

**Sustaining Progress
Special Initiative**

**Working Together To Reduce The Harms
Caused By Alcohol Misuse**

February 2006

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A. Introduction

Background

- 1.1 In Sustaining Progress (the sixth in the series of social partnership agreements) the Government and the Social Partners agreed to ten Special Initiatives which are:

“major cross-cutting issues, that require the mobilisation of a range of resources across sectors, organisations and individuals and at different levels of Government. In approaching such issues, the emphasis should be on working together, building consensus and adopting a problem-solving approach to finding practical solutions.” (p 17)

- 1.2 One of the areas selected was Alcohol and Drug Misuse and, to progress this Special Initiative, a Working Group on Alcohol Misuse was established in July 2005 to:

- help mobilise the stakeholders through social partnership to achieve a targeted and measurable reduction in alcohol misuse;
- develop a programme of action taking account in particular of the work of the Strategic Task Force on Alcohol;
- agree a programme of actions which could deliver targeted results in relation to underage drinking, binge drinking and drink driving;
- examine the potential for the social partners to commit to specific actions as part of the overall approach

See Appendix 1 for the full terms of reference.

- 1.3 The Working Group was comprised of the Social Partners and relevant Government Departments and Agencies (see Appendix 2 for membership of the Group).

Approach of the Working Group

- 1.4 The overall aim of the National Alcohol Policy, launched in 1996, is to reduce the level of alcohol-related problems and to promote moderation for those who wish to drink.
- 1.5 Since then several important legislative and other initiatives have taken place, arising in particular from the reports of the Commission on Liquor Licensing (2001, 2002 and 2003) and the Strategic Task Force on Alcohol (2002, 2004) such as the Intoxicating Liquor Act 2003.
- 1.6 Reflecting its Terms of Reference, the Working Group did not seek to review the various pieces of legislation in detail, recognising that these issues had already been addressed by the Strategic Task Force on Alcohol (STFA) and that in some cases work on legislative change was already underway within Government Departments. Instead the Group concentrated, in accordance with the terms of reference, on the potential for effectively mobilising State, social partner and other organisations around a programme of actions which would contribute to a reduction in alcohol related problems.
- 1.7 This report complements the work of the Strategic Task Force on Alcohol (STFA) which takes primarily a public health approach as outlined in paragraph 1.1 of the Second Report of the STFA which states that *“this approach, endorsed by the WHO, recognises that alcohol contributes to a range of health, social and behavioural problems- in terms of its toxicity, its potential to create dependency and its negative impact on human behaviour. The overall level of alcohol consumption and the predominant pattern of drinking in the population, are predictive of alcohol problems in any given society. Therefore, alcohol policy must take into account the total drinking population when defining the scope of public health action as well targeting high risk groups and individual high risk drinkers.”* An objective of the STFA is to reduce overall annual per capita alcohol consumption in Ireland from over 11 litres of pure alcohol to that of the European average of 9 litres.
- 1.8 To the extent possible within the time available, the Group consulted with relevant stakeholders not directly represented and a list of those consulted is included at Appendix 3.
- 1.9 The Group were asked to examine the three specific areas of Underage Drinking, Harmful (binge) Drinking and Drink Driving. The Group agreed to establish three sub-groups to consider what actions should be undertaken in each of these areas. Other organisations not represented on the Plenary Group were invited to join a sub-group as appropriate.

- 1.10 It quickly emerged in the discussions that many of the issues to be addressed in these three areas would have common recommendations e.g. the development of Community Mobilisation projects could include measures to address aspects of underage drinking, harmful drinking and drink driving. Consequently, the final Report consists of an overall approach rather than three separate sub-group reports.
- 1.11 The Group would like also to state that this Report should be resourced and implemented with immediate effect. However, in keeping with the Terms of Reference, it must be viewed as building on the Reports of the Strategic Task Force on Alcohol and not as a replacement to them.

Framework for Working Together

B. Why mobilising people at national and local level is important

High risk Drinking - a complex problem

- 2.1 High risk drinking are patterns of drinking that are likely to increase the risk of alcohol problems. Underage drinking, harmful drinking and drink driving are all forms of high risk drinking. The extent of high risk drinking has increased in recent times and the adverse consequences have been experienced at community, family and at individual level.
- 2.2 Tackling high risk drinking through legislation has the strength of clarity and precision, such as in drink driving and the age for alcohol purchase, and can shape and influence people's behaviour. However, it also has the weakness that some of the problems to be solved (e.g. peoples attitudes to drink) may lie beyond the remit of the legislation. Therefore, the long term cultural changes required to reduce high risk drinking cannot be achieved by legislative change alone.
- 2.3 While a range of programmes and initiatives have been put in place to tackle the many dimensions of alcohol problems by different Departments, organisations, agencies and individuals, it is clear that greater progress can be achieved through a more joined-up approach.

Need for a Combined Response

- 2.4 Government cannot solve this problem on its own. Achieving a strong combined response will require more joined-up Government action and the mobilisation of people at national and local level. Achieving a strong combined response requires greater enforcement of laws and regulations together with education, early intervention and treatment services to yield effective results.
- 2.5 Responding effectively to the problems of high risk drinking requires the interventions from several Government Departments (Health and Children, Justice, Equality and Law Reform, Education and Science, Transport, Community, Rural and Gaeltacht Affairs and Finance), State Agencies (Health Service Executive, Gardaí, Local Authorities) and many other stakeholders, including social partners who play a leading role in shaping many aspects of economic and social policy in Ireland. This will be demanding given the boundaries of jurisdiction, resources and accountability between Departments, Agencies and those stakeholders.

- 2.6 A strong combined response will also require the involvement of all relevant organisations, communities and stakeholders to work together on the definition of the problem, framing solutions and implementing change.

Concerns about a Combined Response

- 2.7 Concerns have been expressed over the years that, in this area, the Government, drinks industry, Social Partners and local communities have different perceptions of what the problem is, what the best solutions are and have different values and principles. There is a concern that this will lead to compromises that fudge the issues that need to be tackled.
- 2.8 It is important that the different perceptions are addressed in a problem solving process. This problem solving approach should seek the best possible solutions and the optimum way of achieving them based on best practice.
- 2.9 This will require the development of greater trust, good communications and a greater sharing of information. Everyone should focus on the national good rather than sectional interests (solve problems rather than claim victories). In this area, all stakeholders have an interest in a sustainable solution which reduces alcohol-related harm, while promoting moderation amongst those who wish to drink.

C. Proposed Actions

Action 1: Development of Local Community Responses

- 3.1 Community mobilisation is a comprehensive response involving a wide range of individuals, agencies and organisations that come together when an issue is too big for one sector to tackle alone. Community mobilisation on alcohol is about local communities working together to achieve a common goal – reducing alcohol problems. Local communities develop an alcohol action plan involving an integrated set of actions that tackle the community environmental factors (social, cultural, policy practices) that contribute to alcohol problems as well as programmes for those involved in harmful use of alcohol.
- 3.2 Acceptance that no one agency can bring about change on their own and that no one action is sufficient is the starting point. Therefore, community action needs to be multi agency and involve multiple actions, combined and delivered through an integrated approach with real participation with all relevant stakeholders.
- 3.3 Ingredients for success include that:
- All relevant stakeholders participate and work together towards the common goal with ownership by the community itself;
 - There is clear assignment of responsibility for leading and coordinating the process;
 - All proposed actions are adequately resourced;
 - The community action plan is guided by best practice, is planned in response to local needs and includes measures to tackle environmental and individual factors;
 - An advocacy role is central to raise public awareness of the extent of alcohol related problems, to gain public acceptance of the alcohol action plan and to communicate implementation of the action plan;
 - Recognition that community mobilisation to reduce alcohol problems takes time. Therefore, community alcohol action plans require a 4/5 year time scale for sustainable change.
- 3.4 Working effectively together at local level means involving all relevant stakeholders, such as health and social services, local authority, Gardaí, parent and youth groups, schools, media, churches, the drinks trade (publicans, supermarkets, nightclubs), voluntary organisations and the local business community. The common goal could be to reduce underage drinking, alcohol related injuries, alcohol crashes, alcohol involved violence or a combination of these and other alcohol problems. Each community decides their own priorities. The community mobilisation approach has been successful in other countries in reducing high risk drinking.

- 3.5 There are already a range of structures which seek to co-ordinate activity at local level. These include Local and Regional Health Services, Local and Regional Drugs Task Forces, City and County Development Boards, Area Partnerships and other community development organisations, Policing Fora and Local Sports Partnerships. It is important to avoid unnecessary duplication with existing structures, while recognising that it is important to have sufficient flexibility to reflect local needs and to capture the energy which can emerge within a community to tackle a problem such as this.
- 3.6 A presentation was made in Plenary Session by the North West Alcohol Forum. This Forum was set up in response to the Strategic Task Force on Alcohol Interim Report, 2002. The community in the North West, led by the former North Western Health Board, brought together representatives from all community groups to form a multi- agency initiative. The Forum has developed an integrated five year Alcohol Action Plan (2005-2010), based on best practice with specific targets, outcomes and with a clear timeframe. (Appendix 4). The overall aim is to reduce harmful drinking in the North West through community mobilisation in a large town with the local Health Service Executive as the lead agency. However, the Group notes that there will be other, equally valid projects which could be different in size and scale.
- 3.7 The Group recommends that at least 4-6 community mobilisation projects (CMPs) be established in 2006. The establishment of these projects must be based on best practice, including identified outcome measures, have strict selection criteria, evaluation processes and be given sufficient time to ensure the sustainability of the projects. The Group recommends that these pilot projects should initially be established for a 4/5 year period. The estimated cost for the provision of six projects is €4 million which could be enhanced by further contributions at national and local level through other sectors.**
- 3.8 The Group has identified a number of key areas and specific actions when combined and delivered through a community action programme could help tackle the high risk drinking problems of underage drinking, harmful drinking and drink-driving. These action areas are likely to form part of a local community alcohol action plan. The four areas are: (1) treatment, (2) awareness and education, (3) alternative facilities and (4) compliance and enforcement. Specific details are provided in Actions 2 to 5.
- 3.9 The establishment of community mobilisation projects will require additional dedicated resources of the order referred to above. However, the Group is aware that some additional funding may be available for example from the Restricted Licence Conversion Fund, Dormant Account Fund etc. and some of this funding could be accessed to establish the projects. However, while once-off seed funding may be provided via these funds, it is necessary to continue to provide revenue funding for the sustainability of the projects.

- 3.10 The selection criteria for the 4-6 CMPs which are to be drafted should ensure that these projects are drawn from communities at various levels around Ireland e.g. it should be possible to have a spread of projects at regional, town, town-land, urban, rural levels. This may require different action plans by the communities at the various levels. The evaluation process will demonstrate what is effective in these various communities which can then be replicated in similar communities.
- 3.11 The Group recommends the establishment of a Steering Group with relevant expertise to oversee the development of the selection criteria and to support the implementation of the projects in association with relevant stakeholders. The Health Service Executive (HSE) will take lead responsibility for supporting the Steering Group and the implementation of the projects.

Action 2: Treatment Intervention Services

- 4.1 The organisation and delivery of alcohol treatment services are largely the responsibility of the HSE. While the Group recognised the need to establish and develop specialist treatment services for alcohol dependency, it confined its considerations to that of Screening and Brief Interventions.

- 4.2 Screening and Brief Intervention (SBI) is described in the 2nd Report of the STFA as follows:

“The purpose of early intervention is to detect high risk and harmful drinking in individuals before or shortly after the early signs of alcohol related problems. High risk drinking is the type of drinking that is likely to increase the risk of harm for the drinker or others, such as drinking to intoxication or regular heavy drinking. Harmful drinking is a pattern of drinking that has already resulted in alcohol related problems with negative health or social consequences.

Effective screening tools have been developed to match high risk and harmful drinking patterns with appropriate interventions. Brief intervention is designed to motivate those who engage in high risk and harmful drinking to moderate their alcohol use. It typically consists of one to three counselling and education sessions and has been shown to reduce alcohol related problems”

- 4.3 The Group felt that SBI programmes should be established and delivered in a range of health care settings. These include primary care, A&E Departments, health clinics/out-patients etc. However, the Group also discussed the possibility of extending such programmes to other settings such as 3rd Level colleges, court/justice systems etc and believe that the establishment of such programmes would be effective if appropriately constituted and implemented in these settings.

4.4 The Group recommends the establishment of SBI projects in the health, college and justice systems.

It further recommends that given the cross sectoral requirement for SBI programmes, they should also be included as an integral component of the Community Mobilisation projects.

- 4.5 The Group considers that the potential benefits and feasibility of a requirement to attend alcohol awareness or rehabilitation courses by those convicted of repeat drink driving offences should be examined by the Health Service Executive in partnership with the Department of Justice, Equality and Law Reform. A counselling service for those affected by drink related collisions should also be explored.

Action 3: Awareness and Education

- 5.1 Actions in relation to education and awareness have an important role to play as part of an overall integrated community mobilisation approach. However, these should be seen as supportive rather than lead actions. The aim is to create a better understanding of alcohol and its use, and to enable people to make informed choices about their lifestyles. The creation of public awareness and support for the agreed actions is also central to a successful community mobilisation approach.
- 5.2 The Group propose that all community mobilisation projects include actions that raise public awareness and build capacity within communities in order to increase public understanding of the issues, to gain acceptance of the alcohol action plan and commitment to its implementation.
- 5.3 The Group propose that any community mobilisation approach targeting underage drinking should ensure that young people are included in the development of programmes and that the appropriate information is available to young people and their families through schools and in out-of-school settings. This would primarily involve education, health and the youth sectors supported by community groups as appropriate.
- 5.4 The Group recommends the continued roll-out and development of the Social Personal Health Education Programme (SPHE) in schools. It notes that the National Council for Curriculum and Assessment (NCCA) is currently conducting a consultation on a draft curriculum framework for SPHE at senior cycle level. The Schools Inspectorate also has a role in relation to monitoring the programme.
- 5.5 Under Action 37 of the National Drugs Strategy, a Working Group is to be established to examine and identify ongoing gaps and to develop guidelines of

best practice for the implementation of substance use programmes in non-school settings. This Group is to report by the end of 2006, and its work will be relevant in the context of education and awareness in relation to underage drinking. The Group suggests that further work may be required to take account of areas not covered by the National Drugs Strategy structures.

- 5.6 The role of parents and families is very important in any integrated approach to reduce underage drinking. Alcohol use by children poses very serious risks and children who begin drinking before the age of 15 years are 4 times more likely to develop alcohol problems than those who begin drinking at 21. Consequently, there is a need for specific measures to keep children alcohol-free, in particular those under 15 years (STFA Second Report). Awareness and support needs to be increased through the provision of appropriate information, and in this context the Group welcomes the joint work by the Health Promotion Unit and the North West Alcohol Forum in producing an information booklet for parents entitled “Straight Talking” which will be circulated in 2006. In terms of increasing awareness and provision of information to families, there is also a potential role for the Family Resource Centres (funded by the Family Support Agency) and other community groups and this should be considered where appropriate.
- 5.7 The Group recommends that appropriate training should be provided for community and youth workers. The National Youth Work Advisory Committee is currently preparing a Code of Ethics on Alcohol for staff and volunteers in youth organisations to encourage all those working in youth work area to limit the exposure of young people to alcohol.
- 5.8 The Group considers that the National Safety Council’s road safety campaigns should be continued as support for enforcement efforts and also be used to inform motorists in relation to the major legislative changes. The Group considers that the National Safety Council should pursue the development of local road safety promotional initiatives, including designated driver initiatives, in co-operation with vintners and other key stakeholders. These could also be incorporated in the CMPs.

Action 4: Alternative Facilities

- 6.1 The Group considers that alcohol free alternatives have a useful role to play in a community mobilisation approach to underage drinking. **The Group recommends the further promotion and development of appropriate recreational facilities, alcohol-free events and venues for young people.**
- 6.2 Currently certain funding is provided through the Young Peoples Facilities and Services Fund (YPFSF) for such facilities. However, the availability of funding for the development of suitable alcohol free venues as part of community wide

initiatives needs to be addressed, in particular outside the Local Drugs Task Force areas. In addition, the Group recommends that appropriate stakeholders should examine contributions they can make to the provision of suitable venues, facilities or resources to support alternatives for young people, and that young people should be involved in the management of such facilities where appropriate.

- 6.3 The Group also discussed the role of sporting organisations in relation to alternatives to alcohol in the community. The Group welcomed the launch of the joint GAA/Health Promotion Unit Alcohol Programme, containing specific actions around community mobilisation. The roll-out of this programme at local level will be important in the context of tackling underage drinking, and similar initiatives should be encouraged and explored by other sporting organisations.

Action 5: Compliance and Enforcement

- 7.1 The Government strengthened the licensing laws through the enactment of the Intoxicating Liquor Acts 2000 and 2003. The 2000 Act introduced mandatory temporary closure orders where licensees are convicted of offences relating to the sale of alcohol to persons under the age of 18. The 2003 Act contains measures to counter drunkenness and disorderly conduct, and to combat underage drinking and binge drinking. The main legislative provisions relating to underage drinking are set out in Part IV of the Intoxicating Liquor Act 1998, as amended by the Intoxicating Liquor Acts of 2000, 2003 and 2004.
- 7.2 The Group considers that promotion of compliance with legislation, together with increased enforcement measures are a central part of any community mobilisation approach. **The Group recommends increased promotion of compliance with the legislation and other obligations, through direct engagement with those responsible for serving alcohol in pubs and off-licences.**
- 7.3 Training bar and off-licence staff in responsible serving practices is currently provided through the Responsible Serving of Alcohol (RSA) programme and the Responsible Trading in the Community (RTC) programme. Delivery of these and similar programmes should be promoted and encouraged. The Group suggests that there is scope for increased involvement by local communities in promoting a culture of compliance. There may be a need to increase awareness of offences, particularly those relating to secondary purchasing. In addition, the potential for trace-back initiatives to ascertain where alcohol was purchased could be examined at a local level. It would also allow Gardaí to target areas of consistent breaches.
- 7.4 The Group welcomes the work towards improved security of the National Garda Age Card to prevent forgery and discourage use of another person's card. The Gardaí have reviewed the scheme and are drawing up specifications for a tender to replace the current card. The new card will have more advanced security features which will be more difficult to copy. The forthcoming Bill to codify the

Licensing Laws will supplement existing offences regarding underage consumption of alcohol with a new offence of being in possession of a forged Garda Age Card.

Action 6: Development of Workplace Alcohol Policies

- 8.1 The Group agreed that alcohol misuse workplace policies have the potential to contribute, as part of employee health and welfare, in addressing workplace alcohol related problems. However, it was recognised that this will require extensive engagement between the relevant stakeholders. These include IBEC, ICTU, HSE, DoH&C, Health & Safety Authority and perhaps others as appropriate.
- 8.2 **The Group recommends that these stakeholders establish a Forum to commence the development of a National Workplace Policy on Alcohol Misuse early in 2006.** The lead agencies identified are IBEC and ICTU. While the Group believes that there are no significant resource implications for the development of the policy, support for the implementation of the policy may require dedicated resources. These should be identified at an early stage in the development of the policy.
- 8.3 The Group agreed that the Policy should focus only on alcohol as many of the issues relating to illegal drugs use in the workplace are significantly different.
- 8.4 **The Group recommend the development of alcohol misuse workplace policy to prevent and reduce alcohol problems which impact on the workplace environment.**

Action 7: Development of Code of Practice for the Off-trade Sector

- 9.1 The alcohol off-trade sector in Ireland has changed significantly in recent years. Traditionally, off- premises alcohol purchases had been made from a “stand alone” off- licence or from the off- sale outlet attached to the on licence trade. However, it is now possible to purchase alcohol from most supermarkets/shops, garage forecourts etc in addition to the more traditional outlets.
- 9.2 There has been no significant engagement with this growing sector within the off-licence trade. The Group’s concerns in relation to the Groceries Order make it imperative that this engagement takes place as a matter of urgency. There is a danger that many of the large multi-chain supermarkets will sell alcohol products at below cost. This will result in cheap alcohol being more accessible and available in every community across Ireland. The international evidence is very strong and shows that this will result in a significant rise in alcohol related harm.

- 9.3 While there has been some engagement with the “independent” off-trade sector (NOFFLA supported and co-operated with the DoH&C alcohol awareness campaign), growing competition and “rogue” traders have presented difficulties. Some issues discussed with NOFFLA included secondary purchasing, ID cards, off-trade promotions, labelling (trace back). While a number of these issues may need to be addressed through detailed legislation, the Group believe that they could form part of a comprehensive “Code of Practice” for the off-trade sector.
- 9.4 **The Group recommends that negotiations for the development of a “Code of Practice” commence with the off-trade sector representatives by March 2006. As this Code should be implemented at national level, it will be necessary for all stakeholders, including Government Departments, to engage with the retail trade to agree the Code with IBEC (as the representative body for the majority of the retail trade) acting as facilitator.** As with the Code of Practice on Alcohol Advertising, a Monitoring Body, representative of all relevant stakeholders should be established to oversee the implementation of the Code and evaluate its effectiveness in addressing issues such as under-age drinking and high-risk products and promotions. If this approach is not effective, within two years of the Code being adopted, Government should retain the option of legislative action.

Action 8: Alcohol no Ordinary Commodity – Below Cost Selling

- 10.1 The Group are seriously concerned about the consequences of the availability of below cost alcohol which may arise following the abolition of the Groceries Order.
- 10.2 The price of alcohol is an important determinant of alcohol consumption and harm and is well documented in the international research literature. Both Reports of the Strategic Task Force on Alcohol (STFA) and Babor, et al¹, refer to the strength and quality of this research evidence.
- 10.3 All the Social Partners are extremely concerned that the abolition of the Groceries Order will result in below cost selling of alcohol products. There is also the danger that many of the larger supermarket chains will promote alcohol as a “loss leader” to attract customers fuelling increased consumption and harm. There is already some evidence that the retail sector is promoting cost price alcohol. The inclusion of alcohol products in the abolition of the Groceries Order can only result in a significant rise in alcohol harm.

¹ Babor, T et al. (2003). Alcohol no ordinary commodity – research and public policy. World Health Organisation and Oxford University Press.

- 10.4 The Group strongly recommends that the Government in the context of the development of legislative proposals arising from its recent decision in relation to the Groceries Order consider a prohibition on below cost selling of alcohol.**

Action 9: Drink Driving

- 11.1 The policy of the Government in relation to drink driving is set out in the Government's Road Safety Strategy 2004 to 2006. The Strategy recommends the introduction of random breath testing with the following linked proposals:- an increase in disqualification periods for drink driving offences and consideration of an administrative disqualification for certain drink driving offences.
- 11.2 At present the Road Traffic Acts provide that the Gardaí are empowered to check all drivers involved in road collisions or detected committing any traffic offence in addition to the power to demand a test of driver who, in the opinion of a Garda, has consumed alcohol.
- 11.3 The Group recommends the introduction of random breath testing and notes that it reflects stated Government policy as set out in the Government Road Safety Strategy 2004 - 2006.**
- 11.4 The Group acknowledges the potential difficulties that may arise through the pursuit of random breath testing, given the history of challenges to previous initiatives in the area of drink driving policy. These must be acknowledged and addressed in the development of an appropriate framework. However, such a framework must, as its guiding principal, be grounded on the need for the promotion of the safety of all road users as opposed to considerations of personal mobility
- 11.5 The benefits of random breath testing can be summarised as follows –
- In giving the Gardaí the capacity to operate a road side alcohol testing system that is not dependent on the restrictions currently provided for in the Road Traffic Acts, motorists will become aware that they are liable to be stopped and required to submit to a preliminary road side breath test irrespective of whether there is any prior indication that they have consumed alcohol. Thus the concept of “general deterrence”, which is based on the knowledge that a person will be subject to a test, would be promoted.
 - At present many challenges to prosecutions for drink driving are based on questions as to how Garda personnel “formed the opinion” that the driver had consumed alcohol. The question as to the level of alcohol that has been consumed, which is the central issue in terms of the degree of intoxication, may not be the most immediate consideration in court cases. The introduction of random breath testing would effectively redress the balance in terms of what the courts are being asked to determine.

- The adoption of random breath testing, which is based on test being carried out in respect of all motorists, will provide direct evidence as to the scope of the problem of drink driving in this country.
- 11.6 The Group considers that the very high level of alcohol consumption evident in those convicted of drink driving offences is not only a reflection of the scope of the problem but also a commentary on the fact that the Gardaí are limited in their capacity to test drivers on a general basis.
- 11.7 Following the introduction of a system of random breath testing, the Group supports the pursuit of legislative change to provide for the adoption of a blood alcohol level of 50mg/ml.
- 11.8 The Road Safety Strategy contains an enforcement target that by the end of 2006 the level of enforcement of drink driving will result in a ratio of 1 in 4 vehicles being screened on an annual basis (on the basis of 2002 licensing figures). The Strategy acknowledges that this target can only be achieved against the background of the adoption of random breath testing.
- 11.9 **The Group also recommends that the introduction of a lower Blood Alcohol Level for provisional drivers should be kept under review, following the adoption of a system of random breath testing.**
- 11.10 Following the establishment of the new Garda Traffic Corps, the Group notes the commitment of Government in addressing the promotion of high visibility enforcement of traffic laws. This strength of the new Garda Traffic Corps will be increased on an incremental scale to a total of 1,200 by the end of 2008.
- 11.11 The Group considers that the introduction of an administrative alternative to court conviction for certain drink driving offences in association with the introduction of a system of random breath testing would have an immediate benefit in terms of removing a potential for a surge of additional drink driving prosecutions being progressed through the Courts. The Group would be concerned that the availability of this option to those accused of offences, would not result in such persons being subject to a licence disqualification, which it is considered must always be applied as a deterrent irrespective of whether a person is convicted or not.
- 11.12 The Group also noted that the Road Traffic Acts provide that in certain instances persons who have been disqualified, following a conviction for a drink driving offence, may subsequently apply to the Courts to have the period of the disqualification reduced. The Group considers that this provision should be dispensed with so as to highlight the deterrent value of the initial disqualification.

Action 10: Alcohol Advertising

- 12.1 The work on the Voluntary Code of Practice on Alcohol Advertising negotiated by the Department of Health and Children and the Advertising, Media and Drinks Industries was completed prior to this process beginning. Details of this Code are attached at appendix 5. This Code was developed in response to the recommendation in the Interim Report of the STFA to reduce exposure of alcohol advertising to young people.
- 12.2 The Community and Voluntary, Trade Union, and Farming Pillar representatives expressed the view that the Code should include provision for a 9pm watershed and that an audience profile figure of 25% of young people should be used to determine if an alcohol advertisement could be placed in any programme. The Business Pillar and the Department of Health and Children believed that the Codes as already agreed should be allowed to operate for an initial period of at least 18 months and that these issues would be more appropriately examined in the context of an independent evaluation process. The Group also noted the concerns raised by Dáil na nÓg representatives regarding the placement of inconsistent advertising messages.
- 12.3 The Group suggested that the membership of the Independent Monitoring Body established to oversee the implementation of the Code could be expanded to include further representation from the Social Partners and that young people should also be consulted as part of the monitoring process.
- 12.4 It was noted that any changes in the details of the Voluntary Code of Practice would need to be agreed between all Parties who negotiated the Code. In this regard, the Group agreed that the issues raised above should be examined by the Monitoring Body after it has been established.

Action 11: Labelling

- 13.1 The Group discussed the issue of Labelling. While there was no consensus on the effectiveness of such measures, it was agreed that a Group, representative of all relevant stakeholders, would be established to consider what useful information could be included on non draft alcohol products, taking account of international evidence.

D. Specific Actions

- 14.1 In the course of its work the Group has identified a number of specific actions which would be a response to the problems of underage drinking, harmful drinking and drink-driving. A total of 29 actions have been listed in Summary of Actions Section on pages 20 and 21.
- 14.2 A key conclusion was the importance of an integrated approach, recognising that no one action is likely to be successful on its own and that the type of cultural change required will take time and a combined effort from all stakeholders.
- 14.3 This is where a community mobilisation approach has the potential to ensure that actions and resources are integrated into effective responses to the needs at local level, supported in an appropriate fashion by action required at national level.

E. Progressing Implementation

- 15.1 Progressing implementation will require a commitment of time and resources, not just by Government Departments and Agencies, but also by Social Partners and other relevant stakeholders both at national and local level. As part of its contribution, the business community, through IBEC as a Social Partner, has indicated its willingness to provide resources to support some of the initiatives proposed in this report.
- 15.2 The Group recognises that while the report suggests some clear directions in terms of a future approach to the problem of high risk drinking, a considerable amount of work remains to be done to implement these into specific actions which can deliver results over time.
- 15.3 It submits this report to the Steering Group under *Sustaining Progress*. While any decision on future monitoring arrangements is a matter for the Steering Group under *Sustaining Progress*, it is proposed that an Implementation Group, with an independent Chair be established to oversee progress on the actions set out in this report, including the work of the Steering Group to oversee the Community Mobilisation Projects. This Group could report back to Social Partners on a periodic basis in the context of any successor agreement to *Sustaining Progress*.

Specific Actions at **Community Level**

These should be viewed as integrated actions – no one measure will be successful in isolation.

<i>Proposed Action</i>	<i>Key actors</i>	<i>Timeframe</i>
Local Community Responses		
1. Establish at least 4/6 community mobilisation projects (CMP) based on best practice, an integrated multi agency approach with multiple actions and an evaluation process.	One lead organisation (HSE) supported with all relevant stakeholders	4 CMPs in place by end of 2006
Treatment Intervention Services		
2. Pilot Screening and Brief Intervention (SBI) programmes in appropriate healthcare settings such as A&E, health clinics etc.	HSE in conjunction with CMPs	A pilot SBI in each of the community projects in 2006
Awareness and Education		
3. Continued roll-out of Social, Personal Health Education (SPHE) Programme in schools	D/E&S in partnership with HSE/DoHC	Special attention to CMPs during 2006
4. Develop appropriate education initiatives in out of school settings	D/E&S in partnership with youth sector	
5. Increase awareness among parents through the provision of appropriate information including distribution of information booklet, "Straight Talking"	HSE in cooperation with Family Resource Centres and other community groups	Distribution through 2006
6. Increase training for community/youth workers on alcohol issues, building on the Code of Ethics currently being prepared by the National Youth Work Advisory Committee	Community and Voluntary Sector, with support as appropriate	Publication of Code of Ethics in 2006, Implementation through 2007 onwards
7. Further develop local road safety promotional initiatives in co-operation with local communities.	National Safety Council and other stakeholders, in co-operation with local communities and CMPs	2006 / 2007
8. Increase public awareness within communities through local media campaigns.	As part of CMPs	Awareness campaigns in CMPs 2006 - 2010
Alternative Facilities		
9. Promote and develop alcohol-free recreational facilities and events in the community, especially for young people	Government and appropriate Stakeholders with the capacity to make facilities available.	At least one alcohol-free facility in CMPs by end of 2006 / early 2007
10. Involve young people in management of such venues and facilities where appropriate	Community and youth sector	Management structure in place by end of 2006 / early 2007
11. Promote responsible approaches to alcohol by sporting organisations at local level	All sporting organisations in community.	2006 - onwards
Compliance and Enforcement		
12. Support more visible enforcement and compliance with liquor licensing legislation and examine potential for trace-back initiatives	Gardaí & CMPs	2006 / 2007
13. Promote responsible serving and trading programmes such as the RSA and RTC Programmes.	CMPs in co-operation with business interests	2006 / 2007

Specific Actions at National Level

These should be viewed as integrated actions – no one measure will be successful in isolation.

<i>Proposed Action</i>	<i>Key actors</i>	<i>Timeframe</i>
Compliance and enforcement		
14. Improve security for National Garda Age Card to help prevent forgery	D/JELR/ Gardaí	New cards by 2007
Treatment Intervention		
15. Establish Screening and brief intervention (SBI) protocol for appropriate healthcare settings	HSE in conjunction with DoH&C	Develop national protocol by end of 2007
16. Further develop early intervention within the Justice System, building on existing juvenile liaison programme	HSE, Gardaí and D/JELR in conjunction with DoH&C	Feasibility plan by end of 2006
17. Examine potential benefits and feasibility of mandatory alcohol awareness and rehabilitation courses for repeat offenders convicted of drink driving offences	HSE in co-operation with D/JELR	Examine feasibility by end of 2006
18. Develop counselling services for those affected by drink related accidents	HSE in co-operation with the Gardaí	Examine feasibility by 2007
Workplace		
19. Develop guidelines for workplace alcohol misuse policy	IBEC, ICTU, DoHC, HSE, HSA	Commence early 2006
Below Cost Selling		
20. Below cost selling of alcohol should be prohibited	Government Depts and Social Partners	Feb / March 2006
Off-Trade		
21. Develop a Code of Practice with the off-trade sector and consider draft legislation to address areas of concern e.g. under-age, promotions etc.	IBEC with other relevant stakeholders including D/JE&LR	Commence early 2006 Completed by end 2007
Alcohol Advertising		
22. Stakeholders who negotiated the Voluntary Code on Advertising to consider further representation from Social Partners on the Monitoring Body, 25% cut-off and 9.00pm watershed	Monitoring Body and all other stakeholders to the agreement	Examine Proposal in 2006
Drink Driving		
23. Introduce random breath testing	D/Transport	During life of road strategy
24. Promote high visibility enforcement of traffic laws	Gardaí	To be agreed
25. Reduce the blood alcohol level from 0.8mg% to 0.5% in the context of the introduction of random breath testing	D/Transport in co-operation with Gardaí	Following the introduction of random breath testing
26. Introduce an administrative alternative to going to Court with disqualification remaining as a deterrent, irrespective of which alternative was chosen.	D/Transport in co-operation with Gardaí	In association with introduction of a system of random breath testing
27. Re-structure provisions to ensure that the period of disqualification for a drink driving offence cannot be subsequently withdrawn or reduced.	D/Transport in co-operation with Gardaí	Following the introduction of random breath testing
28. Lower BAC level for provisional drivers should be kept under review,	D/Transport in co-operation with Gardaí	Following the introduction of

Specific Actions at **National Level**

These should be viewed as integrated actions – no one measure will be successful in isolation.

following the introduction of random breath testing		random breath testing
Labelling		
29. Group to be established to consider what useful information could be included on non-draft alcohol products	All relevant stakeholders	To be established 2006

Appendix 1

Sustaining Progress Special Initiative

Terms of Reference for the Working Group on Alcohol Misuse

It is proposed to establish a Working Group to help mobilise the stakeholders through social partnership to achieve a targeted and measurable reduction in alcohol misuse.

The Working Group will develop a programme of action taking account in particular of the work of the Strategic Taskforce on Alcohol. It will also seek to identify potential synergies between the responses to alcohol and drug misuse, taking account of the outcome of the Mid-Term Review of the National Drugs Strategy.

In the first phase, the Working Group will seek to agree a programme of actions which can deliver targeted results in relation to underage drinking, binge drinking and drink-driving. This should include specific targets, timeframes, resources and allocation of responsibilities.

In this regard, the Working Group will examine the potential for the social partners to commit to specific actions as part of the overall approach.

The Working Group will make a progress report to the Steering Group of *Sustaining Progress* by October 2005. It will also make proposals in relation to its future work agenda.

Appendix 2

Membership of the Working Group on Alcohol Misuse

Mr. Peter Cassells (Chair)

Mr. Chris Fitzgerald	Department of Health and Children
Mr. John Weafer	Department of Transport
Mr. Declan Hayes	Department of Transport
Ms. Carmel Madden	National Drugs Strategy Team
Chief Super. Gerry Blake	An Garda Síochána
Sergeant Orla Black	An Garda Síochána
Dr. Ann Hope	National Alcohol Policy Advisor, Department of Health and Children
Ms. Tracy O’Keeffe	Dept. of Justice, Equality and Law Reform
Dr. Declan Bedford	Health Services Executive
Mr. Sean Mackell	ICTU
Dr. Joe Barry	ICTU
Ms. Rosemary Garth	IBEC
Mr. Michael Patten	IBEC
Mr. Michael Conroy ²	Department of Community, Rural and Gaeltacht Affairs
Mr. John Moloney	Department of Education & Science
Mr. Colm Markey	Macra na Feirme
Ms. Mary Cunningham	National Youth Council of Ireland
Ms. Norah Gibbons	Children's Rights Alliance
Mr. John Shaw	Department of the Taoiseach
Ms. Elaine Kelly	Department of the Taoiseach

² Mr. Michael Conroy replaced Ms. Kathleen Stack

Appendix 3

Presentations and Consultations

Working Group on Alcohol Misuse

National Alcohol Policy
Health Promotion Unit
North West Alcohol Forum

Dr. Ann Hope
Mr. Chris Fitzgerald
Mr. Denis Bradley

Sub Group on Drink Driving

Mature Enjoyment of Alcohol in Society Ltd. (MEAS)
Licensed Vintners Association (LVA)
Vintners Federation of Ireland (VFI)
Mothers Against Drunk Driving (MADD)
Alcohol Action Ireland Ltd. (AAI)

Ms. Fionnuala Sheehan
Mr. Donall O’Keeffe,
Mr. Tadg O’Sullivan
Ms. Gertie Shields
Ms. Marion Rackard,
Ms. Sinead Shannon

Sub Group on Underage Drinking

An Garda Síochána
An Garda Síochána

Department of Education
National Drugs Strategy Team
Mature Enjoyment of Alcohol in Society
National Off-Licence Association
Dáil na nÓg (Coiste na dTeachtaí)

Chief Superintendent Tony Mc Namara
Inspector Finbarr Murphy – Garda
Community Relations
Ms. Sharon Gleeson
Ms. Aoife Davey
Ms. Fionnuala Sheehan
Mr. Jim McCabe
Alison Curran, Marc O’Fathaigh
Anne Marie Flynn, David Murphy

Appendix 4

North West Alcohol Forum Alcohol Action Plan 2005 - 2010

We know from the evidence what to do,
how to do it, when, where, and to whom
we need community action to achieve it

The North West Alcohol Forum (NWAFF) is a community initiative which is actively working to reduce harmful drinking in the North West. It has representatives from organisations and individuals involved in community, education, health and justice, commercial interests and sports and leisure.

The NWAFF since it was established has been involved in a wide range of activities to reduce harmful drinking including:

- √ Producing "A Portrait of our Drinking", a report which showed the harmful effects of drinking in the North West (2004)
- √ Participating in the National Alcohol and Injuries Study in Accident and Emergency Departments.
- √ Producing "Straight Talk" a guide for parents on teenage drinking
- √ Establishing the "Teenage Kicks" alcohol awareness project in partnership with Donegal County Council.
- √ Setting up the Community Detox Service which commenced in October 2005.
- √ Working with Parenting Programmes including Fás le Chéile and Parent Stop.
- √ Creating an out of hours parenting service.
- √ Awareness raising on alcohol and substance abuse and risks to pregnancy.
- √ Being represented on the Regional Drugs Task Force.
- √

In May 2005 the Tánaiste and Minister for Health and Children, Mary Harney, approved the North West as a site for the development of the National Programme of Action on Alcohol.

WHAT WE HAVE

- ⊗ Ireland has the heaviest drinkers in Europe who are drinking 40% more than they did 10 years ago.
- ⊗ • Letterkenny and SligoGarda Stations arrest more than 1000 people for alcohol related offences every year.
- ⊗ • 1 in 4 injuries at Accident & Emergency Departments in Sligo and Letterkenny General Hospitals are alcohol related.
- ⊗ • There was a 15% increase in drink driving in Letterkenny between 2002 - 2003.
- ⊗ • Nearly all public order offences have alcohol noted on the custody record.
- ⊗ • In 2002 alcohol was the 2nd most common reason for admission to Psychiatric Hospital Services in the North West.
- ⊗ • 1 in 4 patients on a medical or surgical ward in Sligo General Hospital met the criteria for high risk drinking.
- ⊗ • Over 3 years, alcohol related conditions accounted for over 9,000 bed days in the Health Services in the North West.

Source: 'A Portrait of our Drinking' NAAF (2004)

WHAT WE WANT is to reduce:

- Harmful drinking
- Accidental injury
- Road traffic collisions
- Hospital admissions
- Public disorder and domestic violence
- Alcohol related crime
- Crisis pregnancy
- Family problems
- Mental health issues

ENOUGH IS ENOUGH

- it is time to do something about reducing harmful drinking and together we in our community in the North West are going to do it

THE KEY TO THIS IS THE ALCOHOL
ACTION PLAN 2005 - 2010

This plan will work actively to reduce harmful drinking in the North West through community mobilisation

MOBILISING OUR COMMUNITY

Community mobilisation is a comprehensive response involving a wide range of individuals, agencies and organisations which come together when an issue is too big for one sector to tackle alone.

THERE WILL BE ACTIONS ACROSS 4 DIFFERENT AREAS WHICH ARE:

1. **Community** - families, community development groups, religious representatives, local government, youth groups, drink and hospitality industry, tourism and business interests and the voluntary sector such as support, treatment and social services.
2. **Education** - pre school, primary, second and third level, community and out of school education providers.
3. **Health** - General Hospitals, G.P.'s, Practice Nurses, Public Health Nurses, Health Promotion, Mental Health and Treatment Services.
4. **Justice** - Gardai, Probation and Welfare Services and Courts.

This plan presents a vital opportunity for all of us here in the North West to change the impact of harmful drinking by **AWARENESS RAISING / INTERVENTION / EVALUATION**

PRIORITY ACTIONS include:

- * Deliver sustained parent and family programmes through the Fás le Chéile parenting programme
- * Provide focused additional support to the Social and Personal Health Education Programme (SPHE) on current alcohol issues
- * Work with the Gardai and the Community to reduce the
- * incidence of drink driving
- * Establish an alcohol and drug action group in Letterkenny and Sligo General Hospitals
- * Facilitate the implementation of the Responsible Serving of Alcohol Programme in all alcohol outlets
- * Be a national pilot site for alcohol screening and specialist harm reduction treatments in Letterkenny and Sligo General hospitals
- * Work with Youth Organisations including Donegal Youth Council and the Cross Border Youth Participation Project to enable young people to be involved in creative solutions
- * Support community groups to implement actions on alcohol, suicide and self-harm

- * Deliver alcohol screening and specialist training to G.P.'s, Practice Nurses, Public Health Nurses and staff working in Accident and Emergency
- * Develop an effective internal and external communications strategy
- * Establish a "Friends of the Forum" group to allow this work to happen more quickly than would be possible through public funds alone

THE FORUM WILL

- Put in place a Cross Community Project Team to oversee the Alcohol Action Plan.
- Ensure the team includes personnel seconded from community, education, health and justice and staff employed in areas such as administration, research and community support and development.
- Establish an extensive evaluation process.

"We in Ireland have had a long standing love affair with alcohol but that affair has begun to grow sour".

Denis Bradley, Chairman, NWAFF

ACTIONS 2005- 2010

- Deliver sustained Parent and Family programmes through the Fas Le Cheile programme which is a network of trained parent facilitators.
- Provide additional and focused support to the **Social and Personal Health Education** programme on contemporary alcohol issues.
- Work with all youth organisations including **Donegal Youth Council and the cross border Youth Participation Project** to develop an approach, which enables young people to be part of the solution rather than part of the problem.
- Support education, sport, employers and relevant organisations to assist them to develop **workplace alcohol policies**.
- Support community groups who can implement some of the actions recommended in National strategies on **Alcohol and Suicide / deliberate self harm**.
- Encourage local communities to creatively use facilities and resources available to them and successful **models of alcohol free venues** and events will be shared.
- Explore funding opportunities to promote **community development**.

- Work with the **County Sports Partnerships**, and agree action which is informed by the Declaration on Young People and Alcohol (2001).
- Inform and support the development of **effective alcohol interventions** targeting young people.
- Increase the number of **dedicated Youth Alcohol and Drug workers** in partnership with the Regional Drugs Task Force.
- Provide **training and material resources** on best practice in relation to alcohol and youth. These interventions will focus on, schools, parents and the wider community.
- Develop partnerships with schools, 3rd level colleges and other education centers to **support students who require treatment for alcohol and /or drugs related harm**.
- Deliver **Screening and Brief Intervention and Motivational Practice Training** to Primary Care and A&E staff.
- Seek approval from the DoH&C to be a National Pilot site for **Alcohol Screening in A&E Settings**.
- Establish an **alcohol & drug reference group in acute hospitals** to oversee implementation of effective interventions, referral pathways and policy development for alcohol and other substances in the acute hospital setting.
- Develop an **ante natal alcohol screening protocol**.
- Appoint specialist in **community alcohol detoxification** and a rapid response ambulatory detoxification service across the region.
- Expand community alcohol **health promotion** and education programmes.
- Lobby and support all organisations to **avoid advertising and promoting alcohol** at underage events.
- Lobby a ban on all **alcohol advertising** on local radio and television before 9pm.
- Lobby and support all organisations to **avoid drinks industry sponsorship**.
- Establish a working group to **review Treatment Services** and responses in the North West.
- Provide **training to the travellers' primary care team** on alcohol and substance related harm.

- Explore the potential development of **cross-border initiatives**.
- Work with Gardai, local event organisers and local county councils to develop **guidelines for managing safer streets at night time**.
- Extend information and support, where appropriate, to the **Gardai and legislature** on developments within Liquor Licensing and enforcement.
- Carry out a **review of the Court Alcohol Management Programme**, in partnership with the Courts, Probation and Welfare Services and HSE Alcohol & Drug Services.
- Develop a process of **awareness raising** and provision of information to increase **knowledge of local politicians**, representatives, communities etc by providing briefings on the recommendations of the reports of the Strategic Task Force on Alcohol and of the North West Alcohol Forum and NWAFF (A Portrait of our Drinking).
- **Inform all local representatives** of the Alcohol Action Plan developments.
- Facilitate the **implementation of the Responsible Serving of Alcohol Programme** in all alcohol outlets.
- Establish a mechanism to **gather relevant data** on alcohol to inform the on-going work of the NWAFF and the Alcohol Action Plan

"We are in for the long haul. This is
not an overnight battle".

MARY HARNEY, TÁNAISTE AND MINISTER FOR HEALTH & CHILDREN
AT THE LAUNCH OF THE ALCOHOL ACTION PLAN, 2005

FOCUS ON OUR FUTURE

Our children deserve a better future and
it is our responsibility to provide it

FOR COPIES OF THE ALCOHOL ACTION PLAN CONTACT:

Alcohol & Drug Service
9 St. Eunan's Court, Convent Road,
Letterkenny, Co. Donegal.
email: alcohol.forum@mailb.hse.ie
Tel: 074 - 9128769

Appendix 5

VOLUNTARY CODE TO LIMIT THE EXPOSURE OF YOUNG PEOPLE TO ALCOHOLIC DRINK ADVERTISING ON CINEMAS

The Drinks Industry Group Ireland, together with the Association of Advertisers in Ireland, The Institute of Advertising Practitioners in Ireland and the Cinema Industry based in the Republic of Ireland accepting advertising aimed at the Irish marketplace, undertake to operate a policy as detailed below.

1. For the purposes of this policy Young People will be defined as those under age of eighteen years.
2. All alcohol advertisements must carry the Central Copy Clearance Ireland (CCCI) stamp of approval before acceptance.
3. The Cinema Industry will not accept alcohol advertising from strength alcohol brands.
4. Advertising from non-strength alcohol brands to account for no more than 40% of total advertising minutage.
5. Alcohol advertising will only be shown with films targeting an adult audience and where it is deemed that at least 75% of the attendances will be aged 18 or over.
 - Each film's suitability to exhibit alcohol is based on comparative film profiles drawn from the ROI Film Monitor which is part of the Cinema and Video Audience Industry Research. This is a quarterly monitor with a sample of 1,400 adults and a booster of 200 children nationally weighted within the ROI. It is conducted by Irish Marketing Surveys Ltd.
 - The results of this research consistently indicate that the certificate of a film does not always indicate the target audience of the film.
6. Every commercial exhibited on Cinema screens must be processed through The Cinema Advertising Association (CAA). The CAA is an independent committee of appointed experts from a variety of ages and backgrounds. An impartial and independent consultant with 19 year's experience advises and oversees all decisions reached by the CAA.
7. The CAA strictly abides by the Code of Advertising Standard of Ireland.
8. The Irish Film Censor's Office will advise Carlton Screen Advertising (the dominant organisation in this medium) on their judgement of the target audience of films.

VOLUNTARY CODE TO LIMIT THE EXPOSURE OF YOUNG PEOPLE TO ALCOHOLIC DRINK ADVERTISING ON TELEVISION

The Drinks Industry Group Ireland, together with the Association of Advertisers in Ireland, The Institute of Advertising Practitioners in Ireland and all Television Broadcasters based in the Republic of Ireland accepting advertising aimed at the Irish marketplace, undertake to operate a policy as detailed below.

1. For the purposes of this policy Young People will be defined as those under age of eighteen years.
2. All alcohol advertisements must carry the Central Copy Clearance Ireland (CCCI) stamp of approval before acceptance.
3. No advertising for alcohol would be booked by an alcoholic drinks advertiser or his agency or placed by the Broadcasters in any programming where more than 33% of the audience is under the age of eighteen years.
4. No advertising for alcohol will be placed in any programming specifically aimed at children or young people.
5. Each Broadcaster will produce and provide to an independent monitor a profile of its audience. The profile will:
 - a) Be for each channel broadcast
 - b) Based on individuals up to eighteen years of age and those over eighteen years of age.
 - c) Be for each half-hour between 3pm and 10pm.
 - d) Updated every six months.
6. When new programmes are introduced to the schedule the profile previously achieved for that time block will be used to ascertain the audience profile. Once the new programme has had four transmissions the profile will be re-examined and subsequently used to decide on the suitability for alcohol advertising.

VOLUNTARY CODE TO LIMIT THE EXPOSURE OF YOUNG PEOPLE TO ALCOHOLIC DRINK ADVERTISING ON RADIO

The Drinks Industry Group Ireland, together with the Association of Advertisers in Ireland, The Institute of Advertising Practitioners in Ireland and all Radio Broadcasters based in the Republic of Ireland accepting advertising aimed at the Irish marketplace, undertake to operate a policy as detailed below.

1. For the purposes of this policy Young People will be defined as those under age of eighteen years.
2. All alcohol advertisements must carry the Central Copy Clearance Ireland (CCCI) stamp of approval before acceptance.
3. Ensuring that programmes aimed at young people do not carry branded alcohol advertising. We propose to achieve this by:
 - Banning all alcohol advertising from programmes where greater than 33% of the listeners are young people
 - These programmes will be identified through the Joint Nation Listenership Research (JNLR) on a station by station basis
 - After the publication of the JNLR, on a twice yearly basis, we propose that each station will submit a list of programmes to the broadcasting Commission for Ireland (BCI) that will not carry alcohol advertising. The BCI will independently validate the list.
 - The BCI would include alcohol advertising on the schedule of criteria that are assessed in the course of its independent random sampling of each stations output.
 - Any breach of the alcohol advertising code would be immediately notified to the Independent Monitoring Body and the station involved.
4. The introduction of a Code of Conduct for presenters whereby speech content that glamorises or encourages over consumption or abuse of alcohol is banned. Independent Broadcasters of Ireland (IBI) will draft the Code in consultation with the BCI and the Department. IBI would undertake to develop appropriate training packages to ensure that its members fully comply with the Code and will agree to an appropriate monitoring mechanism.
5. IBI and RTE Radio will co-operate and comply with other broader elements of the industry agreement including the Copy Clearance process and the Independent Monitoring Body.

VOLUNTARY CODE TO LIMIT THE EXPOSURE OF YOUNG PEOPLE TO ALCOHOLIC DRINK ADVERTISING ON OUTDOOR/AMBIENT MEDIA

The Drinks Industry Group Ireland, together with the Association of Advertisers in Ireland, The Institute of Advertising Practitioners in Ireland and the Outdoor Media Association based in the Republic of Ireland accepting advertising aimed at the Irish marketplace, undertake to operate a policy as detailed below.

1. For the purposes of this policy Young People will be defined as those under age of eighteen years.
2. All alcohol advertisements must carry the Central Copy Clearance Ireland (CCCI) stamp of approval before acceptance.
3. The Outdoor Media Association (OMA) will not place advertising for any alcoholic drinks within 100 metres of a primary or secondary school entrance
4. No bus shelter wrap rounds on alcoholic drinks
5. No wrap rounds on individual buses.
6. No train or light rail wrap rounds.
7. No wrap rounds on taxis.
8. There will be no domination by any alcoholic drinks brand of a train or bus station. (Domination here means more than 33% of available space).
9. A maximum of one face on a Prismatic/Scrolling unit will display alcohol advertising.
10. A maximum of one panel in any group of hoardings will display alcohol advertising.
11. A maximum of one in three bus or train interior/exterior panels will display alcohol advertising.
12. There will be no Mesh Building Banners for alcohol advertising.

Monitoring Body of Voluntary Code on Practice on Alcohol Advertising

Terms of Reference

1. The Body will be known as the Alcohol Marketing Communications Monitoring Body.
2. The Body will have an independent Chair and will consist of one representative nominated by the advertising industry, one representative nominated by the drinks industry and two representatives nominated by the Department of Health and Children.
3. The Body will oversee the implementation of, and adherence to, the Voluntary Codes of Practice agreed between representatives of the advertising, drinks and media communications industries and the Department of Health and Children.
4. The purpose of the Code is to reduce the exposure of children and young people to alcohol advertisements. While the Body will largely decide on its operational methods it will have access to and will review data from the Advertising Standards Authority of Ireland, Central Copy Clearance Ireland, AC Nielson, Joint National Listenership Research (JNLR), Irish Film Censor Reports (cinema).
5. The Body will also commission, if necessary, independent research across all media to assess adherence to the Code. This research will be funded by the Department of Health and Children.
6. Where breaches occur, the Body will approach the relevant organisations with details and obtain agreement on the application of the Code.
7. Where agreement cannot be reached, the Body will report the issue to the Minister for Health and Children and will include details of such breaches and attempts to resolve the issue.
8. The Body will produce an Annual Report for the Minister for Health and Children.