

Executive Summary

1. The Portman Group welcomes the opportunity to respond to the Department of Health's consultation on a new Substance Use Strategy for Northern Ireland. As the UK alcohol industry regulator and social responsibility body, we are responding from an alcohol harm perspective, rather than drugs/substance misuse, but recognise the important role that polydrug use can play, especially for those drinking at the heaviest and most harmful levels. As such, we have limited our substantive comments to outcomes A, B and C.
2. Whilst we recognise the wider harm that illicit drug use and alcohol misuse causes to individuals, families and society at large, we would urge the Department of Health to update their calculations on the alleged costs of alcohol misuse to take into account the decade of progress achieved in reducing many measures of harm, such as binge drinking and underage drinking.
3. Furthermore, unlike illicit drug use, and taking into account the moderate majority of drinkers in Northern Ireland, we believe the best approach to tackling alcohol-related harm are measures focused on reducing harmful alcohol use than alcohol consumption per se. We therefore voice our support for the measures in the draft strategy targeted at those drinking at the heaviest and most harmful rates, addressing the complexities underlying their drinking, and increasing cross-organisational co-operation to better identify and assist these individuals.
4. We caution against the new strategy diluting its focus on harm by advocating for measures such as a 9pm broadcast watershed for alcohol advertising, which is a disproportionate measure and fails to take into account the success of the existing self-regulatory system across the UK for marketing. For example, the latest data from the Advertising Standards Authority shows that children's exposure to alcohol advertising on TV has more than halved in the past decade, making up just 0.8% of the number of all TV advertising seen by children each week.¹

The Portman Group

5. Founded in 1989, the Portman Group is the world leading and first industry regulator committed to moderation and promoting a sensible relationship with alcohol among those who choose to drink. We've worked hard to act as a bridge with industry and government to increase awareness and raise standards. This has helped contribute to a downturn in misuse.
6. The Portman Group operates the [Code of Practice on the Naming, Packaging and Promotion of Alcoholic Drinks](#) and the [Code of Practice on Alcohol Sponsorship](#). They ensure that alcohol is marketed in a socially responsible way, only to those aged 18 and over, and in a way that does not have particular appeal to vulnerable consumers.
7. The Independent Complaints Panel applies the Code, which has led to more than 160 irresponsible and inappropriate products either being re-branded or removed from the market, in turn driving industry changes and protecting consumers.

¹ [Advertising Standards Authority: Children's exposure to age-restricted TV ads, 2019 update](#), May 2020

8. The Portman Group has more than [130 Code signatories](#) including producers, retailers and membership bodies. The Group is funded by twelve member companies: Asahi UK Ltd; Aston Manor Cider; Bacardi; Brown-Forman; Budweiser Brewing Group UK&I; Campari; Diageo GB; Heineken UK; Mast-Jägermeister UK; Pernod Ricard UK, SHS Drinks and Thatchers Cider.

Response context and alcohol trends in Northern Ireland

9. We recognise the wider harm that illicit drug use and alcohol misuse causes to individuals, families and society at large. However, we are concerned that any call to action based on the alleged costs of alcohol misuse from 2008/09 (£900m) fails to take into account the large progress made in Northern Ireland over last decade in tackling harm, as already noted in the consultation document.
10. This progress includes:
- That the moderate majority – four in five – Northern Irish adults report drinking within the lower risk CMO guidelines, amongst the highest in the UK²
 - Since 2010/11, the proportion of those drinking above 14 units a week has fallen from 25% to just 17%, down by nearly a third (32%). This splits to men –from 37% to 26%, a 30% fall ; women are down a substantial 40% from 15% to 9%³
 - There has been a significant increase in responsible drinking amongst young adults. The proportion of Northern Irish 18-24-year olds drinking above 14 units a week has declined by 58% from 43% in 2010/11 to 18% in 2019/20⁴
 - The proportion of 11-16-year olds to have ever taken an alcoholic drink has declined by 50%, from 57% in 2000 to 29% in 2016⁵
 - The proportion drinking a few times a week has declined by over half - 55% - from 9.6% in 2007 to 4.3% in 2019, whilst those drinking a few times a month has declined by 21.8%, from 25.2% to 19.7%⁶
 - There has been a 6% decline in alcohol-related hospital admissions rates in Northern Ireland over the last eight years⁷
 - The hospital admission rate for alcohol-related causes has fallen over the last eight years, from 719 admissions per 100,000 of the population in 2012/13-14/15 to 673 admissions per 100,000 in 2016/17-18/19⁸
 - Alcohol related incidents of 'violence against the person' has declined from 47.1% to 33.6% (-28.6%) between 2012/13 and 2019/20 as a percentage of all recorded crime⁹
 - The number of alcohol-related public-order offences have declined from 214 in 2012/13 to 136 in 2019/20 – a fall of 36%¹⁰
 - The proportion of those saying that people being drunk or rowdy in public places is a big problem in their area has declined by 36%, from 25% in 2007/08 to 16% in 2018/19¹¹
11. That said, we recognise the continuing toll that alcohol misuse takes on hospital admission and preventable deaths. We believe that policies targeted at the heaviest drinkers, who are most likely to be admitted multiple times for alcohol-related issues and place a strain on services, would have the most appreciable impact on reducing harm.

² [Health Survey for NI](#), December 2020

³ [Health Survey Northern Ireland](#), December 2020

⁴ [Health Survey Northern Ireland](#), December 2020

⁵ [NI Young Persons Behaviour & Attitudes Survey](#), September 2020

⁶ [NI Young Persons Behaviour & Attitudes Survey](#), September 2020

⁷ [NI Department of Health](#), March 2020

⁸ [NI Department of Health](#), March 2020

⁹ [PSNI](#), November 2020

¹⁰ [PSNI](#), November 2020

¹¹ [Northern Ireland Crime Survey](#), February 2020

12. Furthermore, unlike illicit drug use, and taking into account the moderate majority of drinkers in Northern Ireland, we believe the best approach to tackling alcohol-related harm are measures focused on reducing harmful alcohol use than alcohol consumption per se. These measures should be targeted at those drinking at the heaviest and most harmful rates and addressing the complexities underlying their drinking.
13. COVID-19 has placed an additional emphasis on measures to reach the highest harm drinkers. Evidence from the Portman Group, Public Health England and other organisations suggest a polarisation of drinking trends in the UK. Those already drinking moderately are either drinking the same or reducing consumption, whilst increases witnessed during lockdowns were fuelled by those already drinking at heavier and more harmful rates.¹² For example, the Drinkaware Monitor 2020 highlighted a much larger increase in drinking amongst those in the 'higher' and 'increasing' risk groups defined by AUDIT-C compared to those in the 'low risk' category, although increases witnessed across all groups declined towards the end of lockdown.¹³

Response to 'Vision, outcomes, values, priorities and target groups

14. Vision: The moderate majority of NI adults drinking responsibly and within guidelines. As such while we support the general aim of the vision it is disproportionate and unhelpful to innately link alcohol consumption to harm in a comparable sense to illicit drug use. The vision as currently phrased problematises responsible alcohol use and in doing so could undermine the strategy's harm reduction focus by diluting attention away from misuse.
15. We would suggest the following wording instead: "People in Northern Ireland are supported in the prevention and reduction of harm related to the misuse of alcohol and use of other drugs, and will be empowered to maintain recovery".
16. Outcomes: Again, we would prefer that the strategy makes clear that the aim is to reduce the risk of harm from alcohol misuse rather than use per se. Otherwise, we support the general outcomes to ensure harm reduction and empower recovery.
17. Values: In general, we support the values articulated in the document for a broader whole-of-society approach and to address the underlying complexities concerning alcohol misuse, with a focus on those most at risk, such as the homeless.
18. We also support the recognition of a long-term focus to address underlying complexities rather than be distracted by short-term measures which may have little impact on those drinking at heavier and more harmful rates.
19. Priorities: We support a focus on polydrug use and co-occurring issues such as mental health and homelessness, as a factor underlying harm and heavier drinkers, as well as measures to address alcohol-related deaths and the tragic impact on families.
20. We support a key strand of the priorities to improve access to services, the quality of services and improved support throughout and after initial treatment. This is of vital importance and would have an immediate impact on treatment success and broader measures of hospitalisations and deaths.
21. Target Groups: We agree that particular concern should be shown for the target groups identified, particularly those who drink at harmful levels – as well as the interrelated aspects which can underly alcohol misuse – homelessness, contact with the justice

¹² [Portman Group-YouGov survey on alcohol consumption post the COVID-19 lockdown](#), September 2020

¹³ [Drinkaware Monitor 2020](#), October 2020

system, people with mental health issues, co-occurring drug use– as well as ‘older people’ identifying that those most likely to drink above 14 units are older drinkers (similar to the rest of the UK).

Response to Outcome A: Fewer People are at Risk of Harm from the Use of Alcohol and Other Drugs

22. Indicators: In general, we agree that the indicators will be a good measure to demonstrate progress towards having fewer people at risk of harm. However, we also believe that on the first measure – ‘% of adults drinking above the UK CMO guidelines’ - a proportional approach should be followed to identify and track as an indicator the percentage of those drinking at ‘increasing (14-35/50 weekly units)’ and ‘higher 35+/50+’ risk – so that measures and the impact on the highest risk drinkers can be effectively assessed.
23. We believe the consultation document is right to identify and celebrate the progress already made on alcohol-related harm in Northern Ireland, especially on the indicators identified for binge drinking and underage drinking.
24. Actions: We also believe that targeted prevention (and interventions) aimed at those who are most at risk are the most effective in having a direct and disproportionately beneficial impact on tackling harm. This should be taken in step with the ‘universal prevention’ approach aimed at raising awareness and education amongst the wider public to ensure that the moderate majority continue to drink within Government guidelines.
25. As such, we support the proposed measures in A1-8 to improve a targeted approach as well as broader education.
26. In terms of the specific alcohol measures proposed, we also support efforts to promote and raise awareness of the Chief Medical Officers low-risk drinking guidelines and units in general. Our members have been at the forefront of providing unit information to consumers, raising standards across the industry by contextualising this in terms of servings, and have also voluntarily committed to placing the latest Chief Medical Officers guidance on labels. Furthermore, all our members are funders of the independent alcohol education charity Drinkaware, which raises the UK public’s awareness of their intake and runs campaigns to help them moderate their intake.
27. We also support the measure proposed in A10 to improve access to drink driving rehabilitation schemes as well as its intention to ensure that drink driving offenders take more responsibility for their actions.

Response to Outcome B: Legislation and the Justice System Support Preventing and Reducing the Harm related to Substance Use

28. Indicators: We agree with the proposed indicators, but would recommend a proportional approach for ‘% of people who drink at harmful levels’ to explicitly focus on the percentage of people who drink at ‘higher 35+/50+’ risk – so that measures and the impact on the highest risk drinkers can be effectively assessed.
29. Actions: The consultation document highlights broadcast advertising and proposes to restrict advertising by pressuring the UK Government for a 9pm watershed ban. We do not support this proposal as it does not take into account the success of the existing self-regulatory system across the UK for marketing, with the Portman Group, Committee on

Advertising Practice and Advertising Standards Authority all applying successful measures to protect under-18s.

30. The latest data from the Advertising Standards Authority shows that children's exposure to alcohol advertising on TV has more than halved in the past decade, making up just 0.8% of the number of all TV advertisements seen by children each week.¹⁴ This highlights the commitment of drinks producers to socially responsible marketing and advertising and shows that a broadcast watershed is unnecessary.
31. Strong progress on TV advertising comes at the same time as the industry is looking at what more can be done to ensure social media platforms also minimise the chances of children and other vulnerable consumers viewing advertising for alcohol products online. For example, after extensive discussions with alcohol producers through the International Alliance for Responsible Drinking, Google announced in December 2020 that it will enable YouTube users across the world to opt out of alcohol advertising.¹⁵
32. Separately, we believe it is important to highlight that any impact of alcohol marketing is likely to be outweighed by other factors such as family environment, as Government statistics from across the UK show that youth access to alcohol is overwhelmingly from in the home and through family and friends¹⁶. Therefore, it is through initiatives to educate adults about youth access to alcohol and measures to prevent proxy purchasing which will be most effective in further preventing underage drinking.
33. We note reference to the Liquor Licensing Bill and licensing laws in B3 and, without repeating our response to the previous licensing consultation, we consider that the vast majority of licensed premises sell alcohol responsibly and that this is supported by an increasing trend towards responsible drinking amongst drinkers in Northern Ireland.
34. The Portman Group is also able to give guidance to both retailers and on-trade licensees about ensuring their promotions are responsible and do not encourage immoderate consumption or drunkenness.
35. We would reiterate that an evidence-based, proportionate and common-sense approach to alcohol licensing is followed and are pleased to see the licensing liberalisations advocated in the Bill balance protecting underage and vulnerable people with the freedom for adults to choose to drink responsibly.
36. Finally, we would like to voice our support for the measures advocated in B1 and B2 to scale up greatly support for problem-solving initiatives concerning justice and better support and treatment for those in the justice system. We believe such measures are a step in the right direction to help address the complex underlying causes of alcohol misuse and can help cut both alcohol-related harm and reoffending.

Response to Outcome C: Reduction in the Harm Caused by Substance Use

37. Indicators: In general, we support the proposed indicators. We reiterate our belief that a proportional approach to harm should be followed to identify and track as an indicator the % of those drinking at 'increasing (14-35/50 weekly units)' and 'higher 35+/50+)' risk –

¹⁴ [Advertising Standards Authority: Children's exposure to age-restricted TV ads, 2019 update](#), May 2020

¹⁵ [The Guardian: Google to let YouTube users opt out of gambling and alcohol ads](#), December 2020
[International Alliance for Responsible Drinking: Leading beer, wine, and spirits producers and world's prominent platforms put in place further safeguards to prevent minors seeing alcohol marketing online](#), November 2019

¹⁶ [Northern Ireland Young Persons' Behaviour and Attitudes Survey](#), September 2020
[NHS Digital: Smoking, Drinking and Drug Use among Young People in England 2018](#), August 2019

so that measures and their impact on the highest risk drinkers can be effectively targeted and assessed.

38. We recognise and would not seek to minimise the harm that alcohol misuse can cause to individuals and others, albeit this is a very small percentage of all those who drink alcohol. The underlying causes for harmful drinking are often complex and underlying, and that measures should be targeted to these individuals to aid their recovery and tackle harm.
39. As such, we would voice our support for the actions proposed in section C and D to increase the accessibility and effectiveness of alcohol and drug services, including taking a joined-up approach across health, community, homeless and mental health services – to help address the interrelated underlying causes of harmful drinking.
40. A positive example of this can be seen in England with the Walsall Healthcare NHS Trust's 'Managing Complex Patients Project', and how this can be replicated across the country in order to make better use of existing resources and tackle alcohol misuse. The Project began in 2014 after the Trust identified 11 so-called 'frequent flyer' patients, who accounted for 499 alcohol-related hospital admissions over previous 12 months; circa 45 admissions per person, or put another way, almost every patient admitted once each week, every week. Of this group, seven had recognised alcohol abuse problems and three were of no fixed abode. To lower admissions and costs the Trust put together integrated care plans for the patients in co-operation with multiple health, social and lifestyle providers, which had previously been working in isolation of one another. Over the first phase of the project, the Trust was able to achieve an 81% reduction in A&E admissions, 65% reduction in hospital admissions and £75,012 in financial savings.¹⁷ After the successful initial trial, the four cohort phases implemented by the Trust covering 50 patients has so far resulted in £336,862 of savings, with £110,740 saved in A&E attendances and £226,122 saved by the reduction in bed stays. The Trust are currently in the process of initiating a fifth cohort.¹⁸

	A&E admissions	Bed days
Cohort 1 – 11 Patients (comparing 2014 to 2017)	73% reduction	89% reduction
Cohort 2 – 14 patients (comparing 2015 to 2017)	79% reduction	88% reduction
Cohort 3 – 13 patients (comparing 2016 to 2017)	54% reduction	68% reduction
Cohort 4 – 12 patients (comparing 2017/18 – 2018/19)	61% reduction	74% reduction

41. We also welcome the consultation document's recognition that total abstinence is not an outcome that many people wish to or are likely to adopt, and that measures to help people moderate drinking and work towards remaining within the Chief Medical Officer's weekly guidelines should be explored. For example, the industry has significantly invested in a range of innovative low and no alcohol beverages which could be used by some as part of moderating and harm reduction strategies – i.e. switching some of their regular beer, cider and spirits with a low and no alternative. The growth of these products, their recognition and acceptance by consumers and their value in reducing alcohol consumption could be greatly assisted by public messaging from government bodies.

Portman Group
January 2021

¹⁷ [Portman Group Twitter, March 2017](#)

¹⁸ Latest figures kindly provided by Daniel Hodgkiss – Patient Safety Manager for Medicine and Long Term Conditions at Walsall Healthcare NHS Trust