

Response ID ANON-NENZ-C9EG-3

Submitted to **Consultation on new Substance Use Strategy for NI – “Making Life Better – Preventing Harm and Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use”**

Submitted on **2021-02-05 14:39:55**

Introduction

What is your name?

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Is your response being submitted on behalf of an organisation or as an individual?

Organisation

If you are responding on behalf of an organisation, please provide some further information below.:

Alcohol Action Ireland - AAI is the leading advocate for reducing alcohol harm.

Our vision is for a society free from alcohol harm.

Equality/Good Relations and Rural Screening (Chapter 1)

1a Have you any comments on either the Equality/Good Relations or Rural screening documents?

comments:

No Comment

1b Have you anything you believe we should be considering in future Equality/Good Relations or Rural screenings?

comments:

No Comment

Vision, Outcomes, Values, Priorities & Target Groups (Chapter 5)

2a Do you agree with the Vision?

Yes

If No, please provide further information.:

2b Do you agree with the Outcomes?

No

If No, please provide further information.:

While we broadly agree there are some further suggestions

We believe that 'and children, in particular' be noted in Outcome A, and

that a new Outcome (B) be added that states:

More people have greater knowledge of the inherent risk of substance use

2c Do you agree with the Values?

No

If No, please provide further information.:

While we do broadly agree there are some further suggestions

We believe that the specific rights of the child should recognised within the 'Person-Centred Approach'.

We believe that the strategy should fundamentally make the distinction between 'awareness' (which is used liberally throughout the framework) and 'knowledge', and seek to pursue establishing meaningful knowledge among all target groups.

The pursuit of awareness of the harm from substance use is not sufficient to motivate lasting change; sustained action from individuals, institutions and

organisations can only occur from a deep understanding that knowledge brings.

We acknowledge the 'Long Term Focus' of the strategic framework and note that the efficacy of specific actions proposed on alcohol need sufficient time.

In this respect, the framework needs to reflect on the maligning influence of the alcohol industry's action and tactical response.

2d Do you agree with the Priorities?

No

If No, please provide further information.:

While we broadly agree there are some further suggestions:

We believe that a further priority might be to focus holistically focus on de-normalising an 'alcogenic' environment that sustains the conversion of non-drinking children to alcohol using adolescents and young adults.

We applaud the priority on Hidden Harm and particularly the need to address the impact on the Child, and Adult Children, of an adverse childhood experiences such as parental problem alcohol use.

2e Do you agree with the Target Groups?

No

If No, please provide further information.:

We appreciate the universal nature of the strategic framework and recognise the need for a whole of population.

However as outlined earlier, and given the opportunity that presents for prevention within a new generation impacted by alcohol harm, we believe children, in particular, must be centrally identified target of the strategy.

2f Have you any further comments?

comments:

No Comment

Outcome A – Fewer People are at risk of harm from the use of alcohol and other drugs (Chapter 6)

3a Do you agree these indicators help to demonstrate progress against this outcome of having fewer people at risk of harm?

Yes

If No, please provide further information.:

3b Are you aware of any other indicators that would demonstrate such progress?

Yes

If Yes, please provide further information.:

Rate per 100,000 of population of alcohol related deaths
% of suicide deaths where alcohol was a contributing factor
% of Emergency Department presentations with acute alcohol episodes
% of adolescents entering adulthood as alcohol users
% of public order offences that are alcohol related
Number of children impacted by parental problem alcohol use
% of domestic violence incidents where alcohol is a contributing factor

4a Will these actions achieve this outcome of having fewer people at risk of harm?

No

If No, please provide further information.:

The actions outlined may 'support progress against the outcome and indicators' however with respect to alcohol actions, we believe the strategic framework can, and should, go further.

Again, we note a commitment to 'raising awareness of certain issues however a distinction needs to be made on developing meaningful knowledge for the multiple partners and stakeholders.

We note the acknowledgement of the weakness of standalone school based prevention programmes.

Actions A6 and A9 are examples of action where the ambition must be greater; make every contact count must be a focussed knowledge intervention with meaningful action determined. A9 speaks to raising 'awareness' but without deep knowledge – knowledge that supports and informs personalised risk

assessment and empowers all stakeholder's values - of the purpose of low risk drinking guidelines and adequate controls in the marketplace to support their dissemination such as mandatory labelling of alcohol products, both in the On and Off Trade.

4b Will these actions make positive impacts on the indicators?

No

If No, please provide further information.:

See our response to 4a

4c Which actions would you prioritise if they cannot all be taken forward, or are there other actions likely to have a bigger impact?

comments:

Our comments are primarily focussed on reducing alcohol harm

The WHO recommends action on the affordability, availability and promotion of alcohol as the most effective and cost-effective policies for governments to reduce alcohol harm. Building on these, the WHO's SAFER initiative was launched in 2018; a package of five evidence-based, high impact strategies WHO recommends governments should priorities to reduce alcohol harm. They include:

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

Outcome B: Legislation & the Justice System support Preventing and Reducing the Harm related to Substance Use (Chapter 7)

5a Do you agree these indicators help to demonstrate progress against this outcome of legislation and the justice system preventing & reducing harm?

No

If No, please provide further information.:

We believe the strategic framework requires further indicators on alcohol

5b Are you aware of any other indicators that would demonstrate such progress?

Yes

If Yes, please provide further information.:

% Off-trade alcohol sales

% personal expenditure (On & Off trade) on alcohol products

6a Will these actions achieve this outcome of legislation & the justice system preventing and reducing harm?

No

If No, please provide further information.comments:

It is our belief that extending the availability and access to alcohol as envisage in the proposed liquor licencing legislation will likely sustain, not reduce, levels of alcohol use. However, we do acknowledge the endeavour within Section 15, 16, and 17 of the legislation currently before the Assembly.

Progressing measures such Minimum unit pricing and controls on alcohol advertising, as the WHO SAFER initiative would make a contribution to tackling the harm from substance use.

6b Will they make positive impacts on the indicators?

No

If No, please provide further information.:

Addressing the specific actions B3 – B6, these can make a positive impact on the indicators.

The evidence to support the effectiveness of minimum unit pricing (MUP) of alcohol products, as highlighted by the WHO, is robust. Some form of MUP is currently operating in eight European countries including Scotland, where early indicators demonstrate an effectiveness in reducing Off-Trade alcohol sales.

<https://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/publications/2020/alcohol-pricing-in-the-who-european-region-update-report-on-the-evidence-and>

More widely, the introduction of alcohol controls including MUP in Northern Territory, Australia, has brought significant improvements in the level of acute alcohol presentations in Emergency Departments and reduction in hospital admissions for chronic alcohol misuse.

The commentary of 7.10 suggests that Ireland is 'willing' to introduce MUP however it should be noted that will MUP has not been commenced it is the law, enacted by parliament. While references persist about a notional 'cross-border issues' it is our belief that these arguments are spurious and that possible trade fluctuations are hindering the commencement of public health measures. Matters of cross-border trade are driven by other, much more significant fiscal matters such as currency exchange and operable VAT regimes. The day to day de facto status of either of these variables is the principal motivation driving 65-70% of any cross-border trade with mutual community economic benefit accruing.

MUP, as the 2017 decision of the UK Supreme Court i on the matter determined, is principally and primarily a public health measure designed to reduce alcohol harm and protect human life and health. In this respect, application of such a measure in both jurisdictions, within the island of Ireland, would be helpful to tackling the harm of substance use.

i <https://www.supremecourt.uk/cases/docs/uksc-2017-0025-judgment.pdf>

6c Which actions would you prioritise if they cannot all be taken forward, or are there other actions likely to have a bigger impact?

comments:

The introduction of minimum unit pricing for alcohol products, which ensure that the cheapest, strongest alcohol products are pushed from the retail market, should be prioritised.

The possible action on restricting alcohol marketing must be seen as crucial to addressing the need to stem the early initiation of alcohol use by children. Children everyday of their lives, living within an 'alcogenic' environment are assaulted by a tsunami of alcohol marketing and promotion that establishes a brand engagement and relationship with a child. Meaningful curbs must be established on the reach of alcohol marketing both in traditional and digital media.

<https://www.euro.who.int/en/health-topics/disease-prevention/alcohol-use/publications/2020/alcohol-marketing-in-the-who-european-region-update-report-on-the-evidence->

Outcome C - Reduction in the Harm caused by Substance Use (Chapter 8)

7a Do you agree these indicators help to demonstrate progress against this outcome of reducing harm?

No

If No, please provide further information.:

We believe there needs to be additional alcohol indicators

7b Are you aware of any other indicators that would demonstrate such progress?

Yes

If Yes, please provide further information.:

The number of alcohol attributable/related deaths per hundred thousand
The number of suicide deaths where alcohol is a contributing factor
The number of alcohol related presentations to Emergency Departments
The number of alcohol related cancer diagnosis and deaths
The number of Korsakoff syndrome diagnosis
The number of public order offences that are alcohol related

8a Will these actions achieve this outcome of reducing harm?

No

If No, please provide further information.:

By expanding the range of indicators the strategic framework will capture a broader range of harm from substance use.

8b Will they make positive impacts on the indicators?

Yes

If No, please provide further information.:

8c Which actions would you prioritise if they cannot be taken forward, or are there other actions likely to have a bigger impact?

comments:

No Comment

Outcome D - People Access High Quality Treatment & Support Services to Reduce Harm and Empower Recovery (Chapter 9)

9a Do you agree these indicators help to demonstrate progress against this outcome of accessing treatment?

No

If No, please provide further information.:

No Comment

9b Are you aware of any other indicators that would demonstrate such progress?

No

If Yes, please provide further information.:

No Comment

10a Will these actions achieve this outcome of accessing treatment?

No

If No, please provide further information.:

No Comment

10b Will they make positive impacts on the indicators?

No

If No, please provide further information.:

No Comment

10c Which actions would you like to prioritise if they cannot all be taken forward, or are there other actions likely to have a bigger impact?

comments:

No Comment

Outcome E - People Are Empowered & Supported on their Recovery Journey (Chapter 10)

11a Do you agree these indicators help to demonstrate progress against the outcome of empowering people?

No

If No, please provide further information.:

No Comment

11b Are you aware of any other indicators that would demonstrate such progress?

No

If Yes, please provide further information.:

No Comment

12a Will these actions achieve this outcome of empowering people?

No

If No, please provide further information.:

No Comment

12b Will they make positive impacts on the indicators?

No

If No, please provide further information.:

No Comment

12c Which actions would you prioritise if they cannot all be taken forward, or are there other actions likely to have a bigger impact?

comments:

No Comment

Outcome F - Information, Evaluation & Research Better Supports Strategy Development, Implementation & Quality Improvement (Chapter 11)

13a Will these actions achieve this outcome of better information, evaluation and research?

No

If No, please provide further information.:

No Comment

13b Which actions would you prioritise if they cannot all be taken forward, or are there other actions likely to have a bigger impact?

comments:

No Comment

Making It Happen - Governance & Structures (Chapter 12)

14 Do you agree with the proposal to review the role, function & membership of DACTs, and consider linkages with other local delivery structures?

No

If No, please provide further information.:

No Comment

15 Do you agree with the proposed governance structures?

No

If No, please provide further information.:

No Comment

16 Do you agree with the Timeframe proposed?

No

If No, please provide further information.:

No Comment

FINAL COMMENTS

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

comments:

Alcohol Action Ireland welcome the opportunity to contribute to this important process and consultation. Our commentary has primarily focused on harm from alcohol, adding to the already substantive approach adopted by the Minister and his officials at the Department of Health.