



Call for evidence and views on the licensing and registration of clubs (amendment) bill

25th February 2021

Strengthening the VOICE of the Sector



About us

NIADA is an alliance formed in Summer 2016 which facilitates co-operation among voluntary and community sector organisations supporting those affected by alcohol and drug use, and their families.

NIADA's key purposes are to:

- ☐ Come together and create an **independent** cohesive voice;
- ☐ **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**.

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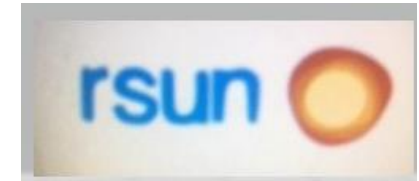
About us

- Chairperson: Anne-Marie McClure – CEO Start360
- Vice- Chair: Pauline Campbell – Director Dunlewey Addiction Services
 - Support Officer: Andrea Trainor
- Currently have 13 member organisations

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Members



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Vision

NIADA's vision is to have a society where people affected by alcohol and drug-use have access to the right services, in the right place, at the right time

Mission

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

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- All NIADA member organisations provide services i.e., education & prevention, hidden harm, low threshold, treatment, recovery, residential and support within the field of addiction.
- We work with individuals, family members, homelessness, adults, young people and communities who have all been impacted by alcohol, drugs, polydrug misuse.
- We have all seen the impact alcohol misuse, dependency and addiction has on our service users, families and communities.

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Prevalence (and nature of use)

- ❑ NIADA member organisations work with an estimated 50,000 individuals per year
- ❑ Complex presentation developing over last 3-5 years
 - Dual Diagnosis
 - Polydrug Use
 - Earlier onset (as young as 11 although majority in 14-18 age range)
 - Family history
- ❑ Alcohol gateway drug and most commonly used – always in the picture
- ❑ Cannabis including synthetic cannabinoids – close second most common drug
- ❑ More males than females accessing services

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Alcohol Specific Death Rates in the UK 2001-2019 NISRA.

For the first time Northern Ireland is on a par with Scotland.
NI has seen an increase of alcohol related deaths since 2013.

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Covid 19 Pandemic

All organisations working through the medium of online.
During lockdown pubs are closed, off licences close 8pm

Increase of referrals relating to alcohol to our services.

Maybe a number of reasons for this increase.

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Example referral figures:

Carlisle House Treatment Centre: 77 in 2019 increased to 81 2020.

Davina's Ark: 62 in 2020

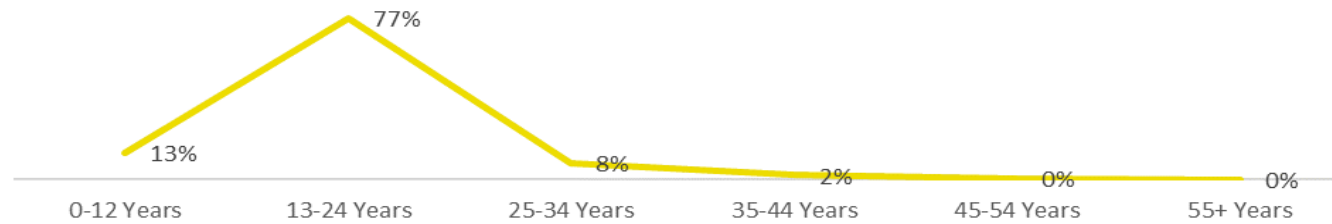
Addiction NI: 902 IN 2020

- Dunlewey Addiction Services:
- 2018 -2019 27% Alcohol referrals
- 1st April 2020 to Jan 2021 122 referrals to the 11-25year old service
- 55 (45%) Alcohol referrals. 32 (58%) Male 23 (42% female. 16-17 19 (35%)

These are alcohol only figures – Do not include Polydrug use: 1 or more substance.

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Most Common Age for Start360 Service Users to Start Using Substances



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Thoughts on the Bill

- ☐ Agree with the bill but our areas of concern are around children and young people
- ☐ Welcome the proposals alignment of liquor, entertainment and refreshment provision, the delivery of intoxicating liquor to young persons, the prohibition on self service and sales by vending machines.
- ☐ We need to come from a harm reduction and prevention route rather than wait until crisis point
- ☐ Educate our young people, reduce the normality around drinking – young people grow up to be the adults reaching for help with problem drinking
- ☐ NIADA would recommend public health messages re alcohol should be the driving force behind the policy objectives

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Thoughts on the Bill

NIADA welcome the study led by the University of Stirling which is seeking to understand recent changes in opening hours for bars and nightclubs, and how these changes impact on health, crime levels, and emergency services in Scotland.

It will be the first study in the UK to look at how opening hours affect ambulance callouts and crimes, alongside an exploration of the impact on public services and business operations.

Build upon previous studies in Norway, Amsterdam and Australia that found that even opening an hour later after midnight led to significantly more assaults or alcohol-related ambulance callouts.

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Thoughts on the Bill

- NIADA recommend that all necessary safeguards are in place to protect children from the promotion of alcohol and prevent access to alcohol when in licensed premises.
- Wealth of evidence about the negative impact that exposure to excessive alcohol consumption has on children
- Impact at ground level – example. Hidden Harm – extended family drinking. Across social class and seen as cultural acceptance. Physical and mental impact. Problematic drinking can impact anyone
- Rather than increase opportunity for exposure we need to reduce it with positive things – consider alternatives

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- Increase price – minimum unit pricing
 - Reduce availability, e.g., number of alcohol outlets in different communities, times.
 - Restricted marketing, consultation about outdoor alcohol advertising.
 - Sponsorship of events to protect children.
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- World Health Organisation – for further information

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Research:

NIADA commissioned and worked with QUB on 2 research pieces:

- Alcohol and Drug Use in the Workplace
- Service User Experience during lockdown – highlights how drinking levels increased and how the voluntary & community sector stood out and stepped up. 1 year later and 2 more lockdowns what will the future impact be?

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Research:

- survey respondents provided more qualitative detail about alcohol and drug use during the working day and the impact of drug and alcohol use outside of working hours on occupation performance. Ten survey respondents referred to the use of alcohol both on and off the work premises. The majority (n=8) referred to the impact of alcohol use before a 'shift' or the after-effects from the night before which had an impact on their work duties.
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- *"Alcohol use. Not on shift but before which has resulted in staff members being unfit for work. This is a regular occurrence."*
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- Eight respondents highlighted polydrug use specifically with alcohol as part of the combination of substances, including prescribed or non-prescribed benzodiazepines.
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- *"Likelihood of daily drinking in the evenings among a very small proportion of employees. In this context the person may also be on a prescribed anxiolytic e.g. diazepam, promethazine etc. This would be an example of poly drug use. I have no evidence of illicit, prescribed, OTC or alcohol use among employees within working hours."*

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Research:

Service User Experience during lockdown –

- Pattern of use
- Of the 149 respondents, 17 did not report substance use at the time of the survey, the majority of which were young respondents (aged under 18). More than half of those taking part indicated that alcohol was their main substance (58%).

Table 1: Main substance used

Main substance	(n)	%
Alcohol	86	58
Benzodiazepine	6	4
Cannabis	15	10
Meth/Chrystal meth	2	1
Cocaine	10	7
Opiates (inc codeine)	3	2
Opioids (inc heroin)	7	5
Porn	1	1
Pregablin	1	1
Tobacco	1	1
None	17	11