

IAS response to consultation on the New Substance Use Strategy in Northern Ireland

About IAS

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 please visit www.ias.org.uk.

Response to consultation on “Making Life Better – Preventing Harm and Empowering Recovery”

IAS welcomes the opportunity to respond to the consultation on the proposed strategy, “Making Life Better – Preventing Harm and Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use”. We recognise that alcohol harm is too frequently experienced by individuals, families and communities across the UK, and places a substantial burden on health and other public services. Just this week, the Office for National Statistics published data which showed Northern Ireland was the UK constituent country with the highest alcohol-specific death rate in 2019 with 18.8 deaths per 100,000.

As members of the Alcohol Health Alliance UK (AHA), we endorse the collective response submitted on behalf of more than 50 organisations committed to tackling alcohol harm. We wish to reiterate a number of recommendations made in the AHA response, which we identify as priorities:

- 1) We support the overarching vision, outcomes and values of the Strategy. We welcome the focus on empowerment, use of high-quality evidence and evaluation and suggest that robust evaluation mechanisms are established to monitor the long-term impact of policies outlined in the Strategy.
- 2) We welcome the priorities outlined in the Strategy, especially relating to alcohol- and drug-related deaths and supporting families. However, we recommend greater priority is awarded to *preventing* all other harms associated with substance use, measured through morbidity indicators such as alcohol-related hospital admissions, incidence of alcohol-related liver disease, cancer and brain damage including Foetal Alcohol Spectrum Disorders (FASD), and also rates of alcohol-related crime such as domestic violence and assault.
- 3) The recognition that domestic abuse is often exacerbated by alcohol and other drug use, as stated in the ‘wider context’ section of the Strategy, draws attention to an issue of great importance. We would strongly recommend that individuals experiencing domestic abuse are listed among the target groups that service providers need to be aware of, as they may require specialist support. Alcohol treatment services should be adequately equipped to meet the needs of domestic abuse survivors
- 4) We fully support the introduction of minimum unit pricing for alcohol in Northern Ireland, a policy already adopted in Scotland and Wales. We recognise the robust evidence from home and abroad that tackling alcohol's affordability is one of the

most powerful tools at the disposal of governments. We urge the Northern Irish Executive to work with UK Government to introduce a reformed alcohol duty system across the UK that better protects health and reduces the burden alcohol places on families, communities and public finances.

- 5) We welcome the recognition that alcohol marketing plays a key role in driving consumption and harm, and the commitment that the Executive will work with the UK Government to tighten advertising restrictions. We recommend the strategy includes actions which are devolved that could help to reduce exposure to children and young people of alcohol marketing, including advertising in outdoor areas and sports sponsorship.
- 6) Evidence demonstrates that lowering the blood alcohol content (BAC) limit for drivers significantly reduces drink driving casualties and deaths. We welcome the planned introduction of lower BAC limits on Northern Ireland and recommend that these are supported by well-resourced public information initiatives and enforcement activities.

Institute of Alcohol Studies
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