

Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí

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# New Strategic Direction for Alcohol and Drugs 2006 - 2011

**Executive Summary** 

May 2006

#### ACKNOWLEDGEMENTS

The Drugs and Alcohol Strategy Team of the Department of Health, Social Services and Public Safety is very grateful to everyone who assisted with the development of this New Strategic Direction for Alcohol and Drugs and to those who responded to the consultation document. We would also like to express our particular thanks to those colleagues on the Development Team and Advisory Group, and to all those who attended the special interest and pre-consultation groups

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

Alcohol in particular presents its own challenge. Used sensibly and responsibly alcohol is enjoyed by many in Northern Ireland and plays an important part in the cultural and social life of people living here. However, the consequences of its misuse are all too evident and the additional stress that puts upon a wide range of health, social,

criminal justice and other public services is one which we do have to confront and address.

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

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

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

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

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





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 builds on the objectives of the previous strategies and the successes of the Joint Implementation Model to take forward a five-year plan (2006 – 2011) to address the overall aim which is:

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

# Long-term Aims

The New Strategic Direction has a set of overarching long-term aims to:

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



# **Key Indicators**

The long-term aims will be measured by a set of Key Indicators which will form the basis of an annual report. These indicators are:

# Alcohol

- Numbers referred to treatment
- Hospital admissions primary and 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

## Drugs

- Numbers referred to treatment
- Hospital admissions primary and 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

# **Supporting Pillars**

In developing the New Strategic Direction five supporting pillars were identified. These pillars, listed below, provide the conceptual and practice base:

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

# Themes

A particular feature of the New Strategic Direction for Alcohol and Drugs (NSD) is the identification of two themes:

# Children, Young People and Families; and Adults and the General Public.

The intention behind identifying these themes is to enable an integrated and coordinated 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 drugrelated harm in Northern Ireland.



# **Key Priorities**

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

- Developing a regional commissioning framework
- 4 Tier Model for services
- Young people's services
- Promoting good practice in respect of alcohol and drug-related education and prevention
- Targeting those at risk and vulnerable
- Addressing under-age drinking
- Reducing illicit drug use
- Tackling alcohol and drug-related anti-social behaviour
- Developing effectiveness indicators for treatment
- Addressing binge drinking
- Reduce availability of illicit drugs
- Addressing community issues
- Workforce Development
- Harm Reduction approaches



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

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

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

18 months	3 years	5 years		
Short-term outcome/ output Short-term outcome/ output Short-term outcome/ output Short-term outcome/ output	Medium-term outcome Medium-term outcome Medium-term outcome	Long-term outcome Long-term outcome	Long-term Aims	K e y I n d i c a t o r s

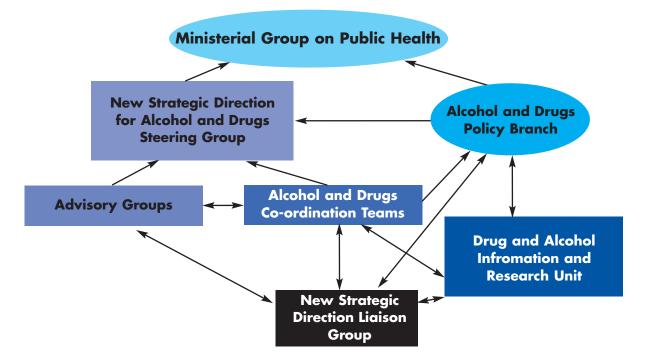
They have also been grouped as follows:

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



# Implementation

In order to ensure effective and co-ordinated implementation of the NSD the following structures will be in place from 1 October 2006.



The New Strategic Direction for Alcohol and Drugs Steering Group (NSDSG) will maintain an overview of the NSD, in particular progress on work to achieve its outcomes. NSDSG will in turn report to the current Ministerial Group on Public Health (MGPH).

Reporting to the NSDSG will be four advisory groups, the local Alcohol and Drugs Co-ordination Teams and, in respect of the NSD, the Alcohol and Drugs Policy Branch. The advisory groups will address the following areas:

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

Their role will be to:

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



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

Within the Department of Health, Social Services and Public Safety there will be a reconfigured Alcohol and Drugs Policy Branch (ADPB) which will work closely with Drug and Alcohol Information Research Unit (DAIRU) in respect of monitoring, evaluation and research. ADPB will, as part of their function, co-ordinate delivery of the outcomes.

In addition to the above there will be a Liaison Group consisting of Chairs and Senior Co-ordinators of the local ADCTs, ADPB, DAIRU and Chairs of the four advisory groups. They will meet on a regular basis to monitor overall progress on the NSD.

# **Responsibility and Accountability**

Responsibility and accountability for the outcomes will be shared across the sectors and areas. From 1 October the current Health and Social Service Boards (HSSB) will have financial responsibility for those local outcomes developed by the local ADCTs, and they will be reporting to the New Strategic Direction for Alcohol and Drugs Steering Group (NSDSG) on the progress of these outcomes. Responsibility for regional outcomes will be further identified in the Implementation and Action Plan to be published on 1 October 2006.

# **Monitoring Performance**

The NSD and its implementation will be kept under constant review. Monitoring of outcomes will take place both regionally and locally, within each sector (eg health, education) and in a number of ways. A co-ordinated and consistent monitoring and evaluation system will be developed, to be in place by 1 October 2006. An annual report based on appropriate Key Indicators will be published. At the end of three years an interim review will take place which will report on progress so far and make recommendations for the next five years, ie 2011 – 2016.

# Role of other Departments / Agencies / Structures and relationship with other Strategies

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. The consultation process clearly indicated support for greater clarity and integration between the various strategies and policies, and work will start immediately on developing and publishing a document which will describe and identify responsibilities and contributions made across and within the wide range of public policies and strategies to reducing alcohol and drug-related harm.





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

#### AIMS

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

- 18 MONTHS ·

#### **Regional Short Term Outcomes/Outputs**

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

#### Local Short Term Outcomes/Outputs

#### **EDACT**

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

#### NDACT

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

#### **SDACT**

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

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



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

← 3 YEARS →	← 5 YEARS →
Regional Medium Term Outcome	Regional Long Term Outcome
• A 4-Tier model for children services across Northern Ireland implemented	
• The number of young people and parents accessing treatment and support services increased	• Children and young people have access to early interventions and appropriate support services directly related to their alcohol and drug use.
• 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	• Appropriate and effective treatment and support services are (open and) accessible to those children and young people who require it.
• Court disposal options for young people and juveniles identified as feasible and subsequently implemented	



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

#### AIMS

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

#### **18 MONTHS**

#### Regional Short Term Outcomes/Outputs

 A set of agreed principles of best practice for alcohol and drug education applicable across all sectors developed.

 Knowledge and 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.

 Schemes and coordinated 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

 Successful implementation of new liquor licensing regulations and laws.

## Local Short Term Outcomes/Outputs

#### EDACT

- Provision of universal prevention and early intervention initiatives for children, young people and families across the EHSSB area supported
- Provision of targeted prevention and early intervention programmes for specific vulnerable/atrisk groups of children and young people supported
- Work of the Children's Services Planning Joint Strategic Planning Group for Drugs and Alcohol in relation to vulnerable and at-risk young people supported
- Local community groups and organisations supported to respond to drug and alcohol related issues appropriately
- Local strategic planning and information sharing supported
- Development of agreed principles for best practice in drug prevention work at a local and regional level supported

#### NDACT

- Agencies and groups invited to tender to deliver relevant and appropriate alcohol and drug education / prevention programmes (based on recognised best practise) in identified geographical areas eg Mid Ulster, Causeway, Antrim/Ballymena and East Antrim;
- Co-ordination and joint working with other appropriate and relevant strategies / funding such as Suicide, Sexual Health, Teenage Pregnancy, Investing for Health, etc. specific theme(s) identified annually and develop related initiative/campaigns via current NDACT communication structures eg Newsletter, Activity Report and Annual Seminar and/or via specific events eg Year 1 Binge-drinking (young person led initiatives), Year 2 Steroids, OTC and prescribed drugs, Year 3 Cannabis and Mental Health
- Family support networks and services available across the Northern Board area.

#### SDACT

- Improved engagement and liaison with key partners involved in addressing these issues across a range of agencies
- Currently available models of good practice in this regard studied.
- Integrate training of all staff to facilitate the delivery of a coherent and consistent approach to underage drinking issues.
- All small grant recipients aware of their specific delivery obligations with regard to underage drinking.
- All agreed programmes fully reflect key models of effectiveness and good practice currently accessible to us.
- On-going evaluation arrangements fully implemented.
- Area-wide awareness raising of the key issues to have been addressed with all key partners, interest groups, statutory, community and voluntary supporting publicity mechanisms.

- Young people have access to appropriate, effective and targeted early intervention and prevention-based alcohol and drug programmes and support initiatives.
- These programmes where appropriate should focus on harm reduction strategies. Note\* a particular focus on Selective and Indicated Prevention targets.
- Support and liaise with relevant agencies and organisations in addressing binge drinking.
- Relevant agencies/organisations in addressing illicit drug use and underage drinking to ensure a co-ordinated approach.



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

#### 3 YEARS-

#### **Regional Medium Term Outcome**

- All education programmes with young people based on agreed proven good practice.
- Those responsible for the education and informing of young people have ensured they receive information concerning alcohol and drug misuse.
- Proportion of young people up to the age of 16 who receive alcohol and drug education with a particular emphasis on those deemed 'at risk' or vulnerable increased.
- All programmes of alcohol and drug education are able to demonstrate changes in attitude, knowledge and skills using an agreed evaluation tool.
- Skills and knowledge of parents in respect of addressing alcohol and drug issues with their children is increased.
- Proportion of young people who see taking illicit drugs and getting drunk as socially unacceptable increased
- Availability and accessibility of alcohol by young people reduced
- Proportion of young people who get drunk decreased
- Proportion of young people who drink on a regular basis decreased
- Proportion of young people who take drugs on a regular basis decreased

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

#### - 5 YEARS

#### **Regional Long Term Outcome**

• All children and young people, with particular emphasis on those deemed at risk or vulnerable, have access to appropriate and effective prevention and health promoting programmes and initiatives.

 The levels of alcohol and drug-use among children and young people and its subsequent negative impact on their society is reduced



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

#### AIMS

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

• 18 MONTHS •

#### **Regional Short Term Outcomes/Outputs**

- A Regional Commissioning Group in respect of treatment and support established.
- Group to oversee development of Standardised Assessment and Monitoring Tool (SA&MT) and treatment effectiveness indicators established
- Protocols for the involvement of key stakeholders to have been developed
- Provision of needle and syringe exchange reviewed and proposals for its possible extension developed, considered and progressed.
- A regional Service User Network developed
- Substitute Prescribing Service reviewed
- Co-ordination and support of harm reduction approaches and activities
- Proposals to address the employability needs of problem substance users developed.
- Support and promotion of workplace alcohol and drugs policies developed
- Education and training for professionals, carers and families in relation to substance misuse problems in older people to be supported.
- Information and education campaign in respect of BBVs targeting IDUs together with supporting information for professionals
- The impact of arrest referral schemes in NI assessed, and if appropriate the number of schemes extended
- Need for, and impact of, Drug Treatment and Testing Orders in NI 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.
- Participate in a UK pilot for the Home Office to assess a range of new devices to test drivers for drinking and driving

#### Local Short Term Outcomes/Outputs

#### EDACT

- Planning, delivery and co-ordination of existing and future alcohol and drug services within the EHSSB area improved.
- Range of treatment and support services for alcohol and drug users and their Kange of freatment and support services for alcohol and drug users and their families expanded Skills of those working with alcohol and drug users improved Access to needle exchange services for IV drug users increased Harm caused by alcohol and drug misuse within the homeless population reduced Development of alcohol liaison initiatives in the hospital setting supported 'At risk' groups have access to the full range of alcohol and drug services Skills of those working with at risk/vulnerable adults in relation to substance misuse

- improved

#### NDACT

- Tier-4 specialist in-patient alcohol and drug services accessible and available at a local leve
- Family support networks and services are available across the Northern Board area. Development and delivery, in partnership with local key stakeholders, of
- education/support programmes.
- Accredited module on pre/post BBV test counselling. Develop where appropriate local resources for BBV pre/post test counselling. Local areas identified with a need for access to a Needle & Syringe Exchange
- Scheme (NSES); Expansion of the NSES in the NHSSB area.
- Drug outreach service available in identified areas across the NHSSB.
- Access to supported and direct access accommodation for individuals with alcohol and drug dependency available.
- Alcohol and drug users involved in the process of inputting to the development of services, with local mechanism for supporting a service-users forum/activities in place.

#### **SDACT**

- Formal engagement between SDACT and SHSSB commissioning group established and formalised
- Associated training needs identified and actioned.
- Initiation and implementation of a process of engagement with targeted 'at risk' and vulnerable people, involving relevant Health, Community and Criminal Justice organisations.
- Continuum of programmes and interventions for addressing the needs of specifically targeted individuals and groups developed
- Specific resources to enable the engagement of Black Minority Ethnic groupings across the area developed

- Information, support, training and treatment for older people who misuse alcohol and/or prescription drugs provided.
- Support for provision of service for long-term chronic drinkers, street drinkers continued.
- Co-ordinate and oversee the development of the NSES within the WHSSB area in conjunction with the ADPB.
- Work with the WHSSB and Trusts on a co-ordinated approach to the provision of Substitute Prescribing.
- Links developed to ensure parents and carers can play a preventative role in respect
- of alcohol and illicit drug use. Models of good practice identified for services for families and carers of substance misusers and their implementation supported.
- Co-ordination and implementation of a WHSSB area integrated Hidden Harm strategy.



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

#### **Regional Medium Term Outcome**

- 3 YEARS -

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

#### 5 YEARS

#### **Regional Long Term Outcome**

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



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

#### AIMS

- To reduce the level, breadth and depth of alcohol and drug-related harm to users, their families and/or their carers and the wider community.
- To reduce the availability of illicit drugs in Northern Ireland.

## **18 MONTHS**

#### Regional Short Term Outcomes/Outputs

- A five-year integrated bingedrinking prevention campaign developed.
- The Safer Entertainment Guidelines to have been implemented.
- Local community support service developed.
- Good practice guidelines supporting and informing community-based initiatives and activities addressing alcohol and drug misuse developed
- Co-ordinated public information campaigns addressing alcohol and drug misuse developed
- 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.

## Local Short Term Outcomes/Outputs

#### EDACT

- Prevention and early intervention programmes tackling adult alcohol and drug use developed
- Local community groups and organisations to respond to drug and alcoholrelated issues appropriately supported
- Needs-based local strategic planning and information sharing facilitated
- Misuse of prescribed medication within the EHSSB area addressed
- Range of initiatives addressing binge drinking across the EHSSB area developed
- Partnership working between EDACT and CSPs within the EHSSB area developed

#### NDACT

- An agreed regional definition and health promoting message(s) for binge drinking available locally.
- Licensees, their staff, enforcement agencies and other interested parties given opportunity to increase their knowledge on the implementation and delivery of the Safer Entertainment Guidelines.
- Support for communities dealing specifically with alcohol and drug issues is available across the NHSSB area;
- Family support networks and services are available across the NHSSB area.

#### **SDACT**

- Integrate training of all staff to facilitate the delivery of a coherent and consistent approach to binge drinking issues.
- All small grant recipients are aware of their specific delivery obligations with regard to binge drinking.
- Agreed timetable to facilitate a response to this issue developed.

- Information, support, training and treatment for older people who misuse alcohol and/or prescription drugs provided.
- Public's awareness and knowledge of binge drinking increased.
- Levels of binge-drinking within the WHSSB area reduced.
- Local targeted education and prevention campaigns developed and supported.
- Communities supported in identifying and responding to alcohol and drug issues in their areas.
- Identified and diverse needs of vulnerable groups in relation to alcohol and drug issues supported.



- Targeting those at risk and vulnerable. Reducing illicit drug use. •
- •
- Addressing binge drinking. •

- Reduced availability of illicit drugs. •
- Addressing community issues. •
- Harm Reduction approaches.

←3 YEARS>	←5 YEARS>
Regional Medium Term Outcome	Regional Long Term Outcome
<ul> <li>Those adults who drink above recommended levels have reduced their consumption of alcohol.</li> </ul>	
<ul> <li>The proportion of adults who have used drugs in the past year reduced</li> </ul>	<ul> <li>The proportion of adult male and female drinkers who drink in a manner harmful to their own health</li> </ul>
• The proportion of adults who binge drink reduced.	who'drink in a manner harmful to their own health and the subsequent negative impact on society reduced.
<ul> <li>The proportion of adults who drink sensibly and responsibly increased.</li> </ul>	• The level of drug use and drug-related harm among the adult population reduced.
<ul> <li>Targeted local prevention and harm reduction programmes in place.</li> </ul>	• All those deemed vulnerable have equitable access to appropriate and effective prevention, early intervention, support and treatment services
• The level of alcohol and drug-related traffic accidents lowered.	• 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
<ul> <li>The number and capacity of local initiatives responding to alcohol and drug issues increased.</li> </ul>	
<ul> <li>The number of workplaces implementing alcohol and drug policies increased.</li> </ul>	



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

#### AIMS

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

**18 MONTHS** 

#### Regional Short Term Outcomes/Outputs

- Existing relationships between CSPs and DACTs to have been further 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.
- Promotion of schemes that tackle the problem of anti-social behaviour and under-age drinking.
- Promotion of the "night-time economy" through reducing alcohol-related crime and disorder in town centres.
- The police are supported in their activities to reduce the availability of illicit drugs in NI

### Local Short Term Outcomes/Outputs

#### EDACT

• Partnership working between EDACT and Community Safety Partnerships within the EHSSB area.

#### NDACT

 Licensees, their staff, enforcement agencies and other interested parties given opportunity to increase their knowledge on the implementation and delivery of the Safer Entertainment Guidelines.

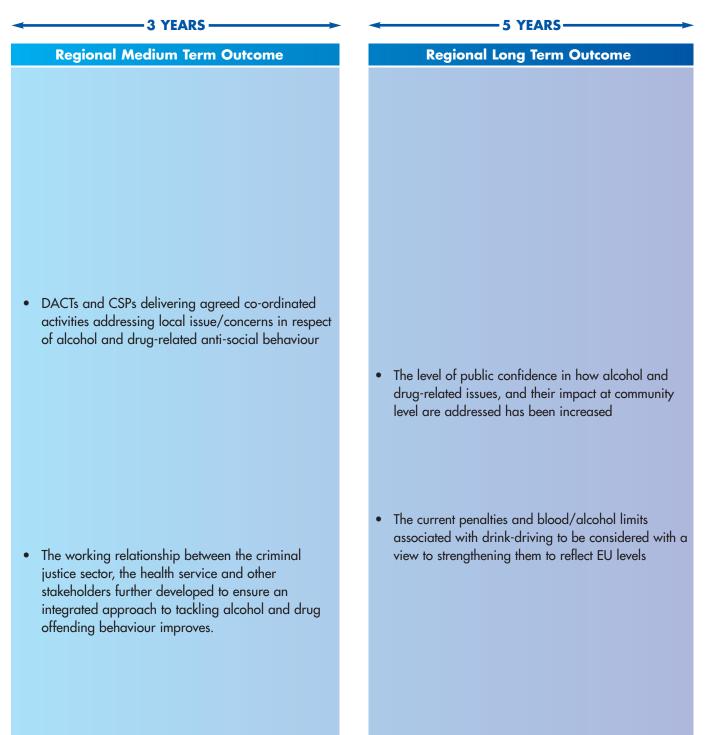
#### **SDACT**

- An agreed area strategy and implementation approach to ensure the support for all agencies involved in addressing drugs and alcohol related anti-social behaviour.
- Development of key resources, and skills packs and delivery mechanisms to facilitate their use across the area.
- Expanded area wide liaison group developed.
- Training to support the development of key skills required to facilitate ASB issues and concerns developed.
- An agreed programme fully integrated into the targets of all funded projects and linked personnel.
- Specific mechanisms developed and agreed to address the complex needs of marginalised minority groupings in the regard.
- Assessment of current levels/patterns of low level disorder and antisocial behaviour carried out and action plan developed.
- Lobby for review and changes of local bye-laws to facilitate addressing low level disorder/anti-social behaviour
- Promotion of models of good practice training with the Retail Sector
- Implementation of regional 'Safer Entertainment Guidelines' throughout the SHSSB supported.

- Working relationship between the criminal justice sector and WDACT further developed and supported.
- Integrated approach to tackling alcohol and drug-related antisocial/offending behaviour.
- Approval and implementation of the Safer Entertainment Guidelines encouraged
- Agreed and co-ordinated activities addressing issues of local concern in respect of alcohol and drug-related anti-social behaviour delivered.



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





## SUPPORTING OUTCOMES - MONITORING, EVALUATION AND RESEARCH

#### 18 MONTHS

#### **Regional Short Term Outcomes/Outputs**

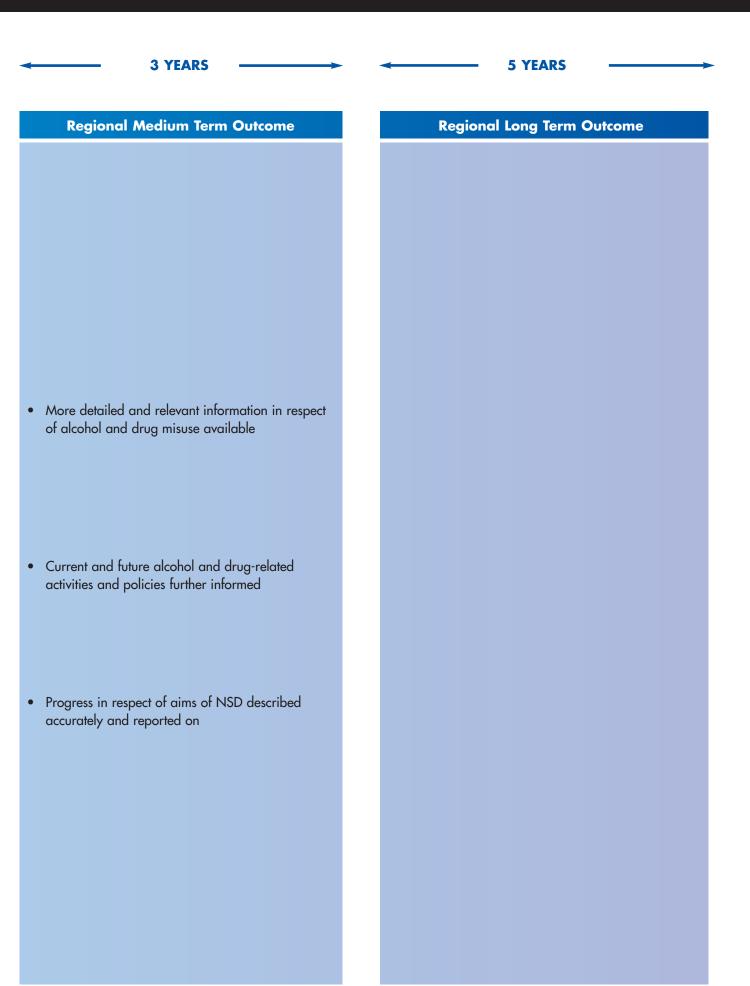
- Arrangements for the monitoring and evaluation of all new initiatives funded as part of the NSD established.
- Appropriate Performance Indicators, both regional and local, in respect of the Key Indicators developed.
- Existing monitoring systems (DMD, Substitute Prescribing and NSES) maintained and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

#### Local Short Term Outcomes/Outputs

#### All DACTs

• Appropriate mechanisms in place for monitoring, evaluation and research







#### **18 MONTHS**

**Regional Short Term Outcomes/Outputs** 

 A cross sectoral group established to produce proposals and a framework concerning the development of the workforce across the criminal justice, health, social care, education, youth, hospitality, and community/voluntary sectors.

 The development of Drugs and Alcohol National Occupational Standards (DANOS) appropriate for all sectors in NI

 Training in respect of Hepatitis C and other BBVs for those working with IDUs developed and implemented

#### Local Short Term Outcomes/Outputs

#### **EDACT**

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

#### NDACT

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

#### **SDACT**

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

#### WDACT

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



# **3 YEARS 5 YEARS Regional Medium Term Outcome Regional Long Term Outcome** Development of a training framework which • ensures that skill development (an individual's development of competency as defined by the occupational standards) is evidenced to a quality standard that is recognised throughout the UK. Dissemination of DANOS across NI •



## **SUPPORTING OUTCOMES – OTHER**

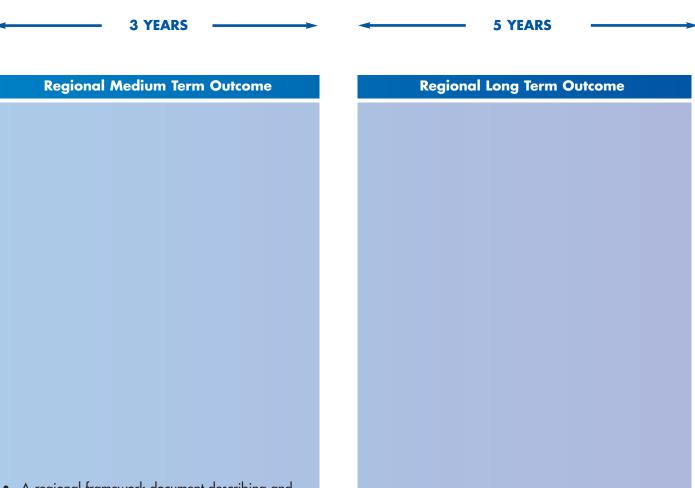
#### **18 MONTHS**

Regional Short Term Outcomes/Outputs

Local Short Term Outcomes/Outputs

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





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

• Proposals for new/revised outcomes developed







