

SEPTEMBER 2015

ABOUT LAST NIGHT...

A CALL TO ACTION ON
HARMFUL DRINKING



**STOP
OUT-OF-
CONTROL
DRINKING**





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LYING HERE, FULL OF REGRET

GERARD ADLUM

*Half 4 on a Monday morning.
Dublin quietened down at last
After the weekend madness,
All that heavy excess,
Glad to see the back of it,
Not out of badness mind,
Just out of tiredness.*

*Half 4 on a Monday morning.
Seagulls stalk D'Olier Street,
Their overgrown bodies throwing shapes,
Eating leftover chips from brown paper bags.
"We own this city now" they seem to say,
While youse are all asleep.*

*Half 4 on a Monday morning.
The city's a filthy mess.
Deliverymen make their drops
Carefully avoiding the vomit,
Collected in alleyways
Shop-fronts and at bus-*

*stops.
Thick, clogging vomit,
The stuff that leaves a stain.
Jesus. But isn't it better to get the last of it up?*

*Half 4 on a Monday morning.
A gust of wind catches a pile of receipts,
Well-worn passports of the night before,
And disperses them into the air.
Where will their travels take them now I wonder?*

*Somewhere in this city
A woman's wallet
Is feeling the weight of that
Last round of Jagerbombs.
But she doesn't care yet,
Her face pressed against the taxi window.
Cold comfort.
Ah Jesus, love, her driver says,
You wouldn't START your night like this,
So why finish it in this state?*

*Somewhere in this city
A few of the lads are out for the night,
A few drinks were taken,
A few words were spoken,
A few digs were thrown,
A few boots put in,
A few egos broken,
And they're not done yet.
The night is young and so are they.*

*Somewhere in this city,
A middle-aged couple are about to regret what they've said to one another.
That demon whiskey the cause, he'll think,
Last drop of rosé was the one too many, she'll think.
Broken glass everywhere, smashed in a fit,
Overblown reaction,
Probably didn't mean the half of it.
And in the morning it'll all be over.
A "ripper of a row" the neighbours say.*

*And somewhere in this city,
A young child is cowering under her bed
At the thud of drunken footsteps on the stairs.*

*Don't get me wrong,
In most parts of this city,
99.9 of people are snoring soundly,
Happy out.
Might have had a drink, might have not.
They know their limits.
Lucky them.*

*All over this country
Drinks companies are brewing campaigns
Designed to make us crave their newest product.
They tell us it's a lifestyle choice.
The latest thing, everyone's drinking it.*

*All over this country,
Politicians are dreaming up new ways to make the papers.
The war on drink, they'll call it.*

*But "drink" is only a word,
How do you stop a noun?*

*Half 4 on a Monday morning.
My head swimming now.
Lying here and thinking.
All these thoughts
Are giving me a thirst.*

*I wish I was above in Hogan's,
Or Grogan's, or Brogan's.
O'Donoghue's maybe?
That's the one.*

*Nestled neatly in the snug.
Dug in for the night,
"Trench warfare" we call it.
Jesus, even the Mercantile or Sweeney's
Would do me now.*

*Half 4 on a Monday morning.
I should be lying in bed,
Having had a few, y'know, a cupla,
Nothing major, the quiet ones like we said.
Lying in my own bed,
That's where I'd like to be*

*Not stuck in the Mater
On a trolley in the A&E.
Listening to the sound of
Drip-drip-drop,
The music of the IV.*

*A young nurse,
Overworked, stressed to her eye-balls,
Is cursing me out of it for taking up space.
I don't blame her.
Me and the two thousand others like me.*

*But the die is cast now,
As me oul' fella used to say,
And what's done is done.
Monday morning. Half 4.
Work in 5 hours.*

*Lying here,
Full of regret.*

FOREWORD



DIAGEO



SPORT FOR BUSINESS



Barnardos



DIAGEO



SPORT FOR BUSINESS

There is no silver bullet – changing harmful drinking cultures and behaviours will require a range of joined up and mutually reinforcing actions as well as changes in policy by government and many other actors.

FOREWORD

Ireland has a problem with the way we drink alcohol. We all know it. Some recognise it. Too many of us think it's someone else's problem. The damage it causes reaches into every aspect of our society.

We are a group of people who came together in late 2014 to think about our national relationship with alcohol and start to change behaviours that are accepted as 'normal' but in many cases are anything but normal.

We are citizens, not experts. Many of us enjoy alcohol, some of us have all too much experience of the damage it can do. We are all agreed on one thing – harmful drinking is endemic in our culture and it does immense harm.

The poem on the opening page of this report was written by an actor and playwright and performed at public meetings we undertook around the country to get the views of people who do not sit on expert groups, who do not have access to airwaves but who do have an opinion on how alcohol has impacted on their lives, some for good, many more for ill.

Each verse in the poem tells a familiar story. It is the story of our long and often destructive relationship with alcohol.

It may seem obvious to say so but there are some central facts we have to deal with:

- The problem is big – it destroys lives and costs billions.
- The problem is deeply rooted in our culture, traditions and lifestyles.
- The problem is complex – the way we treat alcohol is driven by competing individual, psychological and societal factors, impacting people's behaviour in different ways.
- There is no silver bullet – changing harmful drinking cultures and behaviours will require a range of joined up and mutually reinforcing actions as well as changes in policy by government and many other actors.
- There are many people who can and do make a difference – but they don't have the resources needed to make a sufficient impact.
- We don't all act in concert, despite the central and pressing nature of the challenge.

In seeking to hold up an honest and plain mirror to the consequences of harmful drinking we have tried to start a national debate on the subject. Since we started we have examined published research and have talked to as many people as possible – experts and ordinary people – who care as we do about this issue.

We set out to gather ideas about how to address this problem and now we have put these ideas together in this report. There is a great deal of public support for the work we have been doing – over 14,000 people signed up to the campaign.

Our work has attracted controversy. The fact that Diageo funded this initiative led many to question our motivation and our independence. There will be some who dismiss this report out of hand, or will seek to suggest that it is part of some ongoing conspiracy.

Given the long and complex history of our national relationship with alcohol, we understand such concerns. However, we have acted in good faith, without any interference from the funder, to come up with ideas to change Ireland's relationship with alcohol.

We believe that this country's dangerous romance with alcohol can, and must, be replaced by a healthier relationship.

We are especially grateful to all those who shared painful and personal stories. We hope they will recognise their contribution in this report. We are immensely grateful to the 14,000 people who joined our campaign,

the thousands who made submissions or offered us ideas, and the hundreds who took part in direct dialogue with us.

We are immensely grateful to the 14,000 people who joined our campaign, the thousands who made submissions or offered us ideas, and the hundreds who took part in direct dialogue with us.

The analysis we set out is designed to re-emphasise the point that alcohol abuse and harm are inextricably linked. Based on the information and the public input we have received we are respectfully offering a distinct proposal and a set of ideas that would work side by side with improved regulation and enforcement to change our society's relationship with alcohol for the better.

So this report is a fundamental call to arms for everyone in society – young and old; men and women; students and workers; drinkers and non-drinkers; family and friends; political, business, academic and community leaders – to change and help others to change our attitudes and behaviours towards the way we drink, to change this culture of drinking until we are out-of-control.

To begin this process our call to action sets a number of targets and recommendations which we believe can begin to make a difference in the next 10 years. These are evidence-based, creative, open, inclusive, and imaginative, and would be led by a new Foundation to Reduce Alcohol Misuse (FRAMe). The work of the Foundation would draw on interventions that have worked elsewhere, and ideas we generate ourselves.

It won't happen overnight but nothing worthwhile ever does. Building a better relationship with alcohol might take a generation but as the Chinese proverb says, 'The best time to plant a tree was 20 years ago. The second best time is now.'

'The best time to plant a tree was 20 years ago. The second best time is now.'

Signed

Members of the Board of the Stop Out-of-Control Drinking Campaign,

September 2015

CAMPAIGN BOARD MEMBERS

- Anne Connolly - CEO, Irish Smart Ageing Exchange
- Gemma Doorly - Actress and Playwright
- Gavin Duffy - Entrepreneur and Broadcaster
- Fergus Finlay - CEO, Barnardos
- Joanna Fortune - Psychotherapist/Attachment Specialist and founder of Solamh Clinic
- Rob Hartnett - Founder and CEO, Sport for Business
- Simon Keogh - Operations Manager and Head of Legal Affairs, Irish Rugby Union Players Association
- Áine Lynch - CEO, National Parents Council Primary
- Professor Brian MacCraith - President, Dublin City University
- Kieran Mulvey - CEO, Labour Relations Commission
- Charlie O'Connor - Fianna Fáil Councillor Tallaght Central, former TD

EXECUTIVE SUMMARY

There are four core elements required to comprehensively tackle the problem on harmful drinking in Ireland laid out in this report.

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A WE MUST ESTABLISH A COLLECTIVE CONSENSUS

ALL PARTIES MUST ACKNOWLEDGE THE SCALE OF THE PROBLEM

This is a report written and prepared by a group of citizens, whose only motivation has been to address a serious social, behavioural and cultural problem in Ireland – the problem of harmful drinking. We have found a great number of the public share this motivation. We have also found that the problem has affected successive generations of Irish people, individually and collectively, and has also helped to shape Ireland’s international reputation. To stop this generational cycle we must first all collectively acknowledge the problem.

ALL PARTIES MUST ACKNOWLEDGE THAT CULTURE AND BEHAVIOURS FORM CRUCIAL ELEMENTS OF THE SOLUTION

We support regulation and enforcement, as it is manifested in the general scheme of the government’s proposed Public Health (Alcohol) Bill. Regulation and enforcement may not however be enough on its own to produce the cultural

and behavioural change we need. Government and all concerned groups must accept the need to look more closely at how we can better support other approaches as well.

ALL PARTIES MUST WORK TOGETHER IN A COORDINATED AND HOLISTIC APPROACH

The May 2015 Organisation for Economic Co-operation and Development (OECD) *Tackling Harmful Alcohol Use* report, argues for a broad mix of policies to change people’s harmful relationship with alcohol including in the areas of price, taxation, regulation, enforcement, medical intervention, education, and awareness, it concludes that: ‘combining alcohol policies in a coherent prevention strategy would significantly increase impacts, helping to reach a “critical mass” with greater impact on the social norms that drive harmful drinking behaviour.’ We will not deal with this problem by working in silos. Government, civic society, concerned groups, industry and individuals must work together if we are to create the “critical mass” needed to generate real behaviour change.

¹Organisation for Economic Co-operation and Development (2015) Tackling Harmful Alcohol Use Economics and Public Health Policy

B WE NEED A DEDICATED BODY TO DRIVE SUSTAINED, LONG-TERM CHANGE

FOUNDATION TO REDUCE ALCOHOL MISUSE (FRAMe)

We recommend the creation of a body to coordinate the national mobilisation of public opinion, inspired by and underpinned by a range of different and overlapping measures, to change Irish drinking cultures over time. Specifically it should:

- Establish a core target to achieve a 30% reduction in harmful drinking by 2025;
- Hold a remit to improve coordination and cooperation between all institutions, sectors, groups and the drinks industry, to ensure efforts to combat alcohol misuse can access as wide a population as possible;

- Establish, for the first time, strategic targets aimed at changing the culture and behaviours associated with excessive alcohol consumption in Ireland.

Establish a core target to achieve a 30% reduction in harmful drinking by 2025.

The Government should be invited to nominate a full-time chairperson of the Foundation, who should then agree the terms of reference and a governance structure with an independent council to be appointed by early 2016.

A NOTE ON THE RECOMMENDATIONS

While the recommendations below would be better coordinated through the Foundation, they stand as individual recommendations in their own right.

C WE NEED AN AMBITIOUS AND INTEGRATED AGENDA OF ACTIONS THAT GO FAR BEYOND WHAT IS CURRENTLY BEING DEBATED

Based on our work over the last 10 months, as outlined in this report, we make the following 14 recommendations for action

based on five key themes. These recommendations could form the basis of the Foundation's strategic agenda over the next 10 years.

ENFORCEMENT AND REGULATION

1 ENSURE ENFORCEMENT PLAYS A CENTRAL ROLE

Undertake a review of existing enforcement measures, their implementation and explore options for additional legislation to deal with the issue of public drunkenness.

2 SUPPORT REGULATION TO MAKE AN IMPACT

Work with relevant government departments, the industry and relevant public service providers, to assess the impact of the measures that emerge from the *Public Health (Alcohol) Bill*, on excessive consumption behaviours within five years of their implementation.

EDUCATION AND INDIVIDUAL

3 DEVELOP AN INTERGENERATIONAL EDUCATION APPROACH

Undertake an intergenerational, cross-sector review of alcohol education in schools, universities, the community, online and in the workplace, to assess their efficacy at addressing the underlying (intrinsic and extrinsic) motivations to drink, both during and after compulsory education.

4 PUT EDUCATION AT THE FOREFRONT OF OUR PUBLIC HEALTH PREVENTION EFFORTS

Create an eight-year (10-18 year olds) school alcohol education strategy based on behavioural and psychological theory and knowledge of risk and protective factors for young people. The strategy should include both education through the national curriculum and the development of specific strategies that call upon the community sector and parents to work in tandem to influence young people's understanding of alcohol risks. It should also explore successful in-school peer-to-peer programmes that have demonstrated results.

Create an eight-year (10-18 year olds) school alcohol education strategy based on behavioural and psychological theory and knowledge of risk and protective factors for young people.

5 PROACTIVELY SHAPE AN ENTIRE POPULATION'S ATTITUDES TOWARDS ALCOHOL RESPONSIBILITY

Launch a sustained, five year, mass media campaign, encouraging individuals to question their own drinking behaviours, to challenge their perception that harmful drinking is the norm/fun and to recognise it as the problem it is. The campaign should primarily be constructed to target the whole population but specific groups, such as school leavers and university students, should receive targeted messaging. Parents should also receive targeted messaging to raise awareness of the influence their own relationship with alcohol has on their children.

6 PROVIDE STANDARDISED INFORMATION EVERYONE CAN UNDERSTAND

Promote the implementation of the standardisation of alcohol information available including having clear guidelines on labelling, alcohol and calorie content, and setting out the consequences of ignoring such guidelines. Consider the use of pints and glasses when promoting measurement limits rather than units, which the public do not identify with.

Greater support must be provided to give parents the awareness and confidence to use the parent-child relationship to be a strong influence in their child's alcohol education.

7 UTILISE TECHNOLOGY TO HELP PEOPLE TAKE CONTROL OF THEIR RELATIONSHIP WITH ALCOHOL

Harness the public health potential of mobile technology by supporting the development of lifestyle management, cessation and even self-diagnosis apps and their promotion through the public health system.

PARENTAL, PEER AND COMMUNITY ENGAGEMENT

8 EMPOWER PARENTS TO PREVENT OUR NEXT GENERATION MISUSING ALCOHOL

Greater support must be provided to give parents the awareness and confidence to use the parent-child relationship to be a strong influence in their child's alcohol education. This empowerment could be created through public workshops to teach positive reinforcement, listening and communication, and problem solving skills. It could also be achieved through an expansion of the Strengthen Families Programme, which is predominately focused on high risk families, to be more inclusive of all families. GP surgeries and health clinics, who are often a primary point of contact for young families, must also have a responsibility when certain health indicators raise concerns, to help parents understand when to intervene.

9 GIVE ESSENTIAL COMMUNITY SUPPORT NETWORKS THE RESOURCES TO EXPAND THEIR WORK

Generate a central fund for grassroots campaigns, on-the-ground initiatives and programmes aimed at addressing peer and parental influences, that have strong evidence of delivering positive interventions, tapping into a spirit of volunteerism that we know exists in this area.

10 MOTIVATE OUR COUNTRY'S ROLE MODELS TO SET AN EXAMPLE

Work with celebrities, legislators and other national role models to find ways they can demonstrate leadership on this issue. Examples of leadership could include popular musicians playing at exclusive alcohol free public events and closing or restricting hours in the Dáil Bar.

LEISURE AND INDUSTRY

11 MAKE SOCIAL ENVIRONMENTS LESS ALCOHOL FOCUSED

Create a cross-sector working group within the leisure and entertainment industries to review drinking environments and promote more non-drink focused environments.

12 GROW THE NON-ALCOHOL DRINKS INDUSTRY IN THE NIGHT-TIME ECONOMY

Bars and restaurants should be required to provide a wider availability of non-alcoholic options, at comparatively lower prices and water should be freely and visibly available on bars or on tables.

13 SAFEGUARD RESPONSIBLE DRINKERS

Standardise industry employee alcohol training, to ensure staff promote responsible consumption and to ensure there is blanket enforcement of no underage entry and not serving people who are over the limit.

RESEARCH

14 GROW OUR UNDERSTANDING OF THE PROBLEM TO ALLOW GOVERNMENT AND OTHERS TO MAKE BETTER INFORMED DECISIONS

Establish a cross-sector research team made up of government, health groups, the alcohol industry and other relevant sectors, to address gaps in Irish specific data about harmful drinking in Ireland, and to develop detailed and comprehensive data on enforcement issues, tax, price and availability.

D WE NEED TO FINANCIALLY COMMIT TO DEAL WITH THIS PROBLEM

We estimate around €5 million a year for 10 years, would enable the Foundation to be established and to deliver on our strategic recommendations. One possible source of such revenue could be the ring-fencing of a small part of the revenue from taxes on alcohol. This approach has been followed in the past for purposes the State considered worthwhile. An example of this method of funding is the *Horse and Greyhound Industry Fund*, which was established to develop the industries involved by ring-fencing contributions from the betting tax revenue available to the exchequer.

The amount of ring-fencing required would be tiny, considering the tax revenue raised from alcohol (VAT and excise) has been growing steadily each year, and is estimated by the Revenue Commissioners to have been €2.193 billion in 2014.

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INTRODUCTION



INTRODUCTION

The Stop Out-Of-Control Drinking Campaign was launched on 12 February 2015 to raise awareness about the impacts of harmful drinking across all age groups in Irish society.



**Half 4 on a Monday morning.
My head swimming now.
Lying here and thinking.
All these thoughts
Are giving me a thirst.**

1. BACKGROUND

At the time of this public launch Fergus Finlay, our chairperson, said:

'It is my pleasure to be leading the group towards developing a solution to change drinking culture in Ireland for the better. We know that this cannot be achieved without the diverse contributions of the Irish people, the people who any changes made by the government on alcohol will affect. We value all views and expertise from the Irish community on building a better cultural relationship with alcohol and I encourage you to share your knowledge to help us develop a solution that works to stop the consequences caused by excessive alcohol consumption, now and into the future.'

Overseen by an independent Board the campaign brought together a wide range of people, opinions and expertise from across Ireland - all with an interest in reducing the prevalence of excessive drinking behaviour and changing Ireland's cultural relationship with alcohol.

This report has been prepared independent of Diageo. At no point in the report's preparation by the Board has the company either sought or had any influence over its direction. We were asked to undertake work on this very important issue for Irish society and we were allowed to complete our work without any interference.

2. OBJECTIVE

Our objective going into this project was, and remains so with this report, to identify and formulate a cross-sector, community-wide strategy. We were motivated by a wish to support sustainable long-term and comprehensive solutions to address the social and cultural challenges associated with harmful drinking in Ireland.

3. APPROACH

In realising this objective we did not set out to replicate the work of other organisations working in this area. In the time available for our work we wanted to collate the breadth of existing information and experiences about harmful drinking and to complement this review with public engagement to hear peoples' views about harmful drinking and to seek their ideas about tackling this problem.

We were motivated by a wish to support sustainable long-term and comprehensive solutions to address the social and cultural challenges associated with harmful drinking in Ireland.

4. CONTEXT

The genesis for the campaign was brought about by the increase in harmful drinking behaviours across Ireland. 'Binge drinking', as it is more commonly referred to by the media, has seemed to be rarely out of the news in recent years.

4.1 OVERALL CONSUMPTION

Contrary to the media focus on 'binge' drinking, overall consumption of alcohol in Ireland has declined over the last decade. Recent OECD data puts overall consumption in Ireland - as measured by litre of pure alcohol per capita - at 11.6 litres in 2012² down from a peak of 14.5 litres in 2001.³ By way of comparison, alcohol consumption figures for other countries in 2012 included Belgium (9.8), Czech Republic (11.6), France (11.8), Germany (11), Japan (7.2), New Zealand (9.3), Poland (10.2), Sweden (7.3) and Switzerland (9.9) (Table 1).

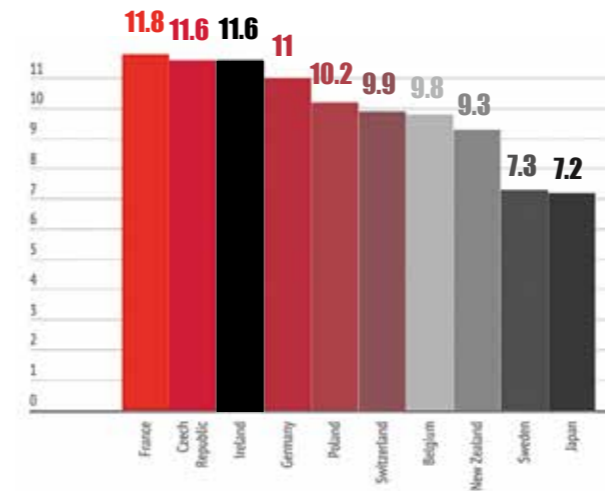


Table 1. OECD 2012 alcohol consumption date, litre of pure alcohol per capita

The downward trend in Ireland means that consumption of alcohol is now at levels last recorded in the mid-1990s. It is Irish Government policy to reduce alcohol consumption by people over the age of 15 years to an annual per capita consumption level of 9.2 litres by 2016.⁴

The National Alcohol Diary Survey published in 2013 found that just over one quarter of Irish drinkers (aged from 18 to 75 years) reported drinking one to two standard drinks per drinking occasion.⁵ This would equate to one-half to one pint of beer, or one-to-two pub measures of spirits, or 100 to 200ml of wine. This level of consumption is within the low-risk daily alcohol consumption limits as recommended by the Health Service Executive (HSE).

Despite trends in national consumption levels and individual consumption patterns, there is strong evidence of excessive or harmful drinking in Ireland remaining worryingly high. The 2013 report found that:

- 37.3%** Almost two-fifths (37.3%) of all respondents consumed six or more standard drinks on a single occasion one or more times a month in the last year;
- 21.1%** One-in-five (21.1%) drinkers engaged in binge drinking at least once a week;
- 24.1%** Almost one-quarter (24.1%) of drinkers aged 18–24 years consumed alcohol at least twice per week;
- 64.3%** Just over two-thirds of drinkers (64.3%) consumed six or more standard drinks on a typical drinking occasion.

The latter level of consumption (six or more standard drinks) equates with 60g of alcohol or more - equivalent to three or more pints of beer, six or more pub measures of spirits, or 600ml or more of wine. This type of consumption - the HSE report noted - 'equates with the criteria for risky single-occasion drinking or binge drinking.'

²Note that the 2014 estimate of adult alcohol consumption in Ireland for the year 2013 was 10.73 litres per adult. See Foley, A., Estimates of alcohol consumption per adult in 2013

³Organisation for Economic Co-operation and Development, Alcohol Consumption (2014) See <http://stats.oecd.org/index.aspx?queryid=30126>

⁴Department of Health (2012) Steering Group Report on a National Substance Misuse Strategy

⁵Long J and Morgan D (2013) Alcohol Consumption in Ireland 2013: Analysis of a National Alcohol Diary Survey Dublin: Health Service Executive

Based on the findings in this 2013 study over half of 18–75-year-old drinkers in Ireland would be classified as ‘harmful drinkers’ using World Health Organisation criteria.

Other relevant findings in the National Alcohol Diary Survey included:

66.8% Two-in-three (66.8%) drinkers and four-in-five (80.3%) male drinkers consumed six or more standard drinks on the occasion that they consumed the highest number of standard drinks in the last year.

67.8% Monthly binge drinking was most common among males aged 18–24 years (67.8%) and least common among women aged 65–75 years (5.2%).

Based on the findings in this 2013 study over half of 18–75 year-old drinkers in Ireland would be classified as ‘harmful drinkers’ using World Health Organisation criteria. The researchers concluded that, ‘when the proportion of survey respondents classified as harmful drinkers is applied to the population, it indicates that there were between 1.3 and 1.4 million harmful drinkers in Ireland in 2013.’

The World Health Organisation (WHO) in 2014 reported that 39% of Irish people over 15 years of age had in the preceding 30 days engaged in binge drinking. Ireland was ranked second only to Austria (40.5%) in the list of 194 countries included in their report. These findings are consistent with earlier research. Data from 2007 indicated that, compared to their European counterparts, Irish people drink on fewer occasions but on those occasions that they do drink they do so more heavily.⁶ A Eurobarometer report in 2007 observed that:

‘The majority of the EU population reported having 1–2 drinks on an occasion where they consume alcohol (59%). One in 10 Europeans said that they usually have five or more drinks in one sitting. At the top of the country scale is, by a considerable margin, Ireland. Here 36% claimed to drink 3–4 drinks on one occasion, and a further 34% drink 5 or more.’

Respondents were asked how often over the preceding 12-months had they consumed five or more drinks on one occasion. Over half (54%) of Irish drinkers said they consumed five or more drinks on a single occasion in the previous year. Irish people ranked highest in this category. The average of the 29 countries covered by the survey was 28%.

The same Eurobarometer report found that in Ireland 37% of the alcohol-drinking population have five or more drinks on one occasion once a week. The data showed that approximately one quarter of drinkers in Spain (28%) and Austria (24%) also drank at this level several times a week. The survey found that binge drinking was highest among younger respondents across the EU: ‘they are more inclined to drink 3–4 or even more drinks at once, than the average European.’

The European School Survey Project on Alcohol and Other Drugs (ESPAD) report in 2011 examined substance abuse among students in 36 European countries.⁷ It found the prevalence of ‘heavy episodic drinking over the previous 30 days by Irish students did not differ from the average across the survey. Irish students reported drinking a volume of 6.7 centilitres of pure alcohol compared with the survey average of 5.1 centilitres. Reconverted into a specific beverage this corresponds to approximately 13 centilitres of spirits (2–3 drinks), 40 centilitres of wine, or one litre of beer.

Data from the Health Research Board published in 2014 showed that the total number of cases treated for problem alcohol use in Ireland increased from 7,940 in 2008 to 8,604 in 2011 before decreasing to 8,336 in 2012. The same report found that, ‘in 2012, many of those in treatment for problem alcohol use started drinking alcohol at 16 years of age, with almost no change seen over the past five years.’⁸ According to the *Health Behaviour in School - Aged Children* survey in 2006 half of the Irish children aged 15 to 17 reported being current drinkers. Over one third reported having being ‘really drunk’ in the previous 30 days.⁹

Over half (54%) of Irish drinkers said they consumed five or more drinks on a single occasion in the previous year. Irish people ranked highest in this category. The average of the 29 countries covered by the survey was 28%.

European Commission, Eurobarometer (2007)

⁶European Commission (2007) Attitudes towards alcohol. Eurobarometer

⁷European School Survey Project on Alcohol and Other Drugs (2011) Substance Use Among Students in 36 European Countries

⁸Health Research Board (2014) Treated problem alcohol use in Ireland: figures for 2012 from the National Drug Treatment Reporting System. National Health Information Systems, Health Research Board. Available at www.hrb.ie/publications/21518

⁹National Drugs Strategy 2009–16, Department of Health (see Section 1.14)

5. METHODOLOGY AND STRUCTURE

Identifying long-term solutions to tackle the frightening statistics outlined in the previous section motivated us to embark upon this campaign. Our work was undertaken in three ways. First, we reviewed existing published research into the problem of harmful drinking and also the policy responses introduced to deal with this problem. Second, we commissioned opinion poll research to understand public attitudes towards alcohol. Third, through a public consultation process we asked people for their ideas to transform Ireland's relationship with alcohol. The outcome from these strands of work forms the basis for Parts 1, 2 and 3 of this report:

- Part 1 of this report reviews a range of published research on the problem of excessive alcohol consumption to establish evidence on what is understood by binge, excessive, harmful or out-of-control drinking, the profile of these drinkers and their characteristics by factors such as age, gender and income as well as attitudes toward these drinking practices.

- Part 2 also draws on published research but this time examines studies focused on the policy responses introduced to try to tackle these drinking behaviours. It also examines the success, or otherwise, of these national and international policy interventions, where evidence is available.
- Part 3 includes our survey findings on public opinion about aspects of alcohol consumption in Ireland as well as information on the outcome of our public consultation processes.

This approach to our work allowed us to identify common themes in existing research, in public opinion and in the public consultation process. These common themes ultimately underpin our recommendations and our Call to Action in Part 4 with the specific proposal to establish a Foundation to Reduce Alcohol Misuse (FRAME).

Real life stories
and people with
experiences make
people more inclined
to support campaigns
via emotions

PART 1: THE PROBLEM

**A young nurse,
Overworked, stressed to
her eye-balls,
Is cursing me out of it for
taking up space.
I don't blame her.
Me and the two thousand
others like me.**

PART 1: THE PROBLEM

This section of the report examines published documents and academic research related to alcohol consumption with specific reference to the problem of excessive drinking. The analysis draws on national and international research to identify themes and trends relevant to harmful drinking.

1. INTRODUCTION

1.1 OFFICIAL TERMINOLOGY

While the term 'binge drinking' is widely used there is confusion over terminology - specifically in usage, whether the term binge drinking 'refers to alcohol consumption over a prolonged period or whether it refers to the specific amounts drunk in a particular session.'¹⁰

Although commonly labelled as binge drinkers other descriptive terms used include high-intensity drinkers, out-of-control drinkers, risky drinkers and harmful drinkers. More generally, this type of drinking behaviour is understood as where individuals consume numerous drinks in a short time period. Specifically, this type of behaviour has been defined as:

- consuming six or more standard drinks on a single drinking occasion with a standard drink being defined as a half pint of beer, a measure of spirits or a single small glass of wine (World Health Organisation);

- consuming four or more drinks for women and five or more drinks for men on an occasion during the past 30-days (Centre for Disease Control and Prevention).

According to the National Institute on Alcohol Abuse and Alcoholism in the US, a 'binge' is a pattern of alcohol drinking that brings the blood-alcohol concentration to 0.08 grams per cent or above. For a typical adult, this pattern corresponds to consuming, in a two hour period, five or more drinks for men and four or more drinks for women.

Consuming six or more standard drinks on a single drinking occasion with a standard drink being defined as a half pint of beer, a measure of spirits or a single small glass of wine.

World Health Organisation

¹⁰Banister EN and Piacetini MG (2006) Binge Drinking - Do They Mean Us? Living to the Full in Students' Own Words Advances. *Consumer Research* 33: 390-39

1.2 PUBLIC PERCEPTION

Despite public concern about harmful drinking, behaviour research has shown that for some people the term ‘binge drinking’ does not have a negative connotation. A 2006 study of English university students rationalised excessive drinking as a temporary activity with positive and negative effects on social facilitation.¹¹ For many respondents ‘a binge session reflected a good night out’.

This evidence was substantiated by a 2009 study of American college students¹² while 2009 research in the UK found that for many people binge drinking was considered fun and a form of ‘entertainment’.¹³

Evidence from a focus group study of Australian female students (aged 14 to 16 years old) showed respondents reporting positive drinking experiences including ‘increased fun at an event’, ‘feeling happy and in control’, ‘increased confidence around boys’ and ‘feeling more relaxed’.¹⁴ According to the authors of this study, ‘The risks and occasional negative outcomes from drinking were all considered as part of the total experience and bigger story. There appears to be no clear distinction between positive and negative times, as all alcohol experiences subsequently contribute to the whole, becoming the “good” anecdote.’

In an attempt to reframe the debate around binge drinking - which is seen by many young British drinkers as a crucial element in ‘having fun’, and as an important aspect of their social lives - a 2008 study involved analysis of focus group discussions and individual interviews with young people aged 18–25 in three areas in the UK.¹⁵ The researchers conclude that the term ‘calculated hedonism’ is a better term than ‘binge drinking’ to describe the relationship of young people with alcohol and, in particular, the way they manage their relationship with alcohol. This body of research demonstrates the need to approach communications around harmful drinking in a way that is relatable without contributing to the feeling among some young people that harmful drinking is acceptable.

Despite public concern about harmful drinking behaviour research has shown that for some people the term ‘binge drinking’ does not have a negative connotation... For many respondents ‘a binge session reflected a good night out’. Banister EN and Piacentini MG (2006)

Specifically, it is important to consider the finding that many people drink because they perceive drinking as fun; to have unexpected adventures; to relax; for coping reasons; to gain social confidence and because of peer pressure.¹⁶ Qualitative studies have also shown that high levels of intoxication are often viewed positively, encouraging social bonding, providing a perceived increase in social status and facilitating ‘fun’ or ‘enjoyment’. The consequences of harmful drinking are also often viewed as positives rather than regrets or negative experiences.¹⁷ As a result, campaigns that focus entirely on awareness of harm have been shown to have negligible medium and long-term impact. This is further explained in *The Pedagogy of Regret*, which notes, ‘the enjoyment derived from sharing the risky and regrettable experiences (of drunken

nights) on Facebook is part of ongoing narratives between girls. Such pleasures, which are increasingly mediated by social networking sites, confound the notion that young women are haunted by inevitable regret and remorse.’¹⁸

This perception was supported in a UK ComRes survey (2014), which found that only 36% of 16-24 year olds felt it was embarrassing when someone their age gets really drunk and 50% of 16-30 year olds thought that drunkenness was fine unless you behave aggressively. While concerns around Facebook was listed as a reason to stop drinking this was only about 13% of those aged 16-30 and both studies suggest there may be overriding ‘fun’ factors in excessive consumption.

A NOTE ON THE TERMINOLOGY USED IN THIS REPORT

The positive associations with ‘binge’ drinking identified in the research led our campaign to chose to use the term ‘out-of-control’ drinking. As we will see in Part 3, people identify negatively with the behaviour of drinking until out-of-control. When referring to research evidence in this report we have kept, where possible, to the original research terminology. This results in the terms ‘binge’, ‘excessive’, ‘harmful’ and ‘out-of-control’ drinking being used interchangeably. Elsewhere in the report we use the term ‘harmful’ to encompass all these terms. We do this because the net result of ‘excessive’, ‘binge’ or ‘out-of-control’ drinking is harm to the drinker and those around them.

¹¹Banister et al. (2006)

¹²Century Council (2009) Communication Strategies for College Binge Drinking Prevention. See <http://responsibility.org/binge-drinking>

¹³van Wersch, A. and Walker, W. (2009) Binge-drinking in Britain as a social and cultural phenomenon: the development of a grounded theoretical model. *Journal of Health Psychology* 14: 124–34

¹⁴Sheehan M and Ridge D (2001) ‘You become really close... you talk about the silly things you did and we laugh’: The role of binge drinking in female secondary students’ lives. *Substance Use & Misuse* 36(3): 347–372

¹⁵Szmigin I. et al. (2008) Re-framing ‘binge drinking’ as calculated hedonism: Empirical evidence from the UK. *International Journal of Drug Policy* 19(5): 359–366

¹⁶Banister & Piacentini (2006)

¹⁷Griffin, Lyons, McCreanor, Goodwin (2013) Would you like a drink? See <http://www.bath.ac.uk/ipr/our-publications/policy-briefs/youth-drinking.pdf>

¹⁸Brown & Gregg (2012) *The Pedagogy of Regret: Facebook, Binge Drinking and Young Women*

2. INTERNATIONAL CONTEXT

Harmful drinking behaviours are not just an Irish problem. Similar drinking patterns have been reported and acknowledged in other countries. For example, in the foreword to the *UK Government's Alcohol Strategy* – published in 2012 – British Prime Minister David Cameron noted that, 'binge drinking is a serious problem.'¹⁹ Furthermore, although portrayed as a recent problem, historical analysis shows that 'heavy drinking has been endemic in British society over many centuries.'²⁰

The World Health Organisation estimates that, globally, 16% of drinkers aged 15 years or older engage in heavy episodic drinking.²¹ It has been reported that some 80 million Europeans aged 15 years plus – equivalent to over one fifth of the adult EU population – drank in excess at least once a week in 2006.²² Other data shows that across EU member states one in six (18%) of those in the 15-24 age category reported binge drinking on three or more occasions in the preceding month.²³

A 2009 study of six European countries found that 60.2% of 18-23-year-old-men and 41.1% of 18-23-year-old-women could be classified as binge drinkers. These figures declined to 44.9% and 29.9% respectively in the 24-32 age category.²⁴ The

A 2009 study of six European countries found that 60.2% of 18-23 year old men and 41.1% of 18-23 year old women could be classified as binge drinkers. These figures declined to 44.9% and 29.9% respectively in the 24-32 age category.

Plant MA et al (2009)

study reported significant differences in the proportion of binge drinkers by gender in the six countries. For example, in the UK, Sweden, the Czech Republic and the Isle of Man, men were more likely to be binge drinkers than women. By way of contrast, there was little difference in Spain and Denmark. Differences in the proportions of binge drinkers in the different age

categories was described as 'slight' except in Denmark and in Sweden.

The 2011 ESPAD report found that on average students reported having consumed drinks corresponding to 5.1 centilitres of pure alcohol on their latest drinking day.²⁵ There were again some country differences: almost double average consumption was reported by students in Denmark (9.7cl) followed by Finland, Norway, Sweden, the UK and Ireland (6.7cl). A 2014 Danish study concluded that, 'Binge drinking is a relatively common behaviour among adolescents in Denmark.'²⁶ Some 56% of Danish adolescents reported binge drinking during the month before they were surveyed. Data for the same period for Iceland was 13% and for Sweden 31%.

Excessive drinking is generally reported to be more common in northern and eastern European countries although more limited information is available for southern European countries and consumption patterns may be changing. For example, recent research indicates moderately high binge drinking in Spain.²⁷ This 2014 Spanish study showed that over the last decade, moderate wine consumption at meal times among teenagers and young adults has been replaced 'with weekend consumption

of beer, spirits straight or mixed with sodas, or wine mixed with colas (i.e., calimocho), usually in excessive amounts with binge drinking being the norm.' The prevalence was higher in men (10%) than in women (4.2%).

Similar findings were found in the US where it has been estimated that approximately 38 million adults (approximately 12% of population) report drinking in excess on an average of four times per month and consuming an average of eight drinks per episode.²⁸ Overall, some 15% of all adults (or almost 30% of current adult drinkers) report binge drinking in the past 30 days. Half of all alcohol consumed by adults occur on days when they have five or more drinks.²⁹

Binge drinking in the US is estimated to account for 90% of the alcohol consumed by young adults and 50% of alcohol consumed by all adults. The prevalence and intensity of binge drinking in the US are highest among 18-24 year olds but declines with age.³⁰ The frequency of binge drinking is, however, highest among older adult bingers. Research has found that 70% of binge drinkers consumed six or more drinks while 38% consumed eight or more drinks.³¹

¹⁹Home Office (2012) The Government's Alcohol Strategy

²⁰Herring R, Berridge V and B Thom (2008) Binge drinking: an exploration of a confused concept. *Journal of Epidemiology and Community Health* 62: 476-9

²¹World Health Organisation (2014)

²²Anderson P (2008) Binge Drinking and Europe. *German Centre for Addiction Studies*

²³Anderson (2008)

²⁴Plant MA, Plant ML, Miller P, Gmel G, and Kuntsche S (2009) The Social Consequences of Binge Drinking: A Comparison of Young Adults in Six European Countries. *Journal of Addictive Diseases* 28: 294-308

²⁵European School Survey Project on Alcohol and Other Drugs (2011)

²⁶Pedersen M, Andersen PK, Sabroe S, (2014) Determinants for binge drinking among adolescents in Denmark. *Scandinavian Journal of Child and Adolescent Psychiatry and Psychology* Vol. 2(3):135-142

²⁷Soler-Vila H, Galan I, Valencia-Martin JL, Leon-Munoz LM, Guallar-Castillon P, Rodriguez-Artalejo F (2014) Binge Drinking in Spain, 2008-2010 Alcoholism: Clinical and Experimental Research 38(3): 810-819

²⁸Centre for Disease Control and Prevention (2015) Vital Signs: Alcohol Poisoning Deaths - United States, 2010-2102. 63(early release): 1-5

²⁹Naimi T, Brewer R, Miller JW, Okoro C, Mehrotra C (2007) What Do Binge Drinkers Drink? Implications for Alcohol Control Policy. *American Journal of Preventive Medicine* 33(3): 188-193

³⁰Centre for Disease Control and Prevention (2012) Vital signs: binge drinking prevalence, frequency, and intensity among adults - United States, 2010

³¹Naimi T, Nelson D, Brewer R (2010) The Intensity of Binge Alcohol Consumption Among U.S. Adults *American Journal of Preventive Medicine* 38(2): 201-207

3. WHO IS A BINGE DRINKER?

The motivation underpinning excessive alcohol consumption includes drinking for social motives, drinking for enhancement motives, and drinking for coping motives.³² In many social instances drinkers report their excessive alcohol consumption as related to participation in celebrating an event.³³

Despite the data on binge drinking, most drinkers do not view their own personal drinking behaviour as excessive. Research has shown that only 2% of drinkers in Ireland classify themselves as heavy drinkers who may or may not binge drink, while 39.6% classified themselves as moderate drinkers who may or may not binge drink, and 58.3% classified themselves as light drinkers who may or may not binge drink.³⁴

The authors of the *National Alcohol Diary Survey* in Ireland concluded that based on self-perception, one-in-five self-defined “light drinkers who do not binge drink” and half of the self-defined “moderate drinkers who do not binge drink” would ‘actually do so on a typical drinking occasion without realising it.’

Speaking in Seanad Eireann in June 2014, the Leader of the House Senator Maurice Cummins acknowledged the extent of excessive alcohol consumption in Irish

society while admitting his own surprise at the data. ‘Having three drinks on a regular basis is classified as harmful binge drinking. This figure will shock many and make us look at our drinking habits.’³⁵

Such issues around self-perception of personal drinking behaviour are not uncommon. Research elsewhere has shown that drinkers have a tendency to attribute unacceptable, harmful or problematic alcohol use and drinking behaviours to others.

A 2012 Scottish study involving adults aged between 35 and 50 years of age found evidence of this characteristic.³⁶ Focus group study participants initially suggested that older drinkers, like themselves, consume less alcohol, no longer drink to get drunk and drink for social reasons. However, the study authors recorded that, ‘as discussions progressed, respondents collectively recounted recent drunken escapades, challenged accounts of moderate drinking, and suggested there was still peer pressure to drink.’

Relatively little research has been undertaken to ascertain the drink/beverage preferences of these excessive drinkers. A 2007 study examined consumption preferences across beer, wine and spirits for binge drinkers in the US.³⁷ The study

Despite the data on binge drinking most drinkers do not view their own personal drinking behaviour as excessive. Research has shown that only 2% of drinkers in Ireland classify themselves as heavy drinkers who may or may not binge drink, while 39.6% classified themselves as moderate drinkers who may or may not binge drink, and 58.3% classified themselves as light drinkers who may or may not binge drink. Long J and Morgan D (2013)

noted that beer accounted for two-thirds of all alcohol consumed by those drinking in excess, stating:

‘The average number of drinks consumed increased with the number of beverage types consumed and was higher for categories involving beer. Those consuming all three beverage types consumed the most drinks per binge drinking episode (an average of 12 drinks). In terms of total consumption, binge drinkers who drank beer exclusively consumed 39.8% of all binge drinks, and 28.3% of binge drinks were consumed by those drinking beer and liquor. Those who drank beer exclusively or in combination with other beverage types

accounted for 86.4% of all binge drinks consumed.’

The same researchers conclude that, ‘wine is disproportionately consumed during non-binge drinking episodes, at least compared with beer.’ They argue that knowledge of beverage of choice of binge drinkers is important in terms of framing effective policy interventions that are identified as including increased alcohol taxation and more restricted hours of alcohol sale.

³²Kuntsche E, Knivve R, Gmel G and R Engels (2005). Why do young people drink? A review of drinking motives. *Clinical Psychology Review* 25(7): 841-861

³³Norman P, Bennett P and H Lewis (1998) Understanding binge drinking among young people: an application of the Theory of Planned Behaviour. *Health Education Research* 13(2): 163-169

³⁴Long J and Morgan D (2013)

³⁵See Seanad Eireann, 24 June 2014

³⁶Emslie C, Lyons K, and Lyons A (2012) Older and wiser? Men’s and women’s accounts of drinking in early mid-life. *Sociology of Health & Illness* 34(4): 481-496

³⁷Naimi et al. (2007)

4. AGE, GENDER AND INCOME

Binge drinking is commonly considered an issue for those in younger age cohorts. The World Health Organisation has reported that young people appear to be less risk-averse and may engage in more reckless behaviour while drunk.³⁸

The prevalence of excessive drinking among 15 and 16 year olds varies greatly between European countries, ranging from 13% in Iceland to 56% of students reporting such behaviour in Denmark and Malta.³⁹ Nevertheless this age-based perception may be misplaced. Research studies show that binge drinkers over 65 years of age tend to drink more frequently than those aged 18 to 34 years.⁴⁰ A 2012 US study (based on 2010 data) found: 'Binge

Research studies show that binge drinkers over 65 years of age tend to drink more frequently than those aged 18 to 34 years.

Centre for Disease Control and Prevention (2012)

drinking prevalence (28.2%) and intensity (9.3 drinks) were highest among persons aged 18–24 years. Frequency was highest among binge drinkers aged \geq 65 years (5.5 episodes per month).⁴¹

Similarly a 2014 study in Spain (based on 2008 to 2010 data) concluded: '...close to two-thirds of Spanish binge drinkers are between 18 and 34 years of age and that, although binge drinking prevalence declines with age, those who binge drank among our older respondents (55 to 64 year olds) reported the highest number of episodes of all age groups.'⁴²

The perception that binge drinking is an exclusively male-problem has also been challenged. Data shows that men are more likely to drink alcohol than women, they are more likely to binge drink and they are more likely to experience problems related to alcohol but - as one researcher noted - 'the recent increase in heavy drinking by young British women has led to growing interest in the place of alcohol in women's lives.'⁴³

A 2015 study of students at University College Cork also found similar consumption patterns between men and women.⁴⁴ Overall 66.4% of students reported hazardous alcohol consumption - broken down as 65.2% for men and 67.3% for women. This study also noted that 'the prevalence of alcohol consumption in Irish university students (based on self-report) is broadly similar to levels observed in British students... but significantly higher than those observed in the USA.'

Related to these age and gender features Emslie et al (2012) conclude that, 'in order to develop effective alcohol harm reduction strategies, it is important to understand how men and women in early mid-life themselves perceive drinking and excessive alcohol consumption.'⁴⁵

In a similar conclusion the authors of another study of binge drinking in six European countries - referenced previously - concluded that, 'as people move from the relatively carefree late teens and early twenties into greater responsibilities involving jobs, partners, and children, their drinking patterns mature. However, what

the study also shows is that this maturation process is strongly subject to cultural influences.'⁴⁶

Predictors of binge drinking vary across studies and countries although men and younger age groups tend to dominate with varying results based on educational level and mental health. For example, a 2009 US study of over 50 year olds found that the level of alcohol use was positively associated with educational level and family income while men who reported a high level of family income were likely to have also reported binge drinking in the previous month.⁴⁷

In a related study, research on binge drinking and labour market earnings drawing on US data from 1979 to 1994 concluded that an individual's earnings have no significant effect on his/her tendency to engage in binge drinking.⁴⁸

³⁸World Health Organisation (2014)

³⁹de Bruijn A (2013) Exposure to online alcohol marketing and adolescents' binge drinking in Anderson P, Braddick F, Reynolds J and Gual A (eds.) Alcohol Policy in Europe Evidence from the AMPHORA Project

⁴⁰Centre for Disease Control and Prevention (2012) Vital signs: binge drinking prevalence, frequency, and intensity among adults - United States, 2010. See: <http://www.cdc.gov/mmwr/preview/mmwrhtml/mm6101a4.htm>

⁴¹Centre for Disease Control and Prevention (2012)

⁴²Soler-Vila H, Galan I, Valencia-Martin JL, Leon-Munoz LM, Guallar-Castillon P, Rodriguez-Artalejo F (2014) Binge Drinking in Spain, 2008-2010 Alcoholism: *Clinical and Experimental Research* 38(3): 810-819

⁴³Emslie, Hunt, Lyons (2012) Older and Wiser? Men's and women's accounts of drinking in early mid-life

⁴⁴Davoren MP, Shiely F, Byrne M and IJ Perry (2015) Hazardous alcohol consumption among university students in Ireland: a cross-sectional study 5(1)

⁴⁵Emslie et al. (2012)

⁴⁶Plant et al. (2009)

⁴⁷Blazer D (2009) The Epidemiology of At-Risk and Binge Drinking Among Middle-Aged and Elderly Community Adults: National Survey on Drug Use and Health. *American Journal of Psychiatry* 166(10): 1162-1169

⁴⁸Keng SH and Huffman We (2007) Binge drinking and labor market success: a longitudinal study on young people. *Journal of Population Economics* 20(1): 35-54

5. COST OF ALCOHOL MISUSE

The World Health Organisation estimates that the harmful use of alcohol is linked to approximately 3.3 million deaths every year (or 5.9% of all deaths). Moreover, according to these estimates, some 5.1% of the global burden of disease is attributable to alcohol consumption.⁴⁹ Alcohol-related costs in the European Union in 2003 were estimated at €125 billion.⁵⁰

The World Health Organisation estimates that the harmful use of alcohol is linked to approximately 3.3 million deaths every year.

World Health Organisation (2014)

Alongside the human and social costs associated with alcohol misuse, economic costs include those related to the healthcare system, the legal and criminal justice system and lost productivity from those who work less effectively or miss work altogether due to hangovers or

alcohol-related health and social problems, or premature death.⁵¹ Specifically in relation to excessive drinking it has been noted that, 'a pattern of occasional binge drinking over the long term will add to the risk of chronic as well as acute alcohol related problems.'⁵²

'Alcohol is a drug and intoxicant which has significant pharmacological and toxic effects both on the mind and on almost every organ and system in the human body. Alcohol is implicated in numerous premature deaths every year from disease, accidents and violence. It has been shown to be causally related to more than 60 different medical conditions. The negative consequences of alcohol include harm to physical health, psychological well-being and relationships. These consequences impact on all facets of society, from the affected individuals and their families to the medical, social and legal resources of the State.'⁵³

A report commissioned by the Health Service Executive (HSE) in Ireland in 2010 noted in relation to alcohol consumption that, 'dealing with its use and misuse places an estimated burden of €3.7bn

annually' on the Irish State.⁵⁴ Two-thirds of this figure (€2.4 billion) is associated with the cost to the healthcare system of alcohol-related illnesses and the cost of alcohol-related crime.⁵⁵ Other cost headings include alcohol-related road accidents and alcohol-related work absences. Approximately, 1,080 deaths per annum in Ireland are attributed to alcohol.

Alcohol abuse also carries substantial human costs for families, friends and co-workers and victims of alcohol-related car accidents.⁵⁶ A 2014 HSE report observed that, 'alcohol-related harm extends out from the drinker and affects many other people besides the drinker.'⁵⁷ According to the World Health Organisation, excessive drinking is the number one cause of ill-health of those between the age of 15 and 59 years in Europe.⁵⁸

In the US binge drinking is responsible for more than half of the 80,000 annual deaths caused by excessive alcohol consumption.⁵⁹ In terms of the estimated economic costs of excessive consumption of alcohol some \$168 billion is attributed to binge drinking (75% of the \$224 billion total economic cost).⁶⁰ Alcohol poisoning is typically caused

by the prevalence, frequency and intensity of binge drinking. In the US, just over 2,200 people over the age of 15 died on average between 2010 and 2012 - that corresponds to 8.8 deaths per one million population.⁶¹

Alcohol related harm extends out from the drinker and affects many other people besides the drinker.

Health Services Executive (2014)

⁴⁹World Health Organisation (2014). See also World Health Organisation (2010) Global strategy to reduce harmful use of alcohol

⁵⁰Anderson P (2008)

⁵¹Naimi et al (2007)

⁵²World Health Organisation (2000) International Guide for monitoring alcohol consumption and related harm.

⁵³Department of Health (2009) National Drugs Strategy 2009-16 (see Section 1.9 Alcohol - No Ordinary Commodity)

⁵⁴Byrne S (2010) Costs to Society of Problem Alcohol Use in Ireland. Dublin: Health Service Executive

⁵⁵Byrne S (2010)

⁵⁶Soler-Vila et al (2014)

⁵⁷Hope A (2014) Alcohol's harm to others in Ireland. Dublin: Health Service Executive

⁵⁸World Health Organisation (2011) Global Status Report on Alcohol and Health

⁵⁹Bouchery EE, Harwood HJ, Sacks JJ, Simon CJ, Brewer Rd (2011) Economic costs of excessive alcohol consumption in the United States, 2006. *American Journal of Preventive Medicine* 41: 516-524

⁶⁰Centre for Disease Control and Prevention (2012)

⁶¹Centre for Disease Control and Prevention (2015)

6. CONCLUSION

This review of existing research dealing with the problem of excessive alcohol consumption provides useful information on what is commonly understood by binge drinking. It shows that excessive alcohol consumption is an international problem not unique to Ireland and has been the subject of a significant volume of research in other jurisdictions. The profile of a binge drinker is more diverse than generally understood, and the problem of harmful levels of consumption of alcohol does not respect age, gender or income. The cost of this behaviour is considerable both internationally and nationally.

What is clear is that to tackle this problem on a national scale will require a significant shift in current societal attitudes towards binge drinking, particularly to ensure all age and social groups are addressed. It will also require a shift in the cultural acceptance of drinking to excess as a fun-type activity. The need to change cultural attitudes emerges from the finding that many people simply do not see their personal relationship with alcohol as excessive even when that same consumption is above recommended drinking levels. This is particularly important when considering how excessive consumption is now being seen as an enabler for positive social experiences.

Having reviewed this research focused on the problem of harmful drinking, the next part of this report examines research directed at the policy responses implemented to try to tackle this problem.

The need to change cultural attitudes emerges from the finding that many people simply do not see their personal relationship with alcohol as excessive even when that same consumption is above recommended drinking levels.



PART 2: THE POLICY RESPONSE

**All over this country,
Politicians are dreaming
up new ways to make the
papers.
The war on drink, they'll call
it.
But "drink" is only a word,
How do you stop a noun?**

PART 2: THE POLICY RESPONSE

When focusing on linkages between alcohol policy and alcohol consumption it is worth noting the suggestion that no direct casual link exists between policy and consumption rather the relationship is complicated.

1. INTRODUCTION

A variety of policy responses have been introduced to reduce alcohol consumption.⁶² These include price and taxation measures, availability restrictions, advertising restrictions, education and public information campaigns and access to prevention and treatment services. More specifically, examples of policies utilised to reduce availability include limiting the number of outlets selling alcohol, introducing limits on days and times when alcohol can be sold and having a minimum age at which alcohol can be purchased or consumed. Measures to address specific behaviour such as drink-driving have included setting limits for blood alcohol concentration and random breath testing. Other policies include restrictions on advertising and sponsorship.

In terms of advertising of alcohol products, studies have shown that increased alcohol advertising exposure among young people can be a predictor of subsequent alcohol consumption, and that this consumption

is largely defined by binge drinking. Moreover, it has been reported that marketing exposure for beer is highest for underage and young adults.⁶³ In a related study the argument has been made that insufficient evidence currently exists 'on the optimal persuasion strategies to effectively countering commercial advertising and marketing.'⁶⁴

In terms of policies to restrict availability, these policies primarily tend to focus on opening hours and days. In several jurisdictions, most particularly in the US, availability policies also include minimum legal drinking-age laws, false ID laws, restrictions on alcohol consumption in public places, bans on alcohol sales to intoxicated patrons, and prohibitions on credit card sales of alcohol. In a survey of US alcohol policy experts in 2010 it was reported that policies targeting the physical availability of alcohol were rated as slightly more effective for young people than for adults.⁶⁵

⁶²Room, R, Babor T and Rehm J (2005) Alcohol and public health *The Lancet* 365: 519-30

⁶³Naimi at al (2007)

⁶⁴Snyder LB, (2006) Health Communication Campaigns and Their Impact on Behavior. *Society for Nutrition Education* p.526

⁶⁵Nelson (2013)

FOCUS: ITALY

'Italy set its first BAC (Blood Alcohol Content) limit only in 1988, and the first decree on guidelines for prevention and treatment for alcohol problems came only in 1993 – many years after the consumption started to fall. This "Mediterranean Mystery", which cannot be explained by alcohol policies, has instead been accounted for by changes in society. One contributing factor has been urbanization, while changes in work organization are another factor.'⁶⁶

Karlsson T, Lindeman M & Osterberg E (2013)

In the research literature that references excessive drinking the main policy interventions suggested tend to be in the areas of price/tax and parents/peers. One study did suggest that a higher exposure to online alcohol marketing increased the odds of binge drinking in the previous 30 days among adolescents in Germany, Italy, the Netherlands and Poland.⁶⁷ However, the researchers note an 'important limitation' in their study in that they could not exclude the possibility that higher reported online alcohol marketing exposure resulted from drinking experience.

2. PRICE AND TAX

Numerous academic studies and official reports have focused on price and tax as key influencers of binge drinking behaviour. It has been noted that 'the impact of changes in prices of alcoholic beverages on alcohol consumption and related harm has been more extensively studied than any other potential alcohol policy measure.'⁶⁸

The World Health Organisation concluded in 2010 that, 'increasing the price of alcoholic beverages is one of the most effective interventions to reduce harmful use of alcohol.'⁶⁹ The recommendations of the *Steering Group Report on a National Substance Misuse Strategy* in 2012 focused on price as well as availability and marketing as key factors influencing the supply and consumption of alcohol.⁷⁰

The inverse relationship between price and consumption is reported in a variety of academic studies. For example, Anderson (2008) concluded that, 'taxes are an effective policy option in reducing the harm done by binge drinking, with a particular impact in reducing the harm done by alcohol to people other than the drinker.'⁷¹ Moreover, Naimi (2011) argued that, 'maintaining higher prices generally, and raising alcohol taxes specifically, is the most effective population-based means of preventing and reducing excessive alcohol consumption and related harms.'⁷²

Price limitation and alcohol taxes ranked highest in a 2013 study that asked 10 American alcohol policy experts to identify and rate the relative efficacy of 47 alcohol control policies in the US.⁷³

A number of researchers have questioned this price-consumption relationship when considering alcohol. They highlight the fact that standard econometric studies examining price effects do not consider the complex interactions in specific drinking patterns of individual or groups at different prices when all other variables

'The impact of changes in prices of alcoholic beverages on alcohol consumption and related harm has been more extensively studied than any other potential alcohol policy measure.'

Osterberg E (2012)

are held constant. Accordingly, it has been suggested that there are 'limits on the ability to infer cause-and-effect relationships' when examining price responsiveness.⁷⁴ In addition, the point has been made that 'the price elasticities that emerge from analyses that only consider price but omit overall-drinking sentiment overstate the true influence of price.'⁷⁵

In the latter regard, this 2002 study concludes that, 'at least for some consumers, the demand for alcoholic beverages may differ from the demands for most other consumer products because of the addictive nature of alcohol.' Moreover, many drinkers consume small amounts of alcohol without engaging in excessive drinking. The response of these different groups to price changes may not necessarily be similar.

⁶⁶Karlsson T, Lindeman M, Osterberg E (2013) Does alcohol policy make any difference? in Anderson P, Braddick F, Reynolds J and Gual A (eds.) Alcohol Policy in Europe Evidence from the AMPHORA Project

⁶⁷de Bruijn A (2013)

⁶⁸Osterberg E (2012) Pricing of Alcohol. See http://www.euro.who.int/__data/assets/pdf_file/0004/191371/11-Pricing-of-alcohol.pdf

⁶⁹World Health Organisation (2010)

⁷⁰Steering Group Report on a National Substance Misuse Strategy (2012)

⁷¹Anderson (2008)

⁷²Naimi T (2011) The Cost of Alcohol and its Corresponding Taxes in the U.S. *American Journal of Preventive Medicine* 41(5): 546-47

⁷³Nelson TF (2013) Efficacy and the Strength of Evidence of U.S. Alcohol Control Policies. *American Journal of Preventive Medicine* 45(1): 19-28

⁷⁴Chaloupka FK, Grossman M, Saffer H (2002) Effects of Price on Alcohol Consumption and Alcohol-Related Problems *Alcohol Research and Health* 26(1): 22-34

⁷⁵Chaloupka et al (2002)

Price does not deal with societal and cultural reasons underpinning excessive drinking. So even if policy interventions in this area were successful in decreasing consumption of alcohol there is no guarantee they will impact in a positive way on excessive drinking behaviours. 'Researchers do not know whether beneficial effects of tax increases on alcohol abuse will be shared equally by all population subgroups, or whether policies in addition to price must be pursued to curtail abuse in certain groups.'⁷⁶

Policies focused on price may, therefore, not be as effective as suggested. The complexities inherent in the alcohol price-consumption relationship has been acknowledged:

'The effects of prices as measured with price elasticities differ both across countries and different time periods as well as with regard to different categories of alcoholic beverage. These differences are related to the use values of alcoholic beverages and consumers' preferences as well as the actual uses of such beverages. Local drinking habits should, therefore, be taken into account when alcohol policy measures that affect the economic availability of alcohol are planned.'⁷⁷

In relation to these factors it noted that 'in most European countries the share of alcohol taxes of the price of alcohol

beverages is quite low.'⁷⁸ In some countries increasing alcohol excise duty rates might even 'lead to increased alcohol tax revenues to the public sector.' However, in an Irish context it is worth referencing the role of existing high taxation on alcohol in Ireland.⁷⁹ This situation may have an impact on the effectiveness of price policies, in terms of increasing both public health and tax revenues.

Related to this latter fact it has also been noted that, 'In countries where alcoholic beverages are mainly used as intoxicants, increases in alcohol prices are more likely to lead to an increase in the consumption of home-distilled or brewed beverages or even illicit drugs than of bottled water or milk.'⁸⁰ Interestingly, a Eurobarometer survey in 2006 indicated that 68% of the EU population did not believe that higher alcohol prices would discourage young people and heavy drinkers from alcohol consumption. The figure for Ireland was 71%.⁸¹

A number of studies have examined the differential impact of price changes on different types of drinkers. A 1995 study which focused on price effects of light, moderate, or heavy drinking reported that both light and heavy drinkers were much less price elastic than moderate drinkers.⁸² Moreover, it was suggested that the heaviest drinkers - the top 5% - may be totally unresponsive to price.

This theme is also evident in a 2010 study that concluded that, 'pricing policies vary in their impact on different product types, price points and venues, this having distinctly different effects on subgroups.'⁸³ The latter study examined different drinking cohorts by age, gender and consumption levels. The researchers found that, 'even though alcohol policies may look similar at a total population level, different groups are affected by alternative policies in differential ways.'

Results showed moderate drinkers to be more price sensitive than heavy drinkers while heavy drinkers displayed more switching behaviour in terms of where alcohol is purchased, and type and price of drink consumed. Moreover, the study found that compared to general price increases, minimum pricing policies tend to affect harmful drinkers 'proportionately more but young hazardous drinkers less than drinkers in general.'

Studies examining the impact of price changes of alcopops on teenage demand also point to mixed results. Data from Germany (where taxes were increased) and Austria (where there was no tax increase) showed almost identical decline in alcopop consumption. The authors of a 2007 study concluded that, 'despite available evidence pertaining to the effectiveness of tax measures, the observed parallel reduction in the consumption of alcopops in both

countries suggests that factors other than the given tax increase may have played a role.'⁸⁴

In a survey of 132 studies of alcohol demand published in 2007 it was shown that elasticity estimates for alcohol are sensitive to a variety of factors, which may impinge on policy effectiveness.⁸⁵ Differences in price elasticity were found across different beverages and consumer age groups. Demand for beer was more price inelastic than other types of alcohol while it was noted that more information was needed on how excessive drinkers respond in terms of substitution to other drink types.

Price does not deal with societal and cultural reasons underpinning excessive drinking. So even if policy interventions in this area were successful in decreasing consumption of alcohol there is no guarantee they will impact in a positive way on excessive drinking behaviours.

⁷⁶Chaloupka et al (2002)

⁷⁷Osterberg E (2012)

⁷⁸Osterberg E (2011) Alcohol tax changes and the use of alcohol in Europe. *Drug Alcohol Review* 30:124-129

⁷⁹Drinks Industry Group of Ireland (2011) International Comparisons of Irish Alcohol Taxation within the European Union.

⁸⁰Osterberg E (2012)

⁸¹Eurobarometer (2007)

⁸²Manning WG, Blumberg L, and Moulton ML (1995) The demand for alcohol: the differential response to price. *Journal of Health Economics* 14(2): 123-48

⁸³Meier PS, Purshouse R and Brennan A (2010) Policy options for alcohol price regulation: the importance of modelling population heterogeneity. *Addiction* 105(3): 383-393

⁸⁴Metzer C and Kraus L (2007) The impact of alcopops on adolescent drinking: A literature review. *Alcohol & Alcoholism* 43(2): 230-239

⁸⁵Gallet CA (2007) The demand for alcohol: a meta-analysis of elasticities. *Australian Agricultural and Resource Economics* 51: 121-135

In highlighting the implications for policy intervention the researchers concluded, 'if we are particularly concerned with teenage drinking, since we find that teens are least responsive to price, then perhaps the best approach to reducing teen alcohol consumption should involve alternatives to taxation such as education campaigns.'

A 2009 review of 112 studies of alcohol tax or price effects containing 1,003 estimates of the tax/price consumption relationship studies suggests that the magnitude of price effects varies across groups, situations, and times.⁸⁶ 'At the most basic level, price interacts with income in affecting consumption... [However] tax and price policies likely interact with a whole web of individual, community and societal influences on drinking behaviour.'

This subject was considered in great detail in a recent review of empirical research examining the relationship between alcohol prices/taxes and binge drinking. In this 2014 study attention is drawn to weaknesses in

research focused on population-level demand rather than on the alcohol demands of individual binge or excessive drinkers. An extensive review of the literature showed that the 'law of demand' expectation of an inverse relationship between price and consumption may not be straightforward as 'a large body of evidence now indicates that binge drinkers are not highly-responsive to increased prices or taxes, and may not respond at all.'⁸⁷

Discussions on the impact of price in an Irish context would undoubtedly benefit from greater knowledge about precise elasticity values. The necessity for this type of information is evident in the conclusion that, as a rule, 'the effect of a change in prices of a certain magnitude has different effects on the consumption of different kinds of alcohol, for example, distilled spirits, wines and beer. Usually elasticity values also vary between countries, and their values may change within a country as time passes.'⁸⁸

'At the most basic level, price interacts with income in affecting consumption... [However] tax and price policies likely interact with a whole web of individual, community and societal influences on drinking behaviour.'

Wagenaar AC, Salois MJ and Komro KA (2009)

⁸⁶Wagenaar AC, Salois MJ and Komro KA (2009) Effects of Beverage Alcohol Price and Tax Levels on Drinking: A Meta-analysis of 1003 Estimates from 112 Studies. *Addiction* 102(2): 179-190

⁸⁷Nelson J (2014) 'Binge Drinking, Alcohol Prices, and Alcohol Taxes: A Systematic Review of Results for Youth, Young Adults, and Adults from Economic Studies, Natural Experiments, and Field Studies'. AAWWE Working Paper No. 146 Economics

⁸⁸Österberg E (2012)

FOCUS: PRICES AND TAXES AS DETERMINANTS OF HARMFUL DRINKING

Nelson (2014) examined 56 English language economic studies that focused on prices and taxes as determinants of drinking patterns including excessive drinking. These studies included 51 peer-reviewed articles, six book chapters, six working papers and three dissertations. Of the peer-reviewed articles 32 were published in economic journals and 19 in public health journals. The data was overwhelming from the United States but country studies also included UK (3), Switzerland (3), Australia (2), Finland (1), Hong Kong (1), Iceland (1) and Sweden (1).

Nelson showed that non-responsiveness to price and tax held generally irrespective of the age or gender of binge drinkers. Overall, this review found 30 studies had null or insignificant results; 13 had mixed results and 13 studies reported a negative relationship between prices/taxes and binge drinking. Findings were insignificant or null in more than half of the 56 studies by age group:

- 10 of the 18 studies for youth binge drinking reported insignificant or null results for price or taxes; two reported mixed results; three reported statistically significant negative effects of youth binge drinking.
- 10 of the 10 studies for young adult binge drinking reported insignificant or null results for price or taxes.
- 10 of the 19 studies for adult binge drinking reported insignificant or contradictory results; four reported mixed results; five reported that higher prices/taxes reduce binge drinking participation or frequency.

In terms of gender impact, prices/taxes were insignificant in 11 of the 16 studies for men, and also insignificant in seven of the 14 studies for women. In this review Nelson urged caution with empirical data suggesting price/tax increases as a means to curtail binge drinking: 'price and tax elasticity estimates for general populations may not apply to binge drinkers and other excessive drinkers.' Significantly, he added that, 'increased alcohol prices or taxes are unlikely to be effective as a means to reduce binge drinking, regardless of gender or age group.' Instead, this study recommends that, 'non-fiscal approaches to alcohol policy and binge drinking are deserving of greater consideration and scrutiny.'⁸⁹

⁸⁹The British government in 2012 opted not to introduce minimum unit pricing for alcohol, as it argued the empirical evidence supporting its effectiveness had not been produced in a national consultation process: 'Rather than use the sledgehammer of national legislation, which often misses its target, our immediate priority is to encourage the industry - and of course, its customers - to follow practices that help everyone who likes a drink to consume alcohol responsibly'

3. PARENTS, SIBLINGS AND PEERS

The role of families (parents and siblings) and peers/friends for young drinkers - including young binge drinkers - has been examined in numerous studies. Overall, this research suggests that alcohol use by parents, siblings and peers 'may be significantly related to adolescent drinking.'⁹⁰ However, it is worth noting that studies examining the association between parental control, or approval of intoxication and alcohol drinking, have delivered opposing results.

A number of studies have established a link between parental alcohol use and adolescent use. However, other research found no direct link between parental drinking and adolescent consumption. This led one team of researchers to conclude: 'the direct link between parental drinking and adolescent drinking seems to be far from clear.' In relation to peers, the same study noted that published research suggests a strong association exists between friends and adolescents' alcohol use.⁹¹

Parental and peer attitudes and behaviours have been identified in several European countries as an important determinant of young people's relationship with alcohol. A 2008 Dutch study examined to what extent

drinking by parents, siblings and peers was related to drinking behaviour of young people aged from 12 to 20 years.⁹² It found that, 'generally the risk to be a regular drinker when parents, siblings, and friends were regular drinkers was significant in adolescence as well as young adulthood.' Moreover, the finding showed that age was a factor with the risk of drinking siblings and friends declining with age.

This research is one of the few studies to focus on the importance of siblings' drinking compared to parents' or peer drinking. The results show that especially among younger teenagers, sibling alcohol consumption 'poses a significant risk'. The researchers recommend that prevention programmes that consider only the friend context should be widened to include the role of siblings. A 2008 French study found that teenagers experiencing lower parental supervision had a two-fold higher risk of alcohol consumption against teenagers where there was a higher level of parental supervision.⁹³

A 2010 Icelandic study identified parental acceptance, father drunkenness, and low parental support as related to stronger likelihood of drunkenness in mid-adolescents (average age of participants

14.7 years).⁹⁴ The same study, and a 2014 Danish one⁹⁵, also found that peers are a significant influence.

A 2011 study in England focused on the strongest influences on, and predictors of, alcohol consumption in 13 to 16 year olds.⁹⁶ The findings show that, 'parental influence is of paramount importance' while the influence of peer group behaviour was identified as 'another key area'. Specifically in relation to excessive drinking the strongest predictors of a young person's behaviour identified in the study included:

- their own attitude towards drinking behaviour;
- the drinking behaviour of peers;
- accessibility (ease of access to alcohol).

The study found that attitudes to alcohol consumption are formed by exposure to a family's behaviour to alcohol. Key factors include drunkenness of family members and frequency of drinking among these same family members. In addition, the study found that teenagers are more likely to drink, to drink frequently and to drink in excess when there is less supervision from a parent or close adult. The researchers concluded that: 'the parents' own relationship with alcohol, or certainly

the child's perception of their parents' behaviour with alcohol, is inextricably linked to the child's subsequent behaviour.'

The drinking habits of peers were the other key factor in this 2011 survey of 5,700 English teenagers identified as determining whether young people drink in excess. The study noted that, 'the likelihood of a young person drinking excessively decreases significantly if they say that some/a few of their friends drink alcohol compared to those who say that all of their friends drink alcohol.'

'The parents' own relationship with alcohol, or certainly the child's perception of their parents' behaviour with alcohol, is inextricably linked to the child's subsequent behaviour.'

Bremner P (2011)

⁹⁰Scholte RHJ, Poelen EAP, Willemsen G, Boomsam DI, Engels RCME (2008) Relative risk of adolescent and young adult alcohol use: The role of drinking fathers, mothers, siblings, and friends. *Addictive Behaviors* 33: 1-14

⁹¹Scholte et al (2008)

⁹²Pedersen M, Andersen PK, Sabroe S (2014) Determinants of Binge Drinking among Adolescents in Denmark *Scandinavian Journal of Child and Adolescent Psychiatry and Psychology* 2(3): 135-142

⁹³Choquet M, Hassler C, Morin D, Falissard B, Chau N. (2008) Perceived parenting styles and tobacco, alcohol and cannabis use among French adolescents: gender and family structure differentials. *Alcohol and Alcoholism* 43(1): 73-80

⁹⁴Heimisdottir J, Vilhjalmsón R, Kristjansdóttir G, Meyrowitsch DW (2010) The social context of drunkenness in mid-adolescence *Scandinavian Journal of Public Health* 38(3): 291-8

⁹⁵Pedersen M et al (2014)

⁹⁶Bremner P, Burnett J, Nunnery F, Ravat M, Mistral W (2011) Young people, alcohol and influences. Report for Joseph Rowntree Foundation

The study recommended that policy interventions focus on the 'strongest predictors of current excessive and risky drinking that can be influenced.' These included messages reinforcing the importance of parents' behaviour and supervision, targeted messages in the education system and revising policy in relation to teenagers' access to alcohol (age verification regulations).

The UK Government's 2012 alcohol strategy also stressed the role of parents in influencing their children's attitude to alcohol consumption: 'Parenting style is a key influence on whether a child will drink responsibly in adolescence and adulthood but only 17% of parents have a planned conversation with their child about the harm alcohol can cause.'⁹⁷ The UK report emphasises the need for parents to take account of how their own relationship with alcohol as an influencer on 'their children's attitudes to alcohol as they grow up and become adults themselves.' Research also suggests that targeted parent-child communication may discourage alcohol use.⁹⁸ Based on prior research four types of parent-child message have been identified as:

- parents' references to the negative consequences of alcohol use;
- parents' references to their own past experiences with alcohol use;
- parents' conditional permissive messages;

- parents' references to drinking alcohol responsibly.

The importance of parental involvement also features in a study of Korean high school students that showed their perceptions about the prevalence of alcohol consumption among their peers were linked with their drinking behaviour as well as their intentions to consume alcohol.⁹⁹

The findings in this Korean study suggests that, 'when adolescents believed that their parents closely monitored and expressed disapproval of their risky behaviour, they were less likely to be guided by the high-risk behaviours practiced by their peers. Conversely, adolescents were more likely to be susceptible to peer influences if they believed that their parents were less involved in their alcohol-related behaviours.'

There are a number of studies that provide useful explanations as to why parents and peers have such a strong influence particularly over young people. One body of evidence examines how the prefrontal cortex area of the teenage brain is not fully developed until a person reaches their mid 20's. This is the area of the brain that assesses situations, weighs up outcomes, makes judgments and ultimately controls impulses and emotions. Conversely the area of the teenage brain that is well developed is the nucleus accumbens, which is the area associated with pleasure and reward seeking drivers.

FOCUS: 2014 YOUNG SCIENTISTS EXHIBITION

The winning project in the *2014 Young Scientist Exhibition* examined the impact of parental relationship with alcohol on their children's consumption of alcohol.¹⁰⁰ The project, involving a survey of fifth and sixth year students in the Mallow area in Co Cork, found that parental drinking habits, particularly the father's habits, were a big influencer of their children's consumption of alcohol. The project also found that adolescents whose parents allowed them to drink alcohol on special occasions were up to four times more likely to engage in excessive drinking than other adolescents.

The result of this, as one study points out, is that teenagers are neurologically wired to engage in a 'wide range of risky activity, including criminal behavior, reckless driving, unprotected sex, and binge drinking', without the brain development to assess the potential negative outcomes of their actions.¹⁰¹

Peer influence becomes a particularly important determinant in this risk taking process because, as another study suggests, this area of the brain is linked to understanding and reading responses in others. Social information processing combined with reward seeking processing leads to increased risk taking in the presence of peers. The study concludes that, 'The degree to which an adolescent's peers use alcohol or illicit drugs is one of the strongest, if not the single strongest, predictor of that adolescent's own substance use.'¹⁰²

There are a wealth of studies showing how the family can provide a tempering influence on such risk taking behaviours. Steinberg (2001) explains that family support at this time can provide an essential 'psychosocial maturity' for teenagers, stating how 'adolescents who are raised in homes characterised by authoritative parenting (i.e., parenting that is warm but firm) are more mature and less likely to engage in risky or antisocial behaviour.'¹⁰³

Parents will therefore have more ability to culture this maturity and influence their child's values and decision-making about drinking before he or she experiments with the risks associated with alcohol misuse. If parents are to have a major impact on their children's drinking, especially during the preteen and early teen years, they need to have the appropriate information and skills to have that conversation at the right time.

⁹⁷Home Office (2012) The Government's Alcohol Strategy

⁹⁸Kam JA, Basinger ED and Abendschein, B., 2015. Do Adolescent Perceptions of Parents' Alcohol Consumption Undermine or Enhance What Parents Say About Alcohol? The Interaction Between Verbal and Nonverbal Messages. *Communication Research* 1-29

⁹⁹Jang SA, Rimal RN, and Cho, NA, 2013. Exploring Parental Influences in the Theory of Normative Social Behavior: Findings From a Korean High School Sample. *Communication Research* 40(1): 52-72

¹⁰⁰See Irish Times, BT Young Scientist top award won by teen alcohol project, 10 January 2015. <http://www.irishtimes.com/news/science/bt-young-scientist-top-award-won-by-teen-alcohol-project-1.2060925>

¹⁰¹Steinberg L, 2010. A Dual Systems Model of Adolescent Risk-Taking. See <http://behaviorchangeresearchnetwork.pbworks.com/w/file/49649615/Steinberg%20%282010%29.pdf>

¹⁰²Chassin L, Hussong A, Barrera M, Jr Molina B, Trim R, Ritter J (2004) Adolescent substance use. *Handbook of adolescent psychology*. 665-696

¹⁰³Steinberg L (2001) We know some things: Adolescent-parent relationships in retrospect and prospect. *Journal of Research on Adolescence* 11:1-20

4. PUBLIC INFORMATION AND EDUCATION

Health communication campaigns have been widely used to increase public awareness and knowledge about the negative consequences of certain lifestyle behaviours including excessive drinking. The World Health Organisation's global strategy to reduce the harmful use of alcohol references the merit in 'informing society about the public health and social consequences of harmful use of alcohol, advocating effective societal responses, and

Both the World Health Organisation and the United Nations have called on national governments 'to engage non-health actors and key stakeholders... including the private sector and civil society, in collaborative partnerships to promote health and to reduce non-communicable disease risk factors.' Moodie et al (2013)

supporting communities to take effective action to reduce alcohol-related harm.'

A partnership approach is also recommended involving a broad-range of health sector and non-health sector players in the implementation of nationwide awareness-raising activities about alcohol. Both the World Health Organisation and the United Nations have called on national governments 'to engage non-health actors and key stakeholders... including the private sector and civil society, in collaborative partnerships to promote health and to reduce non-communicable disease risk factors.'¹⁰⁴

Awareness programmes are primarily promoted through the media. Measuring the effectiveness of communication campaigns in changing health-related attitudes and behaviours can, however, be problematic. Campaign effects are difficult to disentangle from a myriad of other effects on personal and group behaviour. In this regard, it should be noted that the 'unintended effects of health communication campaigns are multiple in number and diverse in their dimensions.'¹⁰⁵

In addition to the challenges in determining the impact of campaign effects it has been noted that 'evaluations of mass media campaigns are rare.'¹⁰⁶ Nevertheless, sufficient evidence exists to suggest that media campaigns can be effective when

specific attention is paid to campaign design. Several studies show that campaigns can produce positive changes or prevent negative changes in health-related behaviours across large populations.¹⁰⁷

A review of research studies on US health campaigns from 1995-2006 concluded that, 'the literature is beginning to amass evidence that targeted, well-executed mass media health campaigns can have small-to-moderate effects not only on health knowledge, beliefs, and attitudes, but on behaviours as well.'¹⁰⁸ The author of the latter research paper makes the case that targeted, well-executed health communication media campaigns 'can translate into major public health impact given the wide reach of mass media.'¹⁰⁹

The level of effectiveness of health campaigns that include some form of the media depends in part on the specific behaviour that is promoted. A review of 48 health campaigns in the US identified

a number of common characteristics, in particular they found that:

- greater effects were identified in campaigns focused on adoption of new behaviours against those focused on prevention or cessation of problem behaviours;
- greater effects were found in campaigns with greater reach and exposure;
- strongest campaign effects were found in campaigns with law enforcement aspects.¹¹⁰

This research review specifically concluded that: 'Across health issues, campaigns promoting the adoption of a behaviour that is new to the individual or replacement of an old behaviour with a new one have a greater success rate than campaigns aiming to cease an unhealthy behaviour people are already doing or prevent commencement of a risky behaviour.'

'Across health issues, campaigns promoting the adoption of a behaviour that is new to the individual or replacement of an old behaviour with a new one have a greater success rate than campaigns aiming to cease an unhealthy behaviour people are already doing or prevent commencement of a risky behaviour.'

Snyder LB (2006)

¹⁰⁴Moodie R, Stuckler D, Monteiro C, Sheron N, Neal B, Thamarangsi T, Lincoln P and Casswell S (2013) Profits and pandemics: prevention of harmful effects of tobacco, alcohol, and ultra-processed food and drink industries

¹⁰⁵Cho C and Salmon CT (2007) Unintended Effects of Health Communication Campaigns. *Journal of Communication* 57: 293-317

¹⁰⁶DeJong W and Hingson R (1998) Strategies to reduce driving under the influence of alcohol. *Annual Review of Public Health* 19:359-78

¹⁰⁷Wakefield MA, Laken B and Hornik RC (2010) Use of mass media campaigns to change health behaviour. *Lancet* 376: 1261-71

¹⁰⁸Noar N (2006) A 10-Year Retrospective of Research in Health Mass Media Campaigns: Where Do We Go From Here? *Journal of Health Communication* 11: 21-42

¹⁰⁹Noar N (2006)

¹¹⁰Snyder LB (2006)

A similar review of health campaigns - this time, examining 72 published and unpublished health campaign studies - also concluded that:

'In terms of moderators of the effects on behaviour... campaigns focused on alcohol use had more success than campaigns focused on illicit drugs or tobacco. Campaigns directed toward youth had little success, whereas those directed toward parents and retailers had more success.'¹¹¹

Two points are worth making about the effectiveness of public/media advocacy campaigns. First, many studies evaluating public information campaigns have focused on campaigns targeting school-based and younger drinkers rather than the wider population. As one study concluded, 'affecting drinking behaviour through school programmes is a very difficult task.'¹¹² Second, it has been suggested that education and public information approaches 'can be used not just to seek to persuade the individual drinker to change his or her behaviour, but also to mobilise public support for prevention approaches that have demonstrated effectiveness.'¹¹³

Campaigns related to wearing seat belts and drink driving in particular have shown considerable success. Another example of information provision is label warnings on alcohol drinks - warnings about the dangers of drink driving or specific health consequences. They can raise awareness about potential health consequences of alcohol consumption and, as such,

'warning labels can increase consumers' perceptions of the costs associated with drinking alcoholic beverages.'¹¹⁴

Anderson (2008) - who accepts that people need to be informed about the harm done by binge drinking - makes two specific proposals in relation to educational programmes. First, they should not be implemented in isolation as an alcohol policy measure, or with the sole purpose of reducing binge drinking, but rather as a measure to reinforce awareness of the problems created by binge drinking and to prepare the ground for specific interventions and policy changes. Second, programmes targeted at reducing excessive

[Education programmes] should not be implemented in isolation as an alcohol policy measure, or with the sole purpose of reducing binge drinking, but rather as a measure to reinforce awareness of the problems created by binge drinking and to prepare the ground for specific interventions and policy changes. Anderson P (2008)

drinking imported from another country or culture 'should first be evaluated in the new setting before being widely implemented.'

Where failures arise in behaviour change programmes this is often the result of the poor delivery or structure of programmes according to one 2013 evaluation report.¹¹⁵ This report noted that school programmes were often undermined by,

'age inappropriate pedagogy and use of cognitive techniques too sophisticated for young children; and teacher stress and lack of time.' *The Steering Group Report* in 2012 also noted a lack of consistency in the delivery of community and school-based programs and a need for greater coordination between organisations and programmes.¹¹⁶

FOCUS: EFFECTIVE PUBLIC HEALTH CAMPAIGNS

ALCOHOL

1. Awareness of 'sensible drinking message' unit - up from 39% to 76%, 1989-94
2. Knowledge of units in popular drinks - up 300%, 1989-94
3. People's accurate assessment of their own drinking - up 5%, 1990-94

HIV/AIDS

4. Changes in levels of tolerance: those in the general public who say that homosexual relations are always or mostly wrong - 74% in 1987; 44% in 1997
5. Attitudes to people with HIV infection - those who think people with AIDS have only themselves to blame - 57% in 1987; 36% in 1996
6. Belief that a condom protects against HIV - 66% in 1986; 95% in 1997
7. Women aged 18-19 whose partners used condoms - 6% in 1986; 22% in 1993

FOLIC ACID

8. Spontaneous awareness of folic acid - 9% in 1995; 39% in 1997
9. Sales of folic acid supplements and prescription rates - up 50% in eight-month period
10. Awareness of the Hib vaccine: 5% in 1992; 89% in 1993

SKIN CANCER

11. Proportion of public who thought a suntan was important - 28% in 1995; 25% in 1996
12. Proportion of people who say they use a sunscreen when sunbathing - 34% in 1995; 41% in 1996

NHS Health Development Agency (2004)¹¹⁷

¹¹¹Derzon, J and Lipsey (2002) cited in Noar (2006)

¹¹²Room, R, Babor T and Rehm J (2005) Alcohol and public health. *Lancet* 365: 519-30

¹¹³Casswell S, Gilmore L (1989) Evaluated community action project on alcohol. *Journal of Studies on Alcohol* 50: 339-346

¹¹⁴Chaloupka et al (2002)

¹¹⁵Martin, Nelson and Lynch (2013) Effectiveness of school-based life-skills and alcohol education programmes: a review of the literature

¹¹⁶NSMS (2012) National Steering Group Report on a National Substance Misuse Strategy. See http://health.gov.ie/publications/pdf/Steering_Group_Report_NSMS.pdf?direct=1

¹¹⁷NHS Health Development Agency (2004) Briefing Number 7. The effectiveness of public health campaigns: 3

Enhancing public attitudes and knowledge - as well as impacting on behaviour - is made easier however with effective health communication campaign design.¹¹⁸ Successful campaigns tend to have three types of objectives - increasing general awareness; changing individual behaviour; and stimulating and supporting public action on the identified problem.

Effecting change on health behaviour takes time. Patience and commitment are necessary tenets of health communication campaigns. In this regard, one author observes that, 'as behavioural and attitudinal changes tend to be slow and gradual, maintaining public interest and concern requires levels of media attention that cannot be secured even by lavishly funded public health communication campaigns.'¹¹⁹

Campaigns (should) focus less of individual action and more on shifting social norms to galvanise public anger about the problem to create a 'stigma' about the offending behaviour.

Dejong W and Atkin CK (1995)

A number of general points emerge from published research studies on the design

of an effective health communication campaign, these include:

- individuals tend to be more interested in and influenced by anecdotal than statistical evidence;
- emotional appeals defined by fear tend to be unsuccessful;
- involvement of an appropriate celebrity figure can be positive.

In respect of these features a study reviewing drink driving television advertising campaigns in the US showed how emotional appeals involving fear and anger have been a frequent theme of such campaigns.¹²⁰ Responses are sought through the participation of family members and victims, in part, to create personal concerns. However, the study author concludes that, these types of fear appeals are 'exceedingly difficult to execute properly' and that such campaigns 'rarely succeed.'

Having reviewed campaigns to prevent drink driving the same researcher recommended that campaigns focus less on individual action and more on shifting social norms to galvanise public anger about the problem to create a 'stigma' about the offending behaviour. The recommendation in this study is made in the context of drink driving but its application to excessive alcohol consumption, in terms of changing societal attitudes and public culture, is not difficult to see.

Several studies identify damaging impacts from fear-type campaigns. Such unintended consequences of health communication campaigns can include confusion and misunderstanding of the health risk involved as well as a reaction that is opposite to that intended by the campaign message as individuals shun the negative message.¹²¹ The type of health campaigns studied where the message strategy was unsuccessful included tobacco consumption, drinking and sexual behaviour.

These so-called 'boomerang effects' have also been identified in campaigns seeking to discourage illegal drug use among young people. One EU study concluded that, 'reports of possible unwanted effects in terms of young people declaring that after having watched a media campaign they were willing to try drugs raises concern.'¹²²

A related study found that health communicators strongly favour positive messages in health campaigns.¹²³ The study reported that health campaigns tend to be more effective when emphasising positive behaviour change rather than the negative consequences of current behaviour: 'Arousing fear is rarely successful as a campaign strategy.... Campaigns are more effective if they emphasize current rewards rather than the avoidance of distant negative consequences.' The latter researchers argue that individuals are more likely to listen to a campaign message and

'Individuals are more likely to listen to a campaign message and counter their behaviour when presented with positive consequences from their changed attitude.'

Cox D and Cox AD (2001)

counter their behaviour when presented with positive consequences from their changed attitude.

In addition to emotion appeal, many health campaigns have used celebrities to attract attention and generate credibility for their message specifically when the celebrity's public image fits the underlying strategy of the campaign.¹²⁴ The involvement of well-known public figures has the advantage of generating wider media publicity for the campaign and attracting strong public interest. This advantage must, however, be considered alongside potential disadvantages including that the celebrity's presence may overwhelm the campaign message, and also that aspects of a celebrity's personal life may potentially undermine or clash with the campaign message.

¹¹⁸Noar (2006)

¹¹⁹Yanovitzky I and Stryker J (2001) Mass Media, Social Norms, and Health Promotion Efforts A Longitudinal Study of Media Effect on Youth Binge Drinking. *Communication Research* 28(2): 208-239

¹²⁰Dejong W and Atkin CK (1995) A Review of National Television PSA Campaigns for Preventing Alcohol-Impaired Driving. *Journal of Public Health Policy* 1691: 59-80

¹²¹Hyunyi C and Salmon CT (2007) Unintended Effects of Health Communication Campaigns. *Journal of Communication* 57: 293-317

¹²²European Monitoring Centre for Drugs and Drug Addiction (2013) Mass media campaigns for the prevention of drug use in young people

¹²³Cox D and Cox AD (2001) Communicating the Consequences of Early Detection: The Role of Evidence and Framing. *Journal of Marketing* 65 (July): 91-103

¹²⁴Dejong W and Atkin CK (1995) A Review of National Television PSA Campaigns for Preventing Alcohol-Impaired Driving. *Journal of Public Health Policy* 1691: 59-80

One of the most frequent criticisms of public health campaigns is their focus on 'young people as the main perpetrators of problematic drinking.'¹²⁵ According to a 2012 British study, the views of differing population groups should be considered when developing policy interventions. Based on focus groups research with 'white collar workers' - professional, managerial and clerical employees - the authors found public health communication messages to be of no relevance to them, rather they reinforced perceptions that their own alcohol use was controlled and acceptable.¹²⁶

The researchers go on to note how campaigns targeted at excessive alcohol consumption also need to specifically consider their target constituency. They note how in a British context recent public messages have been focused on young people as well as social and criminal disorder associated with alcohol consumption. As a result, these messages not only fail to resonate with a wider audience but - the same researchers argue - they 'actively reinforced' perceptions of older age groups that their alcohol consumption pattern is 'problem free':

'Therefore, with the exception of drink driving campaigns, recent public health alcohol messages have failed to impact on the behaviour of a large audience, with potentially significant financial and public health cost implications.'

A 2001 study found that drinker attitude was the strongest predictor of binge drinking intentions that in turn were predictive of binge drinking behaviour.¹²⁷ The researchers concluded that 'interventions should therefore target attitudes towards binge drinking by focusing on the negative consequences of binge drinking and by challenging the positive consequences associated with binge drinking.' This approach underpins the British Government's current alcohol strategy, which seeks to effect 'a change in behaviour so that people think it is not acceptable to drink in ways that could cause harm to themselves or others.'

5. CONCLUSION

International and Irish studies point to the considerable human, social and economic costs linked to excessive drinking and the variety of policy responses that have been introduced to tackle this problem. Specifically, it is worth highlighting that research studies have shown that the impact of a price increase is not always straightforward. The research shows that the complex social, demographic and personal influences driving consumption choices require a more complex and wider ranging set of policy responses.

Significantly, parents - and peers - have been found to be important influencers on young people's attitude to, and relationship with, alcohol. There is mixed evidence on how information campaigns change attitudes towards harmful alcohol consumption with attention needed on campaign design and target audience.

The research shows that the complex social, demographic and personal influences driving consumption choices require a more complex and wider ranging set of policy responses.

Programmes that target motivations and causes of harmful drinking effectively are more likely to demonstrate successful outcomes. Examples include *Raising Healthy Children*, *LIFT*, *Seattle Social Development Programme* and *Project Northland*.¹²⁸ These programmes recognise the social influences and motivations behind drinking alcohol and focus on building trust and social skills within community and peer groups. While such programmes are limited in their ability to instil a long-term impact, their

demonstrable success for the duration and short-term period following the intervention offers important lessons. In particular, the programme's ability to support younger demographics to make appropriate life choices, gain confidence to reject peer-pressure and develop social skills to reduce reliance on alcohol are valuable approaches to achieving change. However, the research suggests that for education-based projects to create sustainable change and validly contribute to policy outcomes, the same principles should be applied to the adult population simultaneously.

While attempts in Ireland and elsewhere have been made to influence drinking behaviour, the impact of these programmes and campaigns have had mixed results. The programmes that demonstrate the most value have been those that take a multi-track approach to the issue. These tend to be long term and have sought to address broader society rather than focusing on one group, such as school-age children. The lack of consistency in outcomes highlights a need to re-evaluate methods of deployment, rather than dismissing the potential of behavioural change programmes to create change.

¹²⁵Brown and Gregg (2012)

¹²⁶Ling J et al (2013) The 'other' in patterns of drinking: A qualitative study of attitudes towards alcohol use among professional, managerial and clerical workers. *BMC Public Health* 12:892

¹²⁷Norman P, Armitage CJ and Quigley C (2011) The theory of planned behavior and binge drinking: Assessing the impact of binge drinker prototypes. *Addictive Behaviors* 36: 502-507

¹²⁸NICE (2007) Alcohol and Schools: Review of effectiveness and cost-effectiveness; Giesbrecht (2003) Alcohol, tobacco and local control: a comparison of several community based prevention trials.

Beyond inadequacies in deployment however, it is of critical importance to consider targeted programmes as part of a broader population-based strategy focused on securing widespread support rather than as standalone programmes capable of autonomously achieving sustainable change. It should again be highlighted that excessive drinking does not occur singularly in the younger age groups as numerous studies and data have demonstrated.

Overall, we can conclude that there is no single policy measure available to tackle this problem. To effect a lasting change in Ireland's relationship with alcohol requires a prolonged strategy involving multiple policy responses.

The programmes that demonstrate the most value have been those that take a multi-track approach to the issue. These tend to be long term and have sought to address broader society rather than focusing on one group, such as school age children.

FOCUS: FURTHER RESEARCH

While considerable research in relation to excessive alcohol consumption has been undertaken in an Irish context, there are gaps in several areas including pricing effects and the impact of education and communication campaigns. Currently many of the main reference points for discussion about harmful drinking in Ireland are the findings of international studies.

In particular, there is merit in replicating in an Irish context several of the international studies referenced in Parts 1 and 2 of this report. Such an exercise would provide valuable data for Ireland in areas such as the price elasticity values for different alcoholic drinks and different groups of drinkers. Other useful data would include the attitudes of different societal groups (by age, gender or class, for example) to harmful drinking, the value of involving role models in public information campaigns and the relative importance and impact of negative and positive messages in such campaigns.

Drawing on international studies to generate specific Irish data - and thereby closing national information deficits - would be beneficial in policy formation in relation to harmful alcohol consumption in Ireland. Having access to such detailed data would also allow for more informed discussion of the Irish case in an international context and increased the likelihood for policy interventions having lasting societal impact.



PART 3: WHAT THE PUBLIC THINKS

**Half 4 on a Monday morning.
A gust of wind catches a pile
of receipts,
Well-worn passports of the
night before,
And disperses them into the
air.
Where will their travels take
them now I wonder?**

PART 3: WHAT THE PUBLIC THINKS

The academic research is clear in demonstrating that no single policy measure would be sufficient to deal with the complexity of excessive consumption. It instead indicates that a broader societal, multi-faceted approach is required. Our next step was to understand what the public thought and what ideas people had to help determine what type of actions would make an impact on them.



1. INTRODUCTION

Our work with the public was undertaken in two ways. First, we commissioned opinion poll research in February 2015 to understand public attitudes towards alcohol in Irish society. Second, through a public consultation process from February to April 2015, we asked people for their ideas to transform Ireland's relationship with alcohol.

This part of our report outlines the findings from these public engagement processes and provides material complimentary to the work undertaken in the previous section. Both the research review material from Parts 1 and 2 and the public engagement findings in Part 3 will be combined in Part 4 when we outline what actions might be required to tackle harmful drinking in Ireland.

2. PUBLIC OPINION

The first question in opinion poll research undertaken in February 2015 was posed to measure how Irish people judge the issue of excessive consumption of alcohol.¹²⁹

The findings are clear and unambiguous. People are concerned. Some 69% of respondents say they are concerned (very or somewhat) about 'irresponsible drinking' (Table 2).¹³⁰ The level of concern is consistent across all age groups although it is highest for those over 55 years-of-age.

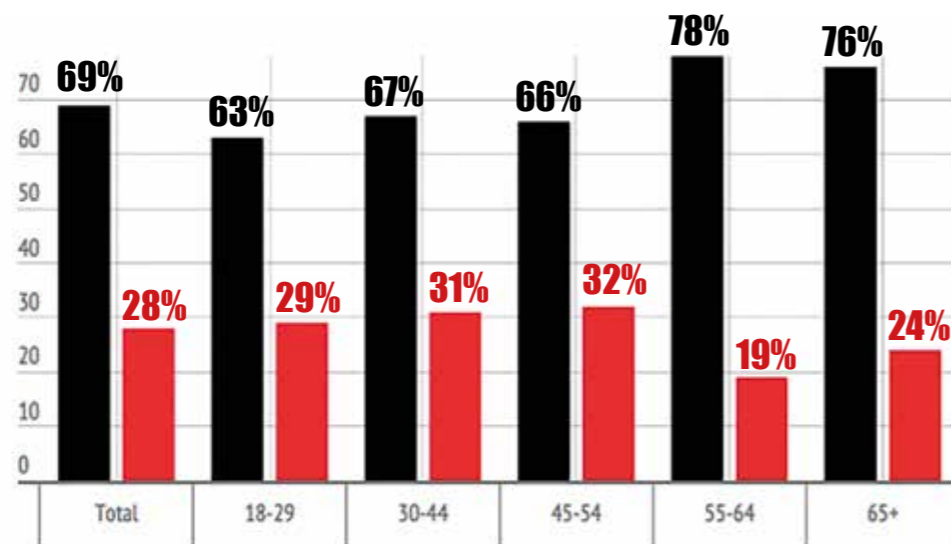
Irish people's knowledge about what constitutes 'excessive consumption' is mixed. This outcome on what is understood by irresponsible drinking is consistent with the discussion from research studies reported in Part 1 of this report. There is clearly an information deficit. Many people just do not consider what is a high level of alcohol consumption as excessive. Existing

information campaigns and repeated warnings about drinking to excess do not seem to have had sufficient impact.

Almost four in five people (79%) classified consuming alcohol to the point of being out-of-control as 'irresponsible drinking' (Table 3). However, less than one in five people [13%] see drinking more than the Government's guidelines on alcohol consumption of a night out as 'irresponsible drinking'. The poll findings point to a body of work needing to be undertaken to strengthen societal awareness about harmful drinking, especially to provide information about what constitutes harmful consumption. Ensuring greater societal acceptance about what 'binge drinking' is should therefore be an important component of any solution aimed at cultural change.

Table 2. 'In terms of irresponsible drinking in Ireland, how concerned would you say you are?'

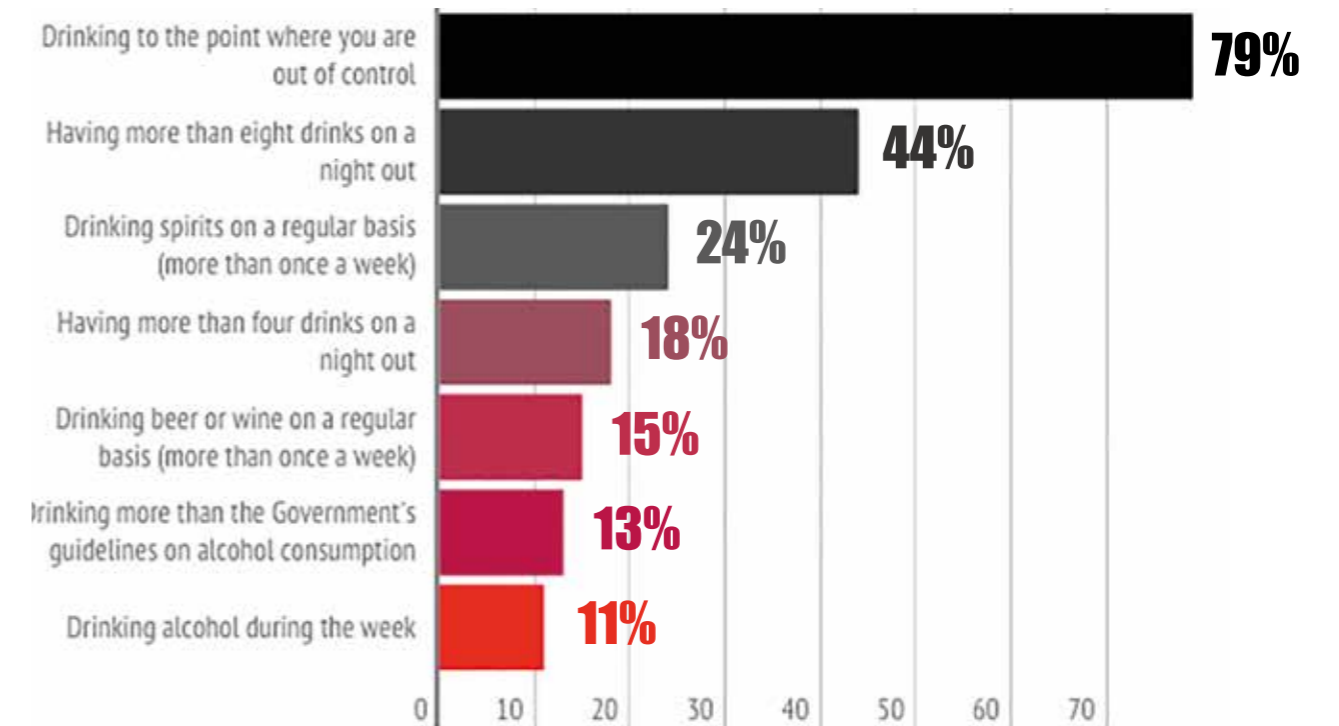
● Very/somewhat concerned
● Not very/at all concerned



¹²⁹Survey undertaken by Paragon Insights, 5-10 February 2015 involving representative sample of 1,001 respondents in Ireland. Margin of error +/- 3.1%.

¹³⁰The term 'irresponsible drinking' is used in the poll to avoid the levels of confusion surrounding the terms 'binge', 'excessive' or 'harmful' drinking revealed during our consideration of the existing research.

Table 3. 'Which of the following would you classify as irresponsible drinking? (select all that apply)'

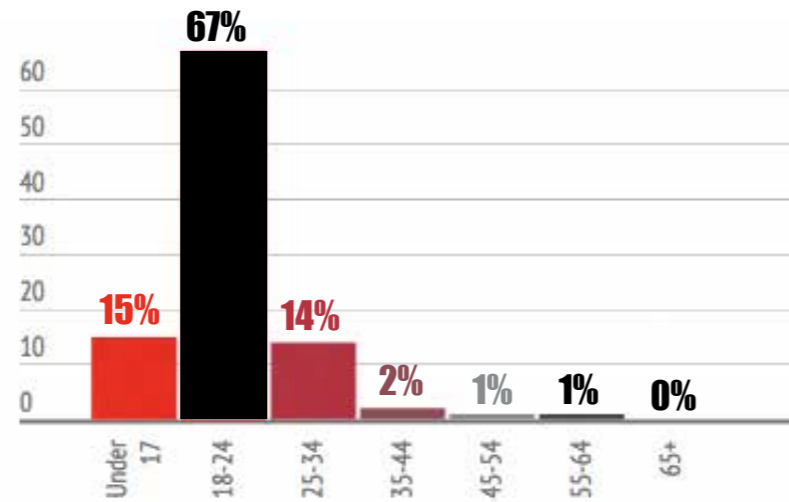


Less than one in five people [13%] see drinking more than the Government's guidelines on alcohol consumption of a night out as 'irresponsible drinking'.

The perception that harmful drinking is an issue for younger people - reported in several research studies mentioned - also

emerges in our opinion poll data. When asked which age group has the biggest problem with 'irresponsible drinking' the respondents overwhelmingly opted for those aged between 18 and 24 years old (Table 4). We need to know more about the prevalence of harmful drinking in different age groups in Ireland in order to tackle this problem. However, the international evidence shows that this age-based perception may be misplaced. This finding is also consistent with the feedback received in the public consultation outlined in the next section.

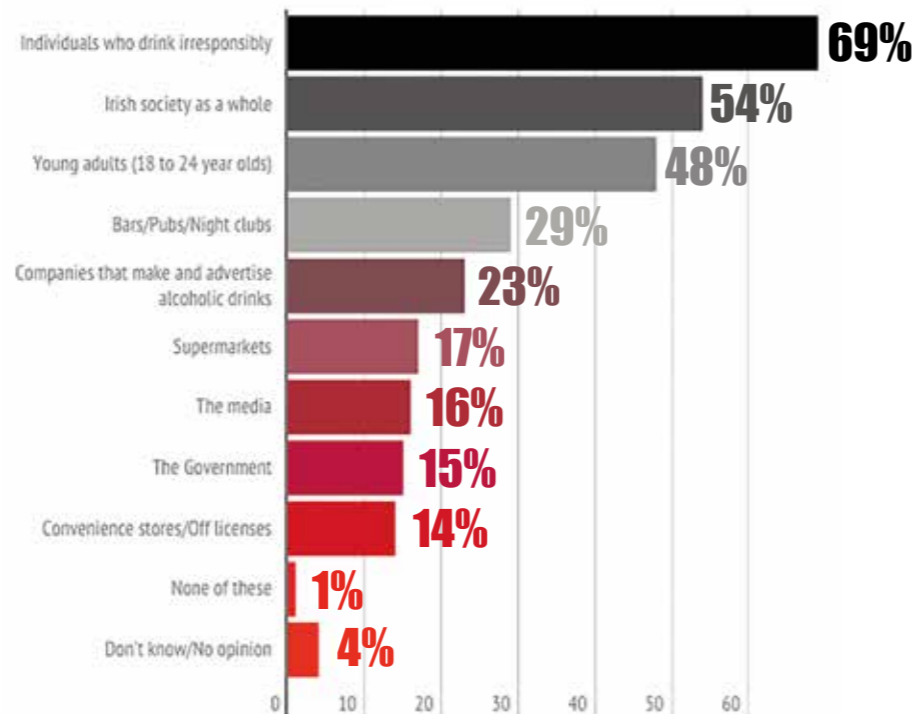
Table 4. 'Which age group do you think has the biggest problem with irresponsible drinking?'



When asked about responsibility for the problems associated with 'irresponsible' consumption of alcohol in society the respondents were very clear in their understanding of responsibility. Almost seven in 10 respondents (69%) said individuals should take responsibility although over half (54%) viewed the

problem in a wider societal context (Table 5). Young people (48%) were the largest identifiable group. Other groups selected included bars/pubs/night clubs (29%), companies that make and advertise alcoholic drinks (23%), supermarkets (17%), and the Government (14%).

Table 5. 'Who do you think is responsible for causing the problems associated with irresponsible drinking in society? Please indicate up to three individuals or groups that you find to be most responsible.'



Almost seven in 10 respondents (69%) said individuals should take responsibility although just over half (54%) viewed the problem in a wider societal context.

Our opinion poll findings point to the need for a cross-sectoral approach to underpin any solution to address individual behaviour and societal attitudes to harmful alcohol consumption. In the same way that our examination of research studies elsewhere suggests no single policy measure will tackle this problem on its own it is also clear that no single person or group will alone deliver sustainable behavioural change in our relationship with alcohol.

- What evidence-based strategies, programmes and activities are already successful in reducing harmful episodic drinking on single occasions, and how could these be integrated, extended or be made more effective?
- What does the public feel are the significant factors influencing harmful episodic drinking on single occasions, and what are the best approaches to alter this behaviour?

3. PUBLIC ENGAGEMENT

With consistent themes emerging from the literature review and polling data, we set up a number of regional workshops to provide an opportunity to engage the public in our campaign and its goals, and also to facilitate gathering further evidence.¹³¹ This activity was complemented by a public call for ideas through an online consultation, via social media and through direct email messages through to our website.¹³²

We were specifically interested in hearing views and opinions in two key areas:

The workshops were divided into two types - a policy workshop and a public workshop. Each session lasted for approximately two and a half hours. They were chaired and moderated by board members of the campaign.

Each workshop session followed a similar format. To help contextualise the various issues related to excessive alcohol consumption we were indebted to Dr Maureen Gaffney, who delivered an opening keynote address on the subject of how to address the challenge of culture and behaviour change. The Chair of the workshop then introduced a number of topics for participants to consider as part of the workshop deliberations:

¹³¹Workshops were held in four centres: Dublin (4th and 5th March), Galway (12th March), Limerick (19th March), and Cork (26th March).

¹³²We maintained a social media presence on Facebook - www.facebook.com/irishrolemodels - and on Twitter - @irishrolemodels - and also received comments through our website, www.rolemodels.ie/haveyoursay.

From the evidence we gathered it would appear that any long-term solution to tackle harmful drinking must address a cultural tolerance of those who drink to excess while also making it acceptable to be a moderate or non-drinker.

- Effective programmes and initiatives: what campaigns or programmes have delivered or are delivering behavioural change; what are their core aspects in changing behaviours of the wider adult population and/or younger age groups?
- Partnerships: what role should government, individuals, parents/peers and other organisations play in changing behaviour and what should be their priorities?
- Local and national approaches to change: how can different sectors work more effectively together to develop and manage local and national approaches to change?

The workshops were structured to allow open discussion. Participants were invited to share their views. They were also asked to write down their comments and opinions, which were collected at the end of the various sessions. Material gathered at the workshops as well as feedback received through online engagement is summarised in the following sections.

3.1 FEEDBACK AND FINDINGS

A number of common themes emerged from our public engagement process. These themes were discussed in the eight workshop sessions and were also mentioned in online feedback on social media and in direct email messages.

They have been categorised under a number of headings in this section of our report: culture of normalisation; parental responsibility; role models and other non-parental influencers; the importance of education; access to information; public information campaigns; pricing policies; access restrictions; and enforcement policies.

The quotations used in these sections are from feedback recorded at the workshop sessions or received online. We see considerable consistency not just with our public opinion research but also with the findings of wider research studies on harmful alcohol consumption referred to in parts 1 and 2 of this report.

3.1.1 Culture Of Normalisation

One of the dominant features of both the workshop contributions and other feedback we received was a desire to shift individual and public attitudes towards harmful drinking. In particular, there was a strong sense that work was required to change current positive perceptions about binge drinking.

Feedback was consistent in seeking to challenge the idea that the number of drinks consumed defines ‘a good night out’. This linkage between excessive drinking and perceived fun for some drinkers has been identified in the international research literature as outlined in Part 1.

- ‘We need to see drunkenness as anti social, instead of something to aspire to.’
Website Feedback
- ‘We have to make drunk behaviour uncool.’
Galway Workshop Participant
- ‘We need to make it socially unacceptable to be falling around drunk. We did it with drink driving when we changed a whole mind-set.’
Website Feedback

The issue of not drinking being perceived as being ‘uncool’ or ‘boring’ was also raised repeatedly. From the evidence we gathered it would appear that any long-term solution to tackle harmful drinking must address a cultural tolerance of those who drink to excess while also making it acceptable to be a moderate or non-drinker. The need to negate peer pressure - and the related alienation from friends and colleagues - when not drinking was mentioned in many submissions and conversations.

- ‘The campaign must normalise normal drinking.’
Galway Workshop Participant
- ‘We need to highlight the positives of not drinking and staying sober.’
Dublin Workshop Participant

‘We need to see drunkenness as anti social, instead of something to aspire to.’

Website Feedback

- ‘Can we make responsible drinking ‘cool’? Is it ok not to drink? Are we regarded as not cool or odd when we don’t drink?’
Galway Workshop Participant
- ‘Make it socially acceptable to say “no”.’
Cork Workshop Participant

3.1.2 Parental Responsibility

There was universal agreement across all the feedback we received that parents have a vital role to play. This parental responsibility involves determining - and influencing - children's attitudes to alcohol consumption from a young age. It was suggested that parents also have a vital role in any strategy or solution that aims to develop a new societal relationship with alcohol. These views are very much in keeping with key findings in the international research on harmful drinking.

'Parents have a duty to have a responsible attitude towards alcohol. This is the foundation that will build an attitude of responsibility in children.'

Dublin Workshop Participant

- 'Parents are the greatest influencers.'
Dublin Workshop Participant
- 'Parents have a duty to have a responsible attitude towards alcohol. This is the foundation that will build an attitude of responsibility in children.'
Dublin Workshop Participant

- 'Make it absolutely clear to parents that their children are watching their drinking habits.'
Website Feedback
- 'As the parent of a young teenager I attend many talks relating to parenting. What is interesting is when there is mention of parental example/habits [with alcohol] this generally causes discomfort. I am firmly of the view that before we can hope to address teen drinking and binge drinking we need to have a look at our own habits.'
Website Feedback

The impact of personal experience of parental alcohol abuse was shared by a number of individuals who contacted us. These people - and others - suggested that more education was needed to better prepare parents to deal with their children and alcohol. It was suggested education would also help them speak with their children about harmful drinking with more confidence.

There was widespread acknowledgement that parents need greater support structures to assist in engagement with their children about being responsible with alcohol and also to help in opening up conversations with them.

- 'I can speak from experience. My husband is an alcoholic in recovery for the last five years. Children brought up visiting pubs are given to understand that it is normal. And as for seeing family members

and others drunk, I think that is very damaging.'

Website Feedback

- 'I am the mother of four boys. Open communication about the negative impact of drink was an ongoing discussion in our house. A positive influence was that my husband took a social drink and told the boys that a social drink is a good way to drink, if you drink. Parents have a duty to have a responsible attitude to drink, that is the foundation that will build an attitude of responsibility in children.'
Website Feedback
- 'As the adult child of an alcoholic and somebody who gave up binge/emotional drinking a few years ago, I think there are poor supports for people who just want to rethink their drinking. We need a new vocabulary between teetotaler and alcoholic.'
Website Feedback

3.1.3 Role Models And Other Non-Parental Influencers

Aside from the importance of parents as key influencers on attitudes towards alcohol, we also heard strong support for the involvement of specific role models in changing community and individual behaviour.

There was a widespread wish to see well-known public figures involved in promotional/advertising campaigns to

highlight the dangers of binge drinking and also to stress the benefits of a healthy relationship with alcohol.

- 'We need testimonials by well-known people to change behaviour.'
Dublin Workshop Participant
- 'Having famous role models is a good idea.'
Limerick Workshop Participant
- 'Get iconic ambassadors on board to promote the campaign for those aged nine to ninety-nine.'
Website Feedback
- 'Teenagers need credible role models.'
Facebook Feedback
- 'Get sports people from the IRFU, GAA and FAI to talk to young people.'
Galway Workshop Participant
- 'Get high profile non-drinkers from all walks of life who are role models and then create adverts involving them.'
Website Feedback

'Get iconic ambassadors on board to promote the campaign for those aged nine to ninety-nine.'

Website Feedback

The need for individuals and institutions in positions of authority to ‘lead by example’ was raised repeatedly. These suggestions were specifically in the context of third level institutions and political leaders based in Leinster House.

The appropriateness of allowing alcohol to be served/consumed on the premises of sporting organisations was mentioned. The role of the media was also raised, specifically its role in the creation of an ‘acceptance culture’ around excessive drinking and glamourising alcohol on screen.

- ‘Start in the Dáil bar.’
Facebook Feedback
- ‘It would be symbolic - close the Dáil bar.’
Limerick Workshop Participant
- ‘It is not acceptable to drink at work, so close the Dáil bar.’
Cork Workshop Participant
- ‘Stop selling cheap alcohol in universities.’
Facebook Feedback

‘It is not acceptable to drink at work, so close the Dáil bar.’
Cork Workshop Participant

- ‘Keep alcohol and drink advertising out of educational institutions.’
Cork Workshop Participant

- ‘I have regrettably had to deal with alcohol with my teenagers. The source has been local sporting clubs and the access to drink on the premises. I can’t understand how these sporting clubs have bars. Makes no sense.’
Website Feedback

3.1.4 The Importance Of Education

The role of education was widely identified as a vital component of any initiative to change a culture of excessive drinking. There was widespread agreement that educating about a responsible attitude towards alcohol must start at primary school level, and be maintained through the entire education system cycle.

- ‘The best way to combat the excessive consumption of alcohol is through the education system from a young age and ensuring that the effects are not treated as a norm.’
Website Feedback
- ‘Teach young people what is normal drinking.’
Limerick Workshop Participant
- ‘We need guest speakers going into schools to talk about binge drinking.’
Galway Workshop Participant

‘Provide education in schools and in the curriculum on peer pressure and include knowledge regarding consumption limits as part of the SPHE programme.’

Galway Workshop Participant

- ‘Educate people at a young age about the effects of alcohol and alcohol abuse. It will in time change their views.’
Facebook Feedback
- ‘Education must start at pre-school and must be supported by education at home.’
Galway Workshop Participant

We heard repeated requests for a formalised national awareness programme targeted at transition year students in the secondary school cycle. There was a view that the programme content should be broader than just stressing the negative effects of harmful drinking. It was suggested that students receive help to develop life-skills and confidence in dealing with alcohol. Other suggestions in this area included the introduction of mentoring systems in schools for younger students and an online forum to facilitate discussion among young people.

- ‘Introduce a subject in secondary schools on negative behaviours to explain what is right and what is wrong.’
Galway Workshop Participant

- ‘There should be a transition year project on the issue. It could be a massive national focus group study with the students themselves helping to design the campaign.’
Limerick Workshop Participant
- ‘Focus on the people who do not have a problem with drink. Programmes are needed in schools. The Department of Education should incorporate these programmes into the curriculum.’
Galway Workshop Participant
- ‘Provide education in schools and in the curriculum on peer pressure and include knowledge regarding consumption limits as part of the SPHE programme.’
Galway Workshop Participant

3.1.5 Access To Information

We heard repeated calls for greater information associated with alcohol consumption including how many drinks constitute harmful drinking. The feedback received would suggest one element of a wider solution must include basic information on what is understood by harmful, excessive, out-of-control or binge drinking and what are recommended daily alcohol consumption limits.

'People's eyes glaze over when you start talking to them about units of alcohol.' Website Feedback

- 'What is out-of-control drinking? Quantity? Frequency? Definitions? Per sitting? Per week?'
Limerick Workshop Participant
- 'I am surprised when I learned that six drinks was binge drinking.'
Limerick Workshop Participant
- 'We need advertisements in off-licenses and supermarkets to inform people about units per drink, and what is a daily limit.'
Website Feedback
- 'People's eyes glaze over when you start talking to them about units of alcohol. But every drinker can understand the message when it is put in terms of pints or wine bottles especially when a glass of wine or a spirit measure varies so much in non-pub settings.'
Website Feedback

3.1.6 Public Information Campaigns

We heard strong support for the involvement of well-known public figures in public information campaigns where they would adopt positive role model positions. The feedback received also consistently focused on the need for information

campaigns to tell 'real life stories'.

- 'Have campaign adverts with real alcohol stories from real people.'
Cork Workshop Participant
- 'Real life stories make people more inclined to support campaigns due to the emotion involved.'
Galway Workshop Participant

In terms of recall of other public information campaigns - aimed at effecting behavioural change - there was repeated positive mention of seatbelt, drink driving and anti-smoking campaigns. Several workshop participants made the case for hard-hitting, fear-type campaigns to heighten public consciousness about the problem. There were, however, different views on the perceived effectiveness of such an approach consistent with the findings of international research studies.

- 'Create a stigma similar to reckless driving.'
Dublin Workshop Participant
- 'Shock tactics do not work as people have become less sensitive.'
Galway Workshop Participant

- 'Use stories of young people who had opportunities but lost everything because of alcohol.'
Galway Workshop Participant

There were also calls for public information campaigns to be broadly based and not simply targeted at younger drinkers. Participants in the workshops acknowledged that changing individual and community attitudes towards harmful drinking would take time and required patience.

- 'Ensure the focus is not just on young people.'
Galway Workshop Participant
- 'Need repetition of the message from different sources at several levels.'
Dublin Workshop Participant
- 'Campaigns need a long duration.'
Galway Workshop Participant

RTÉ's television programme *Operation Transformation* was identified as a possible example of how the media might contribute towards changing wider attitudes towards alcohol consumption. Use of Des Bishop's television series *Under the Influence* was also recommended.

The role of Diageo in the Stop Out-of-Control Drinking Campaign was discussed in the workshops and also raised in online feedback.

- 'Pity the campaign is not independent and is funded by a drinks company.'
Facebook Feedback
- 'I cannot see what all the fuss about and why Diageo cannot be given credit for supporting a worthwhile venture.'
Website Feedback

3.1.7 Pricing Policies

We heard differing views on whether pricing was an effective tool in reducing excessive drinking patterns. Several contributions referenced the negative impact of price increases on moderate drinkers. There was strong support for outlawing below-cost selling and also for narrowing the price differential between alcohol sold in pubs and in off-licenses.

- 'Ban below cost selling.'
Website Feedback
- 'Moderate drinkers would be most affected by price increases. There would be less impact on binge drinkers who would change product and drink at home.'
Galway Workshop Participant
- 'It is ludicrous that people pretend that raising prices would make a difference. If you are in your teens or a student in college, it makes no difference if a bottle of vodka is €12 or €30. If you want to get drunk with your friends you will pool together the funds if you have to.'
Website Feedback

- ‘Raising the price of alcohol will only cause people to rebel and result in finding other ways to get their hands on cheap alcohol and other substitutes.’
Website Feedback

The cost of non-alcoholic drink was raised repeatedly as was their price differential with alcoholic drink.

- ‘Why is non-alcoholic drink so expensive?’
Galway Workshop Participant
- ‘It would be a good idea to subsidise minerals to make the decision to buy them easier.’
Website Feedback
- ‘Reduce the cost of soft drinks in pubs.’
Galway Workshop Participant

In feedback at the workshops and also in online discussions we heard repeated calls for stricter limitations on price promotional initiatives targeted at younger drinkers. Students in higher-level education were specifically identified. Other initiatives suggested included serving water with alcohol, having smaller standard serving sizes (half-pint rather than pint glasses) and greater availability of non-alcoholic drinks.

- ‘Change the way nightclubs market drink to students.’
Dublin Workshop Participant
- ‘Ban cheap shots in clubs.’
Dublin Workshop Participant

‘Why is non-alcoholic drink so expensive?’

Galway Workshop Participant

- ‘Promotions need to be curbed. Promotions like ‘buy one - get one free’ only encourage binge drinking.’
Cork Workshop Participant
- ‘Serve half-bottles of wine.’
Dublin Workshop Participant

One submission to our website made the case for altering the taxation regime on alcohol based on the percentage of alcohol in specific drinks – in order to reduce the consumption of high volume alcohol products.

A case was also made to recognise the different impacts of different types of alcohol on drinkers and to treat stronger alcoholic drinks differently in terms of availability: ‘Making high concentration alcohol not legally available to the most vulnerable legal drinkers (18 to 21 year olds) is likely to massively reduce the worst cases of excessive binge drinking and the harmful effects this has on the individual and society.’

This latter suggestion and the duty differential proposal may be worth further analysis especially in the context of the previously mentioned need to understand more about the alcohol price elasticities of individual drinks and also different consumer groups in an Irish context.

3.1.8 Access Restrictions

We heard significant concern about the general level of alcohol availability and visibility, specifically in the context of convenience stores, supermarkets and petrol stations. In terms of restrictions there was support for greater limitations on opening hours although some feedback suggested greater liberalisation.

- ‘Stop selling alcohol in petrol stations and supermarkets - it is just too available.’
Galway Workshop Participant
- ‘Stop selling alcohol in supermarkets or food shops that children can go into.’
Galway Workshop Participant
- ‘Some level of control on the number of locations selling alcohol and the opening hours of off-licenses would help to improve matters. Having totally separate areas for alcohol and other goods in shops and supermarkets would also assist.’
Website Feedback
- ‘Cut the opening hours of pubs and clubs.’
Dublin Workshop Participant
- ‘Review pub and nightclub licensing laws in terms of closing times. We don’t need pubs and clubs to be open until 2am or 3am.’
Website Feedback

In both the workshop discussions and online feedback the legal age for consuming alcohol was raised. There was significant discussion about the penalties imposed on those serving alcohol to individuals under the current legal age limit.

- ‘Raise the legal drinking age level to 21 and make sure it is enforced.’
Website Feedback
- ‘It is illegal to serve drink to those underage but what are the consequences for those who are caught?’
Website Feedback
- ‘Crack down on false identity cards.’
Limerick Workshop Participant
- ‘Enforce rigorously a law that no one under the age of 21 is allowed in any establishment that serves alcohol.’
Website Feedback

There was some support for limiting alcohol advertising on television and also for banning drink company sponsorship of sporting and cultural events.

Several contributions made the case of on-product health label warnings and a plain packaging policy.

- ‘Health information should be printed on beer cans similar to the information on cigarette packs.’
Galway Workshop Participant

‘Promotions need to be curbed. Promotions like ‘buy one - get one free’ only encourage binge drinking.’

Cork Workshop Participant

3.1.9 Enforcement Policies

We received a great deal of feedback on what can broadly be described as enforcement issues. In particular, there was very strong agreement that publicans need to play a more interventionist role when serving patrons.

- ‘Ban the serving of drink in pubs to people who have had enough already. Offer them a glass of water or a soft drink. In other countries it is illegal to serve drink to a patron who is intoxicated.’
Website Feedback
- ‘Stop bar staff from serving extremely drunk people. There should be a universal cut-off on the amount of alcohol served to individual patrons.’
Galway Workshop Participant
- ‘Enforce a law that says bar staff cannot serve people who are drunk.’
Galway Workshop Participant
- ‘Stop serving intoxicated people or those suspected of being intoxicated.’
Facebook Feedback
- ‘Reasonable drink limits should be introduced in pubs whereby people would receive drink tokens which allow a minimum number of drinks before they are no longer able to purchase alcohol on the premises.’
Website Feedback

We heard calls for the authorities to take much firmer action against public drunkenness. These calls were underpinned by a belief that greater evidence of official

‘Implement laws in relation to unacceptable behaviour especially drunkenness in public places.’ *Website Feedback*

action would encourage drinkers to moderate their consumption levels. There was support for ‘an excessive drinker pays’ approach whereby costs associated with drunkenness are levied to the individual involved. Some respondents recommended that the drinks industry should make a financial contribution to cover public costs arising from alcohol abuse.

- ‘Implement laws in relation to unacceptable behaviour especially drunkenness in public places.’
Website Feedback
- ‘Arrest underage drinkers and inform their parents.’
Website Feedback
- ‘Introduce a limit on the level of blood alcohol allowable in public and enforce this by allowing Gardaí to breath test anyone they are suspicious of being over this limit based on their observations, with consequences of fines or incarceration for people in breach of the limit.’
Website Feedback
- ‘Drunk people who have to go to A&E should have to pay. They will remember the bill.’
Cork Workshop Participant

3.2 PROGRAMMES AND INITIATIVES

Throughout the consultation a number of programmes, schemes and initiatives already active in trying to deal with behaviours and attitudes towards alcohol consumption, were cited as best practice.

Aside from proposals for the introduction of a specific programme in transition year (noted in section 3.1.5), the online Australian treatment programme Hello Sunday Morning was the initiative most commonly referenced in feedback we received.

- ‘I found *Hello Sunday Morning* hugely beneficial because it was short term but long enough to allow me to think about my drinking and challenge myself to be in social situations without the crutch of alcohol. It encouraged me to take up other activities. There was an online community of supportive people who were all thinking the same, offering support and exchanging ideas.’
Website Feedback

The *Hello Sunday Morning* programme has gained significant traction since it started in 2010. Essentially an online participatory health communication initiative *Hello Sunday Morning* seeks to make drinking culture more visible to the peers of participants. According to research undertaken at the University of Queensland in 2014 *Hello Sunday Morning* ‘works on the principle that individual change needs to be embedded within broader cultural change.’¹³³

The programme is based on the premise that participants sign-up to a number of weeks without alcohol, identify a number of personal goals to achieve in the same period and then blog about their experiences. According to the *Hello Sunday Morning* website over 30,000 people have signed up to three months or more without alcohol since 2010 and have shared their experiences on the programme website.

According to the *Hello Sunday Morning* website over 30,000 people have signed up to three months or more without alcohol since 2010 and have shared their experiences on the programme website.

¹³³Carah N [2014] Profiling Hello Sunday Morning: who are the participants? University of Queensland. See <https://www.dropbox.com/s/oum0v78sltzx1x5/carahmeurkhalhsm.pdf?dl=0#>

It is reported that the story of each participant has a positive impact on the drinking culture of 10 more people; and that almost two-thirds of participants fully achieve their defined goals while another third achieve some of their goals.

The University of Queensland study found that 64% of participants were under the age of 40. These individuals were more likely to be female and riskier drinkers than those who participated in other alcohol treatment programmes. The study concluded that *Hello Sunday Morning* attracted a unique population of heavy drinking participants but noted that further research was necessary to determine whether participants' self-reported alcohol consumption changed after participation. Funding for *Hello Sunday Morning* comes from government and health foundation sources.

Included among the other programmes identified in our public engagement process - as helping to change attitudes towards harmful drinking - were *No Name!* clubs¹³⁴, *Al Anon* and *Alateen*¹³⁵, the *Lions Club Alcohol Awareness Peer Education*¹³⁶ and the *Pioneer Association*.¹³⁷

Several of these programmes are in receipt of HSE funding support. The HSE has been

Programmes aimed exclusively at binge drinking are rare.

actively involved in efforts to encourage a more positive relationship with alcohol.¹³⁸

Programmes aimed exclusively at binge drinking are rare, however, the HSE does support some targeted programmes aimed at reducing underage and binge drinking. These include training programmes supporting Drug Information Officers working with the FAI and GAA and hosting information sessions for off-license owners to tackle underage drinking.¹³⁹ The HSE also partners with other organisations to support prevention measures in families including the *Strengthening Families Programme (SFP)* and the *Concerned Persons Programme*. First piloted in Cork in 2007, as of July 2014 over 260 people had completed SFP training. The fourteen-session programme is aimed at assisting families and individuals around Ireland to reduce substance misuse, depression, violence and aggression, involvement in crime, and school failure in high risk, 12-16-year-old children and their parents. According to the University of Utah where the programme was originated,

'positive results from over 15 independent research replications demonstrate that the programme is robust and effective in increasing assets and protective factors by improving family relationships, parenting skills, and improving youths' social and life skills.'¹⁴⁰

Other programmes supported by the HSE are targeted at alcohol and illegal drug prevention more generally. An example is the *Alcohol and Substance Abuse Prevention (ASAP)* programme backed by the HSE and the GAA. The programme - which has been running since 2008 - provides educational materials and resources to GAA clubs nationwide. Overseen by a national coordinator, the programme has officers in each county on the island of Ireland and a national network of club ASAP officers.¹⁴¹ In addition, for the last number of years the GAA has sponsored a health challenge scheme, *Off the Booze and On the Ball*. The initiative is based on the premise that GAA members 'abstain from alcohol for just four weeks (Off the Booze) and use this period to focus on your health and wellbeing (On the Ball)'.¹⁴²

The Programme for Government 2011-2016 included a commitment to update drug awareness programmes in schools. *The National Drug Strategy* has been tasked with ensuring that substance abuse policies are being implemented in schools through the *Social Personal and Health Education Curriculum (SPHE)*. A life-skills survey

undertaken by the Department of Education and Skills in 2009 showed that in relation to primary schools: 84% had a substance abuse policy; and 95% included content on smoking, alcohol and drug abuse in their SPHE programmes. In the same survey in relation to post primary schools: 96% had a substance abuse policy; and 97% included content on smoking, alcohol, and drug abuse in their programmes. These policies are also involved in dealing with issues of peer-pressure in relation to alcohol and other drugs usage.

'Positive results from over 15 independent research replications demonstrate that the programme is robust and effective in increasing assets and protective factors by improving family relationships, parenting skills, and improving youths social and life skills.'

Strengthening Families Programme (2008)

¹³⁴The No Name! Club was founded in 1978 'to provide an alternative to pub culture for young people' over the age of 15 years. Over 15,000 young people currently participate in its activities. The organisation is part-funded by the HSE. See <http://nonameclub.ie>

¹³⁵Alateen is part of the Al-Anon organisation and is aimed at young people, aged 12 - 17, who are affected by a problem drinker. See <http://www.al-anon-ireland.org>

¹³⁶The Lions Club Alcohol Awareness Peer Education was launched in 2005 as a pilot school based programme. See <http://www.dublinlionsclub.ie/tacade.htm>

¹³⁷The Pioneer Total Abstinence Association is a Catholic Church organisation that 'seeks to address alcohol-related problems in society, mainly through prayer, self-denial, and the promotion of positive life-styles'. See <http://www.pioneerassociation.ie>

¹³⁸The website Drugs.ie is the national government-backed online one-stop-shop for drug and alcohol information and support.

¹³⁹Information on ASAP and alcohol consumption is provided on the Community & Health section of the GAA website: <http://www.gaa.ie/community/gambling-drug-alcohol-education/alcohol-drug-education/facts-about-tabacco-alcohol-and-drugs/>

¹⁴⁰See <http://www.gaa.ie/medical-and-player-welfare/news/0912140753-off-the-booze-on-the-ball-returns-for-2015/>

¹⁴¹Annual Report of the National Drugs Taskforce, 2012

¹⁴²See <https://strengtheningfamiliesprogrammeireland.wordpress.com/about/>

Throughout our public engagement process views were also expressed about the type of activities that should be incorporated into potential programmes and initiatives aimed at tackling harmful drinking particularly among younger age groups.

- ‘Fifth and sixth year students should be made to visit hospitals to get a reality check.’
Facebook Feedback
- ‘Show real CCTV footage to people of their intoxicated actions as part of rehabilitation programmes.’
Dublin Workshop Participant

- ‘Take young adults into rehabilitation centres on work experiences to see for themselves the damage that alcohol has on lives. First-hand experience is the way to go.’
Facebook Feedback

3.3 PUBLIC SUPPORT

Throughout the duration of the public engagement phase we encouraged people to demonstrate their support for the principles of our campaign – to find a lasting solution to the practice of harmful drinking in Ireland. As noted in the foreword we received significant levels of support and engagement.

We also received a host of messages from people wanting to share their thoughts and opinions about the campaign directly - here is a selection.

- ‘Finally someone is willing to help our society to try and change our desperate attitude towards alcohol. This is something that needs to change, our attitude to what is acceptable as a result of too much alcohol.’
- ‘When I heard your ad on the radio today I knew I wanted to get involved somehow. I am raising two young boys and the thoughts of them reaching an age where they will be exposed to the alcohol culture in Ireland concerns me deeply.’
- ‘I am tired and upset about the whole situation and I would LOVE to do whatever I can to make it stop!’
- ‘I would like to get involved in your campaign. On November 30th, alcohol stole my eldest son and he will never come home again. I will never see his cheeky grin or hear his witty words because he is no longer living. He has no voice now; I am his voice. Young people need to be educated. The least we can do is educate them and equip them with the facts. After that it is their choice.’
- ‘Out-of-control drinking of alcohol is not just one of the pressing problems of today’s society it is the most important issue that needs to be tackled and resolved.’

- ‘I would love Ireland to develop a culture that was not based on drinking. The anti-social behaviour that comes from out-of-control drinking makes me not want to enjoy our towns and villages at night, as you often see fights break out.’
- ‘Something major and radical needs to happen fast in order to protect our young generation and to guide them through tough times in a healthy way.’
- ‘I’m an ordinary working father. I have three young children. I’d like to help make a change.’
- ‘I cannot tell you how delighted and relieved I am to see a campaign like this get off the ground.’
- ‘Well done on starting this campaign. We really need to do something to change attitudes in our country. As a father, I don’t want my kids getting into the same drinking culture I was brought up in.’

FOCUS: CAMPAIGN ENGAGEMENT

- **14,102 people signed up in support of the principles of the campaign**
- **1,243 people made a contribution to the consultation via email or a submission**
- **6,158 people engaged with the campaign through Facebook**
- **751 people followed the campaign on twitter**
- **648 community groups were engaged for their views**
- **390 councillors were contacted for their views**

‘Out-of-control drinking of alcohol is not just one of the pressing problems of today’s society it is the most important issue that needs to be tackled and resolved.’

- ‘I am a recovering alcoholic of fourteen years and Dublin Simon’s Ambassador. I speak in about sixty schools a year voluntarily to try to instill in the next generation the dangers of drinking. I was a very successful businessman with a large retail outlet but I ended up on the streets living rough for three years. I have a book coming out soon about my life I hope to God it will serve to educate the nation as to the dangers of binge drinking. I wish you all the very best with your very worthwhile campaign.’
- ‘Ireland has been struggling with this problem for too long. It is about time someone got everyone together to do something about it. I look forward to joining you in the Cork workshop to make my contribution.’
- ‘I have been looking at your website for the past number of days and felt obliged to contact you. In December 2013, my 36-year-old wife, Rachel, passed away following an illness caused by a background of excessive drinking. She truly was a most beautiful and kind person. Somehow I just need to do something, to raise awareness

(particularly amount young people) of the dangers of excessive alcohol consumption. I just don’t know where to start. I have booked a place for the public workshop in Cork on March 26th.’

4. CONCLUSION

The opinion poll results from the research we commissioned and also the feedback received during our public engagement process are in very many respects consistent with the national and international research findings outlined in Parts 1 and 2 of this report.

The poll findings gave us an understanding of public opinion towards alcohol consumption in Irish society. The engagement process allowed us to obtain ideas from the public to tackle this problem. Common themes emerged that were consistent with the wider international research.

Key among these common themes was again that of parental and peer influence. The international research studies showed that parents, peers and role models have a pivotal role in delivering a cultural shift in

The opinion poll results from the research we commissioned and also the feedback received during our public engagement process are in very many respects consistent with the national and international research findings outlined in Parts 1 and 2 of this report.

attitudes toward alcohol consumption. Our public engagement process also stressed the important role of parental involvement. We heard feedback that parents must adjust their own relationship with alcohol to lead by example but they also need greater support structures and information in communicating with their children about harmful drinking and developing a positive and healthy relationship with alcohol. There was also a strong desire to make harmful drinking socially unacceptable and to end the perception that this type of relationship with alcohol was in any way fun or cool.

In keeping with wider research studies we also heard evidence that the public faces of any national campaign to alter drinking behaviour may resonate best when they are well-known personalities. Again, the theme of ‘leading by example’ featured prominently. Individuals sharing real life stories may also have a role to play based on the feedback received. The merits of fear-based public information campaigns - on which there is mixed findings from studies elsewhere and differing views from our public engagement process - may need greater exploration.

Overall, in keeping with existing research material, no single or dominant approach or idea to tackle, in a sustained way, excessive alcohol consumption emerged from our public engagement process. Again, in keeping with the findings of published research, we also found the public engagement process telling us that a comprehensive long-term solution must be underpinned by a strategy defined by cross-sector, community-wide engagement.

At this point what can be concluded is that changing Irish public attitudes towards excessive drinking will require a multi-faceted strategy over a prolonged period. The evidence we gathered indicates that a wider solution to promote a change in behaviour must focus on two specific objectives - reducing tolerance for harmful drinking while also normalising moderate and non-drinking in social settings. It will be necessary to develop strategies to deal with the interrelated - and at times conflicting - issues of stigmatisation and normalisation as identified in our engagement process.

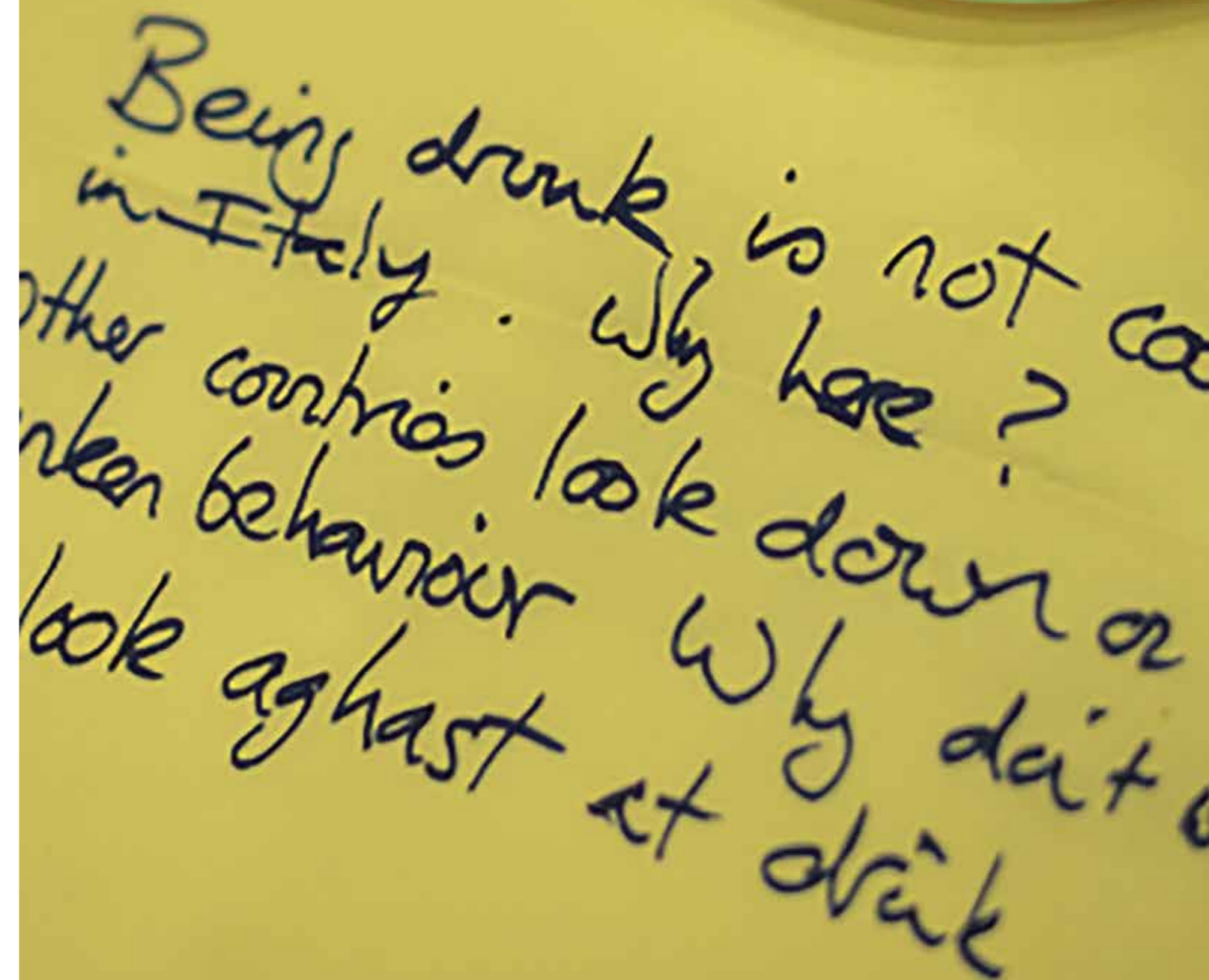
It will be necessary to develop strategies to deal with the inter-related - and at times conflicting - issues of stigmatisation and normalisation as identified in our engagement process.

We have learnt a great deal about Irish society’s relationship with alcohol since we began this work. By reviewing published research, by measuring public opinion and by seeking public input, we have been assisted in formulating our ideas to make a lasting and successful impact on this problem in Part 4.

FOCUS: FURTHER RESEARCH

In terms of other policy interventions that were suggested during the public engagement process - and where opinion was sometimes in conflict - greater evidence is required before decisions are enacted. Further research to determine public sentiment - and, in particular, the views of individuals who engage in harmful drinking behaviours would help in determining the effectiveness of policy change in areas such as enforcement, access, labelling and pricing.

What also emerged strongly from our engagement process was the need to know more about Irish people's relationship with alcohol - also identified in other research studies in terms of closing knowledge gaps in the research literature. Specifically, it is clear that more research is required in an Irish context so that policy decisions are based on Irish evidence rather than being referenced to the experiences of other countries.



Being drunk is not cool
in Italy. Why here?
Other countries look down on
drunken behaviour why do
we look aghast at drunk

PART 4: OUR CALL TO ACTION

**Half 4 on a Monday morning.
Dublin quietened down at
last
After the weekend madness,
All that heavy excess,
Glad to see the back of it,
Not out of badness mind,
Just out of tiredness.**

Join the campaign at rolemodels.ie

PART 4: OUR CALL TO ACTION

Eskimos are said to have at least 50 words for snow. In Ireland we easily have that many words for being drunk – and most of them are pleasant sounding euphemisms. We have heard many of these words over the last 10 months as we undertook our work to see what could be done about this country’s damaging relationship with alcohol.



1. THE PROBLEM, CHALLENGE AND OPPORTUNITY

1.1 THE PROBLEM

During our consultation with the public we heard how we drink to baptise a child, to celebrate a birthday, to send a newly married couple off on their journey, to mourn the passing of a loved one, to celebrate the ending of exams and then again to celebrate exam results. We heard how far too often these rites of passage in Ireland involve too much alcohol. We learnt that as a society, we have normalised harmful drinking, made it a part of our everyday culture.

The problem we face is illustrated very clearly by the following facts uncovered during our research:

- we are fourth on the OECD league table of drinkers - only Estonians, Austrians, and the French drink more;
- we are second on the league table of young (15+) drinkers, only behind Norway;
- a fifth of drinkers in Ireland consume two-thirds of all the alcohol.¹⁴³

¹⁴³Organisation for Economic Co-operation and Development (2015)

1.2 THE OPPORTUNITY

The size of the opportunity may be gauged by facts produced by Alcohol Action Ireland which clearly outline that:

- 88 deaths every month in Ireland are directly attributable to alcohol;
- one in eleven children in Ireland say parental alcohol use has a negative effect on their lives – that is over 100,000 children;
- there are 1,200 cases of cancer each year from alcohol in Ireland;
- one in four deaths of young men aged from 15 to 39 in Ireland is due to alcohol;
- one in three road crash deaths in Ireland are alcohol-related;¹⁴⁴
- alcohol misuse costs Ireland nearly 2% of GDP every year;¹⁴⁵
- €1 billion a year would be saved by a 30% reduction in alcohol-related damage.¹⁴⁶

We also know of the enormous role harmful drinking plays in many serious social challenges including domestic violence, family breakdown and child poverty.

If we can begin to tackle the dangerous cultures and behaviours related to harmful alcohol consumption, truly great personal and societal benefits will follow.

1.3 THE CHALLENGE

Throughout Irish history we have romanticised alcohol. We have celebrated it in song and story, in myth and legend, in drama, literature and the cinema. We have passed that romance from generation to generation. It is part of what Chesterton had in mind when he said of us:

‘For the great Gaels of Ireland, Are the men that God made mad, For all their wars are merry, And all their songs are sad.’

Changing this culture – the dangerous romance we have with alcohol – and replacing it with a healthier relationship, demands a concerted, and resourced, effort over a prolonged period of time.

Changing this culture – the dangerous romance we have with alcohol – and replacing it with a healthier relationship, demands a concerted, and resourced, effort over a prolonged period of time.

Since we began our work, all our activity has however led us to the conclusion that there is no silver bullet. Nowhere in

the research literature does one single policy measure emerge as effective on its own. Neither is any education or public awareness campaign on its own, nor any marketing approach, going to eliminate harmful drinking. No single idea emerged from our public engagement process that alone would solve all the problems associated with harmful drinking, although we received many excellent suggestions that have considerable potential to assist in a broader based strategy.

That is why it is essential to move on all fronts. Only through a genuine national mobilisation of public opinion inspired by and underpinned by a range of different and overlapping measures, can we change Irish drinking cultures over time.

This is an approach that is consistent with the latest thinking from the OECD, which argues for a broad mix of policies to change people’s harmful relationship with alcohol including in the areas of price, taxation, regulation, enforcement, medical intervention, education and awareness. The same OECD report concludes that: ‘combining alcohol policies in a coherent prevention strategy would significantly increase impacts, helping to reach a “critical mass” with greater impact on the social norms that drive harmful drinking behaviour.’¹⁴⁷

2. THE CALL TO ACTION

2.1 COLLECTIVE AND INTEGRATED APPROACH

All the evidence and all the public feedback show that there is no single or dominant solution. What is clear from the experience here and elsewhere is that all available policy instruments have to be brought into play, and they have to work together. If sustainable behaviour change in Irish society is to be achieved – as we believe it can be – then change will have to will come about by addressing, systematically and openly, the cultural and historic issues that inform our relationship with alcohol.

The Garda and justice system must play a stronger role. We heard time and again how for too long we have tended to turn a blind eye in Ireland to abuses of the law in this area. The only law around alcohol abuse that attracts any degree of stigma relates to drink driving. We have, for example, no meaningful legislation, and less enforcement, around the issue of public drunkenness. Yet, we heard repeatedly in our public consultation process the strong wish to see much stronger regulation and enforcement in areas such as public drunkenness and identity cards.

¹⁴⁴Alcohol Action Ireland (2015) Overview of alcohol related harm. See <http://alcoholireland.ie/facts/alcohol-related-harm-facts-and-statistics/>

¹⁴⁵Byrne S (2010) Costs to Society of Problem Alcohol Use in Ireland. Dublin: Health Service Executive

¹⁴⁶Alcohol Action Ireland (2015) See <http://alcoholireland.ie/uncategorized/30-reduction-in-alcohol-related-harm-would-save-exchequer-e1-billion/>

¹⁴⁷Organisation for Economic Co-operation and Development (2015)

Regulation must be a vital component in any long-term strategy. The Public Health (Alcohol) Bill 2015 is aimed at eliminating the sale and/or promotion of cheap alcoholic products; appropriate labelling in terms of alcohol and calorie content and in terms of appropriate health warnings; measures to eliminate marketing on the basis of prices and marketing to children. All of these interventions are important and are welcomed.

Our analysis of the published studies and our engagement with the public during this campaign has led us to conclude that such a long-lasting transformative change requires a coherent prevention strategy, delivered by a specific body to own the problem.

Enforcement and regulation on their own however will not solve the problem. People need more information to make their own informed choices. We heard again and again in our public consultations about the need to make excessive drinking socially unacceptable - it should not be seen by any age group as a fun activity - and how more

education is required so that individuals see that their personal drinking behaviour is above recommended levels.

All our research shows that we need to generate a stronger sense of personal responsibility and awareness, together with an understanding of the influences at play in wider networks and across the community. Personal responsibility can only go so far however and the research shows the very clear influence of family, peers and role models on consumption patterns. We therefore need the support and involvement of families, friends, schools, community leaders and other public bodies. They all need to be supported to have a much stronger role in changing the culture around harmful drinking.

Our analysis of the published studies and our engagement with the public during this campaign has led us to conclude that such a long-lasting transformative change requires a coherent prevention strategy, delivered by a specific body to own the problem and to prioritise the solutions required – a Foundation to Reduce Alcohol Misuse (or FRAMe as a working title).

2.2 FOUNDATION TO REDUCE ALCOHOL MISUSE (FRAMe)

We are proposing to the Government that it should set about the establishment of a Foundation to Reduce Alcohol Misuse (FRAMe is a working title).

The World Health Assembly set a global target of reducing harmful drinking by 10% by the year 2025.¹⁴⁸ We believe that with the right mix of policies and a broad range of

other interventions it should be possible to set a more ambitious target for Ireland. Therefore we propose that the Foundation should be required to work to achieve a 30% reduction in harmful drinking by 2025.

FRAMe GOVERNANCE

We believe it would be possible to establish the Foundation, in early 2016 with funding support from the exchequer and philanthropic organisations (more detail below). It will need a published constitution to establish its independence and should operate on a highly transparent basis. We believe the Government should appoint an independent chairperson, following an open recruitment process (in much the same way as the Ombudsman and other similar public officials are appointed).

Foundation members should also be appointed following open competition. The membership of the Foundation (its board) should be inclusive, and consideration should be given to a nomination process to seek to ensure that key voluntary, community and sporting organisations and importantly parents, are represented too. The board should ensure it has a range of age groups and geographic locations represented in its make up.

The Foundation would link with all major policy interests at governmental level especially in the Departments of Health, Education, Sport, Finance, Children and Youth Affairs, Justice and Equality, and Community. The Foundation would work with professional and advocacy organisations that have campaigned in this area, and would draw on their established expertise.

The Foundation's work would be evidence-based. It would have the capacity to commission independent research to fill existing gaps in our understanding of individual and societal attitudes to alcohol consumption in Ireland. It would also be equipped to run major educational and awareness campaigns.

We believe that an initial investment by the State, of around €5 million a year for 10 years, would enable the Foundation to be established and to deliver on our strategic recommendations.

At the core of the work of the Foundation should be evaluation. At the outset, the Foundation should have mechanisms in place – possibly through a service level agreement with a third-level institution – to monitor its activities and to assess the longitudinal impact of its work.

FRAMe FUNDING

A sustainable funding base for the Foundation would inevitably involve exchequer support, however, a range of different models are available.

¹⁴⁸Organisation for Economic Co-operation and Development (2015) Tackling Harmful Alcohol Use Economics: Public Health Policy

The State presently funds a range of bodies that are directly involved in such areas as health promotion, food safety, research, road safety, mental health, control and protection. Some of these bodies are regulatory in nature, some operate substantial public information programmes and some provide services. Several such bodies are able to offer a mix of all three functions, and have the capacity to generate income. The Road Safety Authority, for example, was originally established by way (largely) of state support, but now derives most of its income from licencing and other activities.

We believe that an initial investment by the State, of around €5 million a year for 10 years, would enable the Foundation to be established and to deliver on our strategic recommendations (below). One possible source of such revenue could be the ring-fencing of a small part of the revenue from

existing taxes on alcohol. This approach has been followed in the past for purposes the State considered worthwhile. An example of this method of funding is the Horse and Greyhound Industry Fund, which was established to develop the industries involved, by ring-fencing contributions from the betting tax revenue available to the exchequer. In this case, the amount of ring-fencing that would be required would be very small, considering the tax revenue raised from alcohol (VAT and Excise) has been growing steadily each year, and is estimated by the Revenue Commissioners to have been €2.193 billion in 2014.

In addition, it would be possible, and in our view desirable, for this income to be augmented and ultimately replaced by a voluntary levy on the profits of the industry. Such a levy could be channelled through an arms-length charitable trust, guaranteeing its independence.

3. RECOMMENDED ACTIONS TO ADDRESS HARMFUL DRINKING

The Foundation's chairperson and council would ultimately agree its strategic agenda and work programme. Based on our work as outlined in this report we make the following 14 recommendations for actions based on five key themes. These

recommendations could form the basis of the Foundation's strategic agenda over the next five years to help generate the public behaviour shift needed to reduce harmful drinking by 30% by 2025.

A NOTE ON THE RECOMMENDATIONS

While the recommendations below would be better coordinated through the Foundation, they stand as individual recommendations in their own right.

ENFORCEMENT AND REGULATION

1 ENSURE ENFORCEMENT PLAYS A CENTRAL ROLE

Undertake a review of existing enforcement measures, their implementation and explore options for additional legislation to deal with the issue of public drunkenness.

2 SUPPORT REGULATION TO MAKE AN IMPACT

Work with relevant government departments, the industry and relevant public service providers, to assess the impact of the measures that emerge from the Public Health (Alcohol) Bill, on excessive consumption behaviours within five years of their implementation.

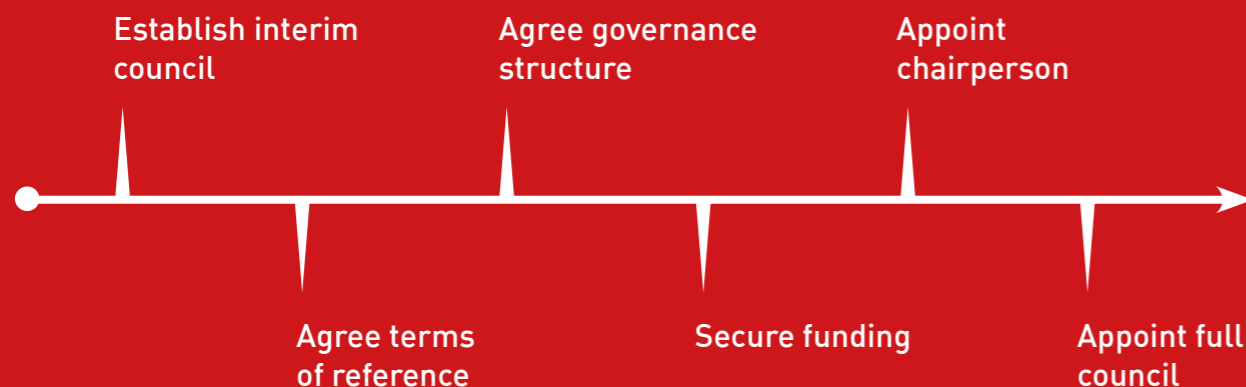
EDUCATION AND INDIVIDUAL

3 DEVELOP AN INTERGENERATIONAL EDUCATIONAL APPROACH

Undertake an intergenerational, cross sector review of alcohol education in schools, universities, the community, online and in the work-place, to assess their efficacy at addressing the underlying (intrinsic and extrinsic) motivations to drink, both during and after compulsory education.

FOCUS: FRAME FORMULATION CRITICAL PATHWAY

The priority actions needed to achieve an early 2016 start-date include:



4 PUT EDUCATION AT THE FOREFRONT OF OUR PUBLIC HEALTH PREVENTION EFFORTS

Create an eight year (10-18 year olds) school alcohol education strategy based on behavioural and psychological theory and knowledge of risk and protective factors for young people. The strategy should include both education through the national curriculum and the development of specific strategies that call upon the community sector and parents to work in tandem to influence young people's understanding of alcohol risks. It should also explore successful in-school peer-to-peer programmes that have demonstrated results.

5 PROACTIVELY SHAPE AN ENTIRE POPULATION'S ATTITUDES TOWARDS ALCOHOL RESPONSIBILITY

Launch a sustained, five-year, mass media campaign, encouraging individuals to question their own drinking behaviours, to challenge their perception that harmful drinking is the norm/fun and to recognise it as the problem it is. The campaign should be constructed to target the whole population primarily but specific groups that should include school leavers and university students should receive targeted messaging. Parents should also receive targeted messaging to raise awareness of the influence their relationship with alcohol has on their children.

6 PROVIDE STANDARDISED INFORMATION EVERYONE CAN UNDERSTAND

Promote the implementation of the standardisation of alcohol information available including having clear guidelines on labelling, alcohol and calorie content, and setting out the consequences of ignoring such guidelines. Consider the use of pints and glasses when promoting measurement limits rather than units, which the public do not identify with.

7 UTILISE TECHNOLOGY TO HELP PEOPLE TAKE CONTROL OF THEIR RELATIONSHIP WITH ALCOHOL

Harness the public health potential of mobile technology by supporting the development of lifestyle management, cessation and even self-diagnosis apps and their promotion through the public health system.

PARENTAL, PEER AND COMMUNITY ENGAGEMENT

8 EMPOWER PARENTS TO PREVENT OUR NEXT GENERATION MISUSING ALCOHOL

Greater support must be provided to give parents the awareness and confidence to use the parent-child relationship to be a strong influence in their child's alcohol education. This empowerment could be created through public workshops to teach positive reinforcement, listening and communication, and problem solving skills. It could also be achieved through an expansion of the Strengthen Families Programme, which is predominately focused on

high risk families, to be more inclusive of all families. GP surgeries and health clinics, who are often a primary point of contact for young families, must also have a responsibility when certain health indicators raise concerns, to help parents understand when to intervene.

9 GIVE ESSENTIAL COMMUNITY SUPPORT NETWORKS THE RESOURCES TO EXPAND THEIR WORK

Generate a central fund for grassroots campaigns, on-the-ground initiatives and programmes aimed at addressing peer and parental influences, that have strong evidence of delivering positive interventions, tapping into a spirit of volunteerism that we know exists in this area.

10 MOTIVATE OUR COUNTRY'S ROLE MODELS TO SET AN EXAMPLE

Work with celebrities, legislators and other national role models to find ways they can demonstrate leadership on this issue. Examples of leadership could include popular musicians playing at exclusive alcohol free public events and closing or restricting hours in the Dáil Bar.

LEISURE AND INDUSTRY

11 MAKE SOCIAL ENVIRONMENTS LESS ALCOHOL FOCUSED

Create a cross-sector working group within the leisure and entertainment industries to review drinking environments and promote more non-drink focused environments.

12 GROW THE NON-ALCOHOL DRINKS INDUSTRY IN THE NIGHT-TIME ECONOMY

Bars and restaurants should be required to provide a wider availability of non-alcoholic options, at comparatively lower prices and water should be freely and visibly available on bars or on tables.

13 SAFEGUARD RESPONSIBLE DRINKERS

Standardise industry employee alcohol training, to ensure staff promote responsible consumption and to ensure there is blanket enforcement of no underage entry and not serving those over the limit.

RESEARCH

14 GROW OUR UNDERSTANDING OF THE PROBLEM TO ALLOW GOVERNMENT AND OTHERS TO MAKE BETTER INFORMED DECISIONS

Establish a cross-sector research team made up of government, health groups, the alcohol industry and other relevant sectors, to address gaps in Irish specific data about harmful drinking in Ireland, and to develop detailed and comprehensive data on enforcement issues, tax, price and availability.

FOCUS: RECOMMENDATION 4, EDUCATION

Young people who drink alcohol excessively are more likely to be victims of violent crime, to be involved in alcohol-related traffic crashes, and to have serious school-related problems.

The prefrontal cortex area of the teenage brain is not fully developed and will not be until a person's mid 20's. This is the area of the brain that assesses situations, weighs up outcomes, makes judgments and ultimately controls impulses and emotions, it is also the area of the brain linked to understanding and reading responses in others. Neuro imaging scans show that the area of the teenage brain that is well developed is the nucleus accumbens, which is the area associated with pleasure and reward seeking drives. This explains much of what we call "typical teenage behaviour", which is often risk taking behaviours. Underage and/or engaging in harmful drinking are good examples of this risk taking behaviour.

Providing risk awareness to prevent harmful drinking behaviours establishing well before the legal age of consumption must therefore begin at a young age and school education must be a key driver of this. Any school strategy should be based on behavioural and psychological theory and knowledge of risk and protective factors for young people and should also encompass:

- developmentally appropriate information about alcohol and other drugs;
- development of strong interpersonal, social and resilience skills;
- emphasis on positive risk taking behaviour';
- development and use of creative and interactive techniques in rolling the components of the schools programme out;
- multiple sessions over multiple years (specifically 1st-4th year in secondary school though there is evidence to support starting this programme in 4th class of primary school);
- teacher training and support to deliver the programme;
- actively involve and work in consultation with the parents of children taking the schools programme via a set number of parent modules during the programme each year to ensure the key messages can be picked up and continued at home;

Recommendation 4, Education (continued)

- cultural sensitivity;
- extra-curricular activities: the school strategy would also encompass a volunteer programme whereby young people are encouraged to get actively involved in their communities via charity work or work with community groups and initiatives and participation in team building activities and sports (all extra-curricular activities should be supervised by positive adult role models who are not necessarily parents or teachers of the participants).

FOCUS: RECOMMENDATION 8, PARENTS

The research shows that parents have a significant influence on the role alcohol plays in the lives of teenagers. Parents have more influence on their child's values and decisions about drinking before he or she begins to use alcohol. Parents can have a major impact on their children's drinking, especially during the preteen and early teen years, if they have the appropriate information and skills to have that conversation at the right time. However, parents need support to make a meaningful difference in their children's relationship with alcohol. Parents must play a key part of any strategy designed to address the issue of harmful drinking in our society and support should include:

- a public information campaign that is specifically targeted at both the positive and negative influence parent's relationship with alcohol has on their children;
- public workshops for parents around Ireland aimed at increasing awareness of how strong a factor parental influence is in teenage drinking as well as dispelling myths that allowing your teenager to drink at home is a positive and safe way to introduce them to alcohol. The workshops would aim to improve the parent-child relationship using positive reinforcement, listening and communication skills and problem solving;
- a detailed information pamphlet aimed at parents and dispersed widely via GP surgeries, schools, health clinics or through a mail out campaign;
- GP surgeries and health clinics given a responsibility once certain health indicators raise concerns, to help parents understand when and how to intervene to address their son or daughter's drinking behaviours.

4. IDEAS AND PROGRAMMES

Along with determining its own strategic plan, we also recognise that the Foundation would agree proposals and ideas for its programme of commissioned research. However, given our work on this topic in recent months we are offering the following as a menu of ideas and thoughts for consideration.

We found when we went out to talk to people that there is real passion about this subject. People really want to create a kind of ‘fire-break’ between the generations in Ireland. Again and again it was said to us that the present generation of young people, whatever its attitude to alcohol, has a much healthier approach to such things as drink driving, safe driving (seat belts, for instance), the environment and a mix of social policy issues. The younger generation also transmits and receives messages in ways that no previous generation did and this opens up all sorts of new possibilities.

In this engagement we were presented with a torrent of ideas, and we set 80 of them out here, as they were expressed to us. We are not prioritising them, although we are concentrating on the ideas aimed at changing behaviour over time.

People really want to create a kind of ‘fire-break’ between the generations in Ireland.

We are not claiming that each and every one of these ideas represents a magic formula that would solve the problem overnight. Throughout our work our approach has been that if we want to get real about the issue of problem drinking in Ireland, we have to be open to look at everything. Some ideas might work, some won’t. We have tried to present these ideas as people gave them to us.

ENFORCEMENT

- 1 Introduce US-style financial and legal penalties for those breaking the law concerning the sale and consumption of alcohol.
- 2 Raise the legal drinking age to 21, phased in over three years.
- 3 Introduce an obligatory ID programme.
- 4 Crackdown on false IDs.
- 5 Consider a total ban on children in licensed premises to remove them from an environment of associating celebrations such as communions with drink.
- 6 Introduce breathalysing for access to pubs or to purchase drinks – with an attendant right/obligation to refuse to serve.

- 7 Appoint alcohol control officers – designated volunteers – as a condition of license in sports clubs, to enforce regulations and standards.
- 8 Make the individual licensee legally responsible for breaches of regulation.
- 9 Detain underage drinkers in Garda stations until their parents or guardians collect them.
- 10 Introduce a ‘Drunk Levy’ charge on individuals who have to go to hospital due to binge drinking.
- 11 Introduce a compulsory follow-up medical visit for binge drinkers treated in A&E.
- 12 Identify the places where heavy drinking occurs and have an intervening presence to highlight positive alternatives.

Introduce breathalysing for access to pubs or to purchase drinks – with an attendant right/obligation to refuse to serve.

GOVERNMENT

- 13 Close the Dáil bar.
- 14 Introduce ‘Drunk Tanks’ to all A&E Departments.
- 15 Ban below cost selling.
- 16 Ban all ‘buy one, get one half price’ promotions on licensed premises.
- 17 Reduce the VAT on sale of soft drinks in licensed premises.
- 18 Outlaw alcopops and shots.
- 19 Eliminate the possibility that being drunk can be used as an excuse for bad behaviour in court cases.
- 20 Host non-alcoholic government receptions (including for visiting heads of state and royalty).
- 21 Mandate Government departments and local authorities to run ‘alcohol awareness initiatives’ for their staff.
- 22 Change information policies. People’s eyes glaze over when you start talking to them about units of alcohol. But every drinker can understand the message when it is put in terms of pints or wine bottles especially when a glass of wine or a spirit measure varies so much in non-pub settings.

23 Ensure that all access points in general society are utilised as opportunities to deliver information, provoke thought and provide messages to normalise moderation: workplace (corporate social responsibility measures), recreational groups, peer and parenting support groups, community groups and centres, GPs, A&E, mass media including TV, radio, print and social media, and through celebrities and role model's public interactions. .

24 Greater regulation of bars in sporting clubs – at the very least alcohol should not be displayed when children/young people are on the premises.

INDUSTRY

25 Ensure that there is only one till in supermarkets where alcohol can be sold.

26 Reduce the likelihood of excessive drinking by taking small, measurable steps immediately.

27 Develop an app to allow people keep track of their drinking (e.g. a breathalyser phone app that tells you when to stop at a given amount).

28 Get bars to employ staff to circulate among the drinkers and where a patron appears 'worse for wear' suggest they finish up and go home.

Develop an app to allow people keep track of their drinking

29 Pubs to introduce alcohol free areas.

30 Pubs to provide more alternative drinks such as mocktails.

31 Create a social environment and offer diverse drinks – herbal teas, decent coffee, juice machines and also healthy snacks.

32 Meal deals to include half pints rather than full and single glasses of wine rather than bottles.

33 Sponsor a 'hydrate campaign' - serve water with every drink.

34 Mark every wine glass in a pub so that a unit is clear and visible.

35 Introduce the opposite of *Arthur's Day* – one alcohol free day a year – make it like *Culture Night*.

36 Ban multi-purchase drink promotions around special events.

37 Put health warnings throughout pubs on posters, beer mats, T-shirts with information on responsible drinking limits.

38 Put posters in off licences and supermarkets to inform you of daily allowances and numbers of units.

SOCIETY

39 Begin a campaign to encourage people to articulate to peers that being drunk is embarrassing, like it is across the world, like it already is here with drunk driving.

40 Create a stigma similar to reckless driving.

41 Support society with initiatives to help them to say no to one more drink and yes to tomorrow morning.

42 Help society to break the vicious circle of buying rounds.

43 Promote a café culture.

44 Create and promote alcohol free festivals and music events.

45 Promote non-alcohol events/groups like *Funky Seomra*, *Sober Sessions* or *Sober Slice*.

46 Support late night opening of community areas and cafés.

47 Promote alcohol free discos and No Name Clubs.

48 Make pub, festival and event culture less alcohol centric through initiatives such as pub trivia, themed events and more family-friendly outings.

49 Encourage people to reduce the amount they drink one step at a time, one evening a week.

50 Support alcohol-free festivals for young people.

51 Give more resources to voluntary and community organisations with anti-alcohol programmes already running.

52 Leverage the diaspora. One of the things we discover when we go abroad is that our alcohol culture – drunkenness, loudness, violence – is not acceptable.

Make being drunk embarrassing, like it is across the world, like it already is here with drunk driving.

EDUCATION

53 Introduce a transition year module to create a massive national focus group study with the students themselves helping to design the campaign.

54 Support education to start at home and continue from pre-school onwards.

55 Make parents understand that the biggest influence on whether a child will drink is how their parents drink.

- 56** Develop standardised school programmes to build self-efficacy, confidence, social skills, coping skills, deflecting peer pressure and teaching self-reflection to ask, 'why am I drinking, is this the best way?'
- 57** Create a competition for young people to design campaign messages and ideas – nobody is better equipped to communicate with young people.
- 58** Take young adults into rehabilitation centres on work experiences to show them the damage that alcohol has on lives.
- 59** Prohibit price promotion of alcohol in third level institutions.
- 60** Ban alcohol and drink advertising from educational institutions.
- 61** Support counselling services as well as parents groups and online programmes.
- 62** Begin 'normative' education, promoting community and grassroots initiatives that support positive peer influences and drinking behaviours, and demonstrate that individuals are not alone in their efforts.

Develop standardised school programmes to build self-efficacy, confidence, social skills, coping skills, deflecting peer pressure.

CAMPAIGNS AND MEDIA

- 63** Encourage people to question their own drinking behaviour through targeted media campaigns focused on 10 key 'at risk' groups.
- 64** Look at different access points for different target groups including the general population and ensure each is addressed simultaneously (currently campaigns are too heavily directed at young people, individuals considered at risk and individuals with dependency).
- 65** Highlight that the majority of people do not binge drink.
- 66** Embarrass Ireland about its relationship with alcohol. Make it raw, show the Irish people how bad binge drinking can be.
- 67** Stress the connection between drunkenness and violent behaviour.
- 68** Consider graphic ads to show real life impacts on children and families.
- 69** Focus on personal stories and statistics.
- 70** Use real CCTV footage of unacceptable behaviour.
- 71** Involve role models and celebrities.

FOCUS: SIX PROGRAMMES TO INTRODUCE NOW

Hello Sunday Morning

An online community and blog that supports people to stop drinking to re-evaluate their relationship with alcohol. Started in Australia and is now running in New Zealand, UK, USA and Canada. It was launched in Ireland in 2013.

Be The Influence

Australian Government initiative to stop binge drinking aimed at young people. Targets young people in peer-to-peer activities and at events where the likelihood of excessive drinking is high. Initiatives include a recharge and refresh zone at festivals where people can have a break and come and talk about their drinking on the day.

Talking About Alcohol

A programme developed by the Swedish Spirits & Wine Suppliers association in collaboration with experts, educators, academic researchers and school staff. Education materials are provided to facilitate preventative initiatives and consists of a wide range of exercises for use in schools as part of an overall substance use strategy.

Collingwood Smashed Theatre Company

A theatre company sponsored by Diageo in the UK that tells the story of a group of friends whose misuse of alcohol ends in tragedy. The performance is followed by an interactive workshop, where young people are able to question the decisions

of characters, explore their motivations and the consequences of their actions, and actually change the outcome of the story. More than 200,000 young people have participated in the workshops.

SNIFE (Social Norms Intervention for Polydrug Use)

A two-year project involving seven European countries - the UK, Denmark, Germany, Spain, the Netherlands, Slovakia and Turkey. The aim is to collect data but also to challenge individual perceptions of drinking use. The study asks individuals about their drinking habits and then presents them with the collective findings. The findings will be used in mass media campaigns with posters bearing messages such as 80% of students don't binge drink.

SunSmart

Adapt this programme that has been running in Australia since 1988 for alcohol. SunSmart aims to promote awareness/prevention of skin cancer and it incorporates mass media work, sponsorship of sporting organisations, resource development and dissemination, professional education, advocacy of policy development and a strong research and evaluation component. Overall aim of the SunSmart Programme is to change personal and institutional attitudes and behaviours, through environmental and organisational change and control of existing disease and to reduce the incidence and mortality of skin cancer.

- 72** Get sports people to talk to young people.
- 73** Use local champions in campaigns to reach all communities.
- 74** Establish corps of ambassadors to promote responsible drinking.
- 75** Use popular culture to change social norms through television programmes in the same way that *Operation Transformation* and *Biggest Loser* made 'fitness and health' cool.
- 76** Most campaigns focus on those currently engaging in bad drinking habits but maybe the solution is to change the focus and work on the young kids to make them more resilient, not just in relation to drink but food and the other things that impact on people's daily lives.

PARENTS

- 77** Take note of 2015 young scientist winners' findings - the attitude and behaviour of parents are major influences on drinking habits of children.
- 78** Warn parents of the impact of binge drinking at home and how they are exposing their children to negative role-models.
- 79** Convince parents that it is not acceptable to allow a underage young person to drink as an adult.
- 80** For some people alcohol is a gateway drug. Sometimes when we introduce our children to alcohol at home, it might be a good idea to remember that we're introducing them to their first gateway drug.





FURTHER INFORMATION

For more information or copies of the report please contact info@rolemodels.ie.