EASY READ

Review of the New Strategic Direction for Alcohol and Drugs Phase 2 (NSD-2)

Institute of Public Health

This is an Easy Read summary of a detailed report developed by the Institute of Public Health for the Department of Health in Northern Ireland. Click here to access the main report and other details of the strategy review.

Review of the New Strategic Direction for Alcohol and Drugs?

In 2011, the Department of Health introduced a strategy aimed at reducing harm from alcohol and drugs across Northern Ireland. It is called the New Strategic Direction for Alcohol and Drugs Phase 2 and known as NSD-2 for short. The review used interviews, focus groups and questionnaires to look at six aspects of NSD-2.

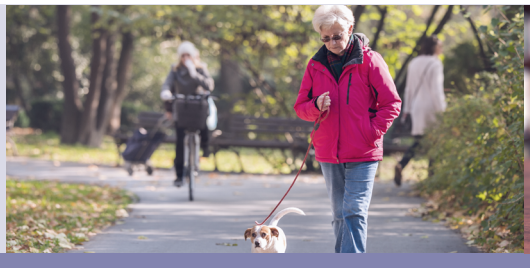
In 2018, to help the Department of Health review the progress of NSD-2, IPH asked some of the people involved in it for their opinions on how the Strategy was going.

Three research tools were used in this evaluation - an online questionnaire, semi-structured interviews and focus groups. Participants included members of the NSD-2 Steering Group and those with responsibility for the planning and delivering services. Participants also included representatives of those who used these services. We asked them the following questions:

- What is the pattern of alcohol use and harm in Northern Ireland?
- How suitable was the structure of NSD-2 for making change?
- How well did NSD-2 keep to its principles and priorities?
- How well was NSD-2 managed?
- Did NSD-2 prove to be good value for money?
- Will the changes that have made last into the future?
- Did NSD-2 focus on those most in need?

What are the general trends in the use of alcohol and drugs?

Participants in our review believed that harm related to alcohol and drug use had increased since 2011. They did not feel that NSD-2 had failed, but found it difficult to assess how successfully it had affected drug and alcohol misuse. They noted the increase was mainly due to the economic downturn, political instability, changes in the drug trade, and changing patterns of harm related to alcohol.



On alcohol misuse, the trends they identified included:

- Less binge drinking among younger people
- More problem drinking among middle-aged and older people
- People drinking higher-strength alcohol
- More polydrug use (taking drugs and alcohol together)
- People drinking more alcohol at home and **'preloading'** before a night out.

These trends led to a **rise in alcohol-related harms**, such as an increase in:

- Cases of liver disease
- Mental illness and suicidal thoughts
- The severity of violence related to alcohol
- Hidden harms associated with drinking at home, such as domestic abuse or child neglect.

Participants noted that alcohol-related harm particularly affected some groups of people, such as those with disabilities or those who were homeless.

On **drug misuse**, the trends they identified were:

- An increase in numbers of people being harmed through drug or alcohol use
- A sharp increase in the misuse of prescription drugs
- Easier access to drugs online through online supply and social networks
- More use of injectable drugs (particularly in Belfast) and new psychoactive substances (legal highs).

These trends led to a **rise in drug-related harms**, such as an increase in:

- Drug-related deaths – although schemes such as making Naloxone more available were helping to some extent
- Complex needs among drug users, often involving mental health problems and homelessness.

Participants noted that more people were using support services but they did not agree on the possible reasons for this. Some felt it was because the need for services had increased, but others felt it was because services had become easier to access.

What do you think about the progress of NSD-2?

1. How relevant were the NSD-2 objectives to the problems of harm related to alcohol and drug use?

Participants in the review agreed that it was sensible to consider the harms of drugs and alcohol together, particularly because of the rise in polydrug use (people using alcohol and drugs of various kinds).

Most agreed that NSD-2 had chosen the right priorities: to prevent harm, reduce it, treat it, back up the strategy in law, and continually assess progress. They felt that including 'hidden harm' was appropriate because of changing patterns of drug and alcohol use. However, they suggested recovery should be a separate priority from treatment.

Most participants said that government departments and the community and voluntary sectors were cooperating closely. However, they had mixed views on how successfully local and regional needs were assessed and how services were planned.

Some participants noted issues:

- NSD-2 had sometimes struggled to adapt to changes in drug use and the needs of service users.
- Services were challenged to respond to the increase in numbers of people who were misusing prescription drugs, using legal highs, injecting drugs, and waiting to be prescribed substitute drugs.
- Monitoring regional trends in alcohol and drug use was too general. They felt that it would be more effective to examine specific services in communities and share local experiences of putting NSD-2 into practice.
- Resources had been too limited to meet the ambitions of the strategy.

2. Was NSD-2 being carried out as intended?

Most participants agreed that NSD-2 was sticking to many of the values and principles set out at the start. These included:

- Fair access to services for all users
- A person-centred approach that meets the needs of each service user, particularly people who were at risk or vulnerable.

The main achievements that backed up the principles were seen as:

- Setting up the Regional Commissioning Framework
- Consistent and diverse membership of the NSD-2 Steering Group
- Collaborating with the community and voluntary sectors through the network of local Drug and Alcohol Coordination teams (DACTs).

Participants were less positive on how well NSD-2 had responded to local needs and community issues. Views were mixed on how successfully it had got value for money and reduced the supply of drugs available.

Most particpants believed that NSD-2 had not made enough progress on prevention. Reasons they gave were: resources were directed towards the increase in people urgently needing services; political uncertainty; and the reorganising of Northern Ireland's health and social care system.

3. How effective was NSD-2?

Participants had mixed views on how effectively NSD-2 was planned, organised and administered. Positive aspects included:

- Service users were involved. By sharing their real-life experiences, they helped programmes and services to adapt to changing needs.
- People involved had good working relationships and partnerships, which helped in co-ordinating responses.
- The Regional Commissioning Framework meant drug and alcohol services were becoming more consistent across Northern Ireland.
- The NSD-2 Steering Committee gave a voice to local representatives.
- Community and voluntary sectors worked together with NSD-2, through the network of local Drug and Alcohol Coordination teams (DACTs).

NSD-2 was less effective because of factors, such as:

- The 'ever-rising tide' of harms related to drugs and alcohol meant local services became overwhelmed. As a result, they did not have enough resources to work on preventing harm, or developing new services.
- The needs of service users became more complex, so services focused on providing crisis care instead of supporting recovery.
- Some policy decisions did not receive enough support or resources.
- The reorganisation of the health and social care system caused some disruption.
- DACTs are voluntary bodies, with no statutory powers.
- In the Step model of care, there was a gap between Step 2 and Step 3 services.
- A lack of legislation made progress on prevention strategies more difficult, particularly in terms of alcohol policy.

4. Was the NSD-2 good value for money?

Participants found it difficult to judge how cost-effective NSD-2 was. They agreed that some aspects gave good value for money:

- Projects to reduce harm (such as needle and syringe exchanges)
- Staff development
- Community and voluntary sector activities
- DACTs and the Drug and Alcohol Monitoring Information System (DAMIS)
- Regional Commissioning Framework.

People had mixed opinions on how cost-effective some projects were, such as Hidden Harm, Connections Services and Step 2 services. Some felt that public information campaigns were not good value for money because they did not reach the people they were aimed at. Some also questioned the value of having so many initiatives and services for individuals.

5. Will NSD-2 have sustainable long-term benefits?

Most participants believed that NSD-2 created many changes that will last into the future, such as setting up DAMIS.

Features that will create positive long-term change include:

- Bringing together policies and practices around drugs and alcohol
- Involving service users
- Adopting an approach of harm reduction
- Effective communication and partnership between services, networks and the community/ voluntary sectors
- Services that are consistent across the region
- Collaboration between the DACTs and other local agencies.

Participants were also positive about innovative projects in areas such as homelessness, policing, community safety, child protection, and youth justice. However, some felt the focus on the whole region meant local projects were less likely to get noticed or funded, and it was difficult to expand good services to new areas.

6. How effective was NSD-2 in addressing inequality?

Participants saw NSD-2 as an important part of the government's approach to dealing with inequality in the area of health. They agreed that NSD-2 was able to reach out to people needing help in all areas and all parts of society. It did this by:

- Working with local DACTs
- Working through partnerships in the criminal justice system
- Involving families and carers, especially within Step 2 services
- Using harm reduction approaches with drug users (such as prescribing substitute drugs).

However, concerns were expressed about:

- Geographic factors – as rural areas had fewer treatment services, and towns and cities had 'bottlenecks' of demand.
- Health education campaigns on alcohol – as they may have increased inequality by changing behaviour only among more highly educated groups.
- The lack of a functioning Northern Ireland Assembly – as this prevented progress on laws which could help tackle health inequality.
- Vulnerable groups in society – there were some concerns in how it dealt with recovering drug users, people with mental health issues, older people, women, and children in the child protection system.

Main achievements of NSD-2

Participants noted that NSD-2 had:

- Raised public awareness of harm related to alcohol and drugs
- Highlighted the effectiveness of the harm reduction approach to drug and alcohol misuse
- Provided opportunities for communities and service users to work together
- Improved the range, quality and consistency of services, making them more fairly available – largely due to the Regional Commissioning Framework
- Improved collaboration and partnership within and between organisations
- Set up an effective NSD-2 Steering Committee.

Main lost opportunities of NSD-2

Participants noted NSD-2 could have had greater benefits. Comments included:

- Strategies and plans were not always put into practice effectively.
- Opportunities for future planning were sometimes overshadowed by the urgent need to address acute problems.
- Only limited progress was made on developing regulations in law and services to prevent addiction or help people in recovery.
- It could have used a person-centred recovery model, which meets the needs of each individual service user.
- More sharing of information and critical evaluation of real-life programmes and services in Northern Ireland would have been beneficial.

Looking forward

Participants highlighted actions for a future strategy, including:

- Policy, planning and practice need to line up more closely together, and be linked to local needs. They should be based on a faster response to problems, a focus on prevention, and better links with the Steps model of care.
- Service users should be involved at all levels.
- Services should continue to develop more joined-up approaches to tackle mental health, homelessness and substance abuse, and to develop services for children and families affected by addiction.
- A long-term strategy should be based on evidence and modelling. It should be influenced by a commitment to growing and integrating services, and supported by short-term action plans.
- The Regional Commissioning Framework should reflect the needs at community level, and for specialised services, more effectively. It should manage its overall budget to get best value for money and the best services for all areas.
- Resources should be reviewed regularly. More investment is needed to tackle harm related to alcohol and drug misuse. Funding should focus on expanding services, particularly for early intervention and recovery programmes as well as treatment. Longer-term funding should be based on future projections of need.

Institute of Public Health

Dublin Office:

Ground Floor
700 South Circular Road
Dublin 8,
D08 NH90
Ireland

T: +353 1 478 6300

info@publichealth.ie

Belfast Office:

6th Floor, City Exchange
11-13 Gloucester Street
Belfast
BT1 4LS
Northern Ireland

T: +44 28 9064 8494

publichealth.ie

@publichealthie

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