

## **NSD PHASE 2**

### **Phase 2 of the New Strategic Direction for Alcohol and Drugs 2011-2016**

#### **Consultation Questionnaire 2011**

**This questionnaire has been designed to help stakeholders respond to New Strategic Direction for Alcohol and Drugs Phase 2 (2011-2016) consultation document. Written responses are welcome either using this questionnaire template or in an alternative format which best suits your comments.**

Please respond to the consultation document by post, fax, or e-mail.

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Please ensure that responses are clearly marked '*A Response to the Consultation on Phase 2 of the New Strategic Direction for Alcohol and Drugs*'.

**YOUR RESPONSE MUST BE RECEIVED BY TUESDAY 31 MAY 2011 @ 5:00pm**

*(Please tick the relevant tick boxes)*

I am responding: as an individual  on behalf of an organisation

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The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

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- the Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department's functions and it would not otherwise be provided
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- acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner

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## **QUESTIONS**

### **Approach to Extension of NSD**

**Question 1: Do you agree with the approach being proposed by the NSD Steering Group, to reviewing, revising and extending the NSD to 2016?**

Strongly agree

Agree

Have no opinion

Disagree

Strongly disagree

### **Appropriateness of Available Information**

**Question 2: Are you aware of any relevant information not contained in the update report that would inform the revision and extension of the NSD?**

IPH welcomes the report on progress with key NSD indicators published in April 2010, which contains a rich source of information on alcohol behaviours, attitudes and alcohol -related harm in Northern Ireland.

Consideration might be given to the inclusion of data on alcohol use in pregnancy in the future combined with estimates of the associated patterns of alcohol-related harm. Data on alcohol use in pregnancy for Northern Ireland could be extracted from the Infant Feeding Survey 2005 (Bolling, K, Grant, C, Hamlyn, B & Thornton, A; Office of National Statistics and NHS 2007). The collection of baseline data on Foetal Alcohol Spectrum Disorder (FASD) is being conducted on a pilot basis in the Coombe maternity hospital and this might inform the development of estimates or similar work in Northern Ireland.

The use of measures for drug and alcohol related deaths that are linked with the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is welcome as this can facilitate comparisons on an all-island basis and internationally.

It would be useful to present figures on the relative contribution of each of the underlying components of alcohol-related and drug-related deaths, as this could guide priorities in tackling harm. In particular, we would see merit in a consideration of the epidemiology of alcoholic liver disease, in terms of both hospital admissions and deaths. Evidence from Ireland suggested particularly steep rises in alcohol liver disease. Analysis of data from Ireland's Hospital In-Patient Enquiry (HIPE) scheme has revealed a considerable increase in alcohol liver disease (ALD) morbidity and mortality between 1995 and 2007. The rate/100,000 adults (aged  $\geq 15$ ) increased by 190% from 28.3 in 1995 to 82.2 in 2007 ([Mongan, Deirdre](#) and [McCormick, PA](#) and [O'Hara, Sinead](#) and [Smyth, Bobby P.](#) and [Long, Dr Jean](#) (2011) Can Ireland's increased rates of alcoholic liver disease morbidity and mortality be explained by per capita alcohol consumption? Alcohol and Alcoholism).

## Revised Implementation Structure

**Question 3: Do you agree the proposed revised implementation structure is fit for purpose to deliver the NSD Phase 2?**

Strongly agree

Agree

Have no opinion

Disagree

Strongly disagree

## **Statistical Information**

**Question 4: Are you aware of any other statistics not included in this document or the NSD Update Report that would help inform the revision and extension of the NSD?**

**If so, which other statistics should be considered?**

Please see above under 'Appropriateness of Available Information' section

Regarding the graphs presented in section 3.23, it would seem that the title of these graphs may be incorrect as the content does not actually refer to teenage births.

The role and relative contribution of alcohol to overweight and obesity and also to other chronic conditions could be explored more explicitly in the text. IPH has developed a series of all island population prevalence estimates entitled Making Chronic Conditions Count that may be of use. IPH has also developed the Health Well website which features an Obesity Hub that would be informative to the work.

IPH welcomes the consideration of the role of socio-economic disadvantage and economic deprivation in alcohol and drug related harm. IPH analysis demonstrated that mortality rates from alcohol abuse among the lowest occupational group in Northern Ireland were 388% higher than mortality rates among the highest occupational group (Inequalities in Mortality – A Report on All-Ireland Mortality Data 1989-1998, IPH, 2001). Furthermore, analysis of the NI life expectancy gap shows that disadvantaged people still live significantly shorter lives than the NI average. Of particular concern is the significant increase in the contribution of liver disease and suicide to both male and female life expectancy gaps in Northern Ireland (Stewart, B. NI Health and Social Care

Inequalities Monitoring System- Changes to the NI life expectancy gap 1999/01 to 2004/06, DHSSPS/NISRA 2008). We therefore recommend that the contribution of alcohol and drug related deaths to inequalities in mortality rates and healthy life expectancy form a central theme of the new NSD, in terms of monitoring and indicators and in terms of actions to be taken at local level.

The utility of the linked Northern Ireland Mortality Study and the Northern Ireland Longitudinal Study to provide evidence in relation to alcohol and drug related harm might be explored in the future.

## **Aim of NSD Phase 2**

**Question 5: Do you agree the Overarching Aim of NSD Phase 2 appropriate, and are the associated long-term objectives appropriate to deliver the overall Aim? Are there others we should consider, or you feel are important?**

Strongly agree   Agree   Have no opinion   Disagree   Strongly disagree

Additional Comments

IPH considers that tackling alcohol and drug related harm in Northern Ireland will require long-term high level multisectoral commitment and strong interdepartmental working processes. We welcome in particular the commitment to the integration of those policies which contribute to the reduction of alcohol and drug-related harm into all government policy, including those relating to pricing, retail and legislation as these have show the greatest capacity to be effective.

## Indicators of Harm

**Question 6: Do the indicators provide a relevant range of information that can be used to assess progress against the overarching aim, and long-term objectives, of NSD Phase 2?**

Strongly agree   Agree   Have no opinion   Disagree   Strongly disagree

**Are there other indicators we should/could use?**

IPH welcomes the comprehensive list of indicators proposed. We would recommend that consideration be given to developing a specific indicator or set of indicators relating to reducing the role of alcohol in the development of health inequalities.

Section 5.5 indicates that where appropriate figures will be broken down according to age, gender and geographical area. It would seem reasonable to add in that figures would be made available by area deprivation also.

An analysis of alcohol in fatal road crashes in Ireland 2003-2005 found that these incidents are 1.5 times more likely to occur in counties that border Northern Ireland ([http://www.injuryobservatory.net/documents/Declan\\_Bedford.pdf](http://www.injuryobservatory.net/documents/Declan_Bedford.pdf)). This would suggest that the cross-border element of alcohol related harm may be an important component of geographical analyses.

As previously indicated, consideration could be given to capturing data on alcohol use in pregnancy and estimates of associated harm (See 'Appropriateness of Available Information' above)

## Values

**Question 7 – Do you agree with the values? Are there any other values that should be included, or you feel are important?**

Strongly agree

Agree

Have no opinion

Disagree

Strongly disagree

## Additional comments

IPH is committed to tackling health inequalities and we welcome the inclusion of values of equity and inclusion. As poverty and socio-economic status is strongly related to alcohol and drug-related harm, consideration might be given to including this within the description of this value in addition to the stated differences of race, gender, age, ability, religious belief, political affiliation, cultural outlook, origin, sexual orientation, citizenship, nature, lifestyle or geographical location.

## Principles

**Question 8 – Do you agree with the principles? Are there any other principles that should be included, or you feel are important?**



Strongly agree

Agree

Have no opinion

Disagree

Strongly disagree

IPH welcomes the recognition of the importance of ‘partnership and working together’ in tackling alcohol and drug-related harm. We would particularly welcome if a more formal statement of commitment to North/South working could be included.

North/South working provides many advantages including opportunities to share resources, staff and experience and achieve economies of scale, shared learning and promote innovation. In view of the significant cross-border issues relating to alcohol and drugs, it is clear that North/South working should be preserved and developed in the new NSD. This would build on the existing mutually beneficial North/South links, for example those related to the All Island Drug Prevalence Surveys and British-Irish Council Drug Misuse Sectoral Group. Alcohol has been recognized as a key action area by the North South Ministerial Group on Health.

## Revised Pillars

**Question 9: Are the revised five Pillars still relevant? Do you agree with these Pillars? Are there any other areas that should be included as a Pillar?**

Strongly agree

Agree

Have no opinion

Disagree

Strongly disagree

No additional comment.

## Themes

**Question 10 – Are the 2 Themes still relevant? Do you agree with these Themes? Are there any other areas that should be included as a Theme?**

Strongly agree

Agree

Have no opinion

Disagree

Strongly disagree

## Emerging Issues

**Question 11 – Do you agree that the key emerging issues for alcohol and drug misuse since the publication of the NSD are as outlined?**

Strongly agree   Agree   Have no opinion   Disagree   Strongly disagree

**Are there other issues that you feel need to have a stronger emphasis in the NSD Phase 2?**

*Regarding 'drug misuse relating to prescription drugs':*

IPH welcomes the consideration of this less well recognized aspect of drug misuse on the island. In particular, we would draw your attention to the findings from a research project funded by the Centre for Ageing Research and Development in Ireland (CARDI). This all island project reported on the extent and nature of polypharmacy and inappropriate prescribing for older people in institutional long-term care. This found that 21.9% of older people resident in long term care in Northern Ireland has three or more instances of inappropriate prescribing. The over use of benzodiazepines was of particular concern (Source: Inappropriate prescribing of medicines – Implications for Older People and Health Budgets – CARDI Grants Programme Research Brief, April 2011; available at [www.cardi.ie](http://www.cardi.ie)). This would indicate a need to structure in working arrangements within the new NSD with the Northern Ireland Medicines Governance Team and the medication aspects of the DHSSPS Quality Standards for Health and Social Care.

*Regarding 'emerging drugs of concern/ legal highs':*

The issue of legal highs and 'headshops' is now a significant public health issue on the island of Ireland. The forthcoming NSD would need to articulate a commitment to collaborate on an all island basis as well as across the UK jurisdictions, if cross-border loopholes and anomalies are to be avoided. Tackling this issue has been strongly articulated in Ireland's recent Programme for Government.

*Regarding 'families and 'hidden harm':*

The Public Health Agency's Hidden Harm Action Plan could also explore further development and evaluation of appropriate responses to alcohol use in pregnancy.

*Regarding 'mental health, suicide and drugs and alcohol misuse'*

A recently published analysis of Irish data reinforces the significant role of alcohol in suicide (Suicide in Ireland: the influence of alcohol and unemployment Economic and Social Review 42(11) pp 27-47). Data on suicides and self-harm can be accessed through the Injury Observatory of Britain and Ireland ( IOBI), of which IPH is a lead partner -

([www.injuryobservatory.net](http://www.injuryobservatory.net))

*Regarding 'local funding'*

Consideration might be given to taking account of the relationship between alcohol and area deprivation within the allocation of local funding.

## Key Priorities

**Question 12: Do you agree that the Key Priorities as outlined are appropriate for the NSD Phase 2?**

Strongly agree    Agree    Have no opinion    Disagree    Strongly disagree

**Are there other issues that you feel should be a Key Priority?**

IPH welcomes the consideration of 'targeting those at risk and most vulnerable'. We would recognize that prisoners in general might comprise a vulnerable group, rather than solely ex-offenders or young offenders as listed in the consultation document. This would link better with action 16 in the next section on 'Adults and the General Public' – 2 Treatment and Support.

## Outcomes

**Question 13: Do you agree with the outcomes set out in Annex A? Are there other areas that should be considered or specific outcomes that should be added?**

Strongly agree    Agree    Have no opinion    Disagree    Strongly disagree

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

Short-Term Outcomes

Review of evidence available to estimate hidden harm associated with harmful drinking in pregnancy in Northern Ireland.

Medium/Long Term Outcomes:

Reduction in the proportion of pregnant women reporting harmful drinking in pregnancy.

## **Equality**

**Question 14: Do you feel that the New Strategic Direction’s proposals are addressing adequately those categories of people within the remit of section 75?**

**Yes**  **No**

If you answered “no” to this question please outline the reasons for your answer.

## **FURTHER COMMENTS**

**Please use the space below to inform us of any additional comments you wish to make in relation to NSD Phase 2.**

IPH has responded to a number of consultations on alcohol policy on the island in recent years, including:

IPH submission to Department of Health on the Consultation on options for improving information on the labels of alcoholic drinks to support consumers to make healthier choices in the UK (May 2010)

IPH submission to Department of Social Protection on the Consultation on the introduction of powers to prohibit or restrict irresponsible alcohol promotions (December 2010)

These submissions may be of use to inform the development of a New Strategic Direction on Alcohol and Drugs (2). Our submissions are available on the 'consultations' section of our website [www.publichealth.ie](http://www.publichealth.ie).

As stated in our recent submission, we recognize that work on developing measures to minimise the health impact of current pricing and marketing strategies are underway in both jurisdictions. In particular, we would see that the effectiveness of such measures would be enhanced by a consideration of issues relating to cross-border purchasing and marketing of alcohol.

**END OF DOCUMENT**