# Response ID ANON-QN17-2NVU-J

Submitted to **PRE-CONSULTATION EXERCISE TO SEEK VIEWS ON A SUCCESSOR STRATEGY TO THE NEW STRATEGIC DIRECTION FOR ALCOHOL & DRUGS PHASE 2**
Submitted on **2019-09-03 11:01:33**

## Introduction

### 1 What is your name?

**What is your name?:**
Habib Kadiri

### 2 What is your e-mail address?If you enter your email address then you will automatically receive an acknowledgement email when you submit your response.

**What is your e-mail address?:**
hkadiri@ias.org.uk

### 3 Is your response being submitted on behalf of an organisation or as an individual? (please tick below as appropriate)

Organisation

**Please use text box below to state the name of your organisation etc? :**
Institute of Alcohol Studies

## Overview

### 4 From your experience and from the findings of the Review and other sources of evidence, does Northern Ireland still need a substance misuse strategy?

Yes

### 5 Should any new substance misuse strategy continue to cover both alcohol and drug misuse?

Yes

**If you wish, please explain your choice:**
Northern Ireland definitely does still need a substance misuse strategy and alcohol in particular requires attention. As the Review points out:

• A higher proportion of adults are drinking than 10 years ago
• Alcohol-related hospital admissions have increased
• More people are dying from alcohol use

While the Review has shown reductions in harmful behaviours in some other areas, such as binge drinking, drink driving and crime, these figures still need to be addressed and could be subject to a rebound if there is there is no continued strategic focus.

We welcome a combined substance misuse strategy that covers alcohol and drugs as this would acknowledge shared underlying causes and mirror how treatment services are set up. In order to deal with the scale of harms identified in the Review, alcohol should be at the forefront of the substance misuse strategy.

### 6 If it continues to be a combined alcohol and drug strategy, should these have an equal priority?

No

**Please provide further information if appropriate:**
Harm from alcohol and drugs are both important. However given the disease burden related to alcohol and the urgency relating to rising alcohol-related deaths in Northern Ireland, we think alcohol deserves to be a higher priority.

We note the 2017 mortality data from Northern Ireland Statistics and Research Agency (NISRA) on alcohol-related related deaths, which are more than double the number of drug-related deaths and have increased for the fourth consecutive year to the highest on record.
https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/Alcohol%20Related%20Deaths%20Press%20Release%202017.pdf
https://www.nisra.gov.uk/sites/nisra.gov.uk/files/publications/Drug%20Related%20Deaths%20Press%20Release%202017.pdf

### 7 What should the overall vision be for any future substance misuse strategy? (For example, a society where these is no substance misuse, or a society where no-one come to harm caused by substance misuse, or where people are supported to prevent and address substance misuse and to maintain recovery)

**What should the overall vision be for any future substance misuse strategy (For example, a society where these is no substance misuse, or a society were no-one come to harm caused by substance misuse, or were people are supported to prevent and address substance misuse and to maintain**

**recovery)?:**
A core vision would be to minimise health and social harms from substance misuse - in particular alcohol consumption, both for the drinker as an individual and the wider society - through effective prevention and treatment measures. We would also wish to see health, social care and emergency services available to provide coordinated treatment support to clients who have comorbid substance misuse and mental health problems.

### 8 Should a future substance misuse strategy have a set of Values & Principles? For reference, the Values and principles of the NSD Phase 2 are set out in Chapter 5, pages 33-35, of that document.

**Should a future substance misuse strategy have a set of Values & Principles?:**
We would agree to refreshing the set of Values & Principles from the NSD Phase 2, especially with a view to maintaining the endorsement of an evidence-based approach to tackling substance misuse, prioritising the results of peer-reviewed research conducted by health experts and the views of health care professionals who implement alcohol prevention and treatment policies.

We would also like to highlight the urgency of the issues faced. In addition to the statistics from NISRA above, ONS figures show Northern Ireland has experienced a 40% increase in alcohol mortality rates this century, the highest rate of all four Home Nations. Prominent figures such as Belfast Coroner Joe McCrisken to declare alcohol misuse to be the 'greatest healthcare problem facing Northern Ireland' today. This requires new targets and concrete objectives are needed in addition to a resetting of the Values & Principles from NSD Phase 2.

https://www.nisra.gov.uk/publications/alcohol-specific-deaths-2007-2017
https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2017#compariso
http://www.ias.org.uk/What-we-do/Alcohol-Alert/May-2019/NI-alcohol-deaths-are-thin-end-of-the-wedge.aspx

## Outcomes and Indicators

### 9 What overall outcome should we seek to achieve? (For example, should the outcome be focused on prevalence of use/misuse, reductions in harm, reduction in substance misuse related deaths, increasing numbers in recovery, etc)

**What overall outcome should we seek to achieve? (For example, should the outcome be focused on prevalence of use/misuse, reductions in harm, reduction in substance misuse related deaths, increasing numbers in recovery, etc) :**
In terms of tackling alcohol, one important outcome to aim for would be to meet the World Health Organisation’s target of reducing the harmful use of alcohol by 10% by 2025.
https://www.who.int/substance_abuse/safer/launch/en/

This would be achieved by adopting recommendations laid out by the SAFER alcohol control initiative, which provides five high-impact strategic actions that are prioritised for implementation to promote health and development:

1. Strengthen restrictions on alcohol availability.
2. Advance and enforce drink driving countermeasures.
3. Facilitate access to screening, brief interventions, and treatment.
4. Enforce bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion.
5. Raise prices on alcohol through excise taxes and pricing policies.

### 10 What indicators should we be measuring to demonstrate that we are working towards this overall outcome? (Examples of indicators include mortality figures, prevalence data, alcohol and other drug related crime, Blood Borne Virus Prevalence, etc.)

**What indicators should we be measuring to demonstrate that we are working towards this overall outcome? (Examples of indicators include mortality figures, prevalence data, alcohol and other drug related crime, Blood Borne Virus Prevalence, etc.):**
We believe that the future strategy should measure the same metrics that were used to assess progress for alcohol in the NSD Phase 2 Review, focusing on indicators of social deprivation.

Other indicators worth measuring include:

- Proportion of drinkers who consume alcohol at a moderate, hazardous and harmful rate
- Units consumed per year
- Annual spending per drinker
- Deaths from alcohol-related cancers
- Admissions from alcohol-related cancers
- Cost of alcohol to society, in terms of: direct healthcare costs, annual quality of life years (QALY) loss cost estimates, crime costs, workplace costs

### 11 What do you believe the key focus of any new strategy should be?Please tick as many of the options below that apply

Regulation, Legislation & Enforcement, Supply Reduction, Prevention, Early Intervention, Harm Reduction, Treatment & Support, Recovery

**Please tell us more about why you feel that this should be. :**
We believe that all the areas listed above are individually important areas of focus for the future strategy.

We particularly believe that regulation, legislation and enforcement are important. Action in this area is likely to help reduce availability, harm and prevent alcohol misuse. One example would be minimum unit pricing, which has been in force in Scotland since May 2018 – the first evaluation of its implementation has found high rates of compliance, which has in turn begun to have a positive effect on consumption levels.

http://www.healthscotland.scot/news/2019/august/mup-well-implemented-and-compliance-amongst-alcohol-licensed-premises-high

## Evidence and Partnership Working

### 12 Are you aware of any other sources of evidence, research or studies that would support action to address substance misuse and your proposed outcomes and indicators?

**Please provide titles of and links to evidence as appropriate:**
It would be useful for the Northern Ireland Department of Health to monitor the progress of nations which have adopted alcohol minimum pricing legislation, most notably Canada and Scotland.

In Canada, a 10% increase in the average minimum price across all drinks types in the province of British Columbia led to: a 3% decrease in overall alcohol consumption, as measured by alcohol sales; an immediate 9% decrease in acute alcohol-attributable hospital admissions (and a 9% decrease in chronic alcohol-attributable hospital admissions detected 2 years later); and an immediate 32% decrease in wholly alcohol-attributable deaths and evidence of effects continuing up to 12 months after the price change.

NHS Scotland is currently conducting an evaluation of minimum unit pricing policy, which will cover consumption levels in relation to the national unit guidelines and health in terms of hospital admissions and deaths.

When the Sheffield Alcohol Policy Model is applied to Northern Ireland, the estimated per person reduction in alcohol consumption for the overall population is 5.7% (8.6% for high risk drinkers). This is predicted to lead to an estimated reduction of 63 deaths and 2,425 fewer hospital admissions per year for a 50p MUP.

The total societal value of the harm reductions for health, crime and workplace absence is estimated at £956million over the 20-year period modelled.
https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/alcohol-and-drug-mup-ni-report-from-university-of-sheffield.pdf

For alcohol marketing and advertising restrictions, the following papers published by Cancer Research UK's Cancer Policy Research Centre are useful reading material. Links to these resources can be found here:
https://www.cancerresearchuk.org/about-us/we-develop-policy/our-policy-on-preventing-cancer/the-cancer-policy-research-centre-cprc#CPRC_prevention2.

- Youth Perceptions of Drinking and Alcohol Marketing (August 2018)
- New national alcohol guidelines in the UK: Peer Review (September 2017)
- Specialist views of alcohol marketing regulation in the UK (July 2017)
- Youth engagement with alcohol brands in the UK (July 2017)

### 13 Who needs to be involved if we are to effectively address substance misuse, and address the outcomes and indicators you proposed?

**Who needs to be involved if we are to effectively address substance misuse, and address the outcomes and indicators you proposed?:**
From an alcohol policy perspective, we encourage involving the following groups:

- the peer-reviewed evidence of researchers, such as epidemiologists, health economists, and statisticians, and health experts representing third sector organisations
- the views of health care professionals who implement policies 'on the ground'

## Actions and Gaps

### 14 Were there any gaps in the previous strategy that need to be addressed?

**Were there any gaps in the previous strategy that need to be addressed?:**
A significant development since the previous iteration of the strategy has been the increased prominence of research detecting an association between alcohol and cancer.

Alcohol consumption is one of the biggest preventable risk factor for cancer in Northern Ireland, attributable to over 300 cancer cases each year.
https://www.nature.com/articles/s41416-018-0029-6.pdf

But awareness of the link between alcohol and cancer is low, with the Alcohol Health Alliance identifying that just one in 10 adults in the UK are aware of the link.
https://ahauk.org/wp-content/uploads/2018/09/OUR-RIGHT-TO-KNOW-final.pdf

This is a gap that needs to be put addressed by greater resource being put into raising awareness of this relationship and what it could mean for drinkers' health.

### 15 Are you aware of evidence-based actions that would meet these gaps?

**Are you aware of evidence-based actions that would meet these gaps? :**
Evidence-based actions (such as minimum unit pricing for alcohol) that impact on consumption would subsequently impact on alcohol-attributable cancers. Improving public awareness of the link between alcohol and cancer is also a priority (see 14).

### 16 Are you aware of any innovative approaches or low-cost / no-cost actions that would make a difference?

**Are you aware of any innovative approaches or low-cost / no-cost actions that would make a difference?:**
n/a

### 17 Have you any views on where existing or additional resources should be prioritised?Please tick as many of the options below that apply

At-Risk Population Groups (eg Young People, Older People, Homeless People, Pregnant Women, Single Parents, People Living in Areas of Multiple Deprivation, People Living in Rural Areas)

**Please tell us more about why you feel that this should be?:**
Introducing restrictions on sponsorship and advertising (where the NI Executive has power to do so), could help to reduce children's exposure to alcohol marketing.

### 18 Substance misuse does not have an equal impact on society. Do you believe the strategy should prioritise any of the at-risk population groups below? Please tick as many of the options below that apply

Young People, Older People, Homeless People, Pregnant Women, Single Parents, People Living in Areas of Multiple Deprivation, People Living in Rural Areas

**What evidence do you have to support this view? :**
We encourage the future strategy to prioritise interventions that have an impact across a range of populations at risk of harmful or dependent drinking, such as minimum unit pricing (please see our answer to question 12 for evidence) and restrictions to marketing and advertising.

## Final Comments

### 19 Have you any other comments you wish to make at this stage?

**Have you any other comments you wish to make at this stage?:**
We note the prevalence of drink driving detections and convictions has fallen in Northern Ireland but there is still progress to be made with a rise in the proportion of fatal collisions related to alcohol or drugs between 2005-2016. Alcohol is a prominent factor in the injuries and deaths of novice drivers on Great Britain's roads. We advise that the most effective ways to reduce the prevalence of drink-driving (ie a lower drink drive limit, mandatory alcohol interlocks) chime with the rationale of Graduated Driver Licensing, a system that will ultimately reduce the burden of road traffic accidents experienced by young and novice drivers.

The Institute of Alcohol Studies (IAS) is an independent institute bringing together evidence, policy and practice from home and abroad to promote an informed debate on alcohol's impact on society. Our purpose is to advance the use of the best available evidence in public policy decisions on alcohol. For more information, visit www.ias.org.uk.