



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

HSE Policy on Public Health Information Initiatives related to Alcohol

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1.0 Policy Statement

It is the policy of the HSE that public health information on alcohol must be impartial, authoritative and provided by expert sources. The HSE's information programmes are supported by clinical experts, are evidence-based, have clear behaviour-change objectives, and their impact is measured and evaluated. Public health information should not be connected to the alcohol industry as the industry's obligation is to grow shareholder value. Promoting health and wellbeing and increasing industry profits are not coherent or incompatible strategic objectives.

This policy on alcohol-related education and communications programmes formally separates HSE public health advice from partnership with the alcohol industry. The HSE will be working with a range of experts in all aspects of alcohol risk and harms including all medical & nursing faculties, NGOs, Charities and other relevant expert groups to support evidence-based approaches in reducing alcohol related¹ harm in Ireland.

The HSE aims to ensure that in the context of any communications campaigns, service initiatives or health education programmes, or in the case of any proposed partnerships or co-funding arrangements, this policy identifies that:

HSE services, divisions, or staff in the course of their work for the HSE and in line with World Health Organisation Guidance² will not take part in campaigns, programmes or initiatives that are funded, or co-funded, directly or indirectly, by alcohol manufacturers and distributors or their related Social Aspect Public Relations Organisations (SAPROS).³

2.0 Purpose

The purpose of this policy is to provide clarity on the HSE's position with regard to engaging, directly or indirectly, in any initiatives, partnership or funding arrangements with the alcohol industry. This states that HSE services, divisions or staff do not in the course of their work take part in campaigns, programmes or initiatives that are funded, or co-funded, directly or indirectly, by Alcohol manufacturers and distributors or their Social Aspect Public Relations Organisations (SAPROS).⁴

2.1 Background

The evidence-base on how to tackle harmful alcohol use is clear and includes:

- Compelling evidence to support regulating the supply of alcohol by controlling price, availability and marketing
- Strong evidence that alcohol screening and brief intervention can reduce harmful drinking
- Community actions, through local or regional inter-sectoral plans, are an effective way to focus actions to improve health and wellbeing and support public safety.

¹ Alcohol-related harm indicates any of the range of adverse effects of drinking alcohol experienced by the drinker or by other people. This definition is used interchangeably with alcohol related problem, alcohol problem, drinking problem (Hvalkof and Anderson, 1995).

² http://alcoholireland.ie/home_news/who-confirms-that-the-alcohol-industry-has-no-role-in-the-formulation-of-alcohol-policies

³ <http://onlinelibrary.wiley.com/doi/10.1111/add.12356/epdf>

⁴ <http://onlinelibrary.wiley.com/doi/10.1111/add.12356/epdf>

- Information and education can help by supporting the actions above and improving knowledge of harmful drinking, but are shown to have very limited effectiveness unless contained within a suite of wider measures.

The Government has initiated an evidence-based response to harmful alcohol consumption in Ireland, bringing forward the Public Health (Alcohol) Bill <http://health.gov.ie/blog/publications/public-health-alcohol-bill-2015/> with regulations that are proven to reduce alcohol consumption – minimum unit pricing, restrictions on availability, health labelling, limitation on advertising, and enforcement of these measures.

The 2016 Health Research Report on Alcohol in Ireland: consumption, harm, cost & policy response:

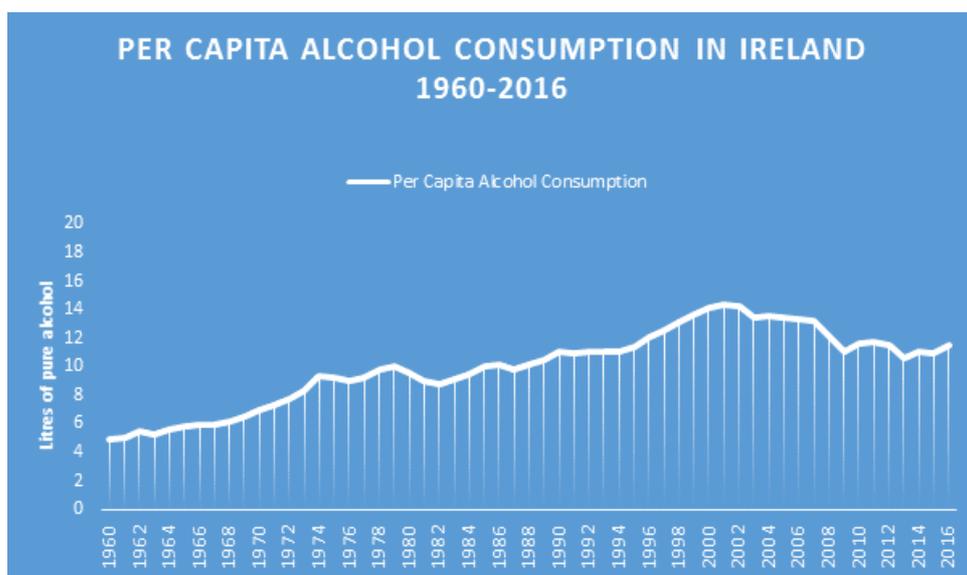
http://www.hrb.ie/uploads/tx_hrbpublications/Alcohol_in_Ireland_consumption_harm_cost_and_policy_response.pdf (?hyperlink)

This report examines national findings on the patterns & effects of alcohol consumption & how it is impacting on us as individuals and as a society.

Key points among the findings:

Alcohol –how much and what we drink

- In 2014 Irish drinkers consumed 11 litres of pure alcohol each. This is equal to 29 litres of vodka, 116 bottles of wine or 445 pints of beer. This placed Ireland in fifth place in the OECD for and above average in terms of per capita consumption.
- Alcohol consumption in Ireland increased during 2016. Figures show that per capita alcohol consumption was 11.46 litres of pure alcohol per person aged 15+ in 2016, an increase of 4.8% from 2015, when it was 10.93 litres.
<http://alcoholireland.ie/facts/how-much-do-we-drink/>
- Current per capita consumption is 21% higher than the Department of Health steering group’s target which sets out to reduce per capita consumption, from 11.46% litres of pure alcohol per person to 9.1 litres.
- It is not just what Irish people drink, but the way they drink that causes harm. In 2013 the HRB Alcohol Diary survey showed that more than 50% of Irish drinkers consume alcohol in a harmful manner – too much alcohol in one sitting and more than the recommended number of standard drinks in a week.



Alcohol – the impact on our health

- Three people died each day in 2013 as a result of drinking alcohol.

- In 2014, one- in-three self-harm presentations were alcohol-related.
- Between 2001 and 2010, one in eight breast cancer cases were attributable to alcohol.
- The rate of alcoholic liver disease discharges grew threefold between 1995 and 2013. The highest rate of increase was observed among 15–34 year-olds, albeit from a low rate.
- The number of people discharged from hospital whose condition was totally attributable to alcohol rose by 82% between 1995 and 2013, from 9,420 to 17,120. Males accounted for 72% of these discharges and females 28%.
- There has also been a steady increase in the mean length of stay (LOS) for hospital discharges, from 6.0 days in 1995 to 10.1 days in 2013, which suggests that patients with alcohol-related diagnoses are becoming more complex in terms of their illness.
- The number of people discharged whose condition was partially attributed to alcohol increased from 52,491 in 2007 to 57,110 in 2011. This is approximately three times the number of discharges totally attributable to alcohol.
- An estimated 167,170 people suffered an alcohol-related assault.
- A total of 7,549 cases entered treatment in 2013 with alcohol as their main problem drug. These cases were predominantly male and median age was 39-40 years. This is a decrease of just over 12% since 2011. This decrease could reflect a true decrease in the number of cases, reduced levels of participation or under-reporting or a combination of these factors.

Alcohol – impact on the economy and tax payer

- In 2013, alcohol-related discharges accounted for 160,211 bed days in public hospitals, that is 3.6% of all bed days that year; compared to 56,264 bed days or 1.7% of the total number of bed days in 1995.
- €1.5 billion is the cost to the tax-payer for alcohol-related discharges from hospital. That is equal to €1 for every €10 spent on public health in 2012. This excludes the cost of emergency cases, GP visits, psychiatric admissions and alcohol treatment services.
- An estimated 5,315 people on the Live Register in November 2013 had lost their job due to alcohol use.
- The estimated cost of alcohol-related absenteeism was €41,290,805 in 2013.

The Health Research’s Board 2013 Alcohol Diary Survey found that:

- 54% of drinkers (aged 18-75) were classified as harmful drinkers; 75% of all alcohol consumed was done so as part of a binge drinking session
Irish drinkers underestimate their alcohol intake by 61%;
- Over half of adult drinkers in the population are classified as harmful drinkers – this equates with between 1.3 and 1.4 million harmful drinkers in Ireland.
- These findings lead to the conclusion that harmful drinking is the norm in Ireland, in particular for men and women under 35 years.
- One third (33%) of men and more than one fifth (23%) of women who consumed alcohol in the week prior to the survey consumed more than the HSE low risk drinking guidelines of 16.8 standard drinks for men and 11.2 standard drinks for women.
- The Health Research Board 2014 Report on the 2012 figures for treated problem alcohol use in Ireland showed that more than 40,000 cases were treated for problem alcohol use between 2008 and 2012.

Alcohol Harm to Others

The HSE report 'Alcohol Harm to Others' (2013) examines the damage that alcohol causes in the general population, the workplace and children in families.

The report outlines that:

- over one in four people in Ireland reported experiencing negative consequences as a result of someone else's drinking;
- one in ten Irish workers experienced negative consequences due to co-workers who were heavy drinkers
- one in ten Irish parents reported that children experienced harm in the past 12 months as a result of someone else's drinking.

The results confirm that alcohol is causing significant damage across the population, in workplaces, to children and carries a substantial burden to all in Irish society. This pattern of drinking is causing significant harm to individuals, their families and society.

The European Alcohol Policy Alliance has warned that, taking all diseases and injuries at a global level into account the negative health impact of alcohol consumption is 31.6 times higher than the benefit from low levels of alcohol consumption.

The WHO (2012) estimate that globally, in the population aged 25–59 years, alcohol is the number one risk factor for impaired health and premature death, and far more significant than tobacco use or diabetes.

The alcohol industry in Ireland has opposed these policy recommendations as outlined in the Minority report by the Alcohol Beverage Federation of Ireland (2012)

The WHO (2012) and leading global alcohol researchers (Lachenmeier & Rehm, 2009; Barry & Goodson, 2010) have repeatedly voiced their concerns regarding the involvement of the alcohol industry in research, policy formation, and health promotion campaigns that only serve to distort evidence, distract from effective policy setting, misrepresent the harmful effects of alcohol consumption and indirectly promote alcohol products.

The HSE is committed to the declared goal of government in reducing per capita consumption of alcohol and the corresponding alcohol related harms in line with the targets set by the 2012 National Substance Misuse Strategy Report which is to reduce alcohol consumption in Ireland to 9.1 litres per person per annum (the OECD average) by 2020. In 2014 Ireland was in fifth place in the OECD for and above average in terms of per capita consumption.

3.0 Scope

This policy applies to all employees of the HSE and all HSE funded organisations.

HSE funded organisations should review their own policies in light of this position.

4.0 Legislation and other related policies

4.1 Legislation

Public Health (Alcohol) Bill 2015

The Public Health (Alcohol) Bill contains a package of measures designed to tackle our harmful relationship with alcohol, reducing alcohol consumption and the related harms.
<http://health.gov.ie/blog/publications/public-health-alcohol-bill-2015/>

The measures proposed for inclusion in the Bill were announced by Government in October 2013 and are based on the recommendations of the Steering Group Report on the National Substance Misuse Strategy, which was published in February 2012. See appendix 3 for details

4.2 Related policies and guidelines

Healthy Ireland <http://health.gov.ie/wp-content/uploads/2014/03/HealthyIrelandBrochureWA2.pdf>

A Steering Group report on a National Substance Misuse Strategy
http://www.drugsandalcohol.ie/12388/2/Steering_Group_Report_on_a_National_Substance_Misuse_Strategy.pdf

Better Outcomes Brighter Futures, the National Policy Framework for Children and Young People 2014-2020
http://www.dcy.gov.ie/documents/cypp_framework/BetterOutcomesBetterFutureReport.pdf

Connecting for Life- Ireland's National Strategy to Reduce Suicide 2015-2020
https://www.google.ie/?gws_rd=ssl#q=Connecting+for+Life

National Sexual Health Strategy 2015-2020 <http://health.gov.ie/wp-content/uploads/2015/10/National-Sexual-Health-Strategy.pdf>

National Men's Health Action Plan -Healthy Ireland – Men 2016-2020
. <http://health.gov.ie/wp-content/uploads/2015/10/National-Sexual-Health-Strategy.pdf>

5.0 Roles and Responsibility

The roles and responsibilities of, employees, managers and senior accountable officers of the HSE in relation to this policy and related guidelines and procedures are set out in sections 5.1 - 5.3 below.

5.1 Employee responsibilities

It is the role and responsibility of all employees to:

- Be familiar with the policy.
- Comply with this policy.

5.2 Managers responsibilities who are Service Level Agreement holders with section 38 & 39 funded agencies:

It is the role and responsibility of all managers to:

- Ensure that they, their employees and/or persons and agencies providing services or being funded by the HSE are aware of and comply with the policy.
- Develop and implement local processes to comply with this policy.

- Monitor and conduct regular audits of compliance with this policy and related procedures, protocols and guidelines.
- To follow the correct HSE processes relating to Freedom of Information requests, Data Protection access requests, Parliamentary Questions, and Media Queries

5.3 Senior accountable officer responsibilities

The senior accountable officer is the person who has ultimate accountability and responsibility for the services under his/her governance, for example ,the CHO Chief Executive, in the case of a hospital it is the hospital Chief Executive Officer/or group CEO. It is the role of the senior accountable officer (or his/her senior nominee) to:

- Ensure that they comply with this policy.
- Have clear systems of governance in place to monitor compliance with the policy.

6.0 Support and Communication

- **Communication Broadcast will be issued to all managers who have responsibility for management of alcohol & substance misuse service level agreements and services**
- **A memo will be circulated to all Divisions advising of the Policy and of the appropriate dissemination amongst agencies and other funded organisations**
- **Staff will be informed of date for implementation of the Policy**

7.0 Peer Review and Key Stakeholder Review

- The Policy will be reviewed by the HSE Alcohol Programme Implementation Group.

8.0 Monitoring

- Implementation and monitoring of the Policy will continue at a local level through the financial audit function.
- The Policy will be reviewed with funded agencies on an annual basis and upon entering any agreements and/or contracts with the HSE.

9.0 Revision and Audit

- The Policy will be reviewed in 12 months,2018.
- Review and audit will take place continuously with funded agencies upon implementation of this Policy and before entering any agreements and/or contracts with the HSE

10. What this policy means/ Application of this policy in Practice

- This policy means that any health or social care organization receiving HSE funding should not engage with or utilize any publications or materials produced by the Drinks Industry including their Social Aspect organization Drinkaware as it is not their area of expertise and all organizations should utilize alcohol information from the HSE website askaboutalcohol.ie
- Queries regarding this policy should be forwarded to the HSE Alcohol Programme Office : 01- 6352190 or marion.rackard@hse.ie, or suzanne.costello1@hse.ie

Final Comments:

This policy outlines the position of the HSE in regards to alcohol. It illustrates research on harm caused by alcohol.It specifically advises staff to be aware of the source of information

on alcohol and to rely on the main HSE website www.askaboutalcohol.ie as the source of detailed & trusted information.

It advises that all organizations funded by the the HSE should not engage in projects, programmes or activities involving the alcohol industry.

This policy came into effect in 2015 and will continue to be monitored each year.

Help and Support:

- For anyone requesting information or help and support please contact the Drug and Alcohol Helpline 1800 459 459 9.30-5.30 Mon-Friday

11.0 References

Alcohol Beverage Federation of Ireland. (2012) The National Substance Misuse Strategy. Minority report by the Alcohol Beverage Federation of Ireland. Alcohol Beverage Federation of Ireland, Dublin.

Barry, A. E., & Goodson, P. (2010) Use (and misuse) of the responsible drinking message in public health and alcohol advertising: a review. *Health Education & Behaviour*, 37(2), 288-303.

Department Of Health (2012), Steering Group Report On a National Substance Misuse Strategy

European School Survey Project on Alcohol and Other Drugs 2016
<http://health.gov.ie/wp-content/uploads/2016/09/Irish-ESPAD-Report-2015.pdf>

Health Research Board (2011) Figures from the Irish National Drug-Related Deaths Index (NDRDI)

Health Research Board (2014) Treated problem alcohol use in Ireland: 2012 figures from the National Drug Treatment Reporting System

Health Research Report (2016) on Alcohol in Ireland: consumption, harm, cost & policy response
http://www.hrb.ie/uploads/tx_hrbpublications/Alcohol_in_Ireland_consumption_harm_cost_and_policy_response.pdf

HSE (2013) 'Alcohol Harm to Others' report
<http://www.drugs.ie/resourcesfiles/ResearchDocs/Ireland/2014/ah2oreport.pdf>

Lachenmeier DW, Rehm J (2009) Unrecorded alcohol: A threat to public health? *Addiction*, 104: 875–877.

Lyons S, Lynn E, Walsh S, Sutton M, Long J. (2011) Alcohol-related deaths and deaths among people who were alcohol dependent in Ireland, 2004 to 2008. Dublin: Health Research Board.

National Drug Treatment Reporting System (2012) Treated problem alcohol use in Ireland

National Suicide Research Foundation (2011) *National Registry of Deliberate Self Harm annual report 2010. Annual Report*. Cork: National Suicide Research Foundation

Public Health Alcohol Bill 2015 <http://health.gov.ie/blog/publications/public-health-alcohol-bill-2015/>

World Health Organisation (2012) *Alcohol in the European Union: Consumption, harm and policy approaches*. Geneva: World Health Organisation.

World Health Organisation (2014) Global status report on alcohol and health

12.0 Appendices

Appendix I Glossary of Terms and Definitions

Term	Definition
Advertisement	any form of commercial communication, recommendation or action with the aim, effect or likely effect of promoting an alcohol product or alcohol use either directly or indirectly
Alcohol	Alcohol is a sedative/hypnotic drug which depresses the central nervous system. Apart from social effects of use, alcohol intoxication may result in poisoning or even death; long-term heavy use may result in dependence or in a wide variety of physical and psychological problems.
Alcohol Product	means intoxicating liquor under the <i>Licensing Acts 1833 to 2011</i>
Child	a person who has not attained the age of 18
Employee	a person who has entered into or works under (or, where the employment has ceased, entered into or worked under) a contract of employment and includes a fixed-term employee, temporary employee, a person who is training for employment or receiving work experience and a member of the family of an employer and references, in relation to an employer, to an employee shall be construed as references to an employee employed by that employer
Employer	in relation to an employee – (a) means the person with whom the employee has entered into or for whom the employee works under (or, where the employment has ceased, entered into or worked under) a contract of employment, (b) includes a person (other than an employee of that person) under whose control and direction an employee works, and (c) includes, where appropriate, the successor of the employer or an associated employer of the employer
Executive	Health Service Executive

<i>Intoxicating Liquor</i>	any alcohol product which is chargeable to alcohol products tax under section 75 of the <i>Finance Act 2003</i> and is not relieved from such tax by section 77 of that Act
<i>Marketing</i>	any form of commercial communication or message that is designed to increase or has the effect of increasing, the recognition, appeal and/or consumption of particular products and services
<i>Minister</i>	Minister for Health
<i>Premises</i>	Includes a building, a dwelling or other structure, or part of a building, dwelling or other structure, a vessel, a vehicle, a tent, caravan or other temporary or movable structure.
<i>Publication</i>	a newspaper, magazine, journal, or any other periodical
<i>Sponsorship</i>	any form of contribution to any event, activity or individual with the aim, effect or likely effect of promoting an alcohol product or alcohol use either directly or indirectly
‘Low Risk’ or Moderate Drinking	Low risk’ or moderate drinking is described as drinking that does not cause harm to the drinker or society. Drinking in moderation means not exceeding the recommended weekly limits and spreading the quantity out through the week with two-three alcohol free days. Consumption should not exceed 11 standard drinks for females and 17 standard drinks for males per week.
‘Binge Drinking’	The term ‘binge drinking’ has been used to describe a lot of drinking on one occasion and historically this has been described as consuming six or more standard drinks per drinking occasion. However, the term ‘binge drinking’ and others are being appraised within Ireland and internationally.
‘High Risk’ or ‘Hazardous Drinking’	‘High Risk’ or ‘Hazardous Drinking’ is defined as a pattern of alcohol use that increases the risk of harmful consequences for the drinker. Such consequences include impact on mental and physical health functioning, relationships, behaviour and self esteem. The term describes drinking over the recommended limits by a person with no

	apparent alcohol-related health problems (HRB, 2010).
'Harmful Drinking'	'Harmful drinking' is defined as a pattern of alcohol use which is already causing damage to health. It arises following a long period of hazardous use. The damage may be physical (e.g.hepatitis-inflammation of the liver) or mental (e.g. depressed mood secondary to alcohol intake).Harmful use commonly has social consequences (HRB, 2016).
Alcohol-Related Harm	Alcohol-related harm indicates any of the range of adverse effects of drinking alcohol experienced by the drinker or by other people. This definition is used interchangeably with alcohol related problem, alcohol problem, drinking problem (Hvalkof and Anderson, 1995).
Problem drinking that becomes severe is given the medical diagnosis of "alcohol use disorder" or AUD.	To be diagnosed with an AUD, individuals must meet certain criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM). Under DSM–5, the current version of the DSM, anyone meeting any two of the 11 criteria during the same 12-month period receives a diagnosis of AUD. The severity of an AUD—mild, moderate, or severe—is based on the number of criteria met.
Screening and Brief Interventions	Screening for alcohol use identifies whether a person's drinking places them and others at risk and hence warrants an appropriate intervention

Appendix II Members of the HSE Alcohol Programme Implementation Group

Name	Department
Ms Suzanne Costello	HSE Alcohol Programme Lead(Chair)
Ms Marion Rackard	HSE Alcohol Programme Project Manager,
Ms. Sarah McCormack	Healthy Ireland Lead
Mr. Greg Conlon	Saolta Group Lead, Health & WellBeing
Ms Roisin Guiry	Programmes and Campaigns Manager Communications
Dr Joe Barry	Trinity College Dublin
Dr Siobhan Jennings	Public Health
Ms Ann Marie Part	Environmental Health
Dr. Eamon Keenan	National Clinical Lead Addiction Services
Ms Sandra Coughlan	Health Promotion and Improvement
Dr Sinead Donohue	Public Health
Dr. Ann Hope	Alcohol Researcher
Ms. Mary Morrissey	Health Intelligence, Public Health
Ms Fionnuala O Connor	Health Promotion and Improvement
Ms. Roisin Guiry	Alcohol Campaign Manager
Ms Brid Casey	NOSP
Mr. Joe Doyle	Social Inclusion
Mr. Noel Richardson	Men's Health, Carlow IT
Ms. June Bolger	Acute Hospitals

Appendix III List of Useful Links and Resources

- Public Health Alcohol Bill (2015)
<http://health.gov.ie/blog/publications/general-scheme-of-the-public-health-alcohol-bill-2015/>
- <http://www.hse.ie/eng/health/az/A/Alcohol-misuse/>
- <http://www.hse.ie/eng/services/Publications/topics/alcohol/aquickquestion.pdf>
- http://www.drugs.ie/alcohol_info/
- [http://www.drugsandalcohol.ie/16913/1/Nat Substance Misuse Strategy A BFI.pdf](http://www.drugsandalcohol.ie/16913/1/Nat_Substance_Misuse_Strategy_A_BFI.pdf)
- [http://www.drugs.ie/resourcesfiles/reports/Steering Group Report NSMS.pdf](http://www.drugs.ie/resourcesfiles/reports/Steering_Group_Report_NSMS.pdf)
- http://alcoholireland.ie/download/reports/alcohol_health/ah2oreport.pdf
- <http://www.drugs.ie/resourcesfiles/ResearchDocs/Ireland/2014/ah20keyfindings.pdf>
- [http://www.drugsandalcohol.ie/16115/1/NACD parental substance misuse impact children Key messages.pdf](http://www.drugsandalcohol.ie/16115/1/NACD_parental_substance_misuse_impact_children_Key_messages.pdf)
- [http://www.drugsandalcohol.ie/16114/1/NACD parental substance misuse impact children litreview.pdf](http://www.drugsandalcohol.ie/16114/1/NACD_parental_substance_misuse_impact_children_litreview.pdf)
- [http://www.hrb.ie/uploads/tx_hrbpublications/Alcohol Diary Study 2013 Technical Report web version 01.pdf](http://www.hrb.ie/uploads/tx_hrbpublications/Alcohol_Diary_Study_2013_Technical_Report_web_version_01.pdf)
- http://www.who.int/substance_abuse/publications/global_alcohol_report/en/
- http://www.who.int/substance_abuse/publications/global_alcohol_report/en/
- http://www.eurofound.europa.eu/sites/default/files/ef_files/pubdocs/2012/231/en/1/EF12231EN.pdf
- <http://www.hse.ie/eng/services/Publications/topics/alcohol/Costs%20to%20Society%20of%20Problem%20Alcohol%20Use%20in%20Ireland.pdf>

Appendix IV Key Stakeholder Review of Policy

Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation in the HSE is circulated to Managers of Employees who have a stake in the PPPG, in advance of approval of the PPPG. You are asked to sign this form to confirm to the committee developing this Policy that you have seen and agree to the following Policy:

Title of Policy:

HSE Policy on Alcohol-Related Education and Communications campaigns and service initiatives

I acknowledge the following:

- I have been provided with a copy of the Policy, described above.
- I have read the Policy document.
- I agree with the Policy and recommend its approval by the committee developing the Policy

Name

Signature

Date

Please return this completed form to:

Appendix V Peer Review of Policy

Peer Review of Policy, Procedure, Protocol or Guidance

Reviewer: The purpose of this statement is to ensure that a Policy, Procedure, Protocol or Guideline (PPPG) proposed for implementation in the HSE is circulated to a peer reviewer (internal or external), in advance of approval of the PPPG. You are asked to sign this form to confirm to the committee developing this Policy or Procedure or Protocol or Guideline that you have reviewed and agreed the content and recommend the approval of the following Policy, Procedure, Protocol or Guideline:

Title of Policy, Procedure, Protocol or Guideline

I acknowledge the following:

- I have been provided with a copy of the Policy, Procedure, Protocol or Guideline described above.
- I have read the Policy, Procedure, Protocol or Guideline document.
- I agree with the Policy, Procedure, Protocol or Guideline and recommend its approval by the committee developing the PPPG.

Name

Signature

Date

Please return this completed form to:
