

Local Drug & Alcohol Seminar Sept 2015

Local Drug & Alcohol Task Forces  
Seminar  
Friday 25<sup>th</sup> September  
F2 Centre, Rialto, Dublin 8

The Public Health (Alcohol) Bill  
“Lessons from the Past, Potential for the Future”

## Summary of feedback from seminar workshops

Those attending the seminar were asked to address 3 questions in the workshops. These included:

1. What are the 3 most significant messages coming from Shane Butler's presentation?
2. What two actions might Task Forces take 1) collectively 2) individually, to support the bill?
3. What are the three key priority needs for Task Forces given the inclusion of alcohol in their remit?

The most significant messages coming from Dr Shane Butler's presentation were:

- a) The scale of the alcohol problem in Ireland is so significant that action needs to be taken."
- b) Shane's presentation confirms that a public health approach is the correct way forward – namely changes to price, availability, and marketing."
- c) Shane's view that Task Forces have a role to play in influencing politicians at local level to support the enactment of the Public Health Alcohol Bill (PHAB).
- d) The enactment of PHAB needs to be championed by a leading politician e.g. as happened with the ban on smoking in public places etc.
- e) The fact that the heads of the bill have been drafted but it has not moved beyond this stage legislative process in the Dáil.
- f) There appearing to be no urgency to implement the PHAB in the Dáil or by Government.
- g) When it comes to advertising in sport there is no political will to take any sort of action.
- h) The introduction of minimum unit pricing is an opportunity for a victory for public health over profit.
- i) The perception that Ireland has had wonderful public health alcohol policies but does not fully implement them.
- j) The reaction of the drink industry as portrayed by Shane suggests the proposed PHAB would be effective.
- k) Shane's view that Task Forces do have a role in tackling alcohol misuse as part of a grassroots level public health movement.
- l) Task Forces, as established interagency bodies, are best placed to respond to the needs of their local community, combining the bottom up and top down approaches and encouraging community mobilisation
- m) The importance of Task Forces continuing to develop their role in relation to community mobilisation in relation to alcohol.

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- n) The advice from Shane in regard to Task Forces finding the alcohol related issue that most affects the local area and concentrate on trying to bring about change in relation to it.
- o) The doubt Shane expressed in relation to the effectiveness of the impact of education on alcohol harm.
- p) The challenge posed to advocates of public health by the normalized position of alcohol within Irish culture.
- q) The challenge posed by the lack of other alternatives to the pub and the use of alcohol at family and communal gatherings.
- r) The idea that cultural change is ultimately needed not pricing change. The bill in itself may not bring about cultural change.
- s) A fear that increasing the price of alcohol will lead to young people seeking other cheaper alternatives substances i.e. weed, cocaine, synthetics, home brew, internet drug sales.
- t) A concern that the law that's currently in place in relation to the control of the sale of alcohol is not being fully enforced.

### Actions that Task Forces might take 1) collectively 2) individually to support the bill.

#### Collectively

- a) The Coordinators Network should circulate the agreed seminar statement to all press and media – both mainstream and social.
- b) Task Forces should raise awareness of the Public Health Alcohol Bill (PHAB) in their areas (in plain English).
- c) Task Forces should use social media to promote the PHAB in their areas.
- d) Collectively, Task Forces should take the lead on community mobilisation in relation to national alcohol issues.
- e) Task Forces should seek the reinstatement of a new cross-cutting team like the National Drug Strategy Team as part of the new national drug and alcohol strategy.
- f) There should be more sharing among Task Forces of what is working in relation to alcohol and drugs (models of good practice) in Task Force areas.
- g) Task Forces should lobby for all political parties to include the bill in their manifestos. Collectively, they should put consistent pressure elected reps.
- h) Task Forces should seek the full enactment of the PHAB within the life of the current Dáil.

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- i) Task Forces should seek to ensure that alcohol is highlighted as an issue in the next National Drug Strategy.

### Individually

- a) Task Forces should use the seminar statement to promote the bill at local meetings and among community groups, projects, and agencies in our networks.
- b) Task Forces should seek to ensure all their members are fully aware of the content of the PHAB so that they can promote within their groups and organisations.
- c) Task Forces should start a conversation at community level on alcohol related harm.
- d) Each Task Force should develop a community alcohol action plan that includes actions by statutory agencies.
- e) Task Forces should continue to mobilize the community on alcohol related issues that affect their localities.
- f) It is recommended that each Task Force signs up to support the Alcohol Health Alliance. (To do this go to the Alcohol Action Ireland website)
- g) Task Forces should invite their constituency election candidates to a public meeting on the PHAB.
- h) Task Forces should seek the adoption of a motion in support of the PHAB and for a Drug and Alcohol Strategy by their local Councillors.
- i) Task Force should use personal stories on the harm related to alcohol as much as possible.
- j) Task Forces should identify the hidden harm and its effects on families in their areas.
- k) Task Forces should promote periods of alcohol abstinence as part of their local alcohol actions plans e.g. Hello Sunday Morning.
- l) Task Forces should support the organization of alcohol free events - promoting healthier lifestyles rather than abstinence.
- m) Task Forces should seek more active policing of alcohol by the authorities.
- n) Task Forces should organise more alcohol harm reduction projects as part of their local alcohol action plans.
- o) Task Forces should highlight the benefits to public safety that can be derived from the Public Health Alcohol Bill.

Key priority needs for Task Force given the inclusion of alcohol in their remit.

- a) The reorganization of Task Forces by providing them with a new authoritative mandate from Government including a central coordinating body at national level to pull all the strands together i.e. as was in place when the National Drug Strategy Team existed. *Since the end of the NDST the energy of Task Forces focused on funding rather than universal proactive drug and alcohol programme.*
- b) The Task Forces need to think about how to move from an identity based on illicit drug use to one incorporating alcohol.
- c) Task Forces should collectively and consistently research alcohol harm and what policies work locally and nationally to counter this harm.
- d) Task Forces need to maintain their autonomy on the roll out alcohol actions.
- e) Task Forces need the PHAB to be implemented as it will strengthen actions they take at local level.
- f) Task Forces should seek cross-party and a cross-departmental framework for the implementation of the PHAB.
- g) Task Forces need to be properly resourced at local level so they are able to respond adequately alcohol.
- h) Task Forces should continue to build their knowledge on alcohol policy and interventions.
- i) Task Forces are aware that they need access to expertise in order to play a more active role in ensuring healthy concentrations of alcohol outlets at local level.
- j) Task Forces should work to put alcohol on the agenda of like minded initiatives e.g. community development projects, schools etc.
- k) Task Forces need to learn and share information from the community mobilisation pilots through the Coordinators Network.
- l) Through their work, Task Forces need to name alcohol as a public health issue when ever possible.
- m) Task Forces should work together to address the over concentration of alcohol outlets, increase test purchasing by the Gardaí and alcohol home delivery services.
- n) Task Forces should continue to raise awareness amongst the general public of alcohol related public health issues.
- o) Broader public health interventions and their implementation may be challenging for Task Forces as it involves a different approach to that involved in the responding to illicit drugs.

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- p) How do we challenge current government thinking or policy making on alcohol when the advantages to certain government departments are so obvious i.e. tourism, taxation?
- q) It is important that Task Forces highlight the issues caused by the over consumption of alcohol – we are not prohibitionists.
- r) Alcohol actions should be a part of future Task Forces strategic plans.
- s) Task Forces should seek clarity on who is the Minister with responsibility for alcohol policy
- t) Task Forces should respond to alcohol issues using a whole family approach – by linking into the hidden harm strategy – HSE; TUSLA and its Meitheal approach. Joined up thinking is the key!

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### Conference statement

There was general support for the conference statement. The minor changes suggested have been included in it.

### Final draft seminar statement

The local drug and alcohol Task Forces held a seminar on the 25<sup>th</sup> Sept 2015 at the F2 Centre, Rialto, Dublin 8. The aim of the seminar was to bring together representatives from the Task Forces, across all three sectors – community, voluntary and statutory- to have a focused discussion on the Public health (Alcohol) bill, within the context of:

- (1) The role of alcohol within the current National Strategy, and
- (2) Its role in the next National Drug and Alcohol Misuse Strategy, which is currently being prepared.

The seminar also aimed to add further to calls for the enactment of the Public Health (Alcohol) Bill and for participants to share their experiences, to date, of trying to incorporate alcohol into the work of Task Forces.

The heads of the bill were published in February 2015. No further progress has been made by the Dáil towards the enactment of the bill.

In concluding the seminar the following was agreed by the representatives of the Local Drug and Task Forces in attendance:

1. All members of the Dáil should work together to enact the Public Health (Alcohol) Bill within the lifetime of the current Dáil.
2. The Government should publish a new Drug and Alcohol Misuse Strategy.
3. The Government should appoint a Minister for Drugs and Alcohol Policy.
4. Resources should be put in place by Government to ensure the effective implementation of the new Drug and Alcohol Misuse Strategy.

The Government should put in place a new inter-departmental National Drug and Alcohol Misuse Strategy Team to drive the implementation of the bill