

North South Inter-Parliamentary Association



Fourth meeting

Substance Misuse

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Key points

- Substance misuse (which includes drugs and alcohol) is a complex issue. It remains one of the main threats to public health and the economy across the island of Ireland and thus, is a key priority of both governments. The effects of alcohol and drug misuse cost millions of pounds/euro every year and have very damaging health and social effects on families and communities.
- Alcohol is both a drug and a depressant. Large quantities of alcohol are widely available at cheap prices, for example in supermarkets and at events that focus on young people. The increasing accessibility and availability of alcohol has encouraged people to drink more.
- The effects of excessive alcohol intake are numerous. Currently, alcohol kills nearly three times as many people each year as misuse of other drugs. Moreover, alcohol-related binge drinking accounts for thousands of hospital admissions every year.
- Estimates suggest that the effects of alcohol misuse cost up to £900 million every year in Northern Ireland, with almost £250 million of these costs borne by the Health and Social Care sector.
- The Republic ranks amongst the highest consumers of alcohol in the European Union. In the Republic, 44% of drinkers state that they binge drink on a regular basis.
- Men engage in binge drinking more often than women in both jurisdictions.
- Northern Ireland is currently consulting on the sale and supply of alcohol, to ascertain if further changes are needed to licensing laws.
- Compared to alcohol misuse, drug misuse across varies in terms of scale and intensity. Many drugs can be misused, for example, illegal drugs (such as heroin or cannabis), prescription medicines (such as tranquilisers or painkillers), and solvents.
- Cannabis is the most commonly used illicit drug in both Northern Ireland and the Republic. However, a growing problem has been the use of 'legal highs'. Legal highs contain banned substances and they have become adopted as recreational party drugs which mimic the effects of drugs such as cocaine and ecstasy.
- A variety of treatments and supports are available through partnerships between a range of statutory, community and voluntary agencies for both drug and alcohol misuse.
- Northern Ireland has embarked upon the second phase of its drugs and alcohol strategy and a commissioning framework is under development in terms of service provision. However, evidence suggests that much more needs to be done to tackle these issues.

- Ireland is currently developing a substance misuse strategy which will be based on its Drug strategy but will also include alcohol. Ireland's substance misuse strategy will be based on five pillars including for example, prevention, treatment and research.
- In terms of cross-border collaboration, a range of initiatives are taking place primarily through the North/South Alcohol Policy Advisory Group, the British-Irish Council Substance Misuse Group, and Co-operation and Working Together (CAWT) projects.
- Both jurisdictions are also conducting research to model the impact of minimum unit pricing of alcohol.

1. Introduction

This paper provides an indication of the level of substance misuse across the island of Ireland, strategies to tackle substance misuse, and examples of cross-border collaboration.

2. Incidence and treatment of substance misuse

The following statistics are drawn from the findings of a 2010/2011 survey commissioned by Ireland's National Advisory Committee on Drugs (NACD) and the Northern Ireland Public Health Information and Research Branch (PHIRB). This section relates to the Republic only:

2.1 Alcohol and drug use in the Ireland

Cannabis¹

- Just over one in four people had used cannabis, making it the most commonly used illegal drug in the Republic.
- 25.3% had used it at least once (ever used).
- 6.0% had used it in the last year (recent use).
- 2.8% had used it in the last month (current use).
- 33.2% of men had used it, compared to 17.5% of women.

Cocaine²

- 6.8% of the adult population (aged 15–64) had tried cocaine at least once (ever used).
- 1.5% had used it in the last 12 months (recent use).
- 0.5% had used it in the last month (current use).
- 9.9% of men and 3.8% of women had used it.
- The average age at first use was 22 years (22 for men and 21 for women).
- 68% of current cocaine powder users took the drug less than once a week.
- 25% of current cocaine powder users reported using the drug at least once a week.
- All current cocaine powder users reported 'snorting' the drug.

¹ http://www.drugsandalcohol.ie/17307/1/Cannabis_-_December2013.pdf

² http://www.drugsandalcohol.ie/17308/1/Cocaine_-_December_2013.pdf

Opiates

- In 2006, the estimate of opiate use in Ireland was 20,790, a rate of 7.2 per 1,000.³
- The number of people receiving opioid substitution treatment and registered on the Central Treatment List increased from 3,681 in 1998 to 8,729 in 2011.

Sedatives and tranquilisers

- 14% of the population had used sedatives and tranquilisers at least once.
- Women were more likely to report taking sedatives than men.
- Use was higher among 35–64-year-olds than among younger adults (aged 15–34).
- The average age at which these drugs were first taken was 30 years.
- Almost all (95%) of those who used these drugs had got them on prescription.
- The number of cases reporting a benzodiazepine as their main problem drug increased from 75 in 2005 to 292 in 2010.⁴
- Benzodiazepines became the third most common additional problem drug in 2010, ranking ahead of cocaine.⁵

Alcohol

- In 2012, the average Irish person aged 15+ drank 11.6 litres of pure alcohol. The European average is 10.7 litres.
- Average alcohol consumption in 2010 was 145% higher than the average amount consumed in 1960.
- Ireland continues to rank among the highest consumers of alcohol in the European Union.
- Irish adults binge drink more than adults in any other European country, with 44% of drinkers stating that they binge drink on a regular basis.
- Binge drinking is more likely, than moderate drinking, to result in injury, accidents and crime.⁶
- 1 in 11 children in Ireland say parental alcohol use has a negative effect on their lives.
- In the 2010 Alcohol Action Ireland survey, 85 per cent of respondents agreed with the statement 'the current level of alcohol consumption in Ireland is a problem'.⁷
- Half of those aged between 18-24 years say they would buy more alcohol if

³ http://www.drugsandalcohol.ie/17313/1/Opiates_-_December2013.pdf

⁴ http://www.drugsandalcohol.ie/19644/1/FINAL_Sedatives_and_tranquillisers_-_3_April_2013.pdf

⁵ Ibid.

⁶ Byrne, S. (2010) Costs to Society of Problem Alcohol Use in Ireland. Dublin: HSE.

⁷ http://www.drugs.ie/resourcesfiles/reports/Alcohol_Public_Knowledge_Attitudes_and_Behaviours_Report.pdf

supermarkets decreased prices.⁸

- Irish men drink more, and engage in binge drinking more often than women.⁹
- People are increasingly buying their alcohol at much cheaper prices from the off-trade, particularly supermarkets.¹⁰
- Between 1998 and 2010 there was a 161 per cent increase in the number of full off-licences, while pub licences decreased by 19 per cent over the same period.¹¹ This reflects the increasing practice of drinking at home rather than the pub.

2.2 Drug and alcohol treatment cases

The National Drug Treatment Reporting System (NDTRS) is an epidemiological database on treated drug and alcohol misuse in Ireland. Data is held and published by the Health Research Board (HRB). The HRB's *Trends in treated problem drug use in Ireland 2005 to 2010*¹² shows the number of drug treatment cases over this period. The following statistics are drawn from this publication.

- The proportion of opiate users remained stable between 2005 and 2008, but decreased in 2009 and 2010.
- The number of cases reporting cannabis as their main problem substance increased significantly, with cannabis becoming the most common problem drug reported by new cases in 2010.
- Since 2007, the number of cases reporting cocaine as a main problem drug has decreased. There was also a drop in the number of ecstasy cases.
- In 2010, nearly 5% of new cases reported a head shop substance as their main problem drug.
- Among new cases, benzodiazepines accounted for the highest proportional increase over the reporting period.
- Cannabis was the main problem drug most commonly reported by new male cases, while the majority of new female cases reported an opiate as their main problem drug.

⁸ Ibid.

⁹ http://alcoholireland.ie/download/publications/1012_AAI_PreBudget-5.pdf

¹⁰ http://alcoholireland.ie/download/publications/1012_AAI_PreBudget-5.pdf

¹¹ Department of Health (2012). *Steering Group Report on a National Substance Misuse Strategy*. Department of Health and Children, Dublin.

¹² http://www.hrb.ie/uploads/tx_hrbpublications/HRB_Trend_Series_12_Trends_in_treated_problem_drug_use_in_Ireland_2005_to_2010_02.pdf

- The majority of cases (68%) entering treatment between 2005 and 2010 reported problem use of more than one substance.
- Alcohol, cannabis and cocaine were the additional substances most frequently reported by new cases, although benzodiazepines became the third most common additional substance in 2010.

Alcohol

- More than half of all cases treated for substance misuse in the years 2005-2010 were treated for alcohol as a main problem substance.
- A total of 15,699 cases were treated for problem drug or alcohol use in 2012, of whom 3,857 (25%) reported an opiate as their main problem drug.
- 55.5% of all treated alcohol cases attended outpatient treatment services; 44.5% received treatment at a residential centre.
- Individual counselling (56.9%) was the most common initial treatment intervention provided in 2010, followed by brief intervention (35.5%) and education/awareness programmes (35.5%).
- Most (81.0%) cases reported problem use of alcohol only.
- Almost one in five (19.0%) reported problem use of more than one substance.
- Cannabis was the most commonly reported substance used alongside alcohol for both new and previously treated cases.
- Cocaine was the second most commonly reported substance used alongside alcohol.
- Opiates featured among the top four additional problem substances reported by new cases in the years 2006–2008.
- Benzodiazepines featured among the top four additional problem substances reported by previously treated cases in all years except 2005 and 2006.

2.3 Alcohol and drug-related deaths

In January 2014 the HRB published figures from the National Drug-Related Deaths Index (NDRDI) on deaths due to poisoning by alcohol and/or other drugs, and deaths among drug users, in the period 2004–2011.¹³ **Non-poisoning** deaths are defined in the report as those which are indirectly linked to the use of drugs e.g. accidents while under the influence, while **poisoning** deaths refer to deaths which are directly a result of the presence of drugs in the body.

¹³ http://www.hrb.ie/uploads/tx_hrbpublications/NDRDI_web_update_2004-2011_220114_01.pdf

Table 1 shows the breakdown of drug related deaths over the period 2004-2011. The report authors note that:

“This is a multi-response table taking account of illicit use of up to six drugs. Therefore numbers and percentages in columns may not add up to totals shown as individual cases may use more than one drug or substance.”

The data shows that alcohol is involved in 40% of drug-related deaths while heroin is the second most commonly involved substance, implicated in 20.5% of all drug-related deaths. However, the involvement of heroin in drug-related deaths has been in decline since 2009, while that of sedatives is increasing. Since 2007 there has been a 65% decrease in the number of poisoning deaths where cocaine was implicated, with 23 deaths in 2011 compared to 66 in 2007.

Table 1: All drugs involved in poisoning deaths, NRD 2004-2011

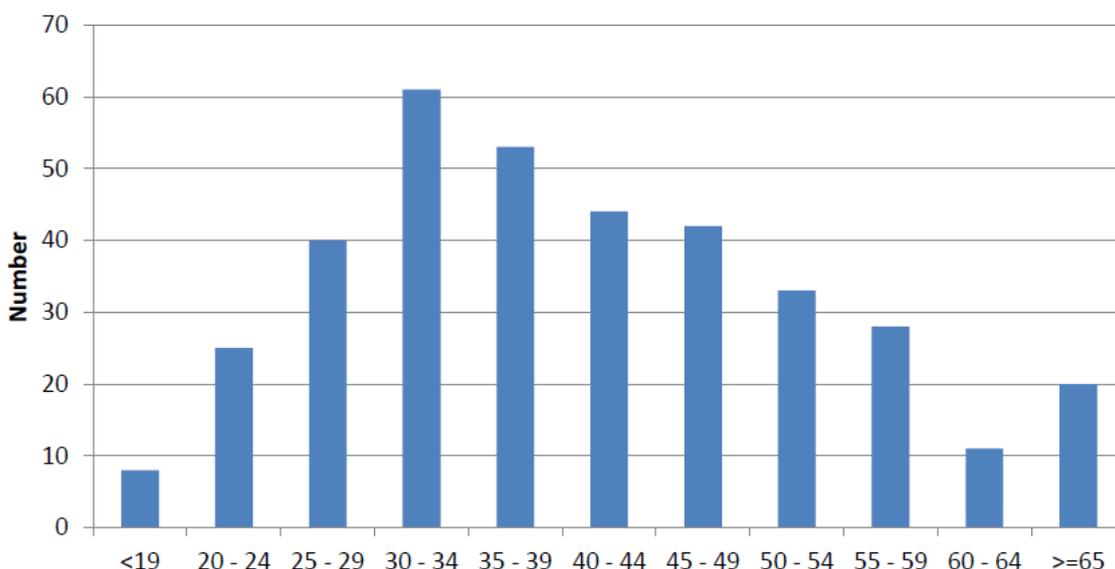
	2004	2005	2006	2007	2008	2009	2010	2011	% Total
All deaths*	267	300	326	389	386	374	338	365	100
Alcohol	125	116	111	173	155	142	152	136	40.4
Heroin	29	47	68	80	91	115	72	60	20.5
Methadone	40	43	61	55	80	69	60	113	19
Other opiate [†]	62	69	55	54	47	52	58	78	17.3
Cocaine	19	36	53	66	60	53	21	23	12.1
MDMA	13	10	7	19	7	~	~	11	~
Diazepam	31	41	64	61	66	80	67	129	19.6
Other benzodiazepine	28	25	29	42	38	30	34	69	10.7
Flurazepam	18	13	23	21	20	24	27	48	7.1
Other prescription medication [§]	42	37	39	61	62	59	74	85	16.7
Antidepressant	54	53	43	48	85	67	66	96	18.7
Non-opiate analgesic	13	23	12	19	18	16	15	19	4.9
Other [‡]	9	22	21	26	31	50	37	40	8.6

Source: HRB 2014

In 2011 the number of non-poisoning deaths, due to trauma and medical causes, recorded among drug users dropped for a second year, to 242, compared to 259 in 2010.

Figure 1 shows that the 30-34 age group has the highest incidence of poisoning deaths, followed by the 35-39 age group.

Figure 1: Poisoning deaths, by age group, NDRDI 2011 only (N=365)



3. The development of a substance misuse strategy in Ireland

3.1 Background

On 31st March 2009 the then Government approved the development of a combined National Substance Misuse Strategy to cover both alcohol and drugs.¹⁴ As the National Drugs Strategy 2009-2016, does not include alcohol it is considered to be "...an interim Strategy pending the development of the combined Strategy."¹⁵ It is intended that once an alcohol strategy has been developed, it will be combined with the National Drugs Strategy. Tobacco control is a distinct policy area in Ireland.¹⁶

In order to create the combined strategy the then Government established a Steering Group in 2009 composed of: individuals from relevant Departments and agencies, medical professionals, as well as the community/voluntary sectors and the alcohol industry. The focus of the Steering Group was on alcohol and their remit was to align, as far as possible, their proposals with the existing five pillars of the National Drugs Strategy:

1. Supply;
2. Prevention;

¹⁴ http://www.dohc.ie/publications/pdf/nds_2009-16.pdf?direct=1

¹⁵ Ibid.

¹⁶ European Monitoring Centre for Drugs and Drug Addiction. (2013). Drug Policy Profiles.

3. Treatment;
4. Rehabilitation; and
5. Research.

The Steering Group reported its set of proposals in February 2012.¹⁷ The proposals focused on issues such as: sale and availability of alcohol, minimum pricing, advertising, sponsorship, and the possible introduction of a social responsibility levy.

Some of the key recommendations of the Group include:

- increase the price of alcohol so that it becomes less affordable;
- introduce a legislative basis for minimum pricing, along with a ‘social responsibility’ levy on the drinks industry;
- commence Section 9 (structural separation of alcohol from other products in supermarkets, etc) of the Intoxicating Liquor Act 2008;
- introduce legislation and statutory codes to provide for the restriction of alcohol advertising in cinemas, newspapers, television and radio;
- phase out drinks industry sponsorship of sport and other large public events by 2016;
- develop a system to monitor the enforcement of the provisions of the intoxicating liquor legislation;
- establish a Clinical Directorate to develop the clinical and organisational governance framework to underpin treatment and rehabilitation services;
- develop early intervention guidelines for alcohol and substance use across all relevant sectors of the health and social care system. This will include a national screening and brief intervention protocol for early identification of problem alcohol use.

Follow up to the Steering Group’s report

Replying to a PQ¹⁸ on 24th September 2013 the Minister for Health, Dr. James Reilly, T.D. said that:

“Proposals are currently being finalised on foot of the recommendations in the Steering Group Report on a National Substance Misuse Strategy 2012.

These proposals cover all of the areas mentioned in the report, including legislation on minimum unit pricing; controls on alcohol advertising and sponsorship - and any attended impact on the revenue streams of organisations; labelling of alcohol products; measures on access and availability of alcohol and a social responsibility levy on the drinks industry (emphasis added).

¹⁷ http://www.dohc.ie/publications/a_substance_misuse_strategy_steering_group_report.html

¹⁸ Ref No 39453/13

The Cabinet Committee on Social Policy has considered these proposals and it is intended to bring forward a finalised package of proposals for consideration by Government shortly.

In the meantime, work on developing a framework for the necessary Department of Health legislation is continuing. A health impact assessment has been commissioned in conjunction with Northern Ireland as part of the process of developing a legislative basis for minimum unit pricing. The health impact assessment will study the impact of different minimum prices on a range of areas such as health, crime and likely economic impact.”

A detailed report on substance misuse in Ireland was compiled by the Oireachtas Joint Committee on Health and Children in January 2012.¹⁹ Referring to its publication at a Committee meeting on 15th March 2012, the then Minister of State with responsibility for Primary Care, Ms. Róisín Shortall, T.D. acknowledged that the Committee report, along with the steering group report, would “form the basis of future early action in this area.”²⁰

3.2 Responsibility for Ireland’s National Drugs Strategy

- The Department of Health has overall responsibility for the National Drugs Strategy.
- The Minister of State with responsibility for the National Drugs Strategy is Mr. Alex White, T.D.
- The Drugs **Policy** Unit within the Department manages and implements policies, while also co-ordinating meetings of the Oversight Forum on Drugs.²¹
- The Drugs **Programmes** Unit within the Department of Health is responsible for administering funds for the Drugs Initiative Programmes run by the task forces. The programme unit also manages the work of the Drugs Advisory group.²²
- Drug policy is part of the remit of the Cabinet Committee on Social Inclusion, Children and Integration, which is chaired by the Taoiseach and includes 14 Ministers.²³
- The Drugs Advisory Group advises the Minister of State on operational and policy matters relating to the National Drugs Strategy.²⁴
- At a local level there are 14 drugs task forces established in areas experiencing the highest levels of drug misuse,²⁵ while there are 10 regional drugs task forces. The Drugs Advisory Group supports the work of the task forces.²⁶ After a review in 2012 it

¹⁹ <http://www.drugsandalcohol.ie/16818/1/Report-on-The-Misuse-of-Alcohol-and-Other-Drugs.pdf>

²⁰ <http://debates.oireachtas.ie/HEJ/2012/03/15/00004.asp#N5>

²¹ European Monitoring Centre for Drugs and Drug Addiction. (2013). Drug Policy Profiles.

²² http://www.dohc.ie/about_us/divisions/drugs_programmes/

²³ Ibid.

²⁴ http://www.dohc.ie/about_us/divisions/drugs_programmes/

²⁵ http://www.dohc.ie/about_us/divisions/drugs_programmes/

²⁶ European Monitoring Centre for Drugs and Drug Addiction. (2013). Drug Policy Profiles.

was recommended that the task forces be renamed to ‘drug and alcohol task forces.’²⁷ A series of measures introduced by the Minister, since the review, provide for the extension of the remit of the Task Forces to include alcohol addiction.²⁸

- The National Advisory Committee on Drugs is a non-statutory body which is attached to the Department of Health. As well as advising Government on policy developments, it commissions and analyses research.²⁹

²⁷ Ibid.

²⁸ PQ 44061/13

²⁹ Ibid.

4. Substance misuse in Northern Ireland

Substance misuse (which includes drugs and alcohol) is a complex issue. It remains one of the main threats to public health in Northern Ireland and is thus a key government priority. Furthermore, the effects of alcohol and drug misuse cost Northern Ireland millions of pounds every year.³⁰

Yet the financial impact does not take account of the very damaging human and social costs to families and communities. For example, according to *FASA* (the Forum for Action on Substance Abuse), it is estimated that there are approximately 40,000 children in Northern Ireland living in families where parental substance misuse occurs.³¹ In addition, approximately 40% of children on the child protection register and 70% of 'looked after children' (i.e. children in the care system) are not living at home as a direct result of parental substance misuse.³² As the paper describes, children and adults alike are at risk of the effects of substance misuse.

5. Alcohol misuse

Some of the most common reasons cited for drinking alcohol are to change a person's mood to make them feel better,³³ or to help them cope with certain circumstances.

Alcohol is both a drug and a depressant. Unlike food, alcohol does not need to be digested and it can pass quickly into the bloodstream. In turn, alcohol affects parts of the brain that control judgment, co-ordination, behaviour and emotions.

An estimated 170,000 adults in Northern Ireland drink at hazardous levels.³⁴ Whilst alcohol may be safe in moderation, alcohol misuse can harm individuals, damage relationships and our wider society in terms of violence, crime, anti-social behaviour, accidents and drink driving.³⁵

Part of the issue is about availability and cost; alcohol is now 62% more affordable than it was 30 years ago.³⁶ In addition, large quantities of alcohol are widely available at cheap

³⁰ DHSSPS (2011) A new strategic direction for alcohol and drugs (Phase 2), p1. http://www.dhsspsni.gov.uk/new_strategic_direction_for_alcohol_and_drugs_phase_2_2011-2016_.pdf Website accessed 21.1.14

³¹ FASA website: Family matters <http://www.fasaonline.org/young-people/services/family-matters/> Website accessed 10.2.14

³² FASA website: Family matters <http://www.fasaonline.org/young-people/services/family-matters/> Website accessed 10.2.14

³³ Institute of Alcohol Studies (updated September 2013) Health impacts of alcohol. Available online at: <http://www.ias.org.uk/uploads/pdf/Factsheets/Health%20impacts%20of%20alcohol%20factsheet%20September%202013.pdf> Website accessed 10.2.14, p3.

³⁴ Public Health Agency and the Health and Social Care Board Alcohol and Drug Commissioning Framework for Northern Ireland 2013-16 Consultation document, p12.

³⁵ Public Health Agency website: Know your limits. <http://www.knowyourlimits.info/know%E2%80%A6about-binge-drinking> Website accessed 19.1.14

³⁶ Public Health Agency and the Health and Social Care Board Alcohol and Drug Commissioning Framework for Northern Ireland 2013-16 Consultation document. Available online at: <http://www.publichealth.hscni.net/sites/default/files/Drug%20and%20Alcohol%20Commissioning%20Framework%20Consultation%20Document.pdf> Website accessed 10.2.14.

prices, for example in supermarkets, which can encourage people to drink at home, and at promotional events – which target certain groups, such as students. Such factors have encouraged people to drink more and from a younger age.

Whilst men are more likely to consume higher levels of alcohol than women,³⁷ consuming too much alcohol can lead to a wide range of health problems. In the short term, this includes drowsiness, headaches, dehydration, memory loss and unconsciousness. Longer term, alcohol misuse is known to contribute to serious health problems, including liver damage, weight gain, cancer, heart disease and death. It can also lead to mental health issues such as anxiety and depression.³⁸ Reports also suggest that alcohol is involved in at least 50% of cases of self-harm and suicide.³⁹

5.1 Recommended daily limits for alcohol consumption (N. Ireland)

The current recommended *daily* limits of alcohol consumption for adults in Northern Ireland are four or more units for males, and three or more units for females.⁴⁰ With the widening availability of alcohol, a more common trend has emerged for ‘binge drinking’ – the consumption of several drinks in a single or prolonged session. This is often associated with drinking over the weekend. For men, ‘binge drinking’ is considered to be the consumption of over ten units of alcohol in a single session and for women, over seven units in a single session. The disparity in the number of units is because generally, women carry less weight and are likely to feel the effects of alcohol quicker than men.⁴¹

In 2011/12, alcohol ‘binges’ accounted for 12,000 hospital admissions in Northern Ireland⁴² and the majority of weekend attendances at accident and emergency departments are due to binge drinking and/or drunkenness. Moreover, alcohol referrals to Community Addictions Teams have been increasing each year.

5.2 Costs and treatment

Estimates suggest that the effects of alcohol misuse costs up to £900 million every year in Northern Ireland,⁴³ with almost £250 million of these costs borne by the Health and Social Care sector.

³⁷ DHSSPS (2011) A new strategic direction for alcohol and drugs (Phase 2), p8. http://www.dhsspsni.gov.uk/new_strategic_direction_for_alcohol_and_drugs_phase_2_2011-2016_.pdf Website accessed 21.1.14

³⁸ Institute of Alcohol Studies (updated September 2013) Health impacts of alcohol. Available online at: <http://www.ias.org.uk/uploads/pdf/Factsheets/Health%20impacts%20of%20alcohol%20factsheet%20September%202013.pdf> Website accessed 10.2.14, p3.

³⁹ Royal College of Psychiatrists in Northern Ireland. Alcohol - what does it really cost? Available online at <http://www.rcpsych.ac.uk/pdf/NI%20Alcohol%20%20What%20does%20it%20really%20cost%2010%2011.pdf> Website accessed 11.2.14

⁴⁰ NI Direct website. Sensible drinking <http://www.nidirect.gov.uk/sensible-drinking> Website accessed 21.1.14

⁴¹ Public Health Agency: Know your limits website <http://www.knowyourlimits.info/know%E2%80%A6about-binge-drinking> Website accessed 19.1.14

⁴² Public Health Agency and the Health and Social Care Board Alcohol and Drug Commissioning Framework for Northern Ireland 2013-16 Consultation document, p12.

⁴³ HSSPS Minister <http://www.northernireland.gov.uk/index/media-centre/news-departments/news-dhssps/news-dhssps-260112-health-minister-launches.htm> Website accessed 20.1.14

Each Health and Social Care Trust in Northern Ireland offers a range of services to tackle alcohol misuse including community-based assessment, treatment, management and support and inpatient hospital treatment. Inpatient residential services are also available for those experiencing significant dependency problems. There are also a wide range of organisations in the voluntary and community sector to help people with addiction issues and their families. These provide support such as counselling, advice, rehabilitation, telephone helplines, and complementary therapies.

5.3 Underage drinking and the law

Underage drinking is common in Northern Ireland. As the law currently stands, anyone under the age of 14 may only consume alcohol in a private house and only for medical purposes.⁴⁴ Anyone under the age of 18 is not allowed in any bar area of licensed premises or registered clubs.⁴⁵ However, some venues hold a children's certificate that allows a young person, accompanied by an adult, to be in the bar area (but not at the bar) in premises up to 9.00 pm. It is illegal for anyone under 18 to purchase alcohol, or to consume alcohol in a place other than a private house under the Licensing (NI) Order, 1996.⁴⁶ It is also illegal to sell alcohol to anyone under the age 18 in Northern Ireland.

The Northern Ireland Statistics and Research Agency (NISRA) provides some evidence of underage drinking through its *Young Person's Behaviour and Attitudes Survey (2010)*.⁴⁷ In total 7,616 school pupils aged 11 to 16 took part in the survey. Findings showed that⁴⁸:

- Just under half of pupils (46%) have taken an alcoholic drink.
- 76% who have drunk alcohol never bought it for themselves.
- 21% obtained their last alcoholic drink from friends, whilst 18% obtained their last drink from parents.

Figures from the DHSSPS also show that in 2012/13, 52 children under the age of 15 were admitted to an acute hospital for alcohol related conditions.⁴⁹ More recently in 2014 a concert attended by thousands of young people in Belfast was declared a major incident

⁴⁴ NI Direct website: Alcohol, young people under 18 and the law. Available online at <http://www.nidirect.gov.uk/alcohol-young-people-under-18-and-the-law> Website accessed 7.2.14 . This comes under the under the Children and Young Persons Act (Northern Ireland) 1968

⁴⁵ However, some venues hold a children's certificate that permits a young person accompanied by an adult to be in the bar area until 9pm.

⁴⁶ NI Direct website: Alcohol, young people under 18 and the law. Available online at <http://www.nidirect.gov.uk/alcohol-young-people-under-18-and-the-law> Website accessed 7.2.14

⁴⁷ Central survey unit (NISRA) Young Persons' Behaviour & Attitudes Survey (2010) <http://www.csu.nisra.gov.uk/YPBAS%202010%20Headline%20bulletin.pdf> Website accessed 21.1.14

⁴⁸ Central survey unit (NISRA) Young Persons' Behaviour & Attitudes Survey (2010) <http://www.csu.nisra.gov.uk/YPBAS%202010%20Headline%20bulletin.pdf> Website accessed 21.1.14

⁴⁹ Assembly Question AQW 26531/11-15 Mr David McIlveen: To ask the HSSPS Minister how many children have been admitted to hospital in each Trust area for alcohol related problems, over the last three years. Response dated 1/10/2013.

when dozens of teenagers under 18 required treatment for severe drug and alcohol intoxication.⁵⁰

In 2012, the Public Health Agency launched a multi-agency campaign to highlight this issue to young people and their parents – who are often central in influencing their child's behaviour. The campaign emphasised that the human brain is not fully developed until people reach their twenties, and that in taking alcohol, young people are more likely to be a victim of crime, come into contact with police, engage in risky sexual activity and experience problems at school and truancy.⁵¹

In terms of treatment and awareness raising, dedicated substance misuse workers are based within Child and Adolescent Mental Health Services in the Trusts. There are also a wide variety of education, mentoring and awareness programmes in operation across various statutory and community sectors to highlight the danger of alcohol misuse to younger people.

5.4 Alcohol related deaths

Currently alcohol kills nearly three times as many people each year as drug misuse.⁵² Figure 2 shows the rising trend in Northern Ireland regarding the increase in alcohol related deaths. For example in 2012, figures show that 270 people died of alcohol related causes (178 males and 92 females), compared to 238 people in 2002.⁵³ In 2012, the average age group that was most affected was the '45-54' age group with 82 deaths. In addition, people from more deprived areas are five times more likely to die from an alcohol related death than those in the least deprived areas.⁵⁴ Recent media coverage has also highlighted cases relating to young people who have died from being under the influence of alcohol.⁵⁵

⁵⁰ BBC News NI (7 February 2014) Concert-goers fall ill at Hardwell gig in Belfast's Odyssey. <http://www.bbc.co.uk/news/uk-northern-ireland-26077478> Website accessed 12.2.14

⁵¹ Public Health Agency. You, your child and alcohol. Available online at: <http://www.publichealth.hscni.net/sites/default/files/you%20your%20child%20and%20alcohol%20leaflet.pdf> Website accessed 10.2.14

⁵² Addiction NI website <http://addictionni.com/news/province-wide-launch-for-addiction-ni/> Website accessed 11.2.14

⁵³ DHSSPS (2011) A new strategic direction for alcohol and drugs (Phase 2), p18.

⁵⁴ DHSSPS (2011) A new strategic direction for alcohol and drugs (Phase 2), p19.

⁵⁵ See for example: BBC News NI (3 February 2014). Neknomination death: NI drinking game web page discontinued <http://www.bbc.co.uk/news/uk-northern-ireland-26013063>

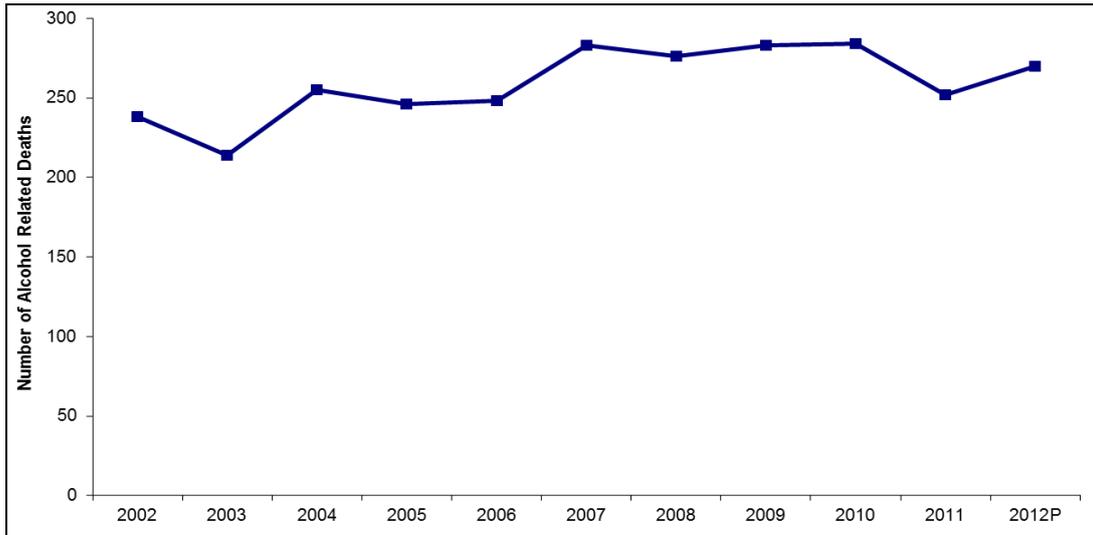


Figure 2. Alcohol related deaths between 2002 and 2012⁵⁶

5.5 Adult Drinking Patterns Survey (2011)

Other surveys such as the *Adult Drinking Patterns Survey* (2011) have also provided evidence about the extent of alcohol consumption in Northern Ireland. This survey includes the views of 2,000 adults aged between 18 and 75. The following table provides an indication of the level of alcohol consumption in the cohort surveyed.

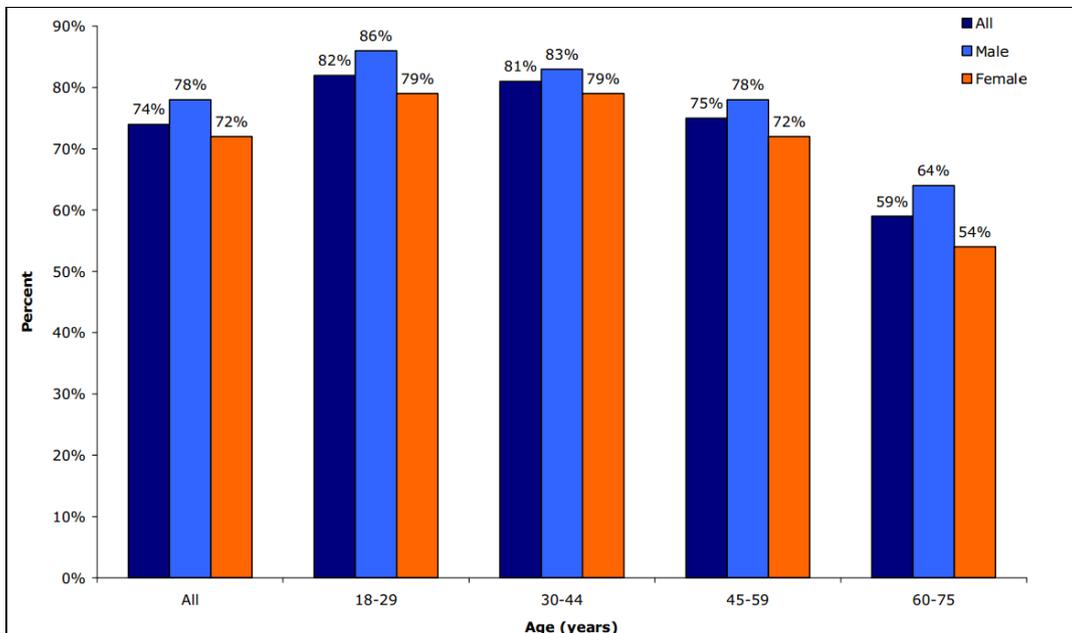


Figure 3. Consumption of alcohol by all ages, specific age groups and by gender⁵⁷

⁵⁶ DHSSPS (2011) A new strategic direction for alcohol and drugs (Phase 2), p18.

⁵⁷ Central Survey Unit (NISRA) (2011) Adult drinking patterns survey, p11.

From the survey, the following trends were reported:⁵⁸

- More than seven out of ten (74%) adults in Northern Ireland drink alcohol.
- More males (78%) than females (72%) drink alcohol.
- Younger adults (18-29 years) are more likely to drink than 60-75 year olds.
- The most common drinks consumed were wine (48%) and beer (47%).
- Around 78% reported having reached or exceeded the recommended daily limit for drinking on at least one occasion in the week prior to the survey.
- There was a significant association between drinking and socio-economic group, educational achievement and household income.

5.6 Public consultations and standards on alcohol pricing

In 2011, the Department of Health, Social Services and Public Safety (DHSSPS) and the Department of Social Development (DSD) consulted on a minimum unit pricing of alcohol in Northern Ireland in 2011⁵⁹ in order to reduce the effects of the misuse of alcohol, but as yet, a minimum price has not been set.

In addition, a *Responsible Retailing Code*⁶⁰ was launched in 2012, outlining the basic standards expected of those involved in the production, promotion, retail of alcohol in Northern Ireland. The Code seeks to promote best practice and to prevent alcohol being irresponsibly promoted or sold. It also includes an independent complaints panel to monitor compliance.

This was followed in 2013, with DSD launching a public consultation entitled “*Proposed changes to the law regulating the sale and supply of alcohol in Northern Ireland*” to examine in particular, the need for further changes to licensing laws to address growing public concern about how alcohol is promoted and sold.⁶¹ As yet no decisions have been made, and the DSD Minister is considering the options on the way forward.

⁵⁸ Central Survey Unit (NISRA) (2011) Adult drinking patterns survey, p5.

http://www.dhsspsni.gov.uk/adult_drinking_patterns_in_northern_ireland_2011.pdf Website accessed 19.1.14

⁵⁹ DSD and DHSSPS: Analysis of responses to the consultation on minimum unit pricing of alcohol in Northern Ireland <http://www.dsdni.gov.uk/report-on-outcome-of-consultation-on-minimum-pricing.doc>

⁶⁰ See: The Joint Industry Code for the Responsible Promotion and Retail of Alcohol in Northern Ireland (2012). Available online at <http://www.responsible-retailing-codeni.org/About> Website accessed 5.2.14

⁶¹ DSD (2013) Consultation on proposed changes to the law regulating the sale and supply of alcohol in Northern Ireland. Available online at: http://www.dsdni.gov.uk/final_report_sale_supply_alcohol_december_2013.docx Website accessed 10.2.14

6. Drug misuse

Drug misuse refers to the use of a drug in an excessive way or in a way that is not recommended by the medical profession. Many different types of drugs can be misused, including illegal drugs (such as heroin or cannabis) which are drugs that have been banned⁶², prescription medicines (such as tranquilisers or painkillers), solvents, and other medicines that can be bought in supermarkets (such as cough mixtures or herbal remedies).

Some drugs, for example cocaine and some painkillers, are physically addictive and can change the behaviour of the user. As drug misuse and dependency increases, it can become more difficult to work and maintain a job and people may resort to crime in order to obtain money to support their addiction.

When compared to alcohol misuse, drug misuse in Northern Ireland varies in terms of scale and intensity. According to Northern Ireland's current Alcohol and Drugs Strategy,

*Northern Ireland's pattern of drug misuse has probably mirrored that in Great Britain and the Republic of Ireland in terms of recreational use, but has not seen the same intensity of problem drug misuse, especially in respect of heroin and crack cocaine.*⁶³

6.1 Drugs and the law in Northern Ireland

Two of the main laws in relation to drugs misuse in Northern Ireland include the *Misuse of Drugs Act* (1971) and the *Medicines Act* (1968). The control of drugs is not a devolved matter in Northern Ireland and currently rests with the Westminster government.

The Misuse of Drugs Act is intended to prevent the non-medical use of certain drugs.⁶⁴ The Act creates three classes of controlled substances: A, B, and C. Drugs subject to the Act are known as 'controlled' drugs.

- Class A drugs are deemed to have the most harmful effects. These include for example, heroin, cocaine, ecstasy and methamphetamine.
- Class B drugs include cannabis, codeine, mephedrone and amphetamines.
- Class C drugs include ketamine, anabolic steroids and some tranquilisers.⁶⁵

The Act includes a range of penalties for 'illegal or unlicensed possession', and 'possession with intent to supply'. The penalties for drug offences depend on the class of drug involved. As Class A drugs are considered the most dangerous, they attract the highest penalties. These penalties are enforced against those who do not have a valid prescription or license to possess such drugs.

⁶² Some illegal drugs have been categorised as prescription-only, meaning that they may only be used legally if prescribed by a doctor, but are illegal to use, possess, or supply, in any other circumstances.

⁶³ DHSSPS (2011) A new strategic direction for alcohol and drugs (Phase 2), http://www.dhsspsni.gov.uk/new_strategic_direction_for_alcohol_and_drugs_phase_2_2011-2016_.pdf Website accessed 21.1.14

⁶⁴ Drugscope website: The Misuse of Drugs Act 1971. Available online at: <http://www.drugscope.org.uk/resources/drugsearch/drugsearchpages/laws>

⁶⁵ NI Direct website. Drugs and the law. Available online at: <http://www.nidirect.gov.uk/drugs-and-crime> Website accessed 10.2.14

6.2 Illegal drug prevalence in Northern Ireland

Since the 1990's, the emerging club scene saw 'ecstasy' and 'speed' increasingly being used among young people. Concomitantly, there was a growing acknowledgement of heroin use in certain parts of Northern Ireland, and an increase in the use of cocaine.⁶⁶ Trends also show that men are more likely to consume illegal drugs, while women are more likely to consume prescription and over-the-counter medicines.⁶⁷

The most recent Drug Prevalence Survey (2010/11) of 2,535 respondents aged between 15 and 64 illustrated that cannabis was the most commonly used illegal drug. It is also the most commonly reported drug by treatment services. Use of any illegal drug was highest in the Belfast Trust, and in that Trust, lifetime prevalence was highest for cannabis (34%), poppers (17%), ecstasy (16%), cocaine powder (14%), amphetamines (12%), magic mushrooms (10%), LSD⁶⁸ (9%) and solvents (8%).⁶⁹

6.3 Drug Addicts Index

The DHSSPS publishes a Drug Addicts Index which shows the number people who have been referred to the index by a doctor through the Misuse of Drugs (Notification of and Supply to Addicts) (Northern Ireland) Regulations (1973).

In December 2012, there were 226 people listed on the index, of which around 75% were male.⁷⁰ Heroin was the most frequently used notifiable drug (where doctors are required by law to notify the Chief Medical Officer of cases of addiction to a range of controlled drugs), reported by 83% of all addicts, other notifiable drugs are also listed in Figure 4.

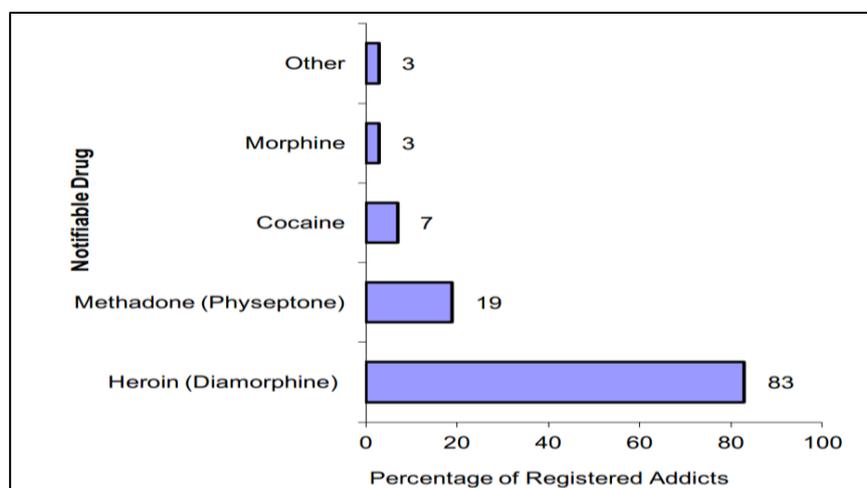


Figure 4. Notifiable drug used by people on the Drug Addicts Index

⁶⁶ DHSSPS (2011) A new strategic direction for alcohol and drugs (Phase 2), p12.

⁶⁷ National Advisory Committee on Drugs & Public Health Information and Research Branch (2012) Drug Prevalence Survey (Bulletin 2) 2010/11 http://www.dhsspsni.gov.uk/bulletin_2.pdf p2

⁶⁸ Acronym for lysergic acid diethylamide.

⁶⁹ National Advisory Committee on Drugs & Public Health Information and Research Branch 2012 Drug Prevalence Survey (2010/11) http://www.dhsspsni.gov.uk/bulletin_2.pdf p6.

⁷⁰ NISRA and DHSSPS (2012) Statistics from the Northern Ireland Drug Addicts Index 2012. Available online at http://www.dhsspsni.gov.uk/addicts_index_2012_report.pdf Website accessed 10.2.14.

6.4 Legal highs

A growing problem in terms of drug misuse has been the use of ‘legal highs’. Officially known as new psychoactive substances, legal highs are synthetic drugs which are self-administered and produce an altered state of mind.⁷¹ They are often created in laboratories in Asia and sold to European markets before authorities have time to ban them. Legal highs can be bought online and in shops (known as ‘head shops’). The online marketplace adds further complexity because these drugs can be more accessible to younger people and promoted through social networking sites.⁷²

Legal highs have become adopted as recreational party drugs, and mimic the effects of drugs such as cocaine and ecstasy.⁷³ However, in Northern Ireland and the rest of the UK, legal highs are not controlled under the Misuse of Drugs Act, and are therefore legal to possess.⁷⁴ Legal high substances can be bought lawfully by anyone over the age of 18. However, the Public Health Agency in Northern Ireland suggests that professionals working in the area of drugs report that many young people are taking legal highs, including those of post primary age.⁷⁵

However, the term “legal high” is misleading and instills a perception that these substances are safe and legal to sell for human consumption. This may not always be the case. These new substances are not yet controlled because there is not enough research into the substances they contain and how safe they are. Legal highs are considered illegal to sell for “human consumption” under the Medicines Act.⁷⁶ But, in order for sellers to get around this, products are cleverly packaged as ‘bath salts’, ‘incense’, ‘pond cleaner’ or ‘plant food’ with a warning label “not for human consumption”. This enables producers to subvert the law and avoid sanction from the Medicines and Healthcare Products Regulation Agency.^{77,78} Often there will be no ingredients listed on the product packaging.⁷⁹ They come in various pills and powder forms, and fall under different names such as, ‘Whizz’, ‘Smilers’, ‘Ocean Snow’, and ‘Ivory Dove’.^{80,81} Some legal highs may also contain ingredients that are illegal to possess (such as Class B drugs like amphetamine).

⁷¹ Assembly Question 5965/11-15 Phil Flanagan to ask the Minister for Justice his Department’s position on legal highs.

⁷² House of Commons, Westminster debate on legal highs. September 2010.

<http://www.publications.parliament.uk/pa/cm201011/cmhansrd/cm100909/halltext/100909h0001.htm>

⁷³ The Telegraph (15 Jan 2011) ‘Forty new legal highs made in China are being sold in Britain’ by Richard Gray.

⁷⁴ Legal Highs Factsheet, Public Health Agency, DHSSPS, page 1,

http://www.nidirect.gov.uk/04_legal_highs_factsheet_-_05_february_2010.pdf

⁷⁵ Legal Highs Factsheet, Public Health Agency, DHSSPS, p3.

http://www.nidirect.gov.uk/04_legal_highs_factsheet_-_05_february_2010.pdf

⁷⁶ The Medicines Act, 1986. <http://www.legislation.gov.uk/ukpga/1968/67>

⁷⁷ Legal Highs Factsheet, Public Health Agency, DHSSPS, p1.

http://www.nidirect.gov.uk/04_legal_highs_factsheet_-_05_february_2010.pdf

⁷⁸ Medicines and Healthcare Products Regulation Agency Website: <http://www.mhra.gov.uk/index.htm>

⁷⁹ NI Direct Website on Ocean Snow. <http://www.nidirect.gov.uk/ocean-snow-information-and-advice>

⁸⁰ May, J. (2010) Head Shops, Lets get Tough on Legal highs, Ireland’s Big Issue, Issue 102, Vol 7

⁸¹ Some facts about so called ‘legal highs’, Home Office publication. <http://drugs.homeoffice.gov.uk/publication-search/frank/legal-high-facts2e75.html?view=Standard&pubID=650357>

Side effects include reduced inhibitions, drowsiness, paranoid states, coma, seizures, stroke and even death,⁸² effects which can be exacerbated by alcohol or other drugs.⁸³ Part of the difficulty is that the chemicals they contain, in most cases, have never been used in drugs for human consumption before. Hence, research on their composition is limited, and the substances have not been tested to show that they are safe. In turn, users can never be certain what they are taking, or what the effects might be.

The sheer volume and speed at which new legal highs are appearing on the market makes the policing of these substances particularly challenging for law enforcement authorities and policy makers alike. In addition to the classifications of drugs listed above, a further new classification called “Temporary Class Drug Banning Orders” is in place to tackle the issue of “legal highs”.⁸⁴ Furthermore, the Department of Justice, the DHSSPS, the Police Service of Northern Ireland and the Public Health Agency have introduced an informal early warning system – known as the “Drug and Alcohol Monitoring and Information System” (DAMIS) – which seeks to identify new substances or drug trends at an early stage, and provide information and advice to key stakeholders.⁸⁵

6.5 Prescription drugs

Another aspect of drug misuse in Northern Ireland concerns ‘over-the-counter’ medicines and prescribed drugs. ‘Sedatives’ and ‘tranquillisers’ are a group of medicines which depress brain and central nervous system activity.⁸⁶ Benzodiazepines are the most common type of drug in this group.

The increased sale of prescribed medication over the internet also brings challenges for those with addiction issues.⁸⁷ In addition, almost 1.5 million prescriptions for tranquillisers and sleeping pills are issued in Northern Ireland each year.⁸⁸

According to the Public Health Agency, approximately one-third of all prescribed drugs such as anti-depressants and painkillers are used by people aged over 65.⁸⁹ The results from the 2010/11 Drug Prevalence Survey show that the prevalence rates for sedatives or tranquillisers for adults aged 15-64 in Northern Ireland were 21% (for lifetime prevalence),

⁸² NHS Choices Website legal highs <http://www.nhs.uk/Livewell/drugs/Pages/legalhighs.aspx>

⁸³ Some facts about so called ‘legal highs’, Home Office publication, <http://drugs.homeoffice.gov.uk/publication-search/frank/legal-high-facts2e75.html?view=Standard&pubID=650357>

⁸⁴ NI Direct website. Drugs and the law. Available online at: <http://www.nidirect.gov.uk/drugs-and-crime> Website accessed 10.2.14

⁸⁵ Assembly Question AQW 29996/11-15 Mr Ross Hussey (UUP - West Tyrone) To ask the Minister of Justice what discussions he has had with the PSNI to determine the prevalence of the use of legal highs. Response dated 20/01/2014.

⁸⁶ Drug net Ireland http://www.hrb.ie/uploads/tx_hrbpublications/Drugnet_44_-_Web.pdf p2.

⁸⁷ Public Health Agency and the Health and Social Care Board Alcohol and Drug Commissioning Framework for Northern Ireland 2013-16 Consultation document.

⁸⁸ Belfast Telegraph (January 2014) Revealed: Northern Ireland’s shocking dependence on sedatives

⁸⁹ Public Health Agency: Alcohol, drugs and older people, p14. Available online at: http://www.publichealth.hscni.net/sites/default/files/alcohol_drugs_older_people_booklet.pdf

11% (last year) and 8% (last month). Since 2006/7 there were no significant differences for lifetime, last year and last month prevalence.⁹⁰

6.6 Young people and drugs

In terms of children and young people, the Young Persons' Behaviour & Attitudes Survey (2010) reports that 13% of all pupils surveyed (from a total 7,616) have been offered solvents and 7% of pupils had inhaled solvents on at least one occasion,.

20% of pupils surveyed have been offered drugs (not including solvents) on at least one occasion and 11% of pupils have used or tried drugs (not counting solvents) at some time. The three most common drugs pupils have used or tried are cannabis (7%), legal highs (4%) and cocaine (3%). A small number of pupils (2%) have used poppers, ecstasy, speed and magic mushrooms.⁹¹

6.7 Drug-related deaths

Figure 5 shows the increasing trend in the number of drug related deaths in Northern Ireland between 2003 and 2012. Like with alcohol related deaths, research shows that there are significantly higher numbers of drug related deaths in areas of deprivation across Northern Ireland.⁹² In 2012, around 110 people died in Northern Ireland last year as a consequence of prescription and illegal drugs misuse compared to 52 in 2002. This equates to around 9 deaths per month.⁹³

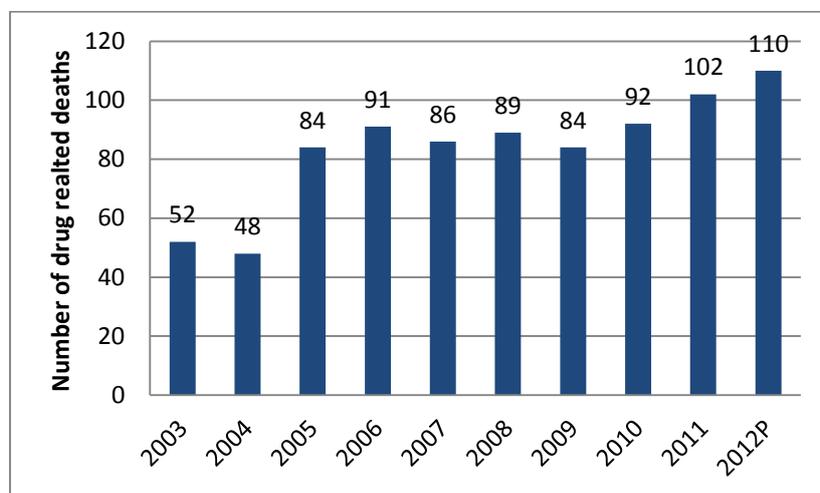


Figure 5. Drug related deaths Northern Ireland (2003-2012)⁹⁴

⁹⁰ Northern Ireland Executive website Drug Prevalence Survey 2010/11: Sedatives or tranquillisers, and anti-depressants results <http://www.northernireland.gov.uk/index/media-centre/news-departments/news-dhssps/news-dhssps-231012-publication-drug-use.htm>

⁹¹ Central survey unit (NISRA) Young Persons' Behaviour & Attitudes Survey (2010) <http://www.csu.nisra.gov.uk/YPBAS%202010%20Headline%20bulletin.pdf> Website accessed 21.1.14, p7.

⁹² DHSSPS (2011) A new strategic direction for alcohol and drugs (Phase 2), p18. http://www.dhsspsni.gov.uk/new_strategic_direction_for_alcohol_and_drugs_phase_2_2011-2016_.pdf Website accessed 21.1.14

⁹³ Belfast Telegraph (July 15, 2013) 110 people died of drug misuse in past year, reveals Edwin Poots.

⁹⁴ NISRA website: <http://www.nisra.gov.uk/demography/default.asp30.htm> Figures for 2012 are 'p' for provisional.

Table 2 also shows the number of drug related deaths by various age bands. The majority of 110 deaths in 2012 occurred in the 25-34 (N=30) and 35-44 (N=29) age groups.

Registration Year	All Ages	Age Group					
		Under 25	25-34	35-44	45-54	55-64	65 and over
2002	68	6	24	19	12	5	2
2003	52	7	9	14	11	5	6
2004	48	3	9	9	19	5	3
2005	84	15	16	15	20	11	7
2006	91	9	13	33	24	10	2
2007	86	9	17	29	18	7	6
2008	89	8	22	26	15	12	6
2009	84	10	13	31	19	7	4
2010	92	15	25	19	20	4	9
2011	102	18	33	21	18	10	2
2012 ^P	110	13	30	29	22	12	4
Total (02-12) ^P	906	113	211	245	198	88	51

Table 2. Number of drug related deaths by age and year 2002-2012^P

On a more positive note, the number of drug related admissions to hospital have decreased by 3.9% over the ten year period 2001/02 to 2010/11 from 5,813 to 5,587 admissions.⁹⁵ However, the rate of referrals for drug treatment has trebled over the period 2001-2012.⁹⁶

6.8 Number of people availing of treatment for drugs/alcohol misuse

The Drug Misuse Database⁹⁷ collects information on people in Northern Ireland who require treatment services for drug, alcohol or both. On 1st March 2012, there were 5,916 individuals in treatment for drug and/or alcohol misuse (table 3).

Table 3 Treatment Type (drugs, alcohol or both) in March 2012

Treatment type	numbers and percentages	
	Number	%
Drugs only	1514	26
Alcohol only	3111	53
Drugs and alcohol	1291	22
TOTAL	5916	100

⁹⁵ DHSSPS (2011) A new strategic direction for alcohol and drugs (Phase 2), p18 and 19.

⁹⁶ Public Health Agency and the Health and Social Care Board Alcohol and Drug Commissioning Framework for Northern Ireland 2013-16 Consultation document, p13.

⁹⁷ DHSSPS Drugs Misuse Database http://www.dhsspsni.gov.uk/dmd_report_2012-13.pdf Website accessed 10.2.14

Of all those in treatment:

- 53% were in treatment for alcohol misuse;
- 26% were in treatment for drug misuse;
- 22% were in treatment for both drug and alcohol misuse;
- 93% of those in treatment were 18 years of age; 7% were under 18 years of age.
- 65% of those in treatment were attending statutory services; 32% were attending non-statutory services and 3% were attending prison-based services.
- 98% of those in treatment were attending non-residential treatment services.

7. Alcohol and Drugs Strategy for Northern Ireland

Phase 1

In an attempt to tackle the complexities associated with the increasing levels of substance misuse, the Department of Health, Social Services, and Public Safety (DHSSPS) in Northern Ireland developed a cross-sectoral strategy to reduce the harm related to alcohol and drug misuse. This five year strategy, entitled the *New Strategic Direction for Alcohol and Drugs* (NSD, Phase 1) was launched in 2006 following a formal public consultation. The keys aims of the strategy were to:

- provide accessible and effective treatment and support for people who are consuming alcohol or using drugs in a potentially hazardous or dependent way;
- reduce the level of alcohol and drug-related harm to users, families (or carers), and the community;
- increase awareness of alcohol and drug-related harm in all settings and for all age groups;
- integrate policies which contribute to the reduction of alcohol and drug-related harm into all Government Department strategies;
- develop a competent skilled workforce that can respond to the complexities of alcohol and drug use and misuse;
- promote opportunities for those under 18 to develop appropriate skills, to enable them to resist societal pressures to drink alcohol and/or use illicit drugs;
- reduce the availability of illicit drugs in Northern Ireland.⁹⁸

In developing the strategy, the DHSSPS established ten special interest groups to look at specific issues such as 'workforce development', 'young people', and 'service users'. In addition, advisory groups, liaison groups, and local Drug and Alcohol Co-Ordination Teams (DACTs), which operate in each Trust area, were set up with action plans to reflect the priorities of the strategy. In addition, a Steering Group was established to drive the work forward which comprised of statutory bodies, Government Departments, and voluntary/community sector representatives.

⁹⁸ New strategic direction for alcohol and drugs (NSD update, April 2010) Available online at http://www.dhsspsni.gov.uk/nsd_update_report_-_april_2010.pdf p4.

7.1 Alcohol and Drugs Strategy for Northern Ireland - Phase 2

When the strategy concluded its term, it was agreed that an update report would reflect how effective the strategy had been in terms of delivering on its aims and objectives.⁹⁹ It was concluded in an update report by the DHSSPS that a significant amount of work had been taken forward in terms of actions to reduce the harm related to alcohol and drug misuse, but that much more work needed to be done, both at regional and local level.¹⁰⁰ For example, further work was warranted in the areas of workforce development and harm reduction co-ordination.

Since then, it has been agreed that the existing strategy will be revised and extended until 2016. Hence, a *New Strategic Direction for Alcohol and Drugs (Phase 2) (2011-2016)* is currently in operation. In developing the second strategy, five supporting pillars were identified namely¹⁰¹:

- Prevention and early intervention.
- Harm reduction
- Treatment and support
- Law and criminal justice
- Monitoring, evaluation and research

Approximately £8 million each year is allocated to the implementation of the latest strategy, and additional funding is being provided through the mental health budget for the provision of treatment and support services. The Public Health Agency and the Health and Social Care Board have been tasked, as commissioners of alcohol and drugs services, to develop a commissioning framework for alcohol and drugs services across Northern Ireland (see below). The strategy also contains a number of priority areas for action including: tackling drug-related anti-social behaviour; targeting those at risk and the vulnerable; reducing the availability of illicit drugs; and addressing local community issues.

7.2 The Alcohol and Drug Services Commissioning Framework

In addition to the second phase of the strategy, an Alcohol and Drug Services Commissioning Framework was launched for consultation in March 2013, and an analysis of responses has been published on the way forward.¹⁰² The Public Health Agency are developing a range of specifications to commission reconfigured services in light of the document – which is likely to come into operation in October 2014.¹⁰³ In addition, the Public Health Agency will now finalise the overall commissioning framework, and a revised document is expected to be published in the next few months.

⁹⁹ New strategic direction for alcohol and drugs (NSD update, April 2010) Available online at http://www.dhsspsni.gov.uk/nsd_update_report_-_april_2010.pdf

¹⁰⁰ New strategic direction for alcohol and drugs (NSD update, April 2010), p15. Available online at http://www.dhsspsni.gov.uk/nsd_update_report_-_april_2010.pdf

¹⁰¹ Ibid, p5.

¹⁰² Public Health Agency Website: The Alcohol and Drug Services Commissioning Framework 2013-16 http://www.publichealth.hscni.net/sites/default/files/PHA_HSCB%20response%20to%20Commissioning%20Framework%20Consultation.pdf website accessed 19.2.14

¹⁰³ Personal correspondence with author and DHSSPS, response dated 19.2.14

8. Cross-border cooperation

Information sharing and joint action on the issue of substance misuse is taken forward through two main structures, namely the North/South Alcohol Policy Advisory Group, which is chaired by the Institute of Public Health and reports to the North/South Ministerial Council Health Promotion and Food Safety sub-group; and the British-Irish Council Substance Misuse Group.

8.1 North/South Policy Advisory Group

The Institute of Public Health in Ireland was asked by the Chief Medical Officers in both jurisdictions to explore the establishment of a forum on alcohol. In turn, the **North/South Policy Advisory Group** was established in late 2012.¹⁰⁴

Speaking of the Advisory Group, Northern Ireland Health Minister Edwin Poots said that it was established:

“...to provide a mechanism to drive forward and co-ordinate work on these issues and in particular the potential to introduce minimum unit pricing for alcohol. I am keen to ensure both jurisdictions can get the greatest impact from this invaluable work.”

The objectives of the **North/South Alcohol Policy Advisory Group** are to:¹⁰⁵

- Provide a forum for discussion on alcohol issues.
- Strengthen all island alcohol initiatives.
- Exploit opportunities for North/South cooperation on alcohol.
- Identify policy solutions and other measures to improve the legislative and regulatory arrangements impacting on supply and use of alcohol.
- Share information on evidence and research.
- Develop pathways for improved policy making and action.

The North/South Alcohol Policy Advisory Group is due to present a paper to the North/South Ministerial Council Health Promotion and Food Safety sub-group on alcohol availability. Depending on the outcome of this work, there is potential for greater co-operation and joint working on issues such as alcohol outlet mapping, hidden harm and so forth.

The outcomes of these groups mostly entails information sharing in relation to emerging trends and evidence of “what works”, and agreeing consistent approaches to issues between the various jurisdictions.

¹⁰⁴ http://www.thehealthwell.info/group/alcohol?utm_content=group&utm_theme=alcoholforum&utm_group=536995

¹⁰⁵ Ibid.

As previously mentioned, joint action between the Department of Health, Social Services and Public Safety (NI) the Department of Social Development (NI) DSD, and the Department of Health in the Republic of Ireland is also been taken in terms of research modelling the impact of minimum unit pricing in both jurisdictions. Depending on the outcome of this research, and decisions by Ministers in both jurisdictions, this may be an area that is taken forward on a consistent basis.¹⁰⁶

At a practical level, the Public Health Agency in Northern Ireland liaises with the Health Services Executive in the Republic of Ireland to share information and learning. There may be potential through the North/South Alcohol Policy Advisory Group and the British-Irish Council Substance Misuse Group to build on this work in future.

8.2 CAWT

Work is also taken forward in the Border region through Co-operation And Working Together (CAWT).¹⁰⁷ A specific example this is the 'Time For A Change' Border Region Alcohol Project which takes an early intervention approach to reduce harmful drinking. The objectives of the programme are to:¹⁰⁸

- Deliver a range of family support/early interventions to: up to 600 families in the border region. The range of interventions utilised will be based on the needs of the client/family.
- Pilot a series of community development programmes which underpin community mobilisation on alcohol.
- Promote sustained initiatives that will tackle underage drinking, community & family education, crime & disorder, suicide & self-harm, acute care, treatment and rehabilitation.
- Continually monitor and evaluate the interventions initiated with a view to replication and mainstreaming as appropriate.

8.3 All-island alcohol conference

The first all-island alcohol conference took place on 26th January 2012 in Armagh. The conference was jointly organised by both Departments of Health, the Institute of Public Health in Ireland, the Public Health Agency in Northern Ireland and Co-operation and Working Together (CAWT), the cross border health partnership.

Speaking at the conference, Minister James Reilly, T.D. said that:¹⁰⁹

“This conference has set the scene for a longer term, all-island collaborative approach for tackling issues relating to alcohol abuse. It makes sense to work together on an all-island basis to reduce levels of alcohol consumption in order to save lives and reduce

¹⁰⁶ Personal correspondence between author and DHSSPS, response dated 19.2.14

¹⁰⁷ CAWT website <http://www.cawt.com/default.aspx?CATID=1036>

¹⁰⁸ <http://www.cawt.com/default.aspx?CATID=1057>

¹⁰⁹ <http://www.dohc.ie/press/releases/2012/20120126.html?lang=en>

the burden of alcohol abuse to society. The areas we would like progress on a North South basis are measures to reduce the availability of cheap alcohol, treatment and rehabilitation of those affected by alcohol misuse."

The key objectives of the conference included:¹¹⁰

- To broaden understanding of the impact of alcohol abuse across the island of Ireland.
- To consider particular challenges relating to alcohol and young adults and our drinking culture.
- To consider possible broad strategic responses.
- To consider ways in which responses across the island of Ireland could be better co-ordinated.

¹¹⁰ Ibid.