

# *Insights from an innovative structured engagement with stakeholders delivering on drug and alcohol policy in Northern Ireland*

---

**Dr Joanna Purdy**

Dr Helen McAvoy  
Ms Helen Cummins

**Institute of Public Health in Ireland**



# Presentation overview

- ▷ **Background** – drug and alcohol policy in Northern Ireland
- ▷ **Policy review**
- ▷ **IPH stakeholder engagement**
  - Evaluation criteria
  - Methods
  - Findings
  - Conclusions

# New Strategic Direction for Alcohol and Drugs Phase 2 (2011-2016) (NSD-2)

- ▷ Aim: to reduce the level of alcohol and drug-related harm
  
- ▷ Based on 5 pillars:
  - Prevention and Early Intervention
  - Treatment and Support
  - Law and Criminal Justice
  - Harm Reduction
  - Monitoring, Evaluation and Research
  
- ▷ Two broad themes:
  - Children, young people and families
  - Adults and the general public

# Policy Review

Review comprised three aspects of the implementation of NSD-2:

- ▷ **Outputs** – actions and progress made by Government Departments and their agencies.
- ▷ **Outcomes** – impact of indicators and outcomes and the differences made for the public, service users and carers.
- ▷ **Stakeholder engagement** – the views of stakeholders on the delivery of NSD-2.

# Aim of the stakeholder engagement

To undertake a structured engagement with stakeholders to determine factors influencing the delivery of actions set out within the New Strategic Direction on Alcohol and Drugs Phase 2 (2011-2016) and achievement of outcomes, with a view to informing the wider policy review and future policy for Northern Ireland.

# Evaluation Criteria

## European Monitoring Centre for Drugs and Drug Addiction

- ▷ Relevance
- ▷ Fidelity
- ▷ Effectiveness
- ▷ Efficiency
- ▷ Sustainability
- ▷ Equity

# Methods – Data collection and analysis

Online survey	Interviews	Focus groups
<ul style="list-style-type: none"><li>▪ SurveyMonkey</li><li>▪ Sample: DoH database and relevant networks (n=43)</li><li>▪ Survey period: 13/12/17 – 26/01/18</li><li>▪ SPSS</li><li>▪ Descriptive statistics</li></ul>	<ul style="list-style-type: none"><li>▪ 9 semi-structured interviews</li><li>▪ Sample: interviewees selected from NSD Steering Group</li><li>▪ Audio-recorded and transcribed (90,047 words)</li><li>▪ Freetext responses</li><li>▪ Nvivo</li><li>▪ Content thematic analysis</li></ul>	<ul style="list-style-type: none"><li>▪ 4 focus groups</li><li>▪ Sample: focus groups identified from NSD Steering Group</li><li>▪ Audio-recorded and transcribed (63,434 words)</li><li>▪ Freetext responses</li><li>▪ Nvivo</li><li>▪ Content thematic analysis</li></ul>

# Methods - Participants

## Sectors Represented

- Government departments
- Health and social care
- Service users
- Academia
- Community and voluntary
- Law and criminal justice



# Fidelity

Higher fidelity	Lower fidelity	Mixed views
Regional Commissioning Framework	Governance structures	Accountability
Regional and local linkages	Addressing local need	Hidden harm
DACTs and Connections Service	Long-term focus	Responsiveness
Step Referral Pathway		Achievement of priorities

# Effectiveness

Factors supporting effectiveness	Perceived results
Regional Commissioning Framework	Greater consistency in level and diversity of service delivery
Partnerships and collaborative working	Coordinated approaches; supporting efficiencies
NSD Steering Group	Continuity of work; cross-sectoral collaborative approach
Service user involvement	Better service design, greater linkage with strategic decision making; de-stigmatisation

# Effectiveness

Factors hindering effectiveness	Perceived results
Complexity of harms and service need	Services becoming overwhelmed; diversion of resources from prevention; focus on crisis care
Lack of political structures	Failure to progress key legislation; constraints on policy options
Diminished role of advisory committees	Reduced opportunity to inform strategic direction
Non-statutory function of DACTs	Limited capacity for implementation at local level

# Efficiency

## Best buys within NSD-2

- Service provision
- Workforce development
- Harm reduction
- Information sharing/ education
- Partnerships

# Sustainability

## Changes in practice that will last into the future

- Collaboration and partnership working
- Service provision
- Harm reduction
- Innovation
- Communication / Information sharing

# Equity

## Key aspects of equity of approach within NSD 2

- ▷ Geographic
- ▷ Health inequalities
- ▷ Societal groups (some examples)
  - Older people
  - Homeless community
  - People with mental-ill health
  - People in addiction recovery

# Conclusions

- ▷ This approach captured the 'lived experience'
- ▷ Strategy design, structure and approach well configured
- ▷ Any future strategy should ensure resourcing is aligned to current and projected needs
- ▷ Greater monitoring and evaluation at regional/service level
- ▷ Ability to respond to increasing need of greater complexity

[https://www.publichealth.ie/sites/default/files/20180814\\_NSD%20Report\\_FINAL%20LF.pdf](https://www.publichealth.ie/sites/default/files/20180814_NSD%20Report_FINAL%20LF.pdf)



# Thank you

## Any questions?

Email : [joanna.purdy@publichealth.ie](mailto:joanna.purdy@publichealth.ie)

Web: [www.publichealth.ie](http://www.publichealth.ie)



[www.twitter.com/publichealthie](https://www.twitter.com/publichealthie)

