deemed vulnerable have equitable access to appropriate and effective prevention, early intervention, support and treatment services.

Prevention and Early Intervention

Term	Outcome
Short (18 months)	<ul style="list-style-type: none"> • A set of agreed principles of best practice for alcohol and drug education to be applicable across all sectors developed. • All those responsible for providing alcohol and drug education have plans in place to deliver such programmes within 12 months. • A regional initial assessment tool for agencies working with vulnerable young people across all sectors including youth justice and allied preventative services developed. • Joint plans by children service planning in relation to vulnerable young people and drug and alcohol misuse developed with the support of DACTs. • Schemes and co-ordinated activities that address under-age drinking developed and promoted both regionally and locally. • 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. • Knowledge & understanding among young people about the dangers and risks of misuse of alcohol and illicit drugs to have increased. • The skills of young people to enable them to resist social pressures to experiment with alcohol and illicit drugs to have been further developed. • The proportion of young people who see taking illicit drugs and getting drunk as socially unacceptable to have been increased. • A five-year integrated binge-drinking prevention campaign developed. • Protocols for the involvement of key stakeholders to have been developed. • The Safer Entertainment Guidelines to have been implemented. • Specific work in respect of identified vulnerable groups included in DACTs' action plan. • Existing relationships between CSPs and DACTs to have been further developed. • The proportion of adults who binge drink is reduced.

Prevention and Early Intervention (continued)

Term	Outcome
Short (18 months)	<ul style="list-style-type: none"> • The proportion of adults who drink sensibly and responsibly has increased • Local community support workers appointed. • A regional workplace alcohol and drugs policy co-ordinator appointed. • A regional service user development worker appointed. • Proposals to address the employment needs of problem substance users developed. • A regional co-ordinated cross-sectoral response to those issues in respect of identified vulnerable groups developed. • 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. • Education and training for professionals, carers and families in relation to substance misuse problems in older people to be supported by appropriate resources. • 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.
Medium (3 years)	<ul style="list-style-type: none"> • The availability and accessibility of alcohol by young people reduced. • The proportion of young people who get drunk decreased. • The proportion of young people who drink on a regular basis decreased • The proportion of young people who take drugs on a regular basis decreased. • 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. • The 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.

Prevention and Early Intervention (continued)

Term	Outcome
Medium (3 years)	<ul style="list-style-type: none"> • All programmes of alcohol and drug education are able to demonstrate changes in attitude, knowledge and skills using an agreed evaluation tool • All organisations with a responsibility for young people have a policy in respect of reducing alcohol and drug related harm • The skills and knowledge of parents in respect of addressing alcohol and drug issues with their children is increased • Those adults who drink above recommended levels have reduced their consumption of alcohol • Targeted local prevention and harm reduction programmes in place • DACTs and CSPs delivering agreed co-ordinated activities addressing local issue/concerns in respect of alcohol and drug-related anti-social behaviour • The number and capacity of local initiatives responding to alcohol and drug issues increased • The number of workplaces implementing alcohol and drug policies increased. • 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 U.K.
Long (5 years)	<ul style="list-style-type: none"> • 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 their subsequent negative impact on their society reduced. • The proportion of adult male and female drinkers who drink in a manner harmful to their own health and a subsequent negative impact on society reduced. • The level of drug-use and drug-related harm among the adult population reduced. • The level of public confidence in how alcohol and drug-related issues, and their impact at community level are addressed increased.

Law and Criminal Justice

Term	Outcome
Short (18 months)	<ul style="list-style-type: none"> • Support services to young people and families that could be offered as a new court disposal or on a voluntary basis to have been 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 and if appropriate implemented. • Current and future liquor licensing regulations and laws concerning under-age drinking enforced. • Promotion of schemes that tackle the problem of anti-social behaviour • Promotion of the “night-time economy” through reducing crime and disorder in town centres • The impact of arrest referral schemes in Northern Ireland assessed, and if appropriate the number of schemes extended. • The need for, and impact of Drug Treatment and Testing Orders in Northern Ireland assessed. • The number of police officers trained in Drug Influence Recognition/Field Impairments Testing techniques increased. • The number of detections for drink and drugs driving to have increased. • To have participated in a UK pilot for the Home Office to assess a range of new devices to test drivers for drinking and driving. • 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.

Law and Criminal Justice (continued)

Term	Outcome
Medium (3 years)	<ul style="list-style-type: none"> • The continuing establishment of co-operative working relationships between statutory, voluntary and community sectors that will deliver services to alcohol and drug misusing offenders. • A continuum of treatment and support opportunities between custody and release of offenders back into the community for young and adult offenders developed. • The level of alcohol and drug-related traffic accidents lowered • Support for families of alcohol and drug offenders who are affected by alcohol and drug misuse developed further. • The working relationship between the criminal justice sector and the health service to be further developed in order to ensure an integrated approach to tackling alcohol and drug offending behaviour. • The police are supported in their activities to reduce the availability of illicit drugs in Northern Ireland. • 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.
Long (5 years)	<ul style="list-style-type: none"> • Organised gangs involved in supplying drugs to Northern Ireland are disrupted. • A body of legislation that will meet the needs of the Northern Ireland 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.

Monitoring, Evaluation and Research

Term	Outcome
Short (18 months)	<ul style="list-style-type: none"> • Arrangements for the monitoring and evaluation of all new initiatives funded as part of the New Strategic Direction established. • Appropriate Performance Indicators, both regional and local, in respect of the Indicators of Harm developed. • Existing monitoring systems (DMD, Substitute Prescribing and Needle Exchange) 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 Indicators of Harm established. • An annual report on the Indicators of Harm published.
Long (5 years)	<ul style="list-style-type: none"> • Monitoring information in the development of the standardised assessment and monitoring tool being provided. • A standardised assessment and evaluation tool in place.

Harm Reduction

Term	Outcome
Short (18 months)	<ul style="list-style-type: none"> • Provision of needle and syringe exchange reviewed and proposals for its possible extension developed. • A Regional Harm Reduction Co-ordinator appointed.
Medium (3 years)	<ul style="list-style-type: none"> • Targeted local prevention and harm reduction programmes in place. • The number of GPs contributing to the substitute prescribing programme has increased. • The needle and syringe exchange service taking on board comments from review.

Annex D

Glossary of Terms

ADPB	Alcohol & Drugs Policy Branch
CAMHS	Children & Adolescent Mental Health Services
CAT	Community Addiction Team
CCGAAD	Central Coordinating Group for Action Against Drugs
CSP	Community Safety Partnership
DACT	Drugs & Alcohol Coordination Team
DAIRU	Drugs & Alcohol Information and Research Unit
DAISG	Drugs & Alcohol Implementation Steering Group
DANOS	Drugs & Alcohol National Occupational Standards
DAST	Drugs & Alcohol Strategy Team
DHSSPS	Department of Health, Social Services & Public Safety
DMD	Drug Misuse Database
EDACT	Eastern Drugs & Alcohol Co-ordination Team
FOIA	Freedom of Information Act 2000
DPA	Data Protection Act 1998
GP	General Practitioner
HSENI	Health & Safety Executive for Northern Ireland
HSS	Health & Social Services
HSSBs	Health & Social Services Boards
JIM	Joint Implementation Model
LLR	Liquor Licensing Review
MGPH	Ministerial Group on Public Health
NGO	Non-Governmental Organisation
NI	Northern Ireland
NIO	Northern Ireland Office
NIDAC	Northern Ireland Drugs & Alcohol Campaign
NIPS	Northern Ireland Prison Service
NSD	New Strategic Direction
NSDAD	New Strategic Direction for Alcohol & Drugs
NSDSG	New Strategic Direction Steering Group

OFMDFM	Office of the First Minister & Deputy First Minister
OTC	Over-the-counter
PSNI	Police Service Northern Ireland
RPA	Review of Public Administration
RUC	Royal Ulster Constabulary (<i>now PSNI</i>)
SA & MT	Standardised Assessment & Monitoring Tool
WFD	Workforce Development
WHO	World Health Organisation