Department of Health
An Roinn Sláinte
Männystrie O Poustie
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New Strategic Direction for Alcohol and Drugs Phase 2

Final Review – October 2018

Contents

Executive Summary

The cross-departmental strategy to reduce the harm related to substance misuse in Northern Ireland, known as the New Strategic Direction for Alcohol and Drugs (NSD) Phase 2, was launched in 2012. This is the final update and review of the outcomes and indicators set out in that document. The preceding update reports are also available online at: https://www.health-ni.gov.uk/publications/alcohol-and-drug-misuse-strategy-and-reports.

The report is structured as follows:

- **Chapter 1** sets out the background to the development of the strategy and summarises the approach taken in the NSD Phase 2
- **Chapter 2** outlines the approach taken to this review;
- **Chapter 3** provides an update on the key indicators over the life of the Strategy;
- **Chapter 4** shows progress on the outcomes and outputs in the NSD Phase 2;
- **Chapter 5** sets out the outcome of stakeholder engagement and views on the implementation of the NSD Phase 2; and
- **Chapter 6** provides a summary and concluding comments.

Overall, progress has been made during the implementation of the NSD Phase 2 – especially at the population level.

Indicators

Since the original strategy was published in 2006, we have seen some encouraging signs in relation to reductions in substance misuse at the population level – for example, there have been significant reductions in the levels of binge drinking and the percentage of young people who drink and get drunk. Among adults, prevalence of illegal drug misuse has largely plateaued and we are continuing to see significant numbers of individuals and families access treatment and support services for alcohol and drug misuse. In addition, drug misuse among young people has fallen significantly.

However, this is being offset by increases in a range of indicators related to harm. For example, hospital admissions and deaths are still high and rising, and there are ongoing concerns about polydrug misuse, the misuse of prescription drugs and New Psychoactive Substances. There appears to be a significant cohort of people engaging in increasingly risky behaviours, causing an acute increase in related harms. There are also growing pressures on key services – such as Substitute Prescribing – where plans are in place to deal with unacceptable waiting lists.

Outcomes

In terms of progress against the outcomes within the NSD Phase 2, the majority of the 141 outcomes are on track for achievement (many of the outcomes are long term and ongoing in nature). 24 (17%) of the outcomes have been fully completed, 98 (70%) of the outcomes are classed as being on track for achievement, and 17 (12%) of the outcomes progress is being made but with some delay. 2 (1%) of the outcomes are not on target for achievement.

Stakeholder Views

Stakeholders felt that NSD Phase 2 acted as a driver for increasingly effective collaboration and partnership working at both strategic and operational level, and successfully raised the profile of alcohol and drug-related harm in Northern Ireland. In particular, the consistency, diversity of representation and commitment of the NSD Steering Group was recognised. The Regional Commissioning Framework for Alcohol & Drugs was credited with bringing about service improvements in terms of better availability, accessibility, equity, co-ordination and consistency. Investment in workforce development was also highlighted, as was the progress made on embedding transition to an evidence-informed harm reduction approach.

Against this, it was felt there should have been greater alignment between strategic and operational elements of NSD Phase 2, along with greater integration across the strategic agendas of other government departments. Also by placing focus on acute service provision issues, more structured opportunities may have been missed for evidence-informed future planning. There could have been a better response to unintended outcomes and change management issues caused by the implementation of the Regional Commissioning Framework, and benefits could also

have accrued from more data sharing and critical evaluation on existing programmes and services.

Conclusions

Learning from NSD Phase 2, and other developments such as the draft *Programme for Government* and *Making Life Better*, we now propose to consider the development of a successor strategy. We anticipate that the first stage of this work, pre-consultation, would be completed by the end of 2018/19. In addition, we anticipate that this work would be taken forward at the same time as the work to review and further develop the Regional Commissioning Framework for Alcohol and Drug Services.

It is vital to note that until any new strategy is in place, the direction set out by the NSD Phase 2 and its governance structures will remain in place to ensure we continue to take co-ordinated action to prevent and address the harm related to substance misuse in Northern Ireland.

1. Background to the NSD Phase 2

Introduction

1.1 Alcohol and drug misuse, and their related harms, cost our society over £1 billion every year. However, this financial burden can never describe the impact that substance misuse has on individuals, families and communities in Northern Ireland. Alcohol and drug misuse therefore continue to be recognised as significant public health, community safety, and social issues.

New Strategic Direction for Alcohol and Drugs (NSD)

1.2 In 2005, the Department of Health (DoH) led the development of a cross-sectoral strategy that sought to reduce the harm related to both alcohol and drug misuse. DoH launched this strategy, entitled the *New Strategic Direction for Alcohol and Drugs* (NSD), in 2006.

NSD Phase 2

1.3 It was agreed that, rather than undertaking a full new strategic development process, the existing NSD would be reviewed, revised, and extended until 2016. This decision was taken to ensure a consistent approach on the issue over a ten-year period and to ensure that resources continue to be directed at front-line services, programmes and interventions. This process also allowed the NSD Phase 2 to reflect new trends and re-direct effort to where it is most needed or to where new issues/concerns were emerging.

NSD Phase 2 – Final Document

1.4 Following the consultation, the NSD Phase 2 was revised and refined to take on board the issues raised. The final document was then approved by the former Executive and launched by the then Health Minister in January 2012. The full NSD Phase 2 document is available online at: https://www.health-ni.gov.uk/sites/default/files/publications/DoH/alcohol-and-drug-new-strategic-direction-phase-2-2011-16.pdf

The Five Pillars

1.5 The NSD Phase 2 identified five supporting pillars, and these pillars provided the conceptual and practical base for the Strategy. The five pillars were:

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

Themes

1.6 Two broad themes, “Children, Young People and Families” and “Adults and the General Public”, were also identified to enable an integrated and co-ordinated approach to tackle the issue. In delivering on the NSD, organisations were encouraged to focus on specific sub-groups within these themes.

Values and Principles

1.7 The values set out in the NSD Phase 2 are the basic tenets on which the strategy, and its implementation, was built. These values were:

- Positive, Person Centred, Non-Judgmental and Empowering;
- Balanced Approach;
- Shared Responsibility;
- Equity and Inclusion;
- Partnership and Working Together;
- Evaluation, Evidence and Good Practice-based;
- Consultation, Engagement, Transparency;
- Addressing Local Need;
- Community-based;
- Long-Term Focus;
- Value for Money and Invest to Save;
- Built on Existing Work; and
- Access to information.

Overall Aim

1.8 The overall aim of the NSD Phase 2 was to: "*reduce the level of alcohol and drug-related harm"*.

Long-Term Objectives

1.9 The NSD set a range of overarching long-term objectives 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 (including children and young people), their carers and the wider community;
- increase awareness, information, knowledge, and skills on all aspects of alcohol and drug-related harm in all settings and for all age groups;
- integrate those policies which contribute to the reduction of alcohol and drug-related harm into all Government Policy;
- develop a competent and 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 misuse drugs;
- continue to effectively tackle the issue of availability of illicit drugs and young people's access to alcohol; and
- to monitor and assess new and emerging illicit drugs and take action when appropriate.

Key Priorities

1.10 Although the NSD Phase 2 sought to address a wide range of issues, a number of Key Priorities were identified. These formed the cornerstone of work over the life of the Strategy and reflected those issues that had been identified to be of crucial importance through the Review and the consultation. The Key Priorities, and high level updates on progress against these, are set out in the following table:

KEY PRIORITY	UPDATE
Developing a Regional Commissioning Framework	The Alcohol and Drug Services Commissioning Framework, which covers all tiers of service, was issued for consultation in March 2013. The document has been finalised and used to inform the last round of tendering and commissioning which concluded in 2015. Agreement has been reached on the reconfiguration of Tier 4 addiction services and the new model should be operational soon. Further work is now being undertaken to consider Tier 3 addiction services.
Targeting those at risk and/or vulnerable	The strategy, and its implementation, continues to target those at risk and/or vulnerable – this is on the basis of local needs assessment and prioritisation.
Alcohol and drug-related crime including anti-social behaviour and tackling underage drinking	Key links have been made between NSD Phase 2, the Community Safety Strategy, the Strategic Framework for Reducing Offending and alcohol licensing. At the local level, we continue to promote joined up work between Drug and Alcohol Co-ordination Teams (DACTs), Policing and Community Safety Partnerships (PCSPs), and local councils.
Reduced availability of illicit drugs	Key links have made between NSD Phase 2, the Organised Crime Task Force, the Community Safety Strategy, and the Strategic Framework for Reducing Offending. At the local level, we continue to promote joined up work between DACTs, PCSPs, the PSNI and local councils. We have also been working with the Home Office to identify and reduce access to new substances of concern. The Department lobbied for a general ban on the sale of New Psychoactive Substances at the UK level, and this resulted in the passing of the UK-Wide Psychoactive Substances Act in January 2016. Work has also been undertaken to reduce the availability of illicit prescription medicines. Clearly though illegal and illicit substances are still available and criminal gangs still operate in this area. We also need to continue to recognise the impact of the internet and the “dark web” on sales.
Addressing community issues	DACTs, the new Connection services, and Independent Sector Forums (ISFs) continue to bring forward issues from local communities, and put in place action and programmes to address these. Community Planning in local Councils and PCSPs also play a role in identifying problems within communities and seeking local solutions to local problems.

Promoting good practice in respect of alcohol and drug-related education and prevention	The Alcohol and Drug Services Commissioning Framework sets out the evidence base for what works in alcohol and drug education and prevention, and a range of services has been commissioned in light of this work. We have continued to work towards the implementation of appropriate NICE Guidelines.
Harm Reduction approaches	We are continuing to support and develop Substitute Prescribing, Needle and Syringe Exchange, Naloxone Provision, and other Harm Reduction approaches. These services are under pressure and need to continue to be reviewed and developed.
Workforce Development	Workforce development is a key part of the Commissioning Framework, and its roll-out is now being supported.

Emerging Issues

1.11 The NSD Phase 2 recognised that, since publication of the original NSD, a number of new issues had emerged. These issues were identified, noted and considered by the NSD Steering Group and the relevant Advisory Groups. This process was also informed by the Drug and Alcohol Coordination Teams (DACTs), the Advisory Council on the Misuse of Drugs, the British-Irish Council Substance Misuse Sectoral Group, and research. These issues included:

- prescription or over-the-counter drugs;
- New Psychoactive Substances;
- families and hidden harm;
- recovery;
- mental health, suicide, drug and alcohol misuse, sexual violence and abuse, and domestic violence;
- a population approach to alcohol misuse;
- local funding; and
- the Review of Public Administration.

Funding

1.12 It is difficult to estimate the total funding that has supported the implementation of the NSD Phase 2. For example, a proportion of the Police Service of Northern Ireland budget will be spent on reducing supply, and a proportion of the Education budget will be spent on resilience and knowledge raising but it is

impossible to disaggregate these out from overall budgets and universal approaches.

1.13 We do know that approximately £16 million per year has been invested in services (including prevention and awareness raising, early intervention, harm reduction and treatment and support) in support of the Regional Commissioning Framework for Alcohol and Drug Services. While there have been some reductions in funding over the period – such as Trust savings or the removal of Department of Justice funding from Arrest Referral Schemes – overall the budget has remained relatively stable. However, there is a continuing pressure on services – particularly Substitute Prescribing Services – and this means it is vital that we continue to look at our service models and ensure that any additional investments in the future are aligned to those services and approaches shown to have the most impacts, and to flexibly respond to emerging issues and pressures.

2. The Process to Review the NSD Phase 2

2.1 At its meeting on 25 October 2017, the NSD Steering Group agreed the Terms of Reference for the review of the NSD Phase 2 (see **Annex A**).

2.2 The aim of this review was to evaluate the impact of NSD Phase 2 on its aims of preventing and addressing harm related to substance misuse in Northern Ireland. This comprehensive, inter-departmental evaluation, facilitated and led by DoH, fully considered the outputs of the strategy, i.e. what has been done and the outcomes, what difference this has made to people's lives, etc. It also considered the effectiveness of the current NSD structures with a view to making recommendations on the way forward.

2.3 The review considered three specific aspects of the implementation of the NSD Phase 2 strategy:

a. ***Outputs*** – i.e. the action taken by Government Departments and their agencies, through the NSD structures, and the progress made.
b. ***Outcomes*** – i.e. the impact that NSD Phase 2 had on the range of indicators and outcomes it set out to achieve and the differences made for the public, service users and carers.
c. ***Stakeholder views and structures*** – i.e. a review of the views of key stakeholders on the delivery of the NSD and the associated structures, in the context of recent and emerging Government policy.

2.4 The review also began the process for considering the necessary actions and structures to take forward to prevent and address substance misuse following the end of the current Strategy.

2.5 Importantly, given the nature of the funding and the interconnectedness of the actions and outcomes with other government strategies and actions, the review did not explicitly deal with value for money at the strategic level – but the organisations delivering on individual actions should be continuously monitoring the value for money of these.

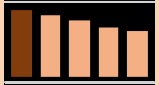
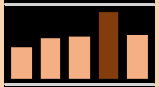
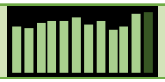
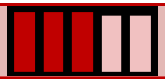
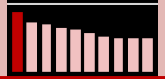
3. Update on NSD Phase 2 Indicators

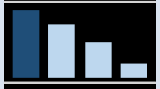
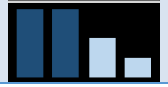
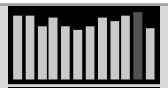
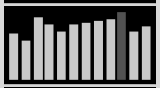
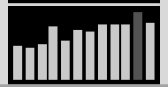
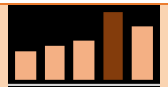
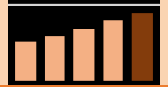
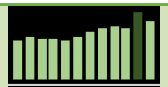
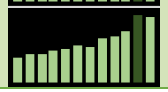
3.1. To measure the extent to which the overall aim of reducing alcohol and drug-related harm is being met, the NSD Phase 2 established a set of Indicators that can be used for this purpose. These are set out below (and are colour-coded to match the sections that follow):

Alcohol	**Drugs**
Prevalence	Prevalence
Binge drinking	Blood borne viruses
Numbers presenting for treatment	Numbers presenting for treatment
Hospital admissions	Hospital admissions
Deaths	Deaths
Crime	Crime
Drink driving	Drug driving
Public confidence	Public confidence
	Criminal gangs

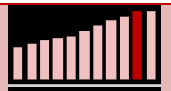
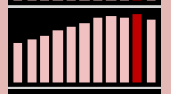
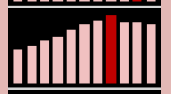
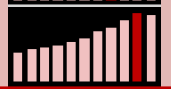
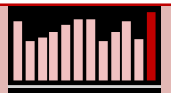
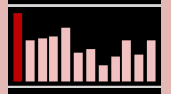
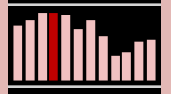
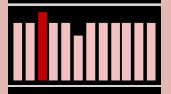
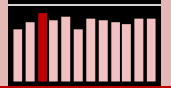
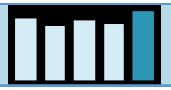
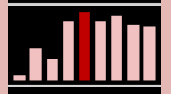
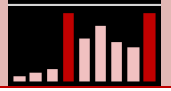
3.2. Progress against indicators is reported as the information becomes available. It should be noted that for the majority of these indicators we were seeking a reduction in the figures. However, in respect of some of the areas – particularly those presenting for treatment and public confidence – an increase in the numbers is actually positive as it means more people are seeking help for their misuse and this should lead to long-term reduction in related harm. When reporting against these indicators, where possible and appropriate, figures will be broken down by Section 75 groups and particularly in terms of age, gender and geographical area.

3.3. The table below summarises the overall movement in the key indicators, since the beginning of the NSD. In addition, **Annex B** contains a range of infographics showing more detail on changes to a range of statistics over the period of the strategy, and full data tables are also being published separately alongside this report.

Alcohol			Trend Shape	Pre- and Post-strategy data comparison
Prevalence	Adults	Proportion of respondents who drink		⇧ 75% in 2006/07, 80% in 2016/17
	Adults	Proportion of respondents exceeding recommended weekly drinking limits		⇩ 24% in 2010/11, 20% in 2015/16
	Young people	Proportion of young people that have ever drank alcohol		⇩ 55% in 2007, 32% in 2016
	Young people	Of those who drink, the number who have been drunk		⇩ 55% in 2007, 45% in 2016
Binge drinking	Adults	Percentage of those who drank in the last week who engaged in at least one binge drinking session		⇩ 38% in 2005, 31% in 2013
Numbers presenting for treatment	All	Number presenting for treatment for alcohol only		⇩ 3,476 in 2007, 2,577 in 2017
	All	Proportion of all those presenting for treatment, needing treatment for alcohol only		⇩ 62.3% in 2007, 43.2% in 2017
	All	Number presenting for treatment for both alcohol and drugs		⇧ 989 in 2007, 1,356 in 2017
	All	Proportion of all those presenting for treatment, needing treatment for both alcohol and drugs		⇧ 17.7% in 2007, 22.7% in 2017
Hospital admissions	All	Admissions for alcohol related conditions		⇧ 9,573 in 2008/09, 11,636 in 2016/17
	All	Admissions for conditions relating to alcohol and drug use		⇩ 1,944 in 2008/09, 1,148 in 2016/17
Deaths	All	Deaths due to Alcohol		⇧ 217 in 2005, 289 in 2016
Crime	All	Proportion of crimes where alcohol is a contributory factor		⇩ 20% in 2012/13, 19% in 2016/17
Drink driving	All	Number of drink driving detections		⇩ 3,992 in 2008, 2,834 in 2017
	All	Number of convictions for Alcohol/Drug driving offences		⇩ 3,377 in 2007, 1,924 in 2017
Public confidence		Public concerns about alcohol related issues in their local area		⇔ 46.1% in 2012, 43.3% in 2016

Drugs			Trend Shape	Pre- and Post-strategy data comparison
Prevalence	Adults	Lifetime use of drugs (i.e. ever used drugs)		⇔ 28% in 2006/07, 28% in 2014/15
	Adults	Use of drugs within the last year		⇩ 9% in 2006/07, 6% in 2014/15
	Adults	Use of drugs within the last month		⇔ 4% in 2006/07, 3% in 2014/15
	Young people	Lifetime use of drugs (i.e. ever used drugs)		⇩ 19% in 2007, 4% 2016 *
	Young people	Use of drugs within the last year		⇩ 13% in 2007, 3% in 2016 *
	Young people	Use of drugs within the last month		⇩ 7% in 2007, 2% in 2016 *
Blood borne viruses (All NI diagnoses - not specific to people that have injected drugs)		Number of new diagnoses of Hepatitis C		⇩ 134 in 2005, 111 in 2016
		Number of new diagnoses of Hepatitis B (both acute and chronic)		⇧ 87 in 2005, 101 in 2016
		Number of new diagnoses of HIV		⇧ 59 in 2005, 98 in 2016
Numbers presenting for treatment	All	Number presenting for treatment for drugs		⇧ 1,118 in 2007, 2,036 in 2017
	All	Proportion of all those presenting for treatment, needing treatment for drugs only		⇧ 20.0% in 2007, 34.1% in 2017
Hospital admissions	All	Admissions for conditions relating to drug use		⇩ 3,285 in 2008/09, 2,611 in 2016/17
Deaths	All	Drug related deaths		⇧ 84 in 2005, 126 in 2016
	All	Deaths due to drug misuse		⇧ 42 in 2005, 111 in 2016

** Please note that the questions on young people taking drugs changed in 2016 and thus may not be directly comparable with previous years.*

Drugs			Trend Shape	Pre- and Post-strategy data comparison
Crime	All	Drug seizure incidents		⇧ 2,590 in 2006/07, 5,546 in 2016/17
	All	Drug related arrests		⇧ 1,726 in 2006/07, 2,702 in 2016/17
	All	Drug trafficking offences		⇧ 349 in 2005/06, 832 in 2016/17
	All	Drug possession offences		⇧ 2,595 in 2005/06, 4,600 in 2016/17
Drug driving	All	% of fatal collisions related to alcohol or drugs		⇧ 24% in 2005, 28% in 2016
	All	Number of fatal collisions related to alcohol or drugs		⇩ 30 in 2005, 18 in 2016
	All	% of serious collisions related to alcohol or drugs		⇩ 10% in 2005, 9% in 2016
	All	Number of serious collisions related to alcohol or drugs		⇩ 85 in 2005, 64 in 2016
	All	% of slight collisions related to alcohol or drugs		⇔ 5% in 2005, 5% in 2016
	All	Number of slight collisions related to alcohol or drugs		⇧ 219 in 2005, 268 in 2016
Public confidence		Public concerns about drug related issues in their local area		⇧ 38.2% in 2012, 42.9% in 2016
Criminal gangs		Number of gangs frustrated		⇧ 29 in 2007/08, 54 in 2015/16
		Number of gangs disrupted		⇧ 25 in 2007/08, 42 in 2015/16
		Number of gangs dismantled		⇧ 4 in 2007/08, 28 in 2015/16

Commentary

3.4. Overall, there is a mixed picture in terms of the key indicators that were monitored alongside the implementation of the NSD.

Alcohol

3.5. In terms of alcohol use and misuse, there have been some positive changes at the population level. The proportion of adults drinking above the recommended guidelines has reduced (from 24% in 2010/11 to 20% in 2015/16), and there have been significant reductions in the proportion of young people who have ever drank alcohol (55% in 2007 to 32% in 2016) and the proportion of those who have ever been drunk (55% in 2007 to 45% in 2016). The percentage of adults who binge drink has also fallen over the course of the strategy (38% in 2005 to 31% in 2013).

3.6. In addition, we have seen a small decrease in the proportion of crimes where alcohol is a contributory factor (from 20% in 2012/13 to 19% 2016/17), and decreases in drink drive detections (from 3,992 in 2008 to 2,834 in 2017) and convictions (from 3,377 in 2017 to 1,924 in 2017). Public concerns about alcohol misuse have also remained relatively static (46.1% in 2012 and 43.3% in 2016.

3.7. Of concern is the fact that alcohol-related deaths have continued to rise over the course of the strategy (from 217 in 2005 to 289 in 2016) and the fact that alcohol-related admissions to hospital have also risen (from 9,573 in 2008/09 to 11,636 in 2016/17). However, it should be pointed out that the harm caused by alcohol misuse can take time to be fully manifested. For example, the University of Sheffield has estimated that it would take 20 years for the full impact of minimum unit pricing for alcohol to be felt in terms of reduced alcohol related deaths. This does not diminish the fact that alcohol-related deaths have risen as has the associated impact on families and communities right across Northern Ireland.

3.8. There has been a fall in the numbers presenting for treatment just for alcohol misuse (3,476 in 2007 to 2,577 in 2017), and the proportion needing treatment

for alcohol misuse only (from 62.3% in 2007 to 43.2% in 2017). Alongside this, we have seen a rise in the number presenting for treatment for alcohol and drug misuse (from 989 in 2017 to 1,356 in 2017) and the proportion needing treatment for alcohol and drug misuse (from 17.7% in 2007 to 22.7% in 2017). This points to increased complexity in those seeking treatment for substance misuse, polydrug misuse and perhaps an increase in risk-taking behaviour among a cohort of those most at risk of harm.

Drugs

3.9. In terms of prevalence of drug use among adults, lifetime (28% in 2006/07 and 2014/15) and current use (4% 2006/07 and 2014/15) of drugs has remained broadly steady, but recent use (9% 2006/07 and 6% 2014/15) has fallen. Encouragingly, among young people we have seen very significant reductions in self-reported use of drugs and solvents. Since 2007 when lifetime use was 19%, current use was 13% and recent use was 7%, there has been a consistent downward trend. The most recent findings in 2016 indicate lifetime use at 4%, current use at 3%, and recent use at 2% (it should be noted that the questions on young people taking drugs changed in 2016 and thus may not be directly comparable with previous years*).* Admissions to hospital for conditions related to drug use have also fallen (3,285 in 2008/09 to 2,611 in 2016/17).

3.10. There have also been significant increases in the numbers of criminal gangs frustrated (28 in 2007/08 to 54 in 2015/16), disrupted (25 in 2007/08 to 42 in 2015/16) and dismantled (4 in 2007/08 to 28 in 2015/16). This has been combined with increased drug seizures (2,590 in 2006/07 to 5,546 in 2016/17), arrests (1,726 in 2006/07 to 2,702 in 2016/17), trafficking (349 in 2006/07 to 832 in 2016/17), and possession offences (2,595 in 2006/07 to 4,600 in 2016/17).

3.11. Of significant concern though are the increases in drug-related deaths, both in terms of all deaths (from 84 in 2005 to 126 in 2016) and deaths due to drug misuse (from 42 in 2005 to 111 in 2016). There have also been increases in

new cases of some blood borne viruses. This has been combined with an increase in public concern about drugs (from 38.2% in 2012 to 42.9% in 2016).

3.12. We have also seen numbers in treatment for drug misuse increase (from 1,118 in 2007 to 2,036 in 2017), along with an increase in the proportion of people in treatment for drug use only (from 20% in 2007 to 34.1% in 2017).

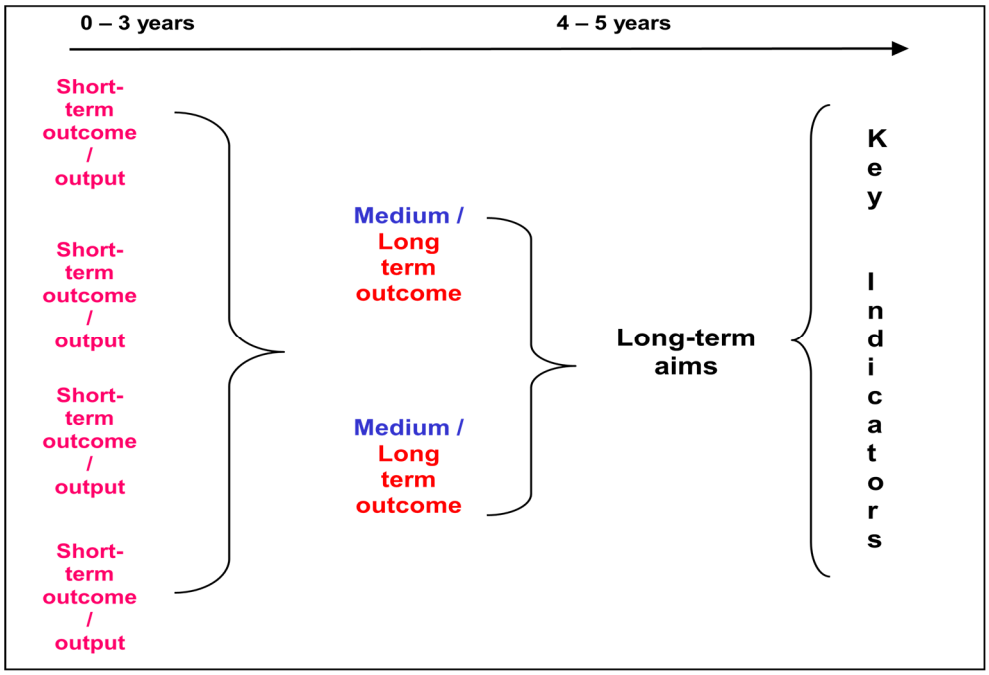
3.13. Drug and alcohol driving collision figures are also a mixed picture. Overall the number of collisions of all categories involving substances are down, but the proportion of collisions that are substance misuse related have remained roughly static or have increased slightly.

Summary

3.14. Clearly there are some encouraging and significant trends at the population level, particularly among our young people, in relation to substance misuse. However, this is offset by increases in some indicators of harm. It appears that, in general, less people are using and misusing substances, but a significant cohort who do use and misuse alcohol and drugs seem to be engaging in increasingly risky behaviours that is seeing acute increases in related harms. This is an issue that will need to be teased out further when we consider what should follow the current strategy.

4. Update on Outcomes and Outputs

4.1. In order to deliver the overarching long-term aims of the NSD, a series of outcomes were defined. Following the logic model approach, a number of long-term outcomes were initially agreed, and then a number of regional and local short and medium-term outcomes and outputs were put in place subsequently to support the delivery of these long-term aims and to provide the focus for activities and future work[1].



4.2. The outcomes and the overall success or otherwise of achieving the long-term aim of the NSD Phase 2 are measured by the Key Indicators in Chapter 4. The outcomes were structured in a manner that not only demonstrated their sequential nature across the five years of the NSD, but also their relationship with the Themes, Long-Term Aims and Key Priorities.

4.3. The outcomes are grouped within the themes based on certain issues or topics as follows:

- Adults and the General Public - 1 (Treatment and Support)
- Adults and the General Public - 2 (Prevention and Early Intervention)
- Children, Young People and Families - 1 (Treatment and Support)

[1] Short term meant within 3 years, and medium to long-term within 4 - 5 years.

- Children, Young People and Families - 2 (Prevention and Early Intervention)
- Community Safety and Anti-Social Behaviour
- Monitoring, Evaluation and Research
- Workforce Development

4.4. The outcomes set out the overall direction of travel. The Public Health Agency was asked to continue to develop local and regional plans that support the achievement of the NSD outcomes, and identify and address local needs.

4.5. The detail and outputs against each outcome is set out in **Annex C** along with an indication of progress against these deliverables using a **red** (not on target for achievement), **amber** (on target for achievement but with some delay), or **green** (on target for achievement or ongoing) designation. Outcomes that have been completed are outlined in **blue**.

Summary

4.6. Overall, the majority of the 141 outcomes are on track for achievement within the timescale expected or are ongoing (i.e. actions or outcomes that need to be continually worked against and will never be completed in their entirety).

4.7. 24 (17%) of the outcomes have been fully completed, 98 (70%) of the outcomes are classed as being on track for achievement or ongoing, and 17 (12%) of the outcomes progress is being made but with some delay. 2 of the outcomes (1%) are not on target for achievement.

4.8. Of those outcomes that have been classified as completed or are ongoing, the following are seen as being particularly important and encouraging:

- work to strengthen legislation around the supply of drugs and in particular New Psychoactive Substances;
- the development of new low risk Alcohol Guidelines;
- the establishment of new Community Support Services;
- the implementation of the Local Community Response Protocol;

- updated Workplace Guidance for Substances Misuse;
- the Road Traffic (Amendment) Bill receiving Royal Assent;
- the development and implementation of the Regional Alcohol and Drug Services Commissioning Framework;
- expansion of the provision of key harm reduction services such as Needle Exchange and Naloxone;
- the establishment and embedding of the Service User Network;
- work to disrupt and frustrate criminal gangs supplying drugs;
- improved liaison between prison and community services,
- reduction in substance use and misuse among children and young people;
- embedding of the One-Stop-Shop services
- commissioning of new Family Support Services;
- full implementation of the Hidden Harm Action Plan;
- improved cross-government and cross-sectoral work at both policy and practice level;
- publication of statistics and key research;
- ongoing programme of workforce development in line with national standards; and
- greater focus on addressing the misuse of Prescription Only Medicines.

4.9. While now operational, the time taken to produce the Regional Commissioning Framework and then subsequently tender for services has meant that some of the services that support NSD implementation had only been in place for just over 2/3 years at the time of this review. There has therefore been limited time to fully embed these services and allow them to have an impact on population-level indicators prior to the review.

4.10. In addition, data from the Impact Measurement Tool (IMT) has been assessed as not quite reaching the stringent requirements for publication as an official statistic, which has somewhat limited our ability to see the impact and outcomes these services are having. While these data quality issues remain, the IMT still provides useful management information for the Department and the PHA in their evaluation of services.

4.11. Of those outcomes classified as amber or red, there are particular concerns about:

- increases in certain measures of harm – including recent concerns about both alcohol and drug related deaths;
- the ongoing misuse of prescription medicines and polydrug misuse;
- the partial roll-out of the Substance Misuse Liaison Service;
- delays in bringing forward measures to address how alcohol is priced and amendments to our licensing legislation;
- delays in putting new needle exchange services in Belfast (although this has been addressed in early 2018);
- ongoing pressure on Substitute Prescribing Services, with some unacceptable waiting lists; and
- the wider implementation of the Regional Initial Assessment Tool.

5. Stakeholder Engagement and Views

5.1. As well as considering the outcomes and outputs of the implementation of NSD Phase 2, it was felt it was important to seek and include the views of stakeholders involved in the development and delivery of NSD Phase 2 and experts by experience and service users affected by the strategy.

5.2. In order to bring more independence to this element of the review, DoH tasked the Institute of Public Health in Ireland with undertaking this work and reporting results (*full report available online at*: https://www.publichealth.ie/nsdphase2). What follows is a summary of this work. It should be noted that these are views of people based on their experience – some of which are reflected in outcomes and indicators and some of which are not.

Research Approach

5.3. A mixed methods approach was used which focused on process evaluation. Three research tools were employed – an online questionnaire, semi-structured interviews and focus groups. In the period November 2017 – February 2018, a diverse group of stakeholders with both strategic and operational roles in the delivery of NSD Phase 2 was engaged. Face-to-face interviews and focus groups were conducted; and questionnaires were issued to all contacts held on the Department of Health NSD Phase 2 stakeholder list. The research tools gathered data on six evaluation criteria (see **Table 1** below). Participants also shared insights on the drug and alcohol landscape, achievements and lost opportunities, and aspirations for future strategies relating to drug and alcohol-related harm.

Perspectives on Trends in the Alcohol & Drug Landscape

5.4 Most participants considered that the level of alcohol and drug-related harm had escalated in Northern Ireland since 2011. Participants had difficulty quantifying the impact of NSD Phase 2 on consumption and harms at population level. Participants considered that external factors were disruptive to reducing consumption rather than an overall failure of strategy implementation. These external factors included economic downturn, political instability, shifts in drug markets and rising polydrug misuse.

5.5 Participants perceived significant trends in relation to alcohol consumption, including:

- a decline in binge drinking among younger people;
- an increase in harmful drinking patterns in the middle-aged and older population;
- an increase in the frequency and severity of home drinking and "preloading";
- an increase in the use of high strength alcohol; and
- an increase in the prevalence of polydrug misuse including alcohol.

5.6 Participants perceived significant trends in relation to alcohol-related harms, including:

- an increase in the level of alcohol-related harm in older age groups associated with both current consumption and cohort effects;
- an increase in the incidence of liver cirrhosis among both genders and in younger age groups;
- an increase in the prevalence of "hidden harm", associated in part with home drinking patterns;
- an increase in the incidence of mental illness and suicidal ideation among those who are drinking excessively or alcohol dependent;
- an increase in the severity of alcohol-related violence;
- increased complexity of service need; and
- an ongoing concentration of severe and multiple alcohol-related harms among marginalised social groups.

5.7 Participants perceived significant trends in relation to drug misuse including:

- an increase in prescription drug misuse;
- enhanced accessibility to drugs online and the growth of online supply and social networks;
- an escalation in risk-taking behaviour in relation to drug misuse;
- the emergence of New Psychoactive Substances; and
- an increase in injecting drug use (in Belfast in particular).

5.8 Participants perceived significant trends in relation to drug-related harms, including:

- increase in the overall number of people experiencing drug-related harms;
- increase in number of drug-related deaths;
- increase in complexity of service need in particular with regard to mental health and to homelessness; and
- some mitigation of the rising rate of drug-related deaths associated with early adoption of Harm Reduction initiatives in particular naloxone accessibility.

5.9 Interpretation of data on increased service use varied. Some considered this mostly represented true increases in the level of need, while others considered it mostly represented greater engagement with services associated with greater service accessibility.

Perspectives on the Evaluation Criteria

5.10 **Table 1** below represents the six evaluation criteria that provided the main research framework:

Evaluation Criteria	Definition
Relevance	The extent to which an intervention's objectives are pertinent to the needs, problems and issues to be addressed
Fidelity	The extent to which the policy was implemented as planned
Effectiveness	The fact that expected effects have been obtained and that objectives have been achieved
Efficiency	The extent to which the desired effects are achieved at a reasonable cost
Sustainability	The continuation of benefits from an intervention after major development assistance has been completed; the probability of continued long-term benefits.
Equity	The extent to which different effects (both positive and negative) are distributed fairly between different groups and/or geographical areas

Relevance

5.11 In terms of the overall design of NSD Phase 2, most participants considered that:

- the structure of the Five Pillars reflected real priorities and that the overall strategy design was logical, easy to understand and helped maintain focus in the implementation phase;
- there was a high level of cross-departmental and cross-sectoral engagement in place to support implementation;
- the strategic approach combining drugs and alcohol was beneficial, particularly in responding to an evolving picture of polydrug misuse;
- the inclusion of a Hidden Harm pillar was very appropriate in the context of changing patterns of drug and alcohol consumption; and
- 'Recovery' could now be prioritised as a distinct 'pillar' in addition to the focus on treatment.

5.12 Some participants considered that implementation had, at times, struggled to be responsive and flexible to changes in the drug misuse landscape and the needs profile of service users. The main areas requiring better responsiveness in NSD Phase 2 were perceived as:

- the scale of growth of alcohol and drug misuse;
- the New Psychoactive Substances market ("legal highs");
- prescription drug misuse;
- increased involvement of organised crime gangs;
- the rise of injecting drug use; and
- Substitute Prescribing waiting lists.

5.13 Developments in regional commissioning were positively viewed by most, but not all, participants. Some tensions were evident in relation to how local and regional needs were assessed and how services were configured.

5.14 Perceptions of the purpose of the Research and Evaluation pillar differed. Many participants considered that the Monitoring and Evaluation component was too high-level, focused principally on incidence/prevalence trends. Participants proposed a greater focus on monitoring and evaluation of specific

services and local area responses as well as sharing of tacit knowledge and experiences of implementation.

5.15 Many participants perceived a mismatch between high implementation ambition and limited availability of resources.

Fidelity

5.16 Participants considered that the implementation of NSD Phase 2 adhered well to the Values and Principles. Participants recognised that implementation had actioned the values and principles relating to equity, inclusion and person-centred approaches and to partnership working. Addressing local need and maintaining a long-term focus were identified as principles with lower fidelity.

5.17 There were mixed views on adherence to the principle of value for money and save to invest with many participants unable to provide an opinion. Addressing community issues was also an area where participants perceived lower fidelity.

5.18 Targeting those at risk and/or vulnerable was identified as a strategic priority with higher fidelity in implementation, mirroring the findings on high fidelity to equity-related values and principles.

5.19 Introduction of the Regional Commissioning Framework was considered by many as the most significant implementation achievement of NSD Phase 2.

5.20 Most participants considered that the prevention agenda was under-progressed in NSD Phase 2 due to both external factors (e.g. lack of political leadership, progress with legislation) and internal factors (e.g. diversion of energy and funding to address rising service needs).

5.21 Consistent and committed membership of the NSD Steering Group was identified as a contributor to higher fidelity in implementation. Participants could not easily comment on whether actions to reduce illegal drug supply occurred as intended.

5.22 The following tables summarise participant views on elements of fidelity within NSD Phase 2.

Table 2: Aspects of NSD Phase 2 viewed as high fidelity, low fidelity and those for which there were mixed views

Generally viewed as higher fidelity items	Generally viewed as lower fidelity items	Mixed views on fidelity
Regional Commissioning Framework	Governance structures	Accountability
Regional and local linkages	Addressing local need	Hidden Harm
DACTs and Connections Service	Long-term focus	Responsiveness
Step Referral Pathway		Achievement of priorities

Table 3: Factors which were considered to have supported or hindered the fidelity of NSD Phase 2

Generally viewed as supporting fidelity	Generally viewed hindering fidelity
Collaboration and partnership working	Reorganisation within health and social care structures
Contribution from community and voluntary sector	Competitive nature of tendering process
Workforce Development	Political stability and leadership
Communication and information sharing	Lack of clarity surrounding the role of commissioning with Health and Social Care Board and Trusts

Effectiveness

5.23 There were mixed views about the effectiveness of governance structures at the strategic, operational and local levels. Some aspects of governance and accountability were working well, but that there were suggestions of a rising disconnect between strategic and operational levels.

Table 4: Aspects of NSD Phase 2 which were viewed as effective, less effective and aspects which there were mixed views

Generally perceived as most effective aspects of NSD-2	Generally perceived as less effective aspects of NSD-2	Aspects with mixed views on the effectiveness
Governance structures at local level	Governance structures at operational level	Governance structures at strategic level
DACTs	Advisory Groups	
Joined up working, collaboration and partnership working	Funding	
Workforce development	Research and Evaluation	
Regional Commissioning Framework	Prevention	
Service User involvement		

Table 5: Factors that supported effectiveness

Factors that supported effectiveness	Perceived result
Regional Commissioning Framework	Greater consistency in level and diversity of service offer
Well established partnerships and collaborative working at all levels	Co-ordinated approaches, effective working relationships, supporting efficiencies
Consistency and commitment of NSD Phase 2 Steering Group membership	Continuity of work, opportunity to challenge, meaningful representation, cross-sectoral collaborative approach
Service User involvement	Programmes and services better designed to fit client needs, greater linkage from strategic decision making to lived experience, de-stigmatisation, rapid communication of evolving elements of the drug use landscape

Table 6: Factors that hindered effectiveness

Factors that hindered effectiveness	Perceived result
'Ever rising tide' of drug and alcohol-related harm with rising complexity of service need	Services becoming overwhelmed, diversion of resources away from prevention at strategic and operational levels
Rising complexity of service need	Existing linear models of care become quickly obsolete, increasingly focussed on crisis care and quantity of service rather than

	quality of care and recovery model
Lack of political structure	Failure to progress with key legislation, constraining of policy options – particularly in relation to the Prevention agenda
Transformation in the Health and Social Care service	Some system-level disruption in roles between Health and Social Care Board, HSC Trusts and Public Health Agency
Diminished role of advisory committees	Reduced opportunity to inform strategic direction and prioritise existing and emerging issues
Some mismatch between policy and resourcing decisions	Under-resourcing of some service options, lack of faith and confidence in return on investment
Non-statutory function of DACTS	Stifling of local level innovation, limited capacity for implementation at local level
Some issues with transition within the Step model of care	Gap between Step 2 and 3 services

Efficiency

5.24 Most participants struggled to make conclusions on efficiency domains, particularly on the value for money component. **Table 7** summarises participant views on higher and lower efficiency within NSD Phase 2:

Table 7: Aspects of NSD Phase 2 which were viewed as effective, less effective and aspects which there were mixed views

Perceived higher return on investment	Perceived lower return on investment	Mixed views on return on investment
Regional Commissioning Framework	Multiplicity of initiatives	Hidden Harm
Contribution from community and voluntary sector organisations	Small individualised services	Connections Service
Workforce Development and increased staff capacity	Public information/ awareness campaigns	Step 2 services
Harm Reduction approaches		
Drug and Alcohol Coordination Teams		
Drug and Alcohol Monitoring and Information System		

Sustainability

5.25 Most participants considered that the implementation of NSD Phase 2 had generated changes in practice that will last into the future. Seven core activities/areas of implementation were perceived as driving sustainable positive change. These were:

- collaboration and partnership working;
- regional consistency in service provision;
- DACTs local co-ordination and collaborative activities;
- integration of drug and alcohol together at both strategic and service level;
- service user involvement and engagement;
- adoption of harm reduction approaches; and
- enhanced communication through information tools, networks and workshops.

5.26 In terms of examples of innovation, participants referred to a wide variety of initiatives. Examples of innovation were largely related to cross-over and collaborative initiatives in areas such as homeless, policing, community safety, child protection and youth justice. The Drug and Alcohol Monitoring and Information System (DAMIS) was perceived as a flagship innovation within NSD Phase 2 implementation.

5.27 Some participants considered that a focus on regional approaches and a lack of authority and resources at local level made local innovation difficult.

Equity

5.28 The perceptions of participants were explored in terms of how equity issues were understood, approached and resourced in the implementation of NSD Phase 2.

5.29 Geographic inequalities were commonly perceived as a critical dimension of equity to a greater extent than socially defined communities. Rural/urban inequities in treatment services was a priority concern as were ‘bottle-necks’ in service provision in urban areas. Participants identified NSD Phase 2 as a

key player within the government approach to address health inequalities at population level. They identified that the wider economic context was driving social and health inequalities, irrespective of NSD Phase 2, in terms of income inequality and housing.

5.30 Some participants perceived that public awareness/health education type initiatives on alcohol may have widened inequalities by being more effective in driving behaviour change among the higher educated.

5.31 The areas of work under NSD Phase 2 most commonly identified as effective in the health inequalities dimension were:

- local engagements and outreach operated through DACTs;
- partnership working in the criminal justice system;
- harm reduction approaches for injecting drug users; and
- engagement of families and carers especially within step two services.

5.32 Participants raised particular concerns about the current and future response for certain vulnerable subgroups including older people, people with mental health issues, those in recovery, women and children in the child protection system.

Main Achievements of NSD Phase 2

5.33 Participants identified a diverse set of achievements:

- It was recognised that NSD Phase 2 drove increasingly effective collaboration and partnership working at both strategic and operational level and successfully raised the profile of alcohol and drug-related harm in Northern Ireland.
- Service improvements in the domains of better availability, accessibility, equity, co-ordination and consistency were highlighted, with significant credit attributed to the Regional Commissioning Framework.
- Investments in workforce development were also highlighted. The consistency, diversity of representation and commitment of the NSD Steering Group was also recognised.
- The progress made on embedding transition to an evidence-informed harm reduction approach was also highlighted.

Main Lost Opportunities of NSD Phase 2

5.34 Lost opportunities identified by participants were grouped under six domains. Participants perceived that benefits would have accrued from:

- greater alignment between strategic and operational elements of NSD Phase 2 and greater integration across government department strategic agendas;
- more structured opportunity to engage in evidence-informed future planning rather than focus on acute service provision issues;
- a better response to some unintended outcomes and change management issues within the implementation of the Regional Commissioning Framework;
- more data sharing and critical evaluation on existing programmes and services;
- opportunities to focus on prevention approaches at strategic and operational level;
- ability to allow for legislative changes; and
- adoption of a person-centred comprehensive recovery model.


Strategy/policy integration
Forward-planning
Service commissioning + planning
Failure to capture learning / evaluation of programmes and services
Lack of progress on prevention
Limited progress on recovery
Lost Opportunities of NSD Phase 2

Looking Forward

5.35 Respondents were invited to give their views on a future alcohol and drugs strategy. Suggestions were made in relation to the most important features / future priorities for a new alcohol and drugs strategy.

5.36 A summary of the main issues which stakeholder engagement participants felt should be incorporated into any future strategy development is represented in the diagram below:

6. Conclusions and Informing the Future

6.1. This report demonstrates the vast amount of work undertaken cross-sectorally in the delivery of NSD Phase 2, in what has continued to be a financially constrained environment.

6.2. Progress has been made on a number of population-level indicators. However, of increasing concern has been the pressure on services – in particular the waiting list for Substitute Prescribing Services – and increases in recent years in both alcohol and drug related deaths.

6.3. It is difficult in this review to determine the counterfactual – i.e. what the situation would be if the actions within NSD Phase 2 had not been taken forward. In addition, making the causal link between the delivery of any one action or intervention and population indicators is very difficult in an area that is significantly impacted by the wider social determinants of health.

6.4. Data from the Impact Measurement Tool (IMT) has been assessed as still not reaching the stringent requirements for publication as an official statistic. However, while some data quality issues remain, the IMT provides useful management information for the Department and the PHA in their evaluation of services. These issues were highlighted at a regional stakeholder engagement event and are being progressed by the PHA through follow-up meetings. In future, with improvements in data quality, IMT will be an excellent source of outcome data.

6.5. In addition, the gap between finalising the Strategy and procuring services under the Regional Commissioning Framework means that there has been little time for the new services to come on-stream and begin to make a real difference to individual and population-level outcomes. At the time of this review there had been 2/3 years of implementation, which is minimal relative to the timeframes over which change might be expected to take place in the indicators of concern.

The Future

6.6. Given the development of the draft Programme for Government (PfG) using an outcomes based approach, the development of any successor strategy should focus primarily on where it can add value to the wider work underway across Government to tackle societal issues. For example, it may be useful to focus on a small number of high impact actions and priorities – informed by the ongoing evidence of what works. Learning from this review, it is likely that any future strategy or framework would need to be long term in nature, but reviewed and updated at regular intervals.

6.7. As far as possible, any new strategy/framework should adopt an outcome-based accountability type approach, focusing on population-level outcomes in support of the draft PfG, but also using information from sources such as the IMT to performance manage initiatives and ensure that we can measure if anyone is “better off”.

6.8. The Department of Health now proposes to begin some pre-consultation work that would inform the potential development a new strategy/framework, in line with the points above. As well as using the learning from this review, this process will also consider the research and evidence base, developments in other jurisdictions, and local developments and reports (such as the process used to for the West Belfast Drugs Panel). Future strategy and policy proposals would then be subject to public consultation and Ministerial agreement.

6.9. NSD Phase 2 will remain the key strategic direction for any work, and its governance structures will remain in place, until any new strategy is agreed and finalised. This work should be taken forward alongside the refresh of the Regional Commissioning Framework for Alcohol and Drug Services, to ensure this is fully aligned with the timeframe for the delivery of the future strategy.

Annex A

REVIEW OF THE NEW STRATEGIC DIRECTION FOR ALCOHOL AND DRUGS
TERMS OF REFERENCE
October 2017

INTRODUCTION

The New Strategic Direction for Alcohol and Drugs (NSD) Phase 2 is the Executive's cross-departmental strategy for preventing and addressing the harm related to substance misuse in Northern Ireland. It followed on from the original New Strategic Direction for Alcohol and Drugs which was reviewed and updated in 2011/12. The NSD has been a living document with additional action and priorities added during its life.

Detail

The original NSD had a five-year life span (covering the period 2006 to 2011). During 2009 and 2010, discussions were undertaken by the NSD Steering Group, the Advisory Groups, the Health and Social Care sector, and other key stakeholders on how these issues could be taken forward once the NSD ended.

It was initially agreed that an update document be developed to see how effective the NSD was in terms of delivering on its aims and objectives. This document looked particularly at the progress against the NSD's key priorities, completion of the NSD outcomes, and progress against its indicators.

Overall, the update was very positive, and it highlighted much progress in key areas. It also raised a number of areas where not as much progress had been made as originally anticipated and which would require further work. It also highlighted that a number of the strategic drivers had changed during the period 2006-2011, and that a number of new issues had emerged that were not originally a high priority within the NSD.

The NSD Steering Group acknowledged that significant progress had been made, but it also recognised that the timespan for the original NSD allowed a limited

amount of time for a public health strategy to be embedded and, particularly, to change culture and behaviours.

Accordingly it was agreed that, rather than undertaking a full new strategic development process, the existing NSD (in light of the update document) would be reviewed, revised, and extended until 2016. This decision was taken to ensure a consistent approach on the issue over a ten-year period, and to ensure that resources continue to be directed at front-line services, programmes, and interventions.

This process would also allow the NSD Phase 2 to reflect new trends, and re-direct effort to where it is most needed or to where new issues/concerns are emerging.

Emerging Issues

As highlighted above, since the publication of the original NSD a number of issues had emerged – and these issues now have a greater prominence in NSD Phase 2. These emerging issues were identified, noted and considered by the NSD Steering Group and the relevant Advisory Groups. This process was also informed by the Independent Sector Forums, the Advisory Council on the Misuse of Drugs, the British-Irish Council Drug Misuse Sectoral Group, and recent research. These issues were also acknowledged in the NSD Update Report. These emerging issues include:

- Prescription or Over-The-Counter Drugs;
- Emerging Drugs of Concern / “Legal Highs”;
- Families and Hidden Harm;
- Recovery;
- Mental Health, Suicide, and Drugs and Alcohol Misuse, Sexual Violence and Abuse, and Domestic Violence;
- Alcohol; and
- Local Funding.

Consultation

NSD Phase 2 was issued for public consultation on 04 March 2011, and the process ran until 31 May 2011. In order to aid the analysis of the responses to the consultation, the Department provided a consultation ‘Response Questionnaire’. The

questionnaire focused responses on the main proposals in NSD Phase 2. In addition to this, respondents were encouraged to provide any general comments.

NSD Phase 2 Extension

NSD Phase 2 was originally anticipated to be a 5-year strategy document running from 2011 to 2016. However, there was a delay in publishing and implementing the final document while awaiting Executive approval. In addition, one of the key outcomes in the Strategy was the development and implementation of a Commissioning Framework for Alcohol and Drug Services. The process to develop this framework, and to commission services within its parameters, took longer than anticipated – meaning these services only came on-stream in financial year 2015/16.

The former Minister therefore agreed to extend the implementation of NSD Phase 2 by at least a year to give the strategy its full five years of implementation, allowing the newly commissioned services time to bed in and to impact on the indicators and outcomes, and allow for a better fit with the timescale for the Commissioning Framework.

AIM OF REVIEW

The aim of this review is to evaluate the impact of NSD Phase 2 on its aims of preventing and addressing harm related to substance misuse in Northern Ireland. This will be a comprehensive, inter-departmental evaluation, facilitated and led by DoH, which will consider fully the outputs of the strategy, i.e. what has been done and the outcomes, what difference this has made to people's lives, etc. It will also consider the effectiveness of the current NSD structures and make recommendations on the way forward.

SCOPE OF THE REVIEW

The review will consider three specific aspects of the implementation of the NSD Phase 2 strategy:

a. **Outputs** – i.e. the action which has been taken by Government Departments and their agencies, through the NSD structures, and the progress made.

b. **Outcomes** – i.e. the impact that NSD Phase 2 has had on the range of indicators and outcomes it set out to achieve and the differences made for the public, service users and carers.
c. **Stakeholder views and structures** – i.e. a review of the views of key stakeholders on the delivery of the NSD and the associated structures, in the context of recent and emerging Government policy.

It will also consider the necessary actions and structures to take forward to prevent and address substance misuse following the end of the current Strategy.

Given the nature of the funding, and the interconnectedness of the actions and outcomes with other government strategies and actions, it will not explicitly deal with value for money at the strategic level – but the organisations delivering on individual actions should be continuously monitoring the value for money of these at that level.

TIMING OF ASSIGNMENT

The target date for completion of the NSD Review is 31 March 2018.

NSD Phase 2 will remain extant until the review is completed and, if deemed appropriate, a new strategy is put in place.

METHODOLOGY

Each Department/Agency with responsibility for actions within NSD Phase 2 will take ownership of the evaluation of their own actions. DoH will lead on the completion of the evaluation and collate input from other Departments/Agencies.

The methodology for carrying out this evaluation is as follows:

	Action	**Detail**
1	**Evaluation of Outputs**	The evaluation of outputs can be evaluated primarily using quantitative analysis. This will involve each Department/agency with responsibility for actions in the NSD Phase 2 gathering information on what action has been taken to implement their actions. DoH gathers monitoring information on the progress of the actions on an annual basis. This will be used as a basis for evaluating the outputs, however Departments will add to this with

		statistical information etc where this is available.
2	**Evaluation of Outcomes**	The evaluation of outcomes requires gathering of quantitative analysis across a range of indicators and outcomes. As part of this exercise, Departments should cross-reference any reviews or evaluations completed by their Department or by Arms Lengths Bodies, community & voluntary sector, highlighting any relevant information or findings therein. DoH will collate the outcome analysis.
3	**Analysis of the Effectiveness of the NSD Phase 2 and its Structures**	On behalf of DoH, the Institute of Public Health in Ireland will lead a qualitative piece of work with key stakeholders on how effective they believe the NSD strategy has been to date, what learning there has been, what could come next, and the effectiveness of the structures and learning in this area.

ROLES AND RESPONSIBILITIES

The evaluation will be led by DoH with input from the other Departments and Agencies with responsibility for actions. IPH will lead the qualitative work with stakeholders – giving a greater independence to this work.

The NSD Steering Group acts as the steering group for the review. Updates on progress will be given at each meeting.

The Health Minister will agree the review and seek comments and agreement from the Executive.

OUTPUTS AND TIMETABLE

Target date for completion of the evaluation is March 2018. An indicative timetable for the various phases of the evaluation is set out below.

OUTPUT	**TARGET DATE**
1. Agree Terms of Reference	October 2017
2. Evaluation of Outputs and Outcomes of NSD Phase 2 Actions	End December 2017
3. Analysis of the effectiveness of	End February 2018

NSD Phase 2 and its Structures	
4. Develop Options for Way Forward	March 2018
5. Finalise Report and Sign off	End March 2018

CONTACT DETAILS

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ANNEX B

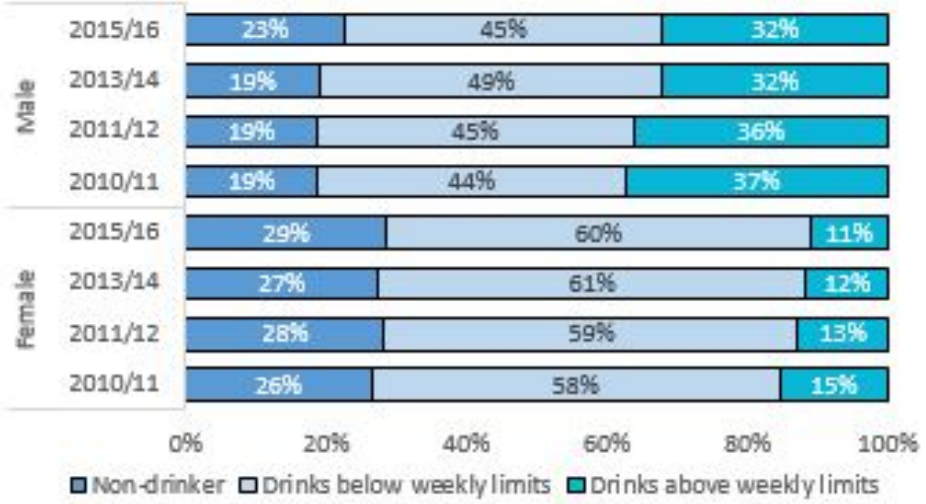
STATISTICS INFOGRAPHICS

New Strategic Direction for Alcohol and Drugs – Phase 2

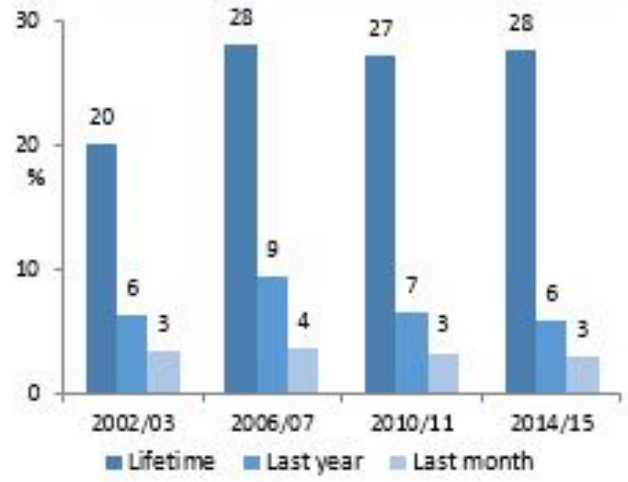
4 out of 5 adults drink alcohol

Binge drinking
38% in 2005 ⇨ 31% in 2013

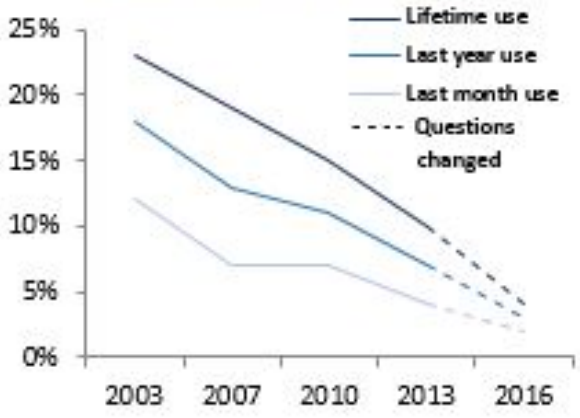
Adult respondents drinking habits - Health Survey NI



Prevalence Rates for illegal drugs (adults)



Proportion of young people reporting having taken drugs or solvents



In 2016 30% of year 8 to year 12 girls had ever taken an alcoholic drink

In 2016 35% of year 8 to year 12 boys had ever taken an alcoholic drink

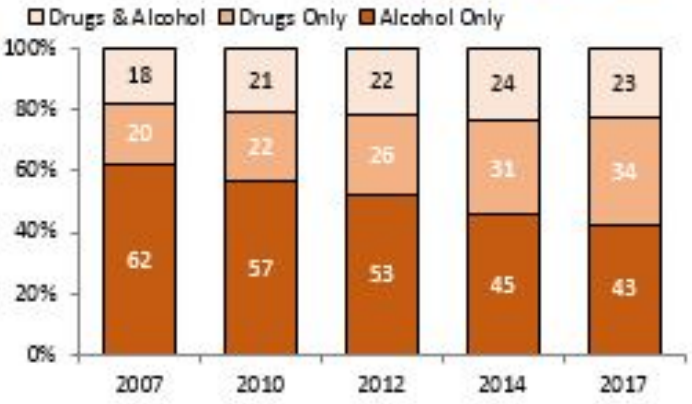
In 2007 55% of young people that reported ever having drank also reported having been drunk. In 2016 this figure was 45%.

There were 5969 people in treatment for alcohol and/or drugs in NI in 2017

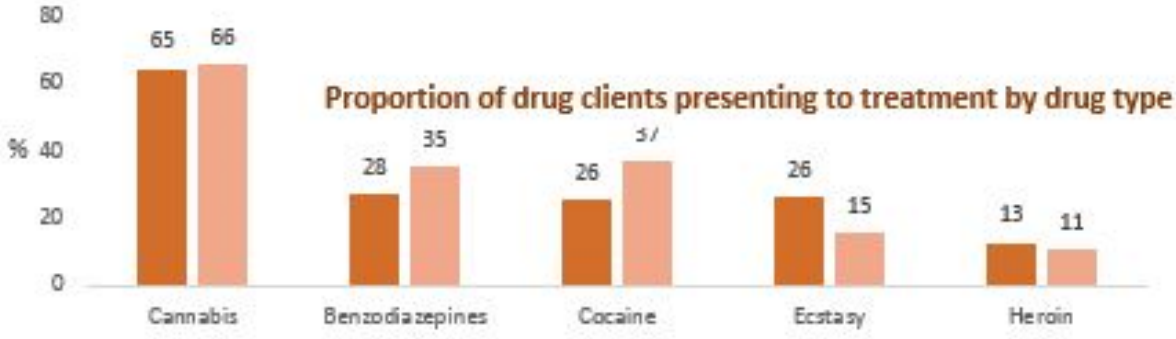
31% female

69% male

Treatment type by year

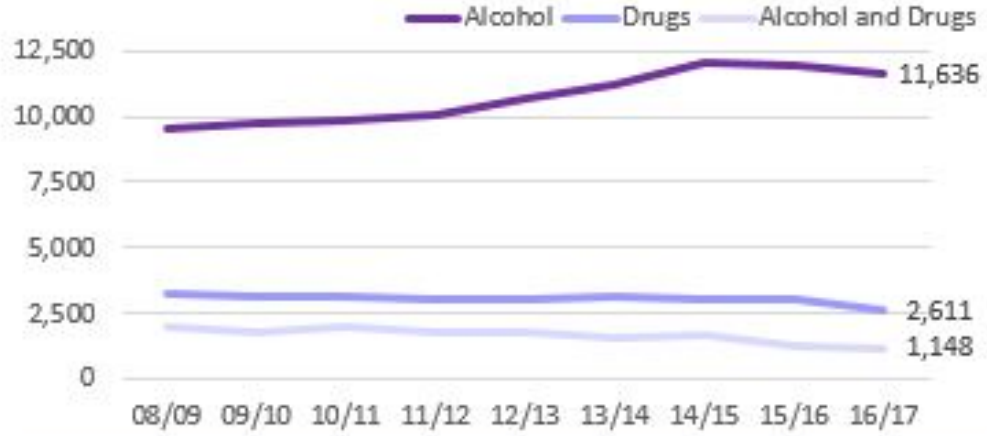


Proportion of drug clients presenting to treatment by drug type



New Strategic Direction for Alcohol and Drugs – Phase 2

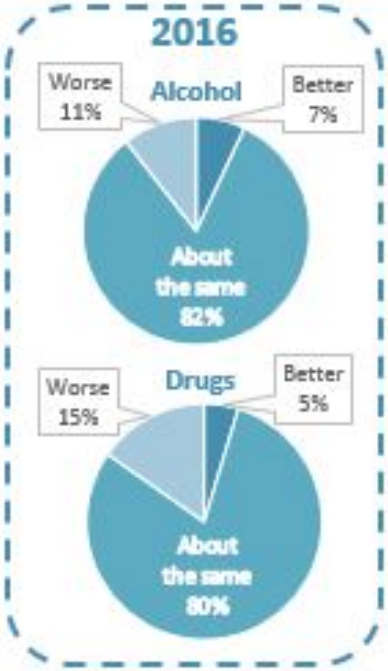
Number of **admissions** to hospital



- Of those admitted for alcohol only, 70% were male
- Of those admitted for drugs only, 55% were male
- Of those admitted for both drugs and alcohol, 60% were male

Level of confidence that enough is being done to tackle alcohol and/or drug related issues:

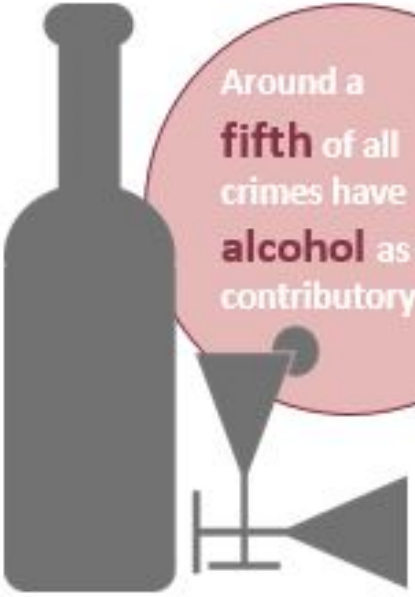
9% total confidence
43% some confidence
47% little or no



Perception of change over the last 12 months in the level of alcohol/drug related issues

43% concerned about alcohol. No change from 2012

43% concerned about drugs. Increase from 38% in 2012



Around a **fifth** of all crimes have **alcohol** as a contributory factor

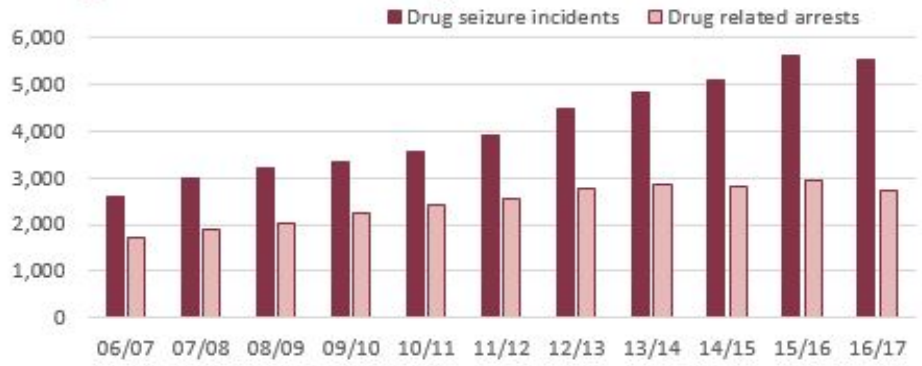
2,834 people were detected for a drink/drug-driving related offence in 2017

Convictions for Alcohol / Drug related driving offences in NI by sex

For offences of violence against the person, the proportion in which alcohol was a contributory factor has fallen from **47%** in **2012/13** to **40%** in **2016/17**.

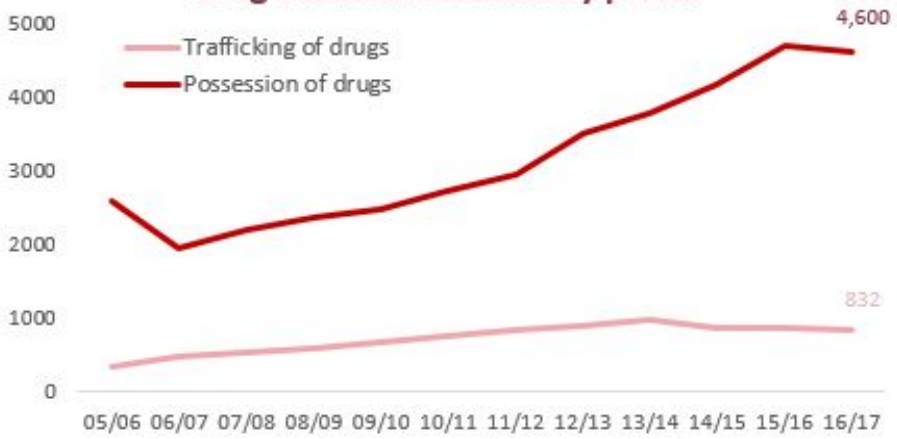
New Strategic Direction for Alcohol and Drugs – Phase 2

Drug seizure incidents and drug related arrests

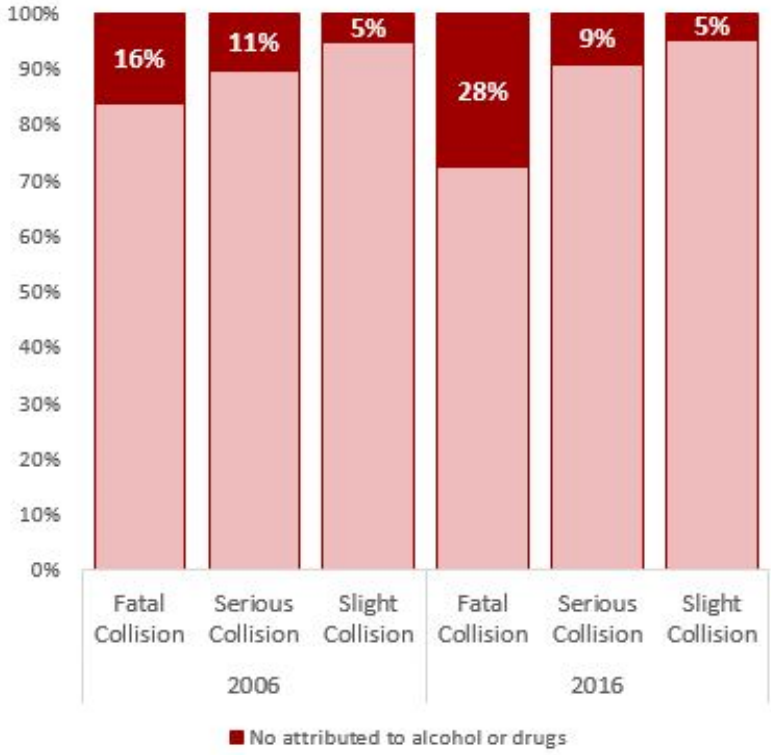


The majority (4,332) seizure incidents in 2016/2017 involved Cannabis. There were 620 seizure incidents involving Cocaine, and 586 involving Benzodiazepine.

Drug offences recorded by police



Injury Road Traffic Collisions by severity 2006 and 2016



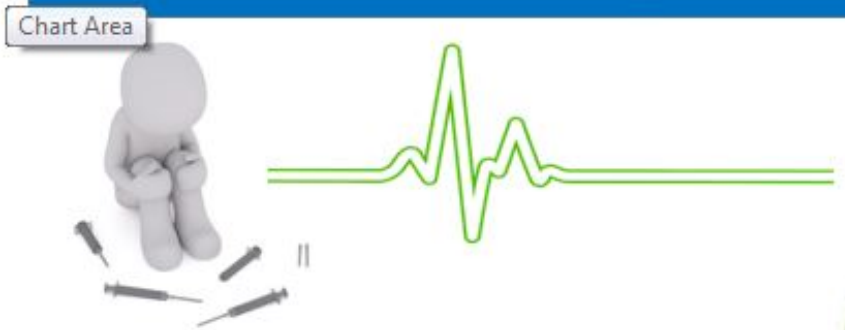
In 2016, there were 5,471 slight collisions. Of those 268 were attributed to alcohol or drugs

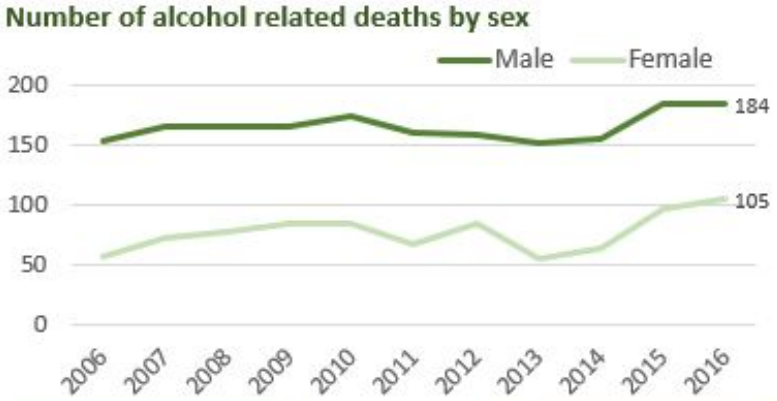
In 2016, there were 689 serious collisions. Of those 64 were attributed to alcohol or drugs

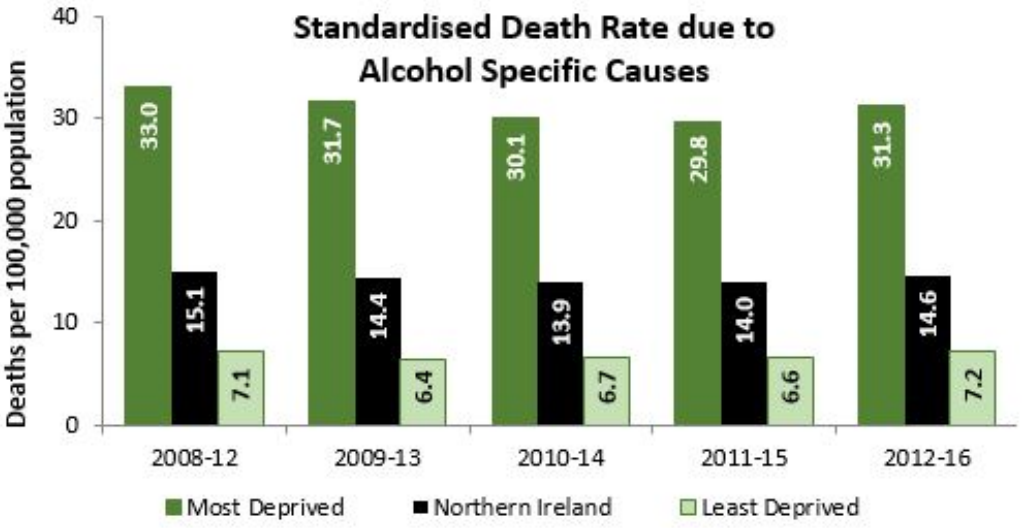
In 2016, there were 65 fatal collisions. Of those 18 were attributed to alcohol or drugs

Since 2004, 5%-7% of all injury road traffic collisions have been attributed to alcohol or drugs. This proportion varies depending on the severity of the collision, ranging from 5% of slight collisions to 28% of fatal collisions in 2016.

New Strategic Direction for Alcohol and Drugs – Phase 2



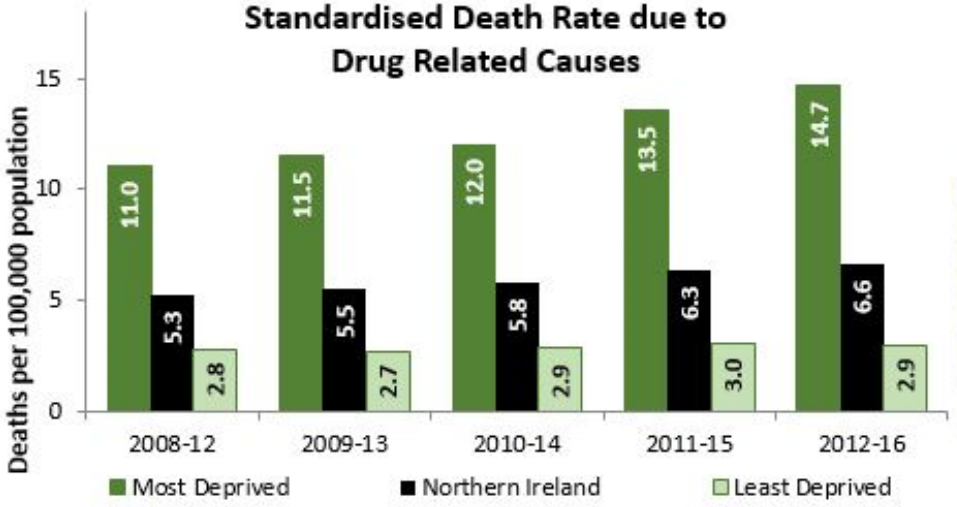




In the **most deprived** areas, both drug related mortality and mortality from drug misuse remains around **five times** the rate seen in the **least deprived** areas. *Source: NI Health & Social Care Inequalities*

Diazepam was the most commnly mentionned drug in 2016 drug related deaths; it has seen an increase from **20** in 2006 to **60** in 2016

In **2016**, there were **111** deaths due to drug misuse; more than double the **49** recorded in **2006**



Over the last ten years, the proportion of drug related deaths that are attributed to drug misuse has been increasing:

54% in 2006 ⇨ 88% in 2016

ANNEX C

DETAIL OF PROGRESS AGAINST OUTCOMES AND OUTPUTS WITHIN THE NSD PHASE 2

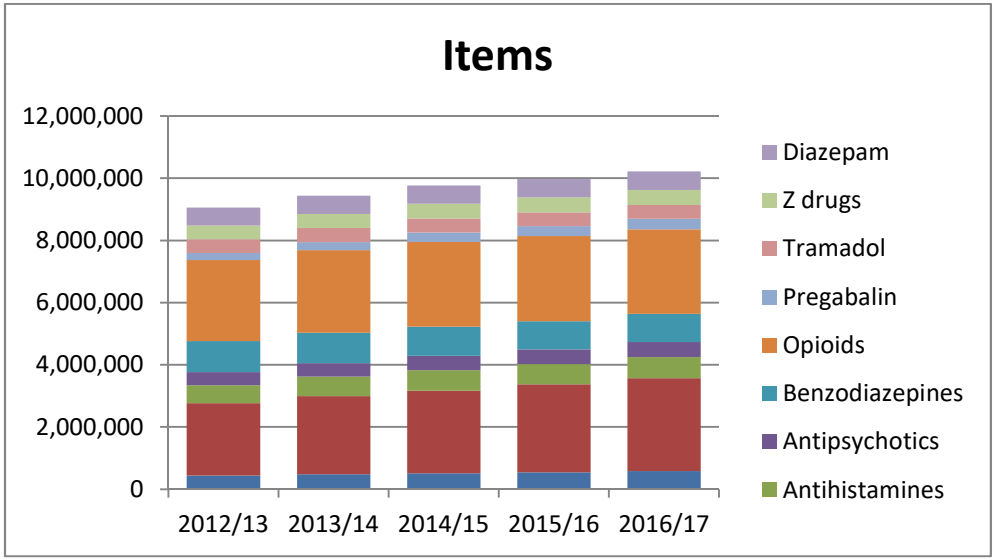
Adults and the General Public – 1 (Prevention & Early Intervention)

Medium/Long Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
1. Targeted local prevention programmes in place.		**Completed.** Targeted Prevention services for Young People across Northern Ireland were procured by the PHA with an initial contract period: 01 July 2015 – 30 June 2017 (with the option to extend the contract for three further periods of 12 months to 30 June 2020). This contract has now been extended by 2 years until 30 June 2019.This service develops and delivers age appropriate drug & alcohol life skills/harm reduction programmes for young people in the age ranges of 11-13, 14-15 and 16+ years across Northern Ireland. DACT Connections services continue to work alongside DACTs in each of the HSCT localities undertaking a range of proactive and prevention focussed activities such as: delivering awareness-raising sessions; developing and delivering local events and initiatives with key stakeholders; facilitating a service provider network and supporting other relevant local networks and partnerships; signposting to services and assisting the DACTs to develop and deliver on their priority areas; and to produce an annual action plan. At a regional level in 2016/17, DACTs and the DACT Connections services have worked alongside PHA to develop and deliver the following events/initiatives: NPS Law Change – May 2016 NI Alcohol Awareness Week – June 2016 RAPID (drug disposal bins) Launch – July 2016 Family Support Awareness Raising – September 2016 Dry January (small grants) – January 2017 Drug Dealer's Don't Care (p'ship with PCSPs) – March 2017	Discussions are ongoing regarding how best to evaluate both the Targeted Prevention services for Young People and Connections service overall, however data on each service element is collated and reported on at a local level within PHA's monitoring and review processes. It is envisaged that the evaluation will be phased with Phase 1 commencing early in 2018.
2. Reduction in the proportion of adults who have used drugs in the last year.		The proportion of adults using any illegal drug in the last year fell from 9.4% in 2006/07 to 6.6% in 2010/11 and 5.9% in 2014/15.	
3. Reduction in the proportion of adults who have misused prescription drugs in the last year.		At this stage we have no definite figures on the proportion of adults who *misused* prescription drugs in the last year. However, last year use of sedatives and tranquillisers was similar at 11.0% in 2010/11 and 10.3% at 2014/15 while last year use of anti-depressants rose from 12.0% in 2010/11 to 14.0% in 2014/15. Use of other opiates, which contains a number of prescription medicines, rose from 6.4% in 2010/11 to 10.0% in 2014/15.	Prescription Drug Misuse Action Plan issued for implementation in late 2013 and an update on this work is included in this report.
4. Reduction in the proportion of adults who binge drink.		The proportion of adult drinkers who binge drink has fallen from 38% in 2005 to 31% in 2013.	

5. Increase in the proportion of adults who drink sensibly.		The proportion of adult drinkers who drink within the sensible weekly guidelines has risen from 76% in 2010/11 to 82% in 2015/16.	
6. Legislation in place to prevent and address substance misuse.		A range of legislation is in place to reduce the supply, availability and accessibility of alcohol and drugs (*see Outcomes 19 and 21*). In addition consideration is being given to strengthening this further through proposals such as minimum unit pricing for alcohol (see 19). DoH and DoJ worked closely with the Home Office in developing the Psychoactive Substances Act which became UK-wide law on 26 May 2016.	Continue to consider the legislative base and bring forward proposals to strengthen these regulations based on evidence of effectiveness.
7. Increase in number of workplaces implementing alcohol and drug policies.		Guidelines for workplaces are available on https://www.nibusinessinfo.co.uk/content/dealing-alcohol-issues-workplace website, and are updated on a regular basis. The PHA promotes healthy workplaces, and the Big Lottery Fund has funded a project to support workplaces to address alcohol which has been evaluated. Support is also available to businesses that identify alcohol and drugs as an issue through the PHA Workplace Health and Wellbeing service which was established in 2016. Regionally a total of 65 businesses in 2017/18 have progressed to the development and implementation of workplace health and wellbeing action plans.	PHA will assess if a system can be developed through performance monitoring to capture the number of businesses who have alcohol and drug policies in place within the PHA Workplace Health and Wellbeing service.
8. Reduction in the level of use of prescribed drugs.		**Drug Prevalence Survey**: Last year use of sedatives and tranquillisers rose from 9.2% in 2006/07 to 11% in 2010/11 and reduced slightly to 10% in 2014/15 and last year use of anti-depressants rose from 9.1% in 2006/07 to 12% in 2010/11 and further to 14% in 2014/15. Use of other opiates, which contains a number of prescription medicines, has fallen from 8.4% in 2006/07 to 6.4% in 2010/11 but increased again to 10% in 2014/15. The 2015/16 Health Survey only reports that 12% of males and 19% of females take mental health related medications (which includes antidepressants, sedatives/tranquillisers, antipsychotics, anticonvulsant, antihypertensives). Along with other key stakeholders, the Public Health Agency is an active partner on the Regional Prescribed Drug Misuse Steering Group, chaired by the Health & Social Care Board (HSCB). Generic and specialist treatment support for drug and alcohol issues are provided through HSCB-commissioned primary and secondary care services across Northern Ireland where appropriate/ relevant. In addition, the PHA currently commissions/ funds a wide range of drug and alcohol services focused on meeting the drug and alcohol needs of children and young people across Northern Ireland. These include Tier/ Step 1, 2 & 3 services across the voluntary, community and statutory. All of these services will address prescribed drug misuse if it presents as an issue.	Prescription Drug Misuse Action Plan issued for implementation in late 2013, and an update on this work is included in this report.

HSCB data:

No. of Items	Financial year				
DrugGroup	**2012/13**	**2013/14**	**2014/15**	**2015/16**	**2016/17**
Anticonvulsants	438,010	484,326	507,181	539,898	579,216
Antidepressants	2,328,830	2,504,710	2,657,711	2,829,370	2,991,103
Antihistamines	574,194	630,293	663,666	657,038	676,820
Antipsychotics	419,050	436,453	457,269	470,101	484,415
Benzodiazepines	1,001,299	972,817	939,036	906,078	901,457
Opioids	2,605,169	2,653,565	2,730,075	2,734,596	2,719,089
Pregabalin	230,496	258,146	292,984	319,415	342,244
Tramadol	435,712	454,521	457,098	448,809	442,802
Z drugs	446,941	456,275	472,719	479,077	485,644
Diazepam	580,649	583,270	590,031	584,167	596,658
Total	**9,060,350**	**9,434,376**	**9,767,770**	**9,968,549**	**10,219,448**



9. The committal screening process for all new prisoners refined by the NI Prison Service in		South Eastern Trust has revised the Healthcare Committal Process to establish an immediate healthcare screen at the point of committal and a further comprehensive healthcare screening within 48 hours following committal. Early identification of drug or alcohol problems are a key consideration in the Healthcare screening process.	South Eastern Trust will review and monitor the training needs of Healthcare Staff in

partnership with the South Eastern HSC Trust to help ensure the early identification of drug and alcohol problems.		Where alcohol or drug problems have been identified, onward referrals are offered to the Healthcare Clinical Addictions Team, AD:EPT, Primary Healthcare or Mental Health Teams for support.	Committals to ensure early identification and response to drug or alcohol problems.
10. The rates of referral to Courses for Drink Drive Offenders increased.		Courses for Drink Drive Offenders (CDDOs) are a sentencing option for Courts here. Where an offender is disqualified for 12 months or more in respect of an alcohol-related driving offence, the court may order that the period of disqualification be reduced if the offender satisfactorily completes an approved CDDO course. Currently attendance is voluntary, costs are met by the offender and those successfully completing the course receive a reduction of up to 25% in the period of disqualification. The underlying aim of the scheme is to provide drink-drive offenders with expert training, in a group situation, about the problems associated with drink-driving, thus enabling them to develop future non-offending behaviour and thereby reduce re-offending. In 2011 the number of persons convicted for drink-driving offences was 2,902 of which there were 1,329 referrals to CDDO representing a 46% referral rate. The most recent available provisional figures for 2016 show a comparable referral rate of 50% (2,287 convictions of which there were 1,143 referrals).	The Road Traffic (Amendment) Act 2016 provides powers to establish a new drink drive regime here. The proposed changes include automatic referral of first time offenders onto a Course for Drink Drive Offenders, unless a District Judge decides that attendance would be inappropriate. Enrolment onto the course will remain voluntary but should lead to a change in the numbers participating in the course. DFI will introduce the remaining provisions of the new legislation once all operational requirements, including new breath testing devices, are in place.
11. Reduction in the proportion of drivers who are breath tested returning positive results.		The PSNI conducted 34965 preliminary breath tests in 2016/17 which was an increase of 27.6% on the number carried out in 2015/16 (27397). In total 710 people approached failed to complete a breath test in 2016/17 compared to 576 during 2015/16. The proportion of drivers who failed a preliminary breath test in 2016/17 was 8.6% which compares with 10.5% in 2015/16. The PSNI will continue to monitor levels in line with the new legislation when introduced.	It may take time for further reductions to be achieved – in fact the forthcoming change to drink driving regulations could lead to an initial increase in these figures.

	Short Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
12.	An integrated and targeted programme undertaken to raise awareness of the health impact of drinking above the relevant guidelines – messaging must be clear and consistent.		A public consultation was held between 08 January and 01 April 2016 on the clarity, expression and usability of the new **UK CMOs' Low Risk Drinking Guidelines**. These have now been finalised for publication and can be accessed at: https://www.health-ni.gov.uk/sites/default/files/publications/health/UK-cmos-low-risk-drinking-guidelines.pdf	
13.	Improved understanding of the social norms associated with alcohol misuse, and work undertaken to challenge these and those factors driving the drinking culture; also work undertaken to challenge these norms		The CMOs' Low Risk Drinking Guidelines have now been incorporated into all alcohol information resources published by the PHA. This includes *Alcohol & You* website*, the Alcohol MOT and *You, Your Child and Alcohol*. The guidelines have also been incorporated into all relevant Workforce Development Training programmes funded by the PHA. PHA through *Alcohol & You* has developed a smartphone app to highlight unit information along with recommended guidelines. (*http://www.alcoholandyouni.com/) In 2016/17 the DACT Connections services once again came together with PHA to develop and deliver campaigns in support of NI Alcohol Awareness Week (3rd week in June 2016) and Dry January/Feel Good February (Jan & Feb 2017). The former focussed on messaging via social media and the latter allowed DACTs to run a small grants scheme encouraging and supporting local groups to undertake initiatives promoting giving up alcohol (Jan) and/or continuing to reduce or stop in February and perhaps longer. Each DACT Connections Service continues to promote and deliver a specific Alcohol Awareness session to key target groups within each of their localities.	The *Alcohol & You* website with its self-help section and Brief Intervention Tools has been a widely used resource, with over 3,500 self-help subscriptions and web address included in all NI Trust area Alcohol MOTs developed by the PHA. SEHSCT has maintained the website's regional availability. Under the banner of NIDACTs, PHA & DACT Connections Services will continue to look at how they can work more collaboratively with others such as the *Alcohol & You* Partnership on campaigns and initiatives. (http://www.drugsandalcoholni.info/)
14.	Local community support services reviewed and consideration given to increasing consistency across the Region.		**Completed**: A review of the Community Support Services was undertaken as part of the Commissioning Framework consultations. The findings contributed to the re-design of Tier 1 drug and alcohol services which came into effect with new contracts in place from 01 July 2015 and includes Drugs and Alcohol Co-ordination Team's Connection Services – this Northern Ireland-wide service seeks to build capacity for those working and volunteering in communities including provision of information, resources and signposting. The service also utilises local media in support of regional public	

		information campaigns. The service also assists the Drugs and Alcohol Co-ordination Teams (DACTs) in each HSCT area to develop local action plans and support implementation of the Community Incident Protocol when required. The service also supports and develops local information initiatives in partnership with key agencies, promotes the Drug and Alcohol Monitoring and Information System (DAMIS) and advocates and promotes for legislation on addressing drug and alcohol issues.	
15. Health professionals, particularly within Primary Care and A&E, trained and encouraged to undertake brief alcohol advice/intervention programmes.		A Regional Enhanced Service is in place to encourage the delivery and provision of screening and brief interventions in Primary Care. Programmes of training and awareness-raising have also been put in place. This has seen over 80,000 individuals screened over the last 2 years. An Alcohol Screening and Brief Intervention initiative with the Probation Board NI has been established and commenced in June 2015. A pilot commenced in September 2016 to develop a brief intervention pilot in Belfast around alcohol for Health Plus Pharmacy trained community pharmacies. There were initially 15 pharmacies signed up to the alcohol pilot but, due to staff turnover, there remain 12 pharmacies registered as providing the service. The evaluation process was started by CDHN in September 2017 and is nearing completion. The HSCB are expecting a presentation on the findings of the evaluation at the next Health Plus Pharmacy Alliance meeting in December 2017.	Step 2 services are now in place and can be accessed by GPs to deliver brief interventions to those clients who would most benefit. Consider the evaluation of the pilot and further roll-out if proving to have a positive impact.
16. Review of the role and capacity of alcohol liaison nurses, and consideration given to ensuring they are available in all relevant HSC sites.		Work has been undertaken to put in place proposals for the development of Substance Misuse Liaison Services. The regional service development proposal to enhance alcohol/substance misuse resources was endorsed by the HSCB/PHA in 2014. This sets out the aim to enhance existing baseline resources within Trusts with a focus upon the acute in-patient setting and within a '7 days per week' service model. Service development proposal was set out in two phases – to date, only funding (50%) for the initial phase has been secured: this additional investment was provided to Trusts in June 2015 to enable	The envisaged service model, and therefore full implementation of the 2nd phase, is dependent upon additional funding. This limits the level of service provision that can be achieved.

		service provision to shift from the current mainly Mon-Fri model to become 'seven-day' based. 2nd Phase has not yet been implemented due to no additional funding becoming available. Due to this not all Trusts have been able to move to a 7-day model.	
17. Proposals developed on how alcohol is: • Priced (including consideration to minimum unit pricing); • promoted; • labelled; and • advertised.		**Pricing:** Minimum Unit Pricing (MUP) for Alcohol has already been introduced in Scotland, and the Welsh Assembly is also in the process of bringing forward similar legislation. In addition, in the 2017 Autumn statement, the UK Government announced a new duty band for still cider within 6.9% to 7.5% ABV will be introduced to target white ciders in 2019. **Promotions:** DfC has worked with the alcohol industry on the development of a Responsible Retailing Code of Practice - www.responsibleretailingcodeni.org/. This code, which is overseen by an independent complaints panel, applies to the entire industry and will be run for an initial period of two years. Regulations to ban fixed price promotions such as 'all you can drink for £20' in pubs and registered clubs came into effect from 01 January 2013. A Bill proposing changes to licensing legislation was introduced to the Assembly in September 2016 and included a proposal to make compliance with such codes a condition of holding a liquor licence. The Bill fell when the Assembly was dissolved on 25 January 2017. **Labelling:** Labelling of alcohol products is part of the UK-wide Responsibility Deal. In March 2011, 92 companies made a commitment through the Public Health Responsibility Deal to "ensure that over 80% of products on shelf (by December 2013) will have labels with clear unit content, NHS guidelines and a warning about drinking when pregnant." This pledge was intended to increase people's awareness and understanding of units, the lower-risk drinking guidelines and the Chief Medical Officer's advice on drinking during pregnancy. A report by Campden BRI published in November 2014 showed that 79.3% of labels provided all three elements correctly (meeting the commitment); 92.8% provided correct pregnancy information; 87% provided correct unit content; and 82.8% provided correct lower-risk	MUP remains a policy consideration in Northern Ireland. It will now be for an incoming Minister and Executive to agree a way forward on this issue. Any decision on the future reform of licensing legislation will be a matter for an incoming Minister. Further work is also being taken forward at the UK level on the labelling of low alcohol products.

		drinking guidelines. We are keen Industry continues to work to improve adherence to this pledge. The UK CMOs are also working with the Industry to challenge them to appropriately label alcohol products with their new guidelines. **Advertising:** Broadcast advertising is a reserved matter. We have continued to advocate, with the UK Government, for a strengthening of the code on alcohol advertising. We are also working with the industry, through the local Responsible Retailing Code of Practice and the Portman Group, to ensure that the self-regulation of alcohol advertising and promotion is as robust as possible. Ofcom had tasked BCAP and the ASA to review the effectiveness of the current regulation of alcohol advertising in the light of the research, both as regards enforcement and whether it adequately reflects the changing circumstances of children's viewing. This has made some recommendations on how programmes are categorised and we are waiting to see the outcome of this on children's exposure to alcohol advertising.	
18. Workplace Alcohol and Drug Policy Guidance updated, disseminated and their usage supported and encouraged.		**Completed:** Reviewed guidelines placed on the NI Business Info Website (http://www.nibusinessinfo.co.uk/content/workplace-policies-smoking-drugs-and-alcohol). The PHA will promote the availability of these guidelines through their wider programme of health promotion in the workplace.	In the future, PHA will continue to review and update the guidelines as appropriate.
19. Information on emerging trends and drugs of misuse shared across UK and ROI Jurisdictions, particularly in relation to helping to inform the statutory role of the Advisory Council on the Misuse of Drugs (ACMD) in respect of the Misuse of Drugs Act.		The Department, and other key agencies such as DoJ and Forensic Science NI (FSNI), feed into the ACMD and the British-Irish Council as appropriate.	
20. NI continues to contribute to the ACMD and inputs to UK-wide legislation in relation to the misuse of drugs, particularly in relation to emerging drugs of concern.		Key Stakeholders continue to work with the ACMD, the Home Office, and the Department of Health, in relation to appropriate UK-wide legislation on these issues. A key issue has been work by DoH and DoJ with the Home Office in support of the introduction of UK wide legislation to provide form a	

		blanket ban of the sale of New Psychoactive Substance. This legislation received Royal Assent in January 2016 and was enforced from 26 May 2016. DoH and DoJ will continue to liaise with the Home Office on the implementation, monitoring and review of the Psychoactive Substances Act.	
21. All organisations promptly informed of changes to the drug and alcohol legislation.		Information is disseminated as appropriate by DoH through the PHA, the various NSD Advisory Groups, the NSD Steering Group, and DAMIS.	DE will continue to attend the NSD Steering Group and process information through DAMIS
22. Parents, communities and key professionals provided with accurate and timely information in relation to emerging drugs, including legal highs.		Appropriate information is placed on the *Talk-to-Frank* Website, and other information sources such as NI Direct. The Chief Medical Officer (CMO) issues warning and advice letters as appropriate to health professionals within HSC and through DAMIS. PHA also ensures that funded services provide up-to-date information to clients, young people and their families. Training is in place for professionals on "Understanding New Psychoactive Substances" through the PHA-funded Workforce Development Programme. The PHA continues to work with partners and other stakeholders to develop publications/resources on all types of substance misuse. An example of this would be the development of a focused Pregabalin resource *'Guidance for people working with Pregabalin users'.* This booklet is primarily for professionals who work with people who use Pregabalin that is not prescribed to them and is available at www.publichealth.hscni.net/publications/pregabalin-guidance-people-working-pregabalin-users The PHA is also in the process of developing a Pregabalin resource for users which will include harm reduction messages. Other drug and alcohol resources are available at www.publichealth.hscni.net/publications The PHA also regularly provides information via press releases and social media to: • raise awareness of the risks and dangers of misusing substances (including prescribed drug misuse) • raise awareness of the risks and dangers of polydrug misuse. • respond to emerging issues/trends and alert the public where appropriate • provide information on the help and support that is available locally to all.	DE will pass warnings / information to EA / schools on request from CMO and PHA

23. Group established to consider how the use of prescribed drugs can be addressed.		**Completed:** A group was established in 2012 to consider prescription drug misuse. Subsequently an action plan was developed and issued to key partners for implementation as appropriate. These actions are now included separately in this report.	Key Actions are included in this report. Work is ongoing to take forward this action plan.
24. Drink and drug driving (including prescription drugs) media campaigns continued and their impact assessed.		Replacing earlier anti drink drive campaigns, in 2009, the former DOE developed an anti-drink driving campaign, entitled *Hit Home*. This ran on television over the summer and Christmas periods until mid-2015. 'Hit Home' carries the strapline "Every drink increases your risk of crashing." Supporting the television campaign, the *Hit Home* anti drink drive message was also delivered on bus rear and bus shelter advertising. The Department for Infrastructure, along with PSNI, has supported Coca-Cola's Designated Driver campaign for 10 years now. The campaign runs over the Christmas and New Year periods, encouraging pub-goers to either designate a driver who abstains from alcohol or to book a taxi home. The Department has furthered this message via its online campaign '*Share the Road to Zero'*. Anti drink driving messages and links to *Hit Home* have been posted on emails and social media via the Facebook and Twitter pages for this campaign. DfI also continued to support Coca-Cola's Designated Driver initiative over the Christmas 2016 period. Again the previous anti-drug drive campaign was replaced in 2009. Since then, similar messages were delivered regarding anti-drug driving message. This Dfl campaign, *'Steps',* carries the strapline "*What steps will you take to stop a drug driver from wrecking your life?*" and refers to both prescription and illicit drugs. This message has also been delivered on an annual basis through the 'Share the Road to Zero' social media channels. In December 2015, a new social media campaign was launched. The aim of the campaign was to reinforce the message that the only safe level of alcohol when driving is no alcohol. With the proposed introduction of a lower drink drive limit, it was appropriate that the Department took the opportunity to anticipate the change in the law. The campaign is aimed at all drivers but particularly at young male drivers who are statistically at the core of this problem as they are more likely to be involved in a serious crash where alcohol is a	DfI continues to emphasise that driving is impaired from the very first drink. This supports the future lower drink drive limit. Both anti-drink and anti-drug driving remain road safety priorities for DfI. Media plans for 2017-18 will reflect this within budget available.

		factor. The new campaign stresses the impairing effects of alcohol on driving, even from the first drink. The message is designed to further increase the unacceptability of driving even after one drink, especially for young males. The ad is underpinned by the Strapline and hashtag How Low Can You Sink. A shorter edit of the campaign aired on TV in July 2016. Again, these messages are aired primarily over Christmas and during the summer months. These messages continue to be shared and reinforced on the road safety social media channels 'Share the Road to Zero'. Two new radio campaigns confronting anti drink driving over the Christmas period and during the summer respectively were produced In 2015/2016. DOJ and the PSNI continue to support the delivery targeted media campaigns in this area.	
25. Roadside drug screening devices in place when available.		The Crime and Courts Act 2013 created a new offence in England and Wales of driving with a specified controlled drug in the body above a specified limit. FSNI has now completed all project work regarding the detection of the 17 drugs and metabolites named in Section 5a of the UK Road traffic Act 1988 at the specified limits. Process re-engineering has produced additional capacity to deal with the potential increase in submissions to the Toxicology work stream. It is unlikely that PSNI will be seeking to purchase the current generation of roadside screening devices. Rather operational focus will remain with utilising Field Impairment Trained Officers to screen suspected drug drivers. It is envisaged that as the technology develops with increased screening capability for a range of drugs, PSNI and FSNI will revisit this issue	DFI has been prioritising drink drive legislation, as alcohol is a more significant issue in road casualties. DFI will introduce the remaining provisions of the new legislation once all operational requirements, including new breath testing devices, are in place. DFI will closely monitor the effects of the new legislation in England and Wales, and the progress of convictions under the new law before the courts, as well as developments in Ireland. As a direct consequence of budgetary pressures, it is likely that for straightforward Driving Whilst Unfit cases, that where police can prove evidence of an Excess Alcohol offence, then no further toxicology analysis to prove the presence of drugs will be commissioned.

			Although FSNI can currently detect all 17 drugs and metabolites at the specified limits, this service will be further enhanced with investment in new equipment during Q1 of 2016. PSNI and FSNI will keep this issue under review pending introduction of the "per se" drugs offence in NI.
26. New roadside breath testing devices in place for drink drivers when available.		FSNI continues to work closely with the PSNI to ensure the new equipment fully meets the NI specification in relation to the reduced breath test limits. FSNI has obtained accreditation for the quantitative analysis of alcohol in both blood and urine at the proposed new limits. The Agency is building capacity within this work stream to mitigate against any delay in the type approval of the next generation roadside evidential breath testing equipment.	FSNI is currently engaged in technical discussions with CAST and the PSNI regarding the capability of the existing Lion 6000 intoxilisers for detections at the 20µg limit. This proposal is an interim measure prior to the type approval of replacement equipment.
27. The proportion of positive preliminary breath test results reduced.		The PSNI conducted 34,965 preliminary breath tests in 2016/17 which was an increase of 27.6% on the number carried out in 2015/16 (27,397). In total 710 people approached failed to complete a breath test in 2016/17 compared to 576 during 2015/16. The proportion of drivers who failed a preliminary breath test in 2016/17 was 8.6% which compares with 10.5% in 2015/16. The PSNI will continue to monitor levels in line with the new legislation when introduced.	
28. The Drink Drive (Blood Alcohol Concentration) Limit reduced.		The Road Traffic (Amendment) Bill received Royal Assent on 23 March 2016. The Act contains measures to tackle drink driving, introduce a Graduated Driver Licensing (GDL) programme and makes mandatory the wearing of helmets on quad bikes on public roads. On 25 November 2016 DFI commenced new powers for police to establish roadside check-points exclusively for the purpose of conducting breath tests. PSNI subsequently used these new powers as part of their Christmas/New Year drink drive campaign.	DFI along with partner organisations are preparing for the second phase of implementation. Successful introduction requires all administrative and technical systems to be made ready and each organisation has begun that process. Significantly, PSNI require new breath testing devices before the new lower BAC limits can be introduced. New breath testing equipment is currently undergoing Type Approval within the Home Office Centre for

			Applied Science and Technology (CAST). In relation to the reduced breath test limits, FSNI is working closely with the PSNI to ensure that the new equipment fully meets the NI specification.

Adults and the General Public – 2 (Treatment & Support)

Medium/Long Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
29. Alcohol and drug users have access to appropriate and effective treatment and support services		The HSCB / PHA Alcohol and Drug Services Commissioning Framework, which covered all tiers of service, was issued for consultation on March 2013. Following the consultation the Framework used to inform the tender procurement process and commissioning. Agreement was also reached on the reconfiguration of Tier 4 services and the new regional model is now operational. The following service areas were tendered / commissioned by the PHA in support of the Framework: • Community Alcohol and Drugs Information and Networking Service *(now known as Connections Service)* • Drug and Alcohol Life-skills, Prevention and Harm Reduction programmes for vulnerable young people • Support, Care, Facilitation and Harm Reduction Services for People who are misusing Substances (Low Threshold Services) • Regional Workforce Development Programmes • Community-based services for young people who are identified as having substance misuse difficulties • Community-based intervention services for adults and family members affected by substance misuse. (*These services will include provision for those within the criminal justice system).* • Therapeutic services for children, young people and families affected by parental substance misuse. There is increased pressure on substitute prescribing services across Northern Ireland – with Belfast health and Social Care Trust in particular having an unacceptable waiting list. A review of these services has now been completed and work is underway to revise the treatment models. In addition there should be additional investment into these services, to support the revised treatment model, from September 2018.	An updated review of Tier 3 services is scheduled for completion shortly. Service development will be contingent upon additional resources. The Commissioning Framework will be revised in the near future. Revised Substitute Prescribing model to be developed and implemented, supported by additional investment in these services from September 2018.
30. Integrated, cross-departmental and cross-sectoral planning for treatment and support services in place		The Bamford Substance Misuse Subgroup provides a cross-sectoral mechanism to plan appropriate treatment and support services – this group led the development of the draft Commissioning Framework. In addition, the NSD Treatment & Support Advisory Committee is	Review of the ToRs and purpose of the Bamford Substance Misuse Subgroup in light of the findings of the wider Bamford evaluation and the

		also in place and providing a strategic level input. Membership includes PHA, HSCB, HSCT, NIADA, DoH, DoJ, Regional Service User Network, and DACTs. Regional Statutory Tier 3/4 Services Group (including Substitute Prescribing service provision) – the purpose of this group is to facilitate the coordination and delivery of Tier 3 and 4 addiction services within the Health and Social Care sector: in this respect, the group is primarily advisory in nature rather than operational. The group also facilitates the provision of evidence-based practice across the region, including advice on potential commissioning priorities. If required, short life 'task & finish groups' can be established to take forward discrete projects. Group membership encompasses: HSC Trusts, Public Health Agency (PHA) and Health & Social Care Board (HSCB). In addition, the nominated RCPsych representative will be in attendance as a member of the group.	transition of HSC structures.
31. Evidenced based alcohol and drug harm reduction approaches and activities promoted and expanded.		The PHA continued to work in partnership with HSCB to expand the Community Pharmacy Needle & Syringe Exchange Scheme from 14 community pharmacies to 20. This process is completed and all 20 services are now operational. The Naloxone programme has been further developed (*see Naloxone section*). PHA has worked in partnership with Council for the Homeless (NI) to develop 2 harm reductions booklets aimed at people who use stimulants/synthetic cannabinoids. This is in response to information sent to DAMIS (Drug and Alcohol Monitoring and Information System) which indicates that these are the substances causing the most concerns at this time. 42,000 copies of these booklets have been printed and disseminated. PHA has commissioned a focused Pregabalin resource *'Guidance for people working with Pregabalin users'.* This booklet is primarily for professionals who work with people who use Pregabalin that is not prescribed to them and is available at www.publichealth.hscni.net/publications/pregabalin-guidance-people-working-pregabalin-users. The PHA is also in the process of	

		developing a Pregabalin resource for users which will include harm reduction messages. Other drug and alcohol resources are available at: www.publichealth.hscni.net/publications. New Low Threshold Outreach Services commissioned from 01 July 2015. There is increased pressure on substitute prescribing services across Northern Ireland – with Belfast health and Social Care Trust in particular having an unacceptable waiting list. A review of these services has now been completed and work is underway to revise the treatment models. In addition there should be additional investment into these services, to support the revised treatment model, from September 2018.	Revised substitute prescribing model to be developed and implemented, supported by additional investment in these services from September 2018.
32. Service users adequately and appropriately involved in planning and provision of treatment and support services.		Through the Regional Service User Network (commissioned from Council for the Homeless (NI) by PHA); service user representatives sit on all PHA/HSCB/DoH regional drug and alcohol groups, and also on all 5 local Drug and Alcohol Coordination Teams. The PHA held a Consultation Event on 19 May 2016 to hear views on priorities for future commissioning in this area. Procurement of a revised service for Service Users is ongoing, based on responses to the consultation outlined above with the aim of the new service being in place by 2018.	Need to continue to build on work with service users to further integrate their input and involvement
33. Increase in the number of problem users who access treatment and support services, including harm reduction services.		There continues to be an increased demand for Addiction Treatment Services, including Substitute Prescribing, in all Trusts. However, without additional investment, it is difficult to increase service capacity. Models of service provision are currently being explored by the Regional Statutory Tier 3/4 Services Group.	Revised substitute prescribing model to be developed and implemented, supported by additional investment in these services from September 2018.
34. Co-operative working relationships further developed between statutory, voluntary and community sectors that deliver services to alcohol and drug misusing offenders.		Informed by the new Commissioning Framework arrangements, co-operative working relationships continue to be developed with a range of service providers to deliver reparative placements for young offenders who misuse substances.	
35. Dismantling, disruption and frustration of organised gangs involved in supplying drugs.		Proactive intelligence led operations continue against organised crime gangs. In 2016/17, a total of 129 OCGs were either frustrated, disrupted or dismantled, a 4% increase compared to 2015/16.	

36. The NI Prison Service in partnership with the South Eastern HSC Trust work closely with the Community Addiction Teams.		Good progress has been made to develop the interfaces between Prison Healthcare Staff and Addictions Teams across Northern Ireland. A bi-annual Substance Misuse Forum is in place which has reviewed the patient flow and transition process from the Prison Healthcare Addictions Team to Community Addition Teams. All Health & Social Care (HSC) Trusts are represented at this Forum which has resulted in the development of an Interface Protocol.	The Regional Protocol between Prison Healthcare and Community Addictions Team requires final approval and circulation in 2016/17.
37. An interface protocol with Community Addiction Teams for a care pathway for prisoners leaving prison to return to the community developed by the NI Prison Service in partnership with the South Eastern HSC Trust		Update as above. A regional Forum which includes all Trusts regionally and Prison Healthcare Addictions Team have developed an Operational Protocol to ensure a planned Care Pathway for prisoners leaving prison and returning to the community.	*As above*
38. Discharge procedures, involving both in-prison health services and Voluntary & Community agencies to ensure prisoners have access to services and support across NI, further developed by the NI Prison Service in partnership with the South Eastern HSC Trust.		**Completed**: Discharge Procedures have been agreed regionally and reflected in the Regional Protocol. In addition, AD:EPT provide a through care service which provides support to prisoners up to six months post release.	*As above*
39. The NI Prison Service in partnership with the South Eastern HSC Trust aim to reduce the use of illicit and non-prescribed drugs in prison, and reduction in dangers associated with drug misuse, particularly the risk of transmitting blood borne viruses.		South Eastern Trust Prison Healthcare Services have prioritised work to address Medicines Management within a prison setting to include issues relating to prescribing, dispensing and administration of medicines RCGP training has been made available to GPs and Prison Healthcare staff. South Eastern Trust is now registered on the Regional Managed Clinical Network for Hepatitis B and C. Training has been provided to Prison Healthcare Clinicians in relation to screening and treatment for Hepatitis B and C.	South Eastern Trust, in partnership with the Regional Network Group, is developing a Hepatitis Care Pathway specifically for Prison Health. BBV Awareness Sessions will continue to be developed South Eastern Trust is supporting the NIPS and NICS officers in a review of the NIPS BBV Policy for its staff.

		BBV Awareness sessions have been provided to prisoners and to staff working within the prison sites and includes harm reduction, advice and promotion of Hepatitis B immunisation. The NI Prison Service (NIPS) lead on work to reduce the available and use of illicit and non-prescribed drugs in prisons. The NIPS undertake drug testing. South Eastern Trust and our partner organisations, Adept/Start 360, work in partnership with NIPS to address the issue of drug misuse. Work has commenced by South Eastern Trust and NIPS to draft a Joint Drugs Misuse Strategy.	South Eastern Trust will work in partnership with the NIPS to finalise a Joint Drugs Misuse Strategy.
40. All pre-sentence report authors and supervising staff receive the appropriate tools to undertake accurate and consistent screening and assessment of adjudicated offenders as determined appropriate by the Probation Board.		**Completed**: All PBNI pre-sentence report authors and case managers are trained in PBNI's ACE (Assessment Case Management and Evaluation) tool. This is consistently applied at regular stated intervals and identifies risk of re-offending and/or risk of harm. PBNI staff have also been trained in brief interventions / screening tools and signposting to appropriate services related to the new Commissioning arrangements for front-line staff.	Follow-up training will take place in 2016-17 to review practice with the agreed assessment, screening and referral arrangements and also to update on developments i.e. new CMO drinking guidelines, Psychoactive Substance Act etc.
41. Drug testing for those offenders who volunteer or released from prison on a Life License		Whilst not funded to deliver this service, PBNI continues to provide the service and work with the Prison Service to explore the feasibility of extending the current drug testing arrangements with a view to consistent and cost-effective service provision across NI.	PBNI has been reviewing its drug-testing arrangements with a view to extending its provision throughout NI in 2016-17
42. A range of programmes developed to meet the priority needs of offenders (with particular emphasis on the Sentencing Framework).		During 2015-16, PBNI updated its internal Alcohol Management Programme to provide a Substance Misuse programme for addressing information, psychosocial and motivational issues.	
43. The Addressing Substance Related Offending (ASRO) programme for offenders rolled out.		**Completed:** ASRO is no longer available from NOMS and new arrangements are in place to assess the level of treatment intervention and refer, as necessary, to specialist services.	PBNI will continue to actively implement the new screening / assessment and referral Commissioning Framework arrangements of 2015.

44. PBNI funding provided through its Community Development Budget to secure the provision of substance misuse services in the community and voluntary sector.		**Completed:** PBNI provided funding of substance misuse services through Community Grant. This provision ended on 31 March 2015.	PBNI will continue to address local need through local partnership projects as funding becomes available. This will include but not solely relate to PCSPs.
45. Partnership work in place to deliver ASRO programmes to complement the P-ASRO programme for offenders.		**Completed:** ASRO is no longer available from NOMS and new arrangements are in place to assess the level of treatment intervention and refer, as necessary, to specialist services.	
46. Targeted treatment for prolific offenders with substance misuse related crime		PBNI continues to follow the screening / assessment and brief intervention model agreed with the PHA under the Commissioning Framework of 2015. Within this, PBNI addresses targeted treatment through PBNI staff delivering brief interventions, referral to PBNI's Substance Misuse Programme and onward referral to Level 2 / Level 3 Health provision using agreed processes as required. PBNI continues to play a full role as a key partner in the Reducing Offending in Partnership project with the services detailed above identifying level of need. The PSNI have established the Reducing Offending in Partnership project and these structures assist with the identification of substance misusing prolific offenders, who can in many cases secure speedier access to specialist services.	In line with the Joint Healthcare & Justice Strategy (currently out for consultation) PSNI and partner agencies are exploring referral pathways out of police custody.

Short Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
47. A Regional Addiction Services Commissioning Framework developed and implemented.		The Alcohol and Drug Services Commissioning Framework has been implemented through the procurement of a range of services across Tiers 1-3, development of Tier 4 service, provision of Substitute Misuse Liaison Service and development of CAMHS Drug and Alcohol Support.	Review of the Framework planned for 2018/19 in preparation for procurement of services in light of the current review of the NSD for Alcohol and Drugs.
48. The Framework should ensure that services are supported and encouraged to adopt a "recovery and reintegration" approach to treatment and support.			
49. Local and regional Service User developments encouraged and supported.		**Completed.** Through the regional Service User Network (commissioned from Council for the Homeless by PHA); service users are supported at both local and regional level.	Continue to promote service user engagement and participation.
50. Specific work in respect of identified vulnerable groups included in local action plans.		All appropriate services commissioned by the PHA are required to ensure that identified vulnerable groups can access services.	
51. Pilot scheme for 'Take Home Naloxone' to be evaluated and consideration given to its roll-out.		PHA have expanded the Naloxone programme in response to the evaluation findings and also in response to new legislation which widens access to this potentially lifesaving drug. PHA funded Low Threshold Services can now also supply Naloxone. PHA are working with HSCB to develop a programme with Community Pharmacy needle exchanges so in future they will be able to supply Naloxone to their clients / anyone who comes into contact with someone at risk. A Naloxone Training Needs Assessment has been completed to inform a business case for commissioning further Naloxone training. This training is now being delivered across NI.	Consideration for the programme to be expanded to Emergency Departments and Custody suites ensure much wider access to Naloxone.
52. Provision of needle/syringe exchange scheme continued, and consideration given to expanding the scheme to areas with an identified need.		6 new NSES sites have been opened across NI. PHA is currently working in partnership with HSCB to open additional needle exchanges specifically in Belfast to meet identified service pressures and increase overall accessibility. The additional NSESs put in place and operational from early 2018. A training needs assessment has also been carried out with hostel	PHA is also working with HSCB colleagues to also look at establishing community pharmacy NSES sites outside of Belfast in 2018 where additional demand/need has also been identified – (this may initially include Larne, Armagh and

		staff to help inform commissioning of future training around safer injecting.	Dungannon). The PHA is also finalising an options / recommendations paper on the possible extension of the current needle & syringe exchange scheme (NSES) programme/model to settings outside of healthcare settings, in particular to those services who work with homeless people. Initial discussions are planned with PSNI on their views on interpretation of legislation relating to heroin use/provision of injecting equipment and the updating/revision of previous protocols – it is likely that discussion/agreement will also be required from DPP/DoJ.
53. Learning from existing schemes/initiatives, work undertaken to reduce levels of prescribing, and support people to reduce/stop taking unnecessary prescriptions.		HSCB/PHA action plan on Prescribed Medication will outline how this will be addressed. This plan was agreed by PHA/HSCB in 2014.	
54. Services in place to assist clients with a common employability barrier, (eg history of drug/alcohol misuse, homelessness and ex-prisoners/ex-offenders) to enter employment.		Current LEMIS ran until 31 March 2015. The Department of Employment & Learning funds three LEMIS projects under priority 2 Social Inclusion T08 IP 1(a) and 1(b) of the first call of the NIESF Programme 2014-2020. The current funding allocation to these projects is £11.94 million over the three-year period from April 2015 to March 2018. DfE will also continue to deliver the Community Family Support Programme (CFSP) programme through the NI European Social Fund (ESF) Programme with a budget allocation of £8.15m over the three-year period from April 2015 to March 2018. The aim of the ESF programme is to combat poverty and enhance social inclusion by reducing economic inactivity, and to increase the skills base of those currently in work and future potential participants	

		in the workforce. Applications for funding of approximately £111million was offered to 67 projects over the three financial years. This fund supports 67 projects which include initiatives for people who are unemployed or economically inactive, and families with a high level of need, which may include individuals with substance abuse issues to develop their capacity to reach full potential in terms of education, training, health, social and economic issues.	
55. Education and training for professionals, carers and families in relation to substance misuse problems in older people supported.		**Completed:** PHA produced a resource on this issue during 2013/14.	
56. Consideration given to extending arrest referral schemes to other areas across NI.		**Completed:** Following an evaluation of the three pilot arrest referral schemes one Trust area ceased service provision. As a result of the severe financial constraints, the DOJ issued letters to the two remaining projects to indicate that funding would end in the 2014/15 financial year.	
57. Consideration given to how the current arrest referral schemes could be altered to address alcohol related offending, and depending on the outcome, consider the introduction of a pilot alcohol arrest referral project.		**Completed:** As above	
58. A continuum of treatment and support opportunities between custody and release of offenders back into the community for young and adult offenders developed – linked to the Joint Agency Offender Management Process.		NIPS and the NIPB lead on the Offender Management Process. South Eastern Trust Prison Healthcare staff will contribute as appropriate to ensure that discharge arrangements for any continuing health care are in place. South Eastern Trust has worked closely with the Health and Social Care Board (HSCB), the Public Health Agency (PHA), Health and Social Care Trusts, as well as Voluntary Sector Agencies, to plan for a seamless transition from custody to community for prisoners with healthcare needs.	The joint Health and Criminal Justice Strategy implementation process will provide a further focus and drive to improve interface working across Criminal Justice and Health. The Protocol developed by the Regional Substitute Prescribing Group requires final approval and circulation in 2016/17.
59. The NI Prison Service in partnership with the South		South Eastern Trust completed a Health Needs Analysis on Addictions and Mental Health needs within NI Prisons in 2015/16.	Action Plan to be developed based on the recommendations from the

Eastern HSC Trust further develop services to ensure appropriate interventions are in place for prisoners, including for those with opiate dependency.		South Eastern Trust has shared the Health Needs Analysis with our Commissioners to inform further development of Addictions Services. South Eastern Trust has an established pathway in place for prisoners with Opiate Dependency and on Substitution Therapy. South Eastern Trust commissions Psycho-Social Services from Start360 as part of the Trust's Addictions Services.	2015/16 Health Needs Analysis within the resources available. Further integrate the Start360 and Prison Healthcare Addition Team processes and pathways.
60. Accreditation sought for the "Prisoners – Addressing Substance Related Offending" (P-ASRO) programme, or other appropriate programmes, delivered in prisons.		A range of programmes have been developed to meet the priority needs of offenders including targeted treatment for offenders with substance misuse related offences. NIPS continue to work in partnership with the South Eastern Trust and AD:EPT (Alcohol and Drugs: Empowering People through Therapy) who provide a range of programmes to offenders including the Building Skills for Recovery (BSR) programme.	P-ASRO has been replaced by Building Skills for Recovery (BSR), an evidenced based structured psychosocial treatment programme accredited by the Correctional Services Accreditation and Advisory Panel.
61. The NI Prison Service in partnership with the South Eastern HSC Trust will have undertaken work to reduce the risk of drug-related death in prisons, and particularly on release from prison.		Information is provided to prisoners at induction re: substance misuse and how to access addiction services whilst in prison, taking into account the diversity of the prison population e.g. foreign nationals, offenders with literacy problems. NIPS support those at risk of self-harm or suicide, including those who deliberately overdose, through the multi-disciplinary Supporting Prisoner At Risk (SPAR) programme. NIPS and the SEHSCT ensure lessons learned from Prisoner Ombudsman reports are incorporated into policy reviews to reduce the risk of deaths. Regular drug testing takes place and those who test positive for drug misuse are referred for assessment and/or treatment and procedures are in place for observed administration of medications. Pre-release sessions are available to offenders to discuss core harm issues of substance use following release from prison. Partnership working with the SEHSCT and voluntary and community agencies to ensure through care from prison to community is	A substance abuse needs analysis and joint working on Substance Misuse Strategy is being taken forward as part of the Prison Reform Programme. Regional Substitute Prescribing Group needs to finalise and then circulate the Interface Protocol between Prison Services and HSC Trust Community Addiction Teams.

		provided to offenders.	
62. Education and information provided to parents of offenders regarding drugs and alcohol on a one to one basis and via the parent support groups.		Information is provided to prisoners at induction re: substance misuse and how to access addiction services whilst in prison, taking into account the diversity of the prison population e.g. foreign nationals, offenders with literacy problems. NIPS support those at risk of self-harm or suicide, including those who deliberately overdose, through the multi-disciplinary Supporting Prisoner At Risk (SPAR) programme. NIPS and SEHSCT ensure lessons learned from Prisoner Ombudsman reports are incorporated into policy reviews to reduce the risk of deaths. Regular drug testing takes place and those who test positive for drug misuse are referred for assessment and/or treatment and procedures are in place for observed administration of medications. Pre-release sessions are available to offenders to discuss core harm issues of substance use following release from prison. Partnership working in place, with SEHSCT and voluntary and community agencies, to ensure through care from prison to community is provided to offenders. Education and information is provided through individual and group work programmes and through parent support groups where they are established across YJA regions.	A substance misuse needs analysis and joint working on Substance Misuse Strategy is being taken forward as part of the Prison Reform Programme. Family education programme to commence in Woodlands to support families with children with challenging behaviour and likely to abuse drugs and/or alcohol.
63. The NI Prison Service and South Eastern HSC Trust work in partnership with Alcohol & Drugs: Empowering People through Therapy (AD:EPT) to deliver psychological and educational drug and alcohol programmes for all offenders.		AD:EPT deliver a range of psychological and educational drug and alcohol programmes in partnership with the NIPS and the South Eastern Trust Prison Healthcare Teams.	South Eastern Trust and NIPS will complete a joint Drugs Misuse Strategy.

Children, Young People and Families - 1 (Prevention & Early Intervention)

Medium/Long Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
64. Increase in the proportion of young people who see taking illicit drugs and getting drunk as socially unacceptable.		Consideration needs to be given to how best to measure this outcome.	Consider adding to Young People's Behaviour and Attitudes Survey.
65. Reduction in the availability and accessibility of alcohol to young people.		Range of measures in place to reduce the availability and accessibility of alcohol to young people (see outcome 19).	
66. Reduction in the proportion of young people who get drunk.		The proportion of young people who get drunk has fallen from 31% in 2003 to 14% in 2016.	
67. Reduction in the proportion of young people who drink on a regular basis.		Of those who drink – the proportion of young people who drink a few times a month or more regularly has fallen from 28% in 2003 to 26% in 2016.	
68. Reduction in the proportion of young people who take drugs on a regular basis.		Last Month use of drugs/solvents among young people has fallen from 12% in 2003 to 2% in 2016 according to the Young People's Behaviour and Attitudes Survey.	
69. Opportunities exist for young people to make a positive contribution, including through reparative placement, to the drugs and alcohol strategy.		YJA continue to identify and review reparative placements in organisations and community groups that are engaged in work to address the negative impact of drug and alcohol misuse.	

Short Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
70. The "You, Your Child, and Alcohol" regional information campaign, aimed at reducing alcohol and drug misuse among young people (aged under 18), evaluated and consideration given to its future.		**Completed.** The TV advertisement for the "You, Your Child and Alcohol" was last run in Summer 2011. Overall, the campaign was well evaluated, with good awareness of the campaign and booklet and self-reported evidence that parents were more likely to talk to their children about alcohol and use the booklet for advice. It has been decided not to run another phase of the TV campaign. However, the steering group have shared the learning from this campaign with interested stakeholders and the PHA continues to update the associated leaflet and distribute it as appropriate.	
71. Targeted education and awareness-raising among children, parents, and families on the risks of drug and alcohol misuse and how to prevent harm.		DACT Connections service can provided targeted information to a range of groups including those working with children and young people, young adults and parents/carers/families. In September 2017, the five DACT Connections services came together with PHA to develop a regional awareness-raising initiative on the role and availability of Family Support Services throughout the region. Targeted Prevention services for Young People across Northern Ireland were procured by the PHA with an initial contract period: 01 July 2015 – 30 June 2017 (with the option to extend the contract for three further periods of 12 months to 30 June 2020). This contract has now been extended by 2 years until 30 June 2019. This service develops and delivers age appropriate drug & alcohol life skills/harm reduction programmes for young people in the age ranges of 11-13, 14-15 and 16+ years across Northern Ireland.	
72. Schools support the development of skills and knowledge that enable young people to resist social pressures to experiment with alcohol and drugs, including volatile substances, emerging drugs of concern, etc.		The school curriculum places a specific focus on the development of relevant "life skills" among pupils. In particular, through Personal Development and Mutual Understanding (PDMU) in primary schools pupils are provided with opportunities to develop strategies and skills for keeping themselves healthy and safe. Post-primary school pupils, through Learning for Life and Work, are provided with opportunities to investigate the effects on the body of legal and illegal substances and the risks and consequences of their misuse.	

		In August 2015 the Council for the Curriculum, Examinations and Assessment (CCEA) published revised guidance on drugs and alcohol. The guidance is available to schools via the C2k Equella library and the DE and CCEA websites. There is also a KS3 'Drugs Awareness' Fronter room on C2k.	
73. Young People's Drinking Action Plan implemented.		**Completed.** The key actions from the Young People's Drinking Action plan have been incorporated within the NSD Phase 2, and progress is being made against these actions.	
74. Successful implementation of new liquor licensing regulations and laws.		The Minister for Communities introduced a Bill to the Assembly in September 2016. The Bill included a range of proposals to assist the local hospitality industry and also help tackle alcohol abuse. The Bill fell when the Assembly was dissolved on 25 January 2017.	This issue will be re-considered by the new Minister in the Department for Communities when appointed.
75. Improved co-operation and co-ordination to address alcohol and drug misuse and mental health, suicide and self-harm, and sexual health, at both the strategic and operational level.		At the strategic level, there is a greater acknowledgement of the links between these issues within all relevant strategies. At the operational level, it is envisaged that the Substance Misuse Liaison posts will have a key role in linking with/addressing self-harm and associated mental health issues. In addition, commissioners for mental health, sexual health and alcohol and drugs met to discuss possible areas for collaboration. It was agreed that some procurement of programmes for young people would be subject specific but that work would be taken forward to look at generic work for young people. The One Stop Shop and the Strengthening Families initiative are examples of such work. Substance misuse training is promoted within the Mental Health field and likewise substance misuse services are encouraged to avail of mental health training, in particular ASSIST, Safe Talk and Mental Health First Aid. The eight One Stop Shop services funded by the PHA all provide support and signposting to young people affected by alcohol and drug misuse, mental health issues, suicide, self-harm, and sexual health issues. The One Stop Shops also provide education programmes around these issues when there is an identified need among the young people using their services.	This programme will continue to be built upon through ongoing policy development and implementation. The One Stop Services have been evaluated and will be procured in 2018, consolidating service provision across Northern Ireland. It will become known as the Youth Engagement Service and links with the Education Authority's Youth Service will be strengthened during the next phase of development.

76. A One-Stop-Shop service, informed by the evaluation of the pilot project, available in areas of identified need to those young people affected by substance misuse, but also addressing issues such as suicide and self-harm; mental health and wellbeing; sexual health; relationship issues; resilience; and coping skills.		Eight One Stop shops are now in place. All have developed referral pathways for young people into a wide range of services to address the key issues as per target. A network of services has been established and meets quarterly to share practice, address concerns, and improve consistency across the region. Annual networking practice events are held for both staff and service users. The evaluation of the One Stop Shop initiative has been undertaken over the past three years and is now being used to inform the development of a new tender specification for the One Stop Shops. It is intended that the tenders will be awarded and new contracts will be in place by June 2018.	
77. Greater information-sharing between PSNI, the Youth Justice Agency (YJA) and PBNI regarding the identification of children who offend and who are known to be using alcohol and drugs either in the commissioning of offences or to gain money to purchase drugs or alcohol.		There are ongoing programmes of work focused on interventions for children and young people and Criminal Justice organisations continue to work closely with all partners to ensure the appropriate and timely sharing of information relating to young people. Ongoing communication with Reducing Offending Units and Youth Diversion Officers highlight relevant information and issues relating to substance misusing offenders. PSNI has embarked upon a Vulnerability Pilot within Derry, City and Strabane with partners and young people are a cohort of this group. Youth Engagement Clinics continue to operate across the region and both YJA and PBNI continue to participate in the delivery of the 'Reducing Offending in Partnership' (ROP) initiative which focuses on making communities safer by reducing crime and re-offending as well as improving public confidence in the criminal justice system. The Prevent & Deter strand is now implemented in all police districts, focusing on young people at risk of offending.	
78. Opportunities in Youth Conferences for young people involved in substance related offending to hear first-hand experiences from those who have experienced dependency but have addressed it.		Youth Conference Coordinators take every opportunity to involve those who have personal experience of substance related dependency, with relevant experiences, in youth conferences to derive the most benefit and impact in order to reduce the likelihood of re-offending.	Woodlands will provide opportunities for children and young people to hear first-hand experiences of those who have/are addressing drug and alcohol misuse.

79. Education and awareness sessions provided to young people who, though the criminal justice system, are subject to statutory supervision in the community and are assessed as Tier 1.		Appropriately tailored education and awareness sessions are provided to young people assessed and subject to statutory supervision. The Drugs and Alcohol Intervention Service for Youth (DAISY) service is available and provides information and education to all young people admitted to Woodlands Juvenile Justice Centre.	

Children, Young People and Families - 2 (Treatment & Support)

Medium/Long Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
80. All organisations with a responsibility for young people have an alcohol and drug policy in place.		We continue to work across Government and sectors to ensure that all appropriate organisations have alcohol and drug policies in place. PBNI continues to implement and monitor its Substance Misuse Strategy and YJA will continue to maintain and review their current Drug & Alcohol Policy.	
81. Improved identification and signposting of young people who have alcohol and drug related issues, and ongoing monitoring of the Regional Initial Assessment Tool.		RIAT is currently being updated to reflect changing patterns of drug use. The Workforce Development contract now includes promotion and delivery of RIAT to relevant front line workers. YJA staff are trained to deliver RIAT throughout YJA and will continue to review the assessment tool to ensure needs are identified.	The PHA plans to consult in 2018 with a range of stakeholders to ascertain the usefulness of this tool along with wider screening issue and will consider wider roll out in the light of this consultation.
82. Children and young people have access to early interventions and appropriate support services directly related to their alcohol and drug use.		A range of new service for young people have been commissioned as of 1 July 2015. In addition, the One-Stop-Shops provide early intervention for a range of issues. Whilst the YJA small grants scheme has been discontinued due to financial constraints, YJA will continue to assess the level of treatment intervention and refer, as necessary, to specialist services.	
83. Increase in the number of young people and parents accessing treatment and support services.		The PHA has provided funding to develop DAMMHS services in the Western, Northern and Southern areas. A care pathway is being developed to ensure the Stepped Care processes operate smoothly between Youth Treatment Services and DAMMHS. Criminal Justice Agencies will continue existing assessment process to ensure appropriate onward referrals are made based on identified need.	
84. Protocols agreed with the Child and Adolescent Mental Health Service (CAMHS) across NI ensure a consistent approach to referrals by the Criminal Justice agencies where concerns about potential self-harm are raised.		Community CAMHS Service is now established on the Woodlands JJC site providing an in-reach service. Whilst discussions regarding protocols with other Health Trusts continue to be taken forward through the Children & Young People Strategic Partnership's Offending Subgroup, YJA will continue to operate referral pathways under the agreed protocols with the Western Trust.	

85. Relationships with a wide range of community and voluntary drug and alcohol treatment providers maintained and YJA making appropriate referrals.		YJA will continue to maintain established relationships with a wide range of drug and alcohol treatment providers at regional and local levels to ensure appropriate referrals are made.	

Short Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
86. Development of a framework of Treatment and Support Services for those aged under 18.		**Completed:** The framework of Treatment and Support Services for those aged under 18 was developed and forms part of the PHA commissioning framework for substance misuse services. A procurement process for new services was developed to help improve regional consistency in service provision. The tender process to appoint new service providers to deliver these services is now complete. These services are now operational and can be accessed by young people up to the age of 21. The services will also work with young people aged 22-25 who are considered to be unlikely to respond well to an adult treatment service due to vulnerability.	The PHA will be working with service providers and key stakeholders to agree a step up / step down referral pathway for these services.
87. Family support services available, and treatment services supported and encouraged to take a family orientated approach to provision where appropriate – reflecting the "Think Child, Think Parent, Think Family" strategy.		Family support services are now available in each DACT area. All treatment services are encouraged to take a family approach where appropriate; work around Hidden Harm includes a protocol and planned training associated with the protocol which will support this. A need for training to support the implementation of the Regional Joint Service Agreement (Hidden Harm protocol) was identified. Training for all Step 2 and Young People's Services achieved and in place using the 5-step evidence-based intervention method.	The PHA will work with service providers and key stakeholders to agree a referral pathway for Hidden Harm services.
88. The Regional Hidden Harm Action Plan implemented.		**Completed.** All outstanding actions from the Hidden Harm Action Plan have now been implemented. The RHHQAG is currently considering revised structures in order to better oversee the implementation of the remaining actions. The following priority was agreed in the PHA/HSCB Commissioning Framework. "Commission treatment and support services for young people affected by parental substance misuse and their families, including intensive support for those families most affected, and ensure these services are linked to Family Support Hubs". While provision of Intensive Family Support Services has been achieved, work is ongoing to improve linkages with Family Support Hubs to provide support to a wider range of children and young people.	PHA will work with local DACTs and Outcomes Groups to monitor local needs and developments around parental substance misuse. PHA and HSCB will develop a mechanism for monitoring these issues at a regional level and consider how to embed hidden harm within current structures.

89. The Regional Initial Assessment Tool embedded within the Youth Justice Agency, and work taken forward to roll it out to other key sectors.		The RIAT assessment tool will continue to be used by YJA Practitioners to determine the appropriate service required for young people for who drugs and /or alcohol misuse is a matter of concern. Training in RIAT is currently being provided across the region through the Workforce Development service provider.	The PHA plans to consult in 2018 with a range of stakeholders to ascertain the usefulness of this tool along with wider screening issue and will consider wider roll out in the light of this consultation.
90. Within the custodial setting of Woodlands, young people assessed (and follow up action and support provided) regarding their drug and alcohol misuse, with appropriate screening and management systems in place to minimise risk to those young people who are admitted to custody under the influence of substances.		All young people admitted to Woodlands JJC are assessed for drug and alcohol misuse to ensure that the appropriate services and monitoring is provided. RIAT assessments in Woodlands JJC are carried out by YJA Practitioners with training and experience in using the tool. Assessments are also carried out by the Drugs and Alcohol Intervention Service for Youth (DAISY) worker who is based in the JJC one day per week and appropriate interventions offered. This service continues following release if necessary.	
91. Accurate sharing of information of alcohol and drugs risks at times of transition with the Criminal Justice system e.g. transfer to adult Probation Services or transfer to Hydebank Wood.		**Competed:** The Youth Justice Agency and the NI Prison Service have developed agreed protocols for the transition of young people from Woodlands to Hydebank – these were agreed in January 2014.	

Community Safety and Anti-Social Behaviour

Medium/Long Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
92. The working relationship between the criminal justice sector, the health service and other stakeholders further developed to ensure an integrated approach to tackling alcohol and drug offending behaviour improves.		The current consultation on a joint Healthcare and Criminal Justice Strategy outlines the proposed substantial programme of work that seeks to ensure that resources are better aligned to need, enhance access to services, improve continuity of care, develop our workforces and the way we collaborate, increase diversion of vulnerable people and improve health protection and health promotion. South Eastern Trust continue to work in partnership with HSCB, other Trusts, the NIPS and Voluntary Sector Agencies to achieve close integration to improve transition from custody to community and vice versa. The DACT Connections service are also developing stronger links at a local and regional level with DoJ, PSNI and Policing and Community Safety Partnerships (PCSPs) by developing and taking forward joint initiatives such as RAPID (drug disposal bins) with a view to exploring further areas where plans and priorities could be aligned and joint work undertaken.	Future work will be guided by the outcome of the current consultation. Regional Substitute Prescribing Group needs to finalise and then circulate the Interface Protocol between Prison Services and HSC Trust Community Addiction Teams.
93. Increase in the level of public confidence in how alcohol and drug-related issues, and their impact at community level, are addressed.		Respondents to the 2015 Omnibus survey expressed higher levels of confidence in the PSNI's work to tackle alcohol and/or drug related issues across the region than that of any other organisation, with 69.5% having either some, a lot or total confidence. Taking everything into account, 52.7% of respondents expressed some, a lot or total confidence that enough is being done to tackle alcohol and/or drug related issues across the region.	Measure future levels.
94. Implementation of Strategies to tackle sexual violence and domestic violence.		The 'Stopping Domestic and Sexual Violence and Abuse Strategy in Northern Ireland' was launched by on 15 March 2016.	

95. Community Safety Strategy fully implemented.		CSS has been published with progress against the thematic action plans continuing to be reported to the overarching Regional Steering Group and the Justice Committee.	

Short Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
96. Existing relationships between Community Safety Partnerships (now PCSPs), District Policing Partnerships and DACTs developed in respect of addressing alcohol and drug related anti-social behaviour.		As stated previously relationships and knowledge across DACTs and PCSPs are continuing to build with many DACTs now having Council and/or PCSP representation allowing for issues and ideas to be taken and discussed across both partnerships. In addition, each DACT Connections service has their local PCSP(s) identified as a key stakeholder network that they must engage with in terms of planning and delivering together to address drug and alcohol-related anti-social behaviour.	
97. Assess the level alcohol plays in Sexual Violence and Domestic Violence; further work will flow from that assessment.		Consideration of how best to assess the level alcohol plays in Sexual Violence and Domestic Violence is ongoing.	
98. Community Safety Strategy recognises the role of alcohol and drug misuse.		**Completed.** The Community Safety Strategy includes the theme of alcohol and drug misuse. A recent update on progress towards delivering the related outcomes has been provided to the Minister for Justice and the Justice Committee.	
99. Protocol developed to improve information sharing between PSNI, Health Trusts, Ambulance Service and others regarding alcohol related incidents, including hospital admissions and ambulance calls to inform local action planning.		The PSNI and Belfast Health and Social Care Trust initiative in the Royal Victoria Hospital's Accident and Emergency Department that leads to the sharing of information regarding incidents of violent (alcohol) related crime is now firmly embedded and informs intelligence reports used by police to target resources across Belfast, including licensed premises. A data-sharing protocol has also been established with South Eastern Health & Social Care Trust to enable data-sharing between the PSNI and the Ulster Hospital.	Information sharing across partner agencies has been included in the Joint Healthcare and Justice Strategy
100. Promotion of schemes at a local level that tackle anti-social behaviour linked to alcohol misuse (and underage drinking).		DOJ, through PCSPs and other Criminal Justice organisations, continue to encourage the development of local initiatives to tackle anti-social behaviour linked to alcohol misuse. In 2016/17 PHA and reps from DACT Connections services worked alongside DoJ and PCSPs to review and then to develop new messaging and imagery (social media and online TV video clips) which showcase the impact of drug and alcohol misuse (and related ASB) on individuals, families and communities. The new campaign ran throughout March 2017.	DOJ will continue to engage with PCSP managers to reinforce this key message.

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<td>101. Cross-Government approach taken to addressing issues related to Alcohol and the Night-Time Economy Seminar.</td>
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<td>DoH & DOJ continue to be informed by the findings from the 2011/12 and 2012/13 Crime Survey published in October 2014.</td>
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<td>102. Work with the Alcohol Industry and Pubs of Ulster on rolling out the Purple Flag accreditation.</td>
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<td>DOJ will continue to support purple flag accreditation operated by the Association of Town and City Management.</td>
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<td>103. The Organised Crime Task Force Drugs Expert Group sharing information and intelligence, and monitoring and overseeing joint action by its partner organisations, to ensure ongoing disruption of the drugs market, and help reduce the availability for drugs.</td>
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<td>The Organised Crime Task Force Drugs Expert Group continues to meet to share information and intelligence, and lead joint action, as appropriate.

The group now incorporates PHA and Department of Health representation to ensure harm reduction initiatives as well as enforcement activity is co-ordinated.

PSNI, UK Border Force, HMRC and other law enforcement partners continue to use intelligence to disrupt importation of drugs. Operations continue to be run to deal with both high level suppliers as well as street level dealing.

The Organised Crime Task Force continued to make a number of significant interventions against organised crime gangs in 2016/17. A total of 129 OCGs were either frustrated, disrupted or dismantled. This is a 4% increase compared to 2015/16.
<table>
<tr><th>Year</th><th>Frustrated</th><th>Disrupted</th><th>Dismantled</th><th>Total</th><th>Number of OCGs currently being monitored</th></tr>
<tr><td>1 Apr - 31 Mar 17</td><td>58</td><td>48</td><td>23</td><td>129</td><td>96</td></tr>
<tr><td>1 Apr - 31 Mar 16</td><td>54</td><td>42</td><td>28</td><td>124</td><td>128</td></tr>
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Supporting Outcomes – Monitoring, Evaluation and Research

Medium/Long Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
104. Improved response and dissemination of information in respect of emerging substance misuse trends.		DAMIS in place since 2012. DAMIS is also now integrated with the Organised Crime Task Force and the UK Report Illicit Drug Reaction system (RIDR).	
105. More detailed and relevant information in respect of alcohol and drug misuse available.		Ongoing publication of relevant information for NI and a greater sharing of relevant information from UK, RoI, EU and globally. The 'Alcohol MOT', 'You, Your Child and Alcohol', 'Alcohol and You' and 'Cannabis and You' have all been updated and reprinted in 2017.	A new resource: 'You, Your Child and Drugs' will be developed in 2017 and printed in 2018.
106. Progress in respect of aims of NSD Phase 2 described accurately and reported on.		Annual reports published each year.	
107. PBNI considered how best to deliver its Alcohol Management Programme and implement appropriate delivery arrangements.		PBNI has updated and will continue to deliver its Alcohol Management Programme.	
108. Data gathered by PBNI on the impact of the ASRO programme and contributed to any local or national evaluation on the effectiveness of this programme.		**Completed:** The ASRO programme is no longer available from NOMS.	
109. The delivery of drugs and alcohol programmes, delivered with young people in the community, evaluated by YJA.		YJA has developed an evaluation tool for existing Tier 2 programmes for young people with drugs and/or alcohol issues.	Programme evaluation has been scheduled for 2016.
110. NSD Phase 2 reviewed and evaluated, and consideration given to the need for the development of a successor strategy.		**Completed**: This document completes the ongoing monitoring and review of the NSD Phase 2.	

Short Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
111. The Regional Impact Measurement Tool (IMT) continues to be completed for all initiatives funded as part of the New Strategic Direction.		Tools have been revised in line with the service specifications issued and now part of PHA contracts. The PHA continues to work closely with the PHIRB to ensure that the IMT tools are fully completed by services.	PHA will make recommendations to the PHIRB as to how the IMT annual report could be adapted to increase its usefulness to DACTs and the PHA. PHIRB will develop an IMT tool for the One Stop Shop services.
112. Consideration given to developing one overarching monitoring system including Drug Misuse Database (DMD), Substitute Prescribing and Needle Exchange; and also an Alcohol Misuse Database established.		Work has been completed on revising the reporting mechanism around substitute prescribing, and a template report designed to provide annual and quarterly information at both Trust and regional level. Reports are now being issued. The DMD has been replaced by the Substance Misuse Database and includes alcohol from 1st April 2016.	
113. A rolling research programme developed and updated on an annual basis.		Research has been undertaken on the potential impact of minimum unit pricing for alcohol and on alcohol harm to others.	There is very limited funding for DoH funded research.
114. Available statistics and research information published.		All information produced by DoH is available online.	
115. A local "Drug and Alcohol Monitoring and Information System" (DAMIS) in respect of alcohol and drug trends and developments in place which reports to the NSD Steering Group.		**Completed.** The DAMIS is in place and operational. We will continue to monitor its usage and the revise the scheme as required. A local incident response protocol developed by PHA and agreed with the DACTs is now in place.	
116. The NI Prison Service in partnership with the South Eastern HSC Trust will have undertaken a review of the Prison Strategy to tackle alcohol and drug issues		The South Eastern Trust and NIPS refreshed its joint substance misuse policy in 2012. Development of a Drugs Misuse Strategy has commenced. The NIPS drugs strategy delivers three strands; reducing supply, reducing demand, reducing harm. Working in partnership with the SEHSCT is integral to ensure the delivery of the Strategy.	NIPS and South Eastern Trust will complete a joint Drugs Misuse Strategy.

	among prisoners.		The SEHSCT and NIPS are engaged in ongoing joint working arrangements to address issues around the abuse of prescribed medication and the abuse of illicit substances.	
117.	Improved quality and scope of data on drink and drug driving, including provision of separate data on drink and drugs present in road fatalities and separate trend data on fatal and serious injury collisions.		In 2011, the consumption of drugs or alcohol by driver or rider accounted for 10.9% of killed or seriously injured casualties (96 people), the most common causation factor. From 01 April 2010, separate data is available on the collision causation factors 'Impaired by alcohol' and 'Impaired by drugs'. It should be noted, however, that disclosure control is applied to data in line with the requirements of the Code of Practice for Official Statistics. Where this applies, data are merged or suppressed in published reports in order to ensure that the identity of individuals or any private information relating to them is not revealed. Separate analysis is now carried out for drugs and alcohol in blood samples taken from Road Traffic Collision fatalities and those suspected to be driving whilst unfit through drugs.	Work will continue to shorten existing timescales in forensic analysis to avoid undue delay. This analysis is potentially jeopardised by the budgetary constraints that will result in curtailment of drugs analysis where the excess alcohol offence is already proven. This will not apply to fatal or life-changing RTC investigations.
118.	Improve public understanding about the road safety risks of excessive alcohol consumption on buses		There are 4 licence conditions which now apply to bus road service licenses: 1. The licence holder must take all reasonable steps to prevent the consumption of alcohol on board buses. 2. The licence holder must not do anything to promote or assist in the consumption of alcohol on board a bus. 3. When undertaking work for third parties, the licence holder must ensure that the third party is aware of the law in relation to the consumption of alcohol on buses and the licence holder shall make it a condition of the contract for hire that the hirer will take all reasonable steps to ensure compliance with the law. 4. The licence holder must display a sign(s) in a prominent position inside the bus highlighting that the consumption of alcohol on a bus is not permitted. This places a responsibility on bus operators to take all reasonable, practical steps to comply with the law that consumption of alcohol on buses is illegal, the conditions make this requirement explicit in the licence.	Any future development of core policy would be taken forward by the Department for Infrastructure (DFI) with input from DOJ in respect of offences and penalties.

		This places a responsibility on bus operators to take all reasonable, practical steps to comply with the law that consumption of alcohol on buses is illegal, the conditions make this requirement explicit in the licence. When last discussed at the Ministerial Road Safety Group in February 2016 Ministers took the view that preparing legislation for a total ban on the carriage of alcohol on public transport would be premature. It was agreed that a non-legislative strategy, involving additional vehicle licensing requirements, Departmental planning and additional policing activity around major events would continue. This strategy remains in place.	
119. Results of the Night-Time Economy module of the NI Crime Survey published.		Findings from the 2011/12 and 2012/13 NI Crime Surveys on alcohol and the night-time economy were published in October 2014.	

Supporting Outcomes – Workforce Development

Medium/Long Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
120. 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.		Commissioning Framework has prioritised the development of a range of courses. Regional programmes scheduled to be in place by 01 October 2015. The regional Workforce Development programme is now in place.	The PHA will undertake a needs assessment to inform a review of the range of courses provided.
121. Dissemination of DANOS.		**Completed:** DANOS has been updated on a 4-Nations basis.	
122. Improved competence and capacity of the alcohol and drug misuse, and wider, workforce.		This will continue to be monitored as appropriate. The regional Workforce Development programme is now in place providing training for those working in the substance misuse field and the wider workforce.	PHA is undertaking a regional workforce needs assessment to inform a review of the range of courses provided.

Short Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
123. Effectiveness of workforce development initiatives reviewed.		Workforce development services funded by the PHA are monitored on a quarterly basis to ensure courses are meeting identified needs.	PHA is undertaking a regional workforce needs assessment to inform a review of the range of courses provided.
124. Informed by this review, workforce development initiatives are better co-ordinated, and front-facing workforce better equipped to provide early effective intervention.		Commissioning framework has prioritised the development of a range of courses. Regional programmes are now in place and reviewed on a quarterly basis.	PHA is undertaking a regional workforce needs assessment to inform a review of the range of courses provided.
125. Improved awareness and opportunities for Criminal Justice Organisations to avail of training programmes.		All training courses are open to criminal justice organisations. The awareness of and opportunities for appropriate staff training programmes continues to be improved. Alcohol Screening and Brief Intervention Training for PBNI staff undertaken in June 2015.	An evaluation has been built into the initiative and is being undertaken by the PHA.
126. Organisations work together to share information and secure a greater understanding on the composition and impacts of legal highs (or any other new drug).		DAMIS provides an opportunity for organisations to share information about new and emerging drugs of concern. Training courses have been developed to inform services about the risks associated with such substances. Quarterly reports are produced for DAMIS stakeholder groups outlining the concerns that have been reported to DAMIS and measures that have been taken. DoJ continues to be a key contributor to DAMIS that ensures greater awareness of new psychoactive substances amongst key Criminal Justice staff.	
127. Dissemination of the Drugs and Alcohol National Occupational Standards (DANOS) for all sectors.		**Completed:** DANOS information is available to all services.	
128. Training in respect of Hepatitis C and other blood borne viruses for those working with Injecting Drug Users continues to be delivered.		Training is available in these areas via the regional Hepatitis C Network and the PHA's regional Workforce Development programme. **Training Needs:** In Spring 2017 PHA also carried out a training needs assessment	

		with homeless/hostel staff across Northern Ireland. 99 responses were received, and 95 indicated they believe they need training in working with heroin users and injecting drug users. In addition to this, new needle exchange service staff, and new staff in existing services, need specifically targeted training in needle exchange, with a specific focus on the practical elements (types of injecting equipment, use of different size needles, injecting locations on the body & BBVs) to enable them to provide harm reduction advice to clients. PHA is now progressing the procurement/tendering for the delivery of a training programme which subject to a successful tender will commence in-year.	
129. YJA ensures that service delivery staff have the skills and knowledge to deliver alcohol and drugs interventions at Tier 2.		Practitioners are appropriately trained to deliver Drug and Alcohol interventions / programmes. Programme manuals for YJA Practitioners and Workbooks for young people have been designed and provided across the YJA. Awareness sessions on these programmes have been provided across the Youth Justice Services directorate. A range of individual and group work interventions and education programmes are delivered in Woodlands in addition to the YJA Drug and Alcohol Programme. YJA practitioners also avail of training provided by organisations such as ASCERT to keep their skills and knowledge base up to date.	
130. YJA ensures that medical staff within Woodlands Juvenile Justice Centre have access to updated information about new drugs and their effects in order to manage any presenting risk and to inform an ongoing treatment plan within custody.		Information and training is delivered on new psychoactive substances and their effects. Provision of this training to both existing and new staff ensures they have access to up to date information about new and emerging drugs and their effects. This allows treatment plans to be more relevant and effective Information from DAMIS on a range of drugs, legal and illegal and the related alerts/warnings is made available to all YJA practice staff. Woodlands open clinic also provides staff with the opportunity to access up to date information on a range of legal and illegal drugs / substances.	

Prescription Drug Misuse

Short Term Outcomes/Outputs	RAG Status	Update on Progress	Future Steps (if appropriate)
131. Collate and disseminate information on the current level of prescribing and misuse.		Fact Sheet on Prescription Drug Information disseminated as appropriate. This will be updated over time. The majority of drugs deposited via the RAPID drug disposal initiative are prescription medication – this data is currently collated and recorded by PSNI and shared with PHA and DACTs – one of most deposited drugs in-year has been Pregabalin/Lyrica therefore Connections are looking at developing a community awareness-raising booklet on this particular medication as a priority. As previously reported PHA have also commissioned a focused Pregabalin resource *'Guidance for people working with Pregabalin users'.* This booklet is primarily for professionals who work with people who use Pregabalin that is not prescribed to them and is available at: www.publichealth.hscni.net/publications/pregabalin-guidance-people-working-pregabalin-users The PHA is also in the process of developing a Pregabalin resource for users which will include harm reduction messages. Other drug and alcohol resources are available at: www.publichealth.hscni.net/publications	
132. Consideration given to research calls in this area.		A number of staff from HSCB, PHA and DoH met with staff from R&D in October 2017 to discuss commissioning some research in this area, specifically to focus on why the level of abuse of prescription medicines in NI is so much higher than across the rest of the UK. The meeting was very productive and a further meeting is planned in December 2017 with key stakeholders to firm up the precise research question(s), with a further meeting planned with R&D to subsequently take place early next year.	Need to consider further mechanisms to deliver research given pressure on finance and the need to ensure that the majority of resources are aimed at the front line.
133. Awareness raised among health professionals		The HSCB raises awareness amongst health professionals by: *1. Promoting and supporting good prescribing practice* HSCB Pharmacy and Medicines Management Team (PMMT) work with GP practices to have in place the safeguards to ensure the safe and appropriate use of medicines at all stages from prescribing and	

		dispensing through to the safe disposal and destruction of unused medicines. The HSCB PMMT monitors prescribing for purposes of identifying outliers. Prescribing significantly above the norm continues to be discussed with practices and practices are encouraged to address. Annual prescribing visits to GP practices provide an opportunity to discuss and reinforce key prescribing messages. LIN continues to meet to address issues relating to the management of Controlled drugs. Controlled drugs assurance visits to GP practices have commenced to review processes in place and provide guidance on safe management and use of CDs in GP practices. *2. Communication /Guidance to Healthcare Professionals* HSCB continues to develop, review and promote resources to support safe and appropriate prescribing and dispensing available to GP practices and other primary care providers via the Primary Care Intranet including: • Good prescribing practice and identifying alternatives for managing pain e.g. Chapter 4 in NI Formulary • Prescribing review for strong analgesia • Patient leaflets • Benzodiazepine Resource Pack • Substitute prescribing guidance • Therapeutic audits e.g. HSCB Benzodiazepine Resource Pack continues to be available to GPs via the primary care intranet and promoted to GPs as appropriate • Newsletter articles highlighting issues associated with drug-related deaths contributable to both legal and illegal drug use. *3. Collaborative working with other organisations to raise awareness, to improve patient safety and reduce the potential for drug misuse/abuse.* HSCB works with GP Federations, NHSCT Prescribing Support Team, Local Intelligence Network, DoH, UK regulators to raise awareness of the issues of prescription drug misuse/abuse, improve patient safety and reduce the potential for drug misuse/abuse	

		4. Monitoring fraudulent attempts to obtain medicines and liaising with GPs and other organisations e.g. Trusts, police and the prison service. *5. Training Healthcare professionals* There have been a series of training events delivered / supported by HSCB recently: a. GP practice Learning events - Prescription Drug Misuse • Training developed by HSCB and delivered across NI. • Aimed at GPs, practice nurses and practice based pharmacists. Aim of training to highlight risks associated with misuse of prescription drugs including tramadol, pregabalin, morphine etc. • Case based learning using actual SAIs – designed to highlight how to recognise misuse in your own practice and how to address or minimise the risks. b. Advanced Clinical Practice workshops – Chronic Pain (Feb/March 2017) • Delivered by HSCB Pharmacy Adviser in conjunction with local Secondary Care Consultant in Pain Management. • Educational event aimed at GPs, pharmacists, other HCPs. • Misuse/abuse potential of prescription drugs highlighted to participants along with resources available and variations in prescribing data compared to rest of UK; also compared LCG data across NI. c. Pain toolkit workshops promoting self-management The HSCB 5 year strategy includes promoting and making available resources for self-management across Northern Ireland. In addition, a number of the Patient & Client Council's 'Painful Truth Report' recommendations were accepted by the DH including:	

		o Training and/or information leaflets aimed at GPs and front line health care professionals should be developed. The aim of these resources should be to increase awareness and inform health care staff on what long-term pain is and its effects on those who have it. o Information resources developed for healthcare staff should be directly informed by and content/user tested with those people who live with long-term pain and/or their carers and relatives. o Patients should be offered a range of pain management care and support programmes including supported self-management. o Information resources for patients, clients, carers and their relatives affected by long term pain should be developed to help patients understand, make decisions about and cope with long-term pain. As a result, to help people to become more active and effective in living with persistent pain, and to reduce reliance on medication, the HSCB organized and delivered a series of Pain Self-Management workshops aimed at patients, healthcare professionals (HCPs) and community groups who work with people who live with persistent pain. The workshops aimed to increase understanding of the complex nature of persistent pain and to offer practical support to help patients to develop self-management strategies. The work and services provide by the NI DACTs was promoted and shared with attendees at each workshop. There was a huge demand for the patient workshops with a waiting list held of over 100 people who were unable to secure a place. The HSCB was a finalist in the October 2017 national PresQuipp awards for this work. The workshops have also led to increased liaison between HSCB staff and external providers of self-management resources to benefit patients. For example, the HSCB has contacted patients on the workshop waiting list who had supplied an email address to give them information on courses on condition self-management organised by other organisations e.g. Arthritis Care and Pain	

		Alliance of N. Ireland. **PHA update:** An early warning system, DAMIS is coordinated and facilitated by the PHA. It aims to identify emerging trends in drug and alcohol misuse (including prescribed and polydrug misuse), to coordinate actions based on the best available information and to act quickly to provide relevant information or advice to those who misuse drugs or alcohol. The kind of information DAMIS collects includes: • a sudden increase in a particular drug being misused • drugs being misused in new ways • new drugs becoming available • emergence of substances with unexpected unpleasant or dangerous effects. DAMIS is used to secure anecdotal and accurate information from a range of sources that may be used to inform future policy directions, raise awareness of potential trends and, when appropriate, issue warnings to various stakeholders. The PHA also works with partners to develop publications/resources on all types of substance misuse. An example of this would be the development of a focused Pregabalin resource *'Guidance for people working with Pregabalin users'.* This booklet is primarily for professionals who work with people who use Pregabalin that is not prescribed to them and is available at www.publichealth.hscni.net/publications/pregabalin-guidance-people-working-pregabalin-users **Workforce Development Services** – *see Outcome 134* The PHA also regularly provides information via press releases and social media to: • raise awareness of the risks and dangers of misusing substances (including prescribed drug misuse) • raise awareness of the risks and dangers of polydrug misuse • respond to emerging issues/trends and alert the public where appropriate	

		• provide information on the help and support that is available locally to all.	
134. Workforce development on prescription drug misuse is a key element of the Alcohol and Drug Services Commissioning Framework.		The PHA commissioned a range of training courses in 2015 within the Regional Workforce Development training programme, including half-day and one-day courses specifically on prescription drug misuse running several times a year. The Understanding Medicines Misuse course continues to be delivered as part of this training programme. Key messages will continue to be incorporated into existing training events by HSCB as appropriate e.g. NICPLD and NIMDTA training events and DOIC practice based learning events.	
135. Awareness Raising among the public and prescription drug misusers		DACT Connections services were commissioned by the Public Health Agency with service commencement from July 2015. These services support Drug and Alcohol Coordination Teams to address substance misuse including prescription drug misuse. In 2016/17 DACT Connections services worked in partnership with PHA and HSCB to provide an input into Pain Toolkit workshops which had been organised to take place throughout the region. Connections presented at both the session for pharmacists and the session for patients giving an overview of the dangers of misusing prescribed medication and support services available locally and their input was well-received. **Safe Medicines campaign** - In May 2017, the PHA also worked with the HSCB to develop and launch a Safe Medicines campaign to raise awareness of the dangers of misusing prescription medication. The campaign was launched on social media and included a short video highlighting the dangers of misusing medicine. The campaign targeted not just young people but also parents to raise greater awareness about the issue in Northern Ireland. **Public Information -** The PHA also works with partners to develop publications/resources on all types of substance misuse. An example of this would be the development of a focused Pregabalin resource *'Guidance for people working with Pregabalin users'.* This booklet is primarily for professionals who work with people who use Pregabalin	

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136. Schemes to support appropriate reductions in prescribing levels		In addition to the activities undertaken to support appropriate prescribing as outlined in *Raising awareness among professionals* above (*Outcome 133*), the following schemes are also available to support this activity: • GP Federation practice support pharmacist enhanced service. This encourages review and appropriate reduction of prescribing levels • NLCG have commissioned a service to review prescribing of hypnotic and anxiolytic medicines in GP practices in Northern area with support of a pharmacist and Nurse Counsellor. This service incorporates a withdrawal programme for patients using hypnotic and anxiolytic medicines. This services requires prioritisation of practices and that pharmacists use their expertise and experience to maximise medicines efficiency and minimise / remove the risks associated with the long-term use of hypnotic drugs in individual patients 10 substance misuse liaison posts currently funded by HSCB /PHA - an 18 additional posts are still required to fully implement a 7-day model.	

			Service development proposal was set out in two phases – to date, only funding (50%) for the initial phase has been confirmed: this additional investment was provided to Trusts in June 2015. New posts have recently come on stream. This is helping service provision to shift from the former mainly Mon-Fri model to become 'seven day' based. The envisaged service model, and therefore full implementation of the 2nd phase, is dependent upon additional funding (not scheduled to be allocated within 2016/17). This limits the level of service provision that can be achieved. A new care pathway to oversee the process of alcohol detoxification within the acute Trust setting has been drafted – this will be available later this year has now been issued. **Trust Prescribed Drug Misuse Services:** *South East – 2 recurrent Nursing posts*: The practitioner in Ards is currently on secondment to the Regional Tier 4 bed manager post and his post has been made more generic within the team but continues to pick up prescribed medication referrals. The recent development of Federation Pharmacists based within GP surgeries has prompted some of this change of practitioner use. The practitioner in Down & Lisburn sectors continues to practice as a prescribed medications nurse with direct interface with GP practices across both localities. The main remit is to provide bespoke prescribing advice, reduction schedules and correspondence templates for GP practices. She currently interfaces and works in tandem with an increasing number of Federation Pharmacists' who are spreading throughout GP practices, providing some exposure to the patient group for them and her practical tips for managing some of the difficulties. *Northern Trust* has appointed a specialist nurse and pharmacist to work with practices in the Northern area to support patients to withdraw from benzos as part of a pilot project.	
137. Reduced OTC medication misuse			A joint letter from HSCB, DoH and Pharmaceutical Society to Community Pharmacists was issued in June 2015 outlining the issues and the professional position regarding this issue to community pharmacists and pharmacy staff.	This is an area that needs further work. Some initial pilot work has been undertaken through the Controlled Drugs Reconciliation Project (CDRP)

			which will be evaluated to inform next steps for this area of work.
138. Continuation of seizures and operations to disrupt the illicit markets in prescription drug misuse, and internet purchases		Support for this issue to have a raised profile within PSNI, Home Office, Border Force, HMRC and other OCTF partners. Work continues to disrupt importation of drugs including prescription medication via the internet. At present, it is not illegal to import prescription medication for personal use unless it contravenes other legislation such as abortion medicines. Seizures of quantities of drugs, where it is believed there is an intention to supply, continue to be made. Ongoing involvement in Operation Pangea. This is a global enforcement campaign on illicit/counterfeit prescription or over-the-counter drugs. It targets the product as well as attempting to disrupt the supply chain by closing down websites.	
139. Alcohol and Drug Services Commissioning Framework should consider the consistency of approaches across NI.		An updated review of Statutory Tier 3 services is scheduled for completion by end 2017/18. Service development is contingent upon additional resources being provided.	
140. Harm reduction measures and messages available as appropriate.		Further to the range of harm reduction measures and messages already highlighted other areas of work taken forward by the PHA in partnership with the HSCB to reduce harm from substance misuse are: • *Take Home Naloxone* – a project the PHA oversees to get life-saving medicine (naloxone) to people at risk of opioid overdose. The programme, which was introduced in 2012 under the Department of Health's strategy to reduce the harm related to substance misuse in Northern Ireland, makes naloxone available as a harm-reduction method for those most at risk, and is funded by the PHA with support from the Health and Social Care Board (HSCB). • *Needle Syringe Exchange Scheme* – this scheme, commissioned by HSCB on behalf of the PHA, provides sterile injecting equipment and harm reduction advice to people who inject drugs, including heroin. The service is primarily provided by Community Pharmacies. The services provide a range of harm reduction	

		materials, including foil (to support the move from injecting to smoking heroin) and booklets on safer injecting, overdose, and blood borne viruses. Community Pharmacists will also use each exchange to engage with substance misusers and off further support / referral to treatment services.	
141. Substance Misuse Liaison Posts consider and support those with prescription drug misuse.		Service provision is in place within each acute Trust. However, given absence of funding, it has not been possible to develop the anticipated service model as set out in the 2015 service development proposal of a 7-day service. Ten substance misuse liaison posts currently funded by HSCB /PHA - an 18 additional posts are still required to fully implement a 7 day model. Service development proposal was set out in two phases – to date, only funding (50%) for the initial phase has been confirmed: this additional investment was provided to Trusts in June 2015. New posts have recently come on stream. This is helping service provision to shift from the former mainly Mon-Fri model to become 'seven day' based. The envisaged service model, and therefore full implementation of the 2nd phase, is dependent upon additional funding (not scheduled to be allocated within 2017/18). This limits the level of service provision that can be achieved. A new care pathway to oversee the process of alcohol detoxification within the acute Trust setting has been drafted – this will be available later this year has now been issued. <u>Trust Prescribed Drug Misuse Services</u>: *South East – 2 recurrent Nursing posts*: The practitioner in Ards is currently on secondment to the Regional Tier 4 bed manager post and his post has been made more generic within the team but continues to pick up prescribed medication referrals. The recent development of Federation Pharmacists based within GP surgeries has prompted some of this change of practitioner use. The practitioner in Down & Lisburn sectors continues to practice as a prescribed medications nurse with direct interface with GP practices across both localities. The main remit is to provide bespoke prescribing advice, reduction schedules and correspondence templates for GP practices. She currently interfaces	

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