

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

NIADA (Northern Ireland Alcohol and Drug Alliance) facilitates co-operation among the voluntary and community sector organisations providing services for and supporting those affected by alcohol and drug use, and their families across Northern Ireland.

Our vision is to have a society where people affected by substance use have access to the right services, in the right place, at the right time.

NIADA's mission is to work collaboratively to raise awareness and influence policy and practice on the impact of substance use on individuals, families and communities.

Key purposes are to:

- Create an independent cohesive voice for the sector;
- Advocate and influence policy, practice and service delivery;
- Campaign for the voluntary and community sector to be involved in the development, design and delivery of alcohol and drug services;
- Provide members with direct access to PHA, HSCB and DoH decision making processes;
- Provide members with networking, information sharing and publicity opportunities.

NIADA members deliver the current PHA substance use services and/or represent service users and include:

ARC Fitness, ASCERT, Carlisle House, Depaul, Davina's Ark, Dunlewey Addiction Services, Extern, GamCare, Inspire, Leonard Cheshire NI, Northlands, RSUN, Simon Community, Start360 and YMCA Lisburn.

NIADA members agree that the introduction of legislation to set a Minimum unit price for alcohol has strong potential to be a key population-level health measure which will address the harms related to alcohol consumption across N.Ireland. It will positively impact individuals, families and communities who are affected by alcohol misuse, and will be a legacy for our young people and future generations.

Consultation Question 1

Do you agree with the overall policy aim of reducing the harm alcohol causes?

Strongly agree.

NIADA members provide advice, education, treatment, support, aftercare services and witness daily the harm caused by the consumption of alcohol. It is a growing concern that alcohol specific deaths have been increasing year on year in N.Ireland with the highest number recorded in 2020 (351 deaths). Figures show that N.Ireland had its highest rates of alcohol-specific deaths accounting for 2% of all deaths registered in 2020. Since 2001, the alcohol-specific death rate has risen significantly for both men and women.

Alcohol-related harm is estimated to cost our society approximately £900m each year across health, justice, policing and the economy. The annual cost of alcohol use to our health and social care system alone is estimated to cost £250m a year.

170,000 adults in N.Ireland drink at hazardous levels, with a further 47,000 adults drinking at harmful levels. One in six people who attend emergency departments have alcohol-related issues. At peak times, this often increases to eight in ten.

We therefore support the introduction of MUP to target cheap, high-strength alcohol, which is most often bought by people drinking at harmful levels and will target the heaviest drinkers who seek the cheapest alcoholic products. In turn this will along with other interventions will reduce the harm that alcohol causes them, and others.

With MUP now implemented in the Republic of Ireland in January 2022, research conducted by a group in Sheffield suggests that consumers there are expected to reduce alcohol consumption by almost 9% overall. The heaviest drinkers are expected to reduce their alcohol consumption by 15% while people who already drink within the low-risk alcohol guidelines are expected to drink 3% less. It is also hoped that the minimum pricing will lead to 200 fewer alcohol deaths and 6000 fewer hospital admissions in Ireland per year.

NIADA conducted a research piece with Queens University Belfast to look at Service Users Experiences during the first Covid 19 Lockdown. The findings from this research highlighted:

Of the 149 respondents, more than half of those taking part indicated that alcohol was their main substance (58%). Alcohol use was particularly high among older respondents. For those aged 46-60 years, more than four-fifths (83%) indicated that alcohol was their main substance. The percentage was even greater for those aged older than 60 years of age, with all respondents in this age group reporting alcohol as their main substance.

Full Research findings is available to view here:

[Service-user-experience-during-lockdown.pdf \(niada.net\)](#)

NIADA realises that there is certainly no silver bullet, no quick-fix solution that will solve all our alcohol problems. Fortunately, there are several public health policies recommended by the World Health Organisation (WHO) which work along with minimum unit pricing to reduce alcohol related harm.

We believe introducing such a policy would in turn reduce alcohol-related deaths, the burden of alcohol-related hospital admissions on the wider health and social care system, ease of access to cheap alcohol such as white ciders, low-quality beers and spirits and cut alcohol-related crime in N.Ireland.

NIADA also recommends that the extra tax revenue generated from MUP is used to fund appropriate alcohol treatment services and public health initiatives in N.Ireland.

We realise these measures while far reaching may take a few years to embed into society but will significantly improve the outcome for future generations.

Consultation Question 2

Do you believe that introducing Minimum Unit Pricing for alcohol into Northern Ireland will have an impact on reducing alcohol-related harm?

Agree

The introduction of Minimum Unit Pricing in N.Ireland will contribute greatly to reducing alcohol related harm, although we recognise it may take a period of time before the impact is seen.

The World Health Organisation (WHO) states “Of all alcohol policy measures, the evidence is strongest that alcohol prices have an impact on alcohol consumption and alcohol-related harm.” “Influencing the prices of the cheapest and most consumed alcoholic drinks on the market by raising the lowest prices has a potentially larger impact on total consumption than increasing the prices of more expensive alcoholic drinks that have a limited market.”

This perspective on pricing policies and insight to best practice for reducing the harmful consequences of alcohol is reiterated by the OECD in its recent study ‘Preventing Harmful Alcohol Use’ (2021): Alcohol Pricing is a key method used to reduce consumption, which highlights the impact of the introduction of minimum unit pricing (MUP) in the United Kingdom (Scotland and Wales).

In April 2021 NIADA hosted an online event to begin the conversation around MUP in N.Ireland. This event was greatly attended by those delivering services within the V&C sector as well as health professionals from around the world.

Poll results highlight the importance of evidence-based research information.

Would you support the introduction of MUP in Northern Ireland?

	<i>Before Conference</i>	<i>After Conference</i>
YES	65%	85%
NO	7%	9%
<i>Need more information</i>	28%	6%

One conference participant stated *“perhaps there would be more support for adopting MUP if it were more understandable rather than just saying alcohol should cost no less than 50p per unit”*

For better understanding on MUP, NIADA ran a social media campaign delivering clear concise information and facts with the aim to allow people to make a better-informed response to the consultation.

The evidence is building for the success of MUP. After the policy was introduced in Scotland, alcohol consumption fell to the lowest level seen in 25 years and in 2020, alcohol sales reached their lowest level since 1994.

Consultation Question 3

Do you foresee the introduction of MUP into Northern Ireland as impacting negatively upon any specific groups?

Yes

NIADA believes that although people on lower incomes are less likely to buy and consume alcohol at harmful levels, they are disproportionately more likely to suffer alcohol-related harm.

If we take into account how the current economic environment is resulting in greater and more widespread poverty, this could mean more people may experience alcohol related harm particularly where MUP policy results in them making choices that adversely affects their spending on essentials such as food and energy. This supports the importance of NIADAs proposals in Question 10 to include monitoring on the impact of the policy on people with low income, families, and vulnerable groups.

At NIADA’S MUP conference in April 2021 the following comments were recorded from attenders.

“For people with problematic alcohol use MUP will make life even more difficult. Their unit intake won’t reduce but they’ll spend less on food, bills, rent etc? Leading to poorer health and possible homelessness”.

“People already on the streets or in hostels have to save a couple of pounds for next morning to get a tin or 2 of strong beer/cider just to stop the shakes, feel normal to go out and beg and/or turn to crime to get more alcohol. MUP will greatly affect this group of people”

“MUP would also need to consider the risk that some drinkers may switch to the use of other substances that have depressant or euphoric effects e.g., street benzos, pregabalin, sedating antihistamines and opioids”.

Going forward we need to consider service user opinions/viewpoints and try to mitigate against them.

The full online event can be viewed here:

[NIADA Online Conference 2021 – Northern Ireland Alcohol and Drugs Alliance](#)

Strengthening the Voice of the Sector

If MUP were to be introduced it may be worthwhile to think about launching alongside campaigns which focus on public health messaging such as nutrition for those who are alcohol dependent, public awareness about alcohol withdrawal and the symptoms of this along with harm reduction advice.

Consultation Question 4

Do you believe that of the pricing options considered, that MUP for alcohol is the most effective way of achieving the policy aim of reducing harm? Are there other pricing policy options that should have been considered?

Yes

We believe in the current situation the pricing options are a good starting point for MUP but should be implemented along with further measures. NIADA believe the possibility of introducing stronger measures on the sale and supply of alcohol products, advertising and special promotions must also be considered. e.g., ending the buy 2 get a 3rd half price, reviewing advertising campaigns aimed at appealing to young people and the sale of cheap multipacks centred around sporting events.

NIADA have currently submitted a formal complaint to the Portman Group regarding some of the products targeted at young drinkers and the dangers associated with high alcohol/caffeine levels contained in these drinks.

Consideration should also be given to putting the profit from alcohol sales back to the services who help and support these individuals and their families.

The following feedback from a group of service users, all of whom have been diagnosed with an Alcohol Related Brain Injury pointed to price and availability being a big factor in their drinking habits.

“I drank carry outs because it was cheaper than going to a pub”

“I could buy a bottle of wine for the same price as a glass in a wine bar”

“If there was a minimum price I probably wouldn’t have drunk as much, I was on benefits and wouldn’t have been able to avoid it”

“My alcohol made me lose my family, job, house and dignity, I don’t think it should be available in supermarkets”

Some points collated from our MUP conference participants highlighted that there may be other effective ways to be considered including advertising restriction, availability, and price.

“Price, availability and marketing are the most effective measures to reduce alcohol consumption and harm”

“We might borrow a model for how best to regulate alcohol if we look to tobacco. No advertising including neutral packaging, high prices and limiting where it can be bought. However, we need to ensure we don’t encourage the black market to step in any vacuum that would create”.

“There is much learning from the implementation and development of the Icelandic model and their whole society approach to substance use, this includes minimum pricing and engaging communities in preventative strategies”.

“Iceland has a state alcohol retail monopoly allowing effective controls of numbers of outlets, hours of opening and price. Iceland also has a well-designed alcohol duty system where duty relates to alcohol strength”.

In our view, the policy landscape should explore the possibility of introducing stronger measures on the sale and supply of alcohol products beyond those establishing Restrictions on off-sales drinks promotions in supermarkets (Oct 2022) and prohibiting loyalty schemes (April 2023) with the Licensing Act (Northern Ireland) 2021

Consultation Question 5

Do you have any opinion on the level on which MUP should be set initially?

50 pence

NIADA support the initial introduction of minimum unit pricing at the level of 50p per unit. Modelling for N.Ireland estimates that 50p MUP would reduce alcohol consumption by 5.7% and lead to a reduction of 63 alcohol-related deaths per year (after 20 years when the full effect of the policy will be felt) and a reduction of 2,460 alcohol related admissions to hospital. This in would save an estimated £956m over 20 years.

In Scotland and Wales, each unit of alcohol cannot be sold for any less than 50p. This means that a can of lager containing two units of alcohol must cost at least £1 and a two-litre bottle of cider of 6% strength must cost at least £6.00. In the Republic of Ireland, the minimum price for one standard drink (10g of alcohol) costs €1.

NIADA are aware that organisations such as Alcohol Focus Scotland (AFS) and Scottish Health Action on Alcohol Problems (SHAAP) are calling for the minimum unit price level to be increased to 65p per unit. We feel that a lower introduction rate followed by a gradual increase if needed would be best.

When the Republic of Ireland introduced MUP in January 2022, NIADA monitored the media coverage. One of the first things we noticed was that people travelled across the border to nearby towns to buy cheaper alcohol. NIADA would welcome a coordinated approach between N.Ireland and the Republic of Ireland. Ideally an all-Ireland approach to alcohol harm reduction would have been advantageous however this was not the case. But it is not too late for us to implement and work with the Republic of Ireland, Wales, Scotland and Jersey while learn from their experiences.

Consultation Question 6

Do you agree that the level of the MUP should be varied over time? If so, what other information or evidence do you think should be considered when amending the MUP?

Yes, the level should be varied over time.

Other information or evidence that should be considered –

Strengthening the Voice of the Sector

Take advantage of the evidence and learning from our neighbours in Scotland and Wales who have already introduced MUP – how are they varying the level and is it successful?

Immediate real time analysis and research locally on how drinkers from different socio-economic groups are being impacted. Are lower income drinkers being impacted disproportionately for example?

Modelling whether variations in MUP would have a proportionate impact on the health of those in different socio-economic groups.

Consultation Question 7

If the MUP rate is to be varied over time, what do you believe would be the best method of achieving this?

Considering the impact of MUP in isolation will not give an accurate reflection of the need to vary the rate. It needs to be considered from a broader socio-economic view and not solely based on inflation figures which are unpredictable and fluctuate in year as well as year on year.

An expert group could be established across the UK and Ireland (with representatives from Health, Education, Finance, Justice etc – both statutory and non-statutory) to pool the knowledge and resources (particularly from those jurisdictions that have more experience) and jointly agree changes in levels based on evidence from research.

Consultation Question 8

Do you agree with the use of the formula for setting the total Minimum price for a product?

Yes, however any formula that is written into legislation should have a ‘subset clause’ similar to Scotland, which means amendments can be made upon review, relatively easily and are reactive to current data, market trends, socio-economic factors and public health advice.

Consultation Question 9

Do you agree with the enforcement proposals and sanctions that would be added to the necessary legislation?

Yes.

There is however some apprehension around the potential for the Alcohol Industry to abuse the appeals process by engaging in lengthy legal challenges if dissatisfied with particular rulings.

Consultation Question 10

Do you agree with the proposed targets and monitoring arrangements?

NIADA agrees that the targets and monitoring arrangements are generally appropriate.

However, we would like to see their scope increased through the gathering of more qualitative information to include the following indicators:

Level of use of other substances – has there been increases due to MUP?

Impact on dependant drinkers

Impact on children and families – reduction in family resources available for essentials (such as food, clothing, heating) and non-essentials (including recreation and eating out).

Impact on those with low income - including those in homelessness and those not entitled to public funds

Demand for support services – has this increased as a result of MUP?

Consultation Question 11

Do you agree with the outcome of the Impact Assessment Screenings? Have you any comments on either the Equality/Human Rights or Rural screening documents? Have you anything you believe we should be considering in future Equality/Human Rights or Rural screenings or future impact assessments?

NIADA is satisfied that the outcome of the Impact Assessment Screenings and agree as indicated that there are no adverse impacts in relation to the policy proposal.

Consultation Question 12

Do you agree with outcome of the Regulatory Impact Assessment? Have you any comments on the Regulatory Impact Assessment? Have you anything you believe we should be considering in future regulatory impact assessments?

NIADA agrees with the outcome of the regulatory impact Assessment and has no further comments.