Cork & Kerry Alcohol Strategy Group

2016 – 2018
Cork & Kerry Alcohol Strategy

Time for Change

Cork & Kerry Alcohol Strategy 2016

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Section I:
Myth, Mirth and Merriment

A Brief Literature Review of Alcohol and its Influence at a Global, National and Local Level

Foreword

In Ireland our attitude towards alcohol is one often filled with ambivalence. It is a subject that we have neglected with a great cost to our citizens. It's time for change. We must change how we consider its impact on our society. We must change our attitudes and behaviours towards alcohol. We must change by reducing the quantities of alcohol we consume

On average, Europeans are the highest consumers of alcohol in the world. The Irish are among the highest consumers of alcohol in Europe. We consume on average 11.9 litres of pure alcohol per capita per annum. In a recent study on the consumption of alcohol in Ireland in 2013, 63.9% of males and 51.4% of females begin their relationship with alcohol before the age of 18. Our binge drinking patterns are also among the highest in Europe with 20.1% partaking in the practice once a week. Using the World Health Organisation's classification, 54.3% of people living in Ireland are harmful drinkers, i.e. there are approximately 1.4 million people in Ireland consuming alcohol at harmful levels. These are statistics that we cannot be proud of. These are the league tables that we do not want to feature prominently on.

Such harmful drinking habits bring with it enormous issues for Irish society. Some truly shocking facts about the damage caused by alcohol in an Irish context is outlined below by Alcohol Action Ireland

Alcohol is responsible for 88 deaths every month in Ireland. That's over 1,000 deaths per year. One in four deaths of young men aged 15-39 in Ireland is due to alcohol. Alcohol is a factor in half of all suicides in Ireland. Alcohol is also involved in over a third of cases of deliberate self-harm, peaking around weekends and public holidays. Liver disease rates are increasing rapidly in Ireland and the greatest level of increase is among 15-to-34-year-olds, who historically had the lowest rates of liver disease. 900 people in Ireland are diagnosed with alcohol-related cancers and around 500 people die from these diseases every year. Drink-driving is a factor in one third of all deaths on Irish roads. - See more at: http://alcoholireland.ie

But we might be turning a corner. The Public Health (Alcohol) Bill outlines some positive steps to tackle the issue for the first time in a meaningful way. It might be the first step in introducing minimum unit pricing which we, as an Alcohol Strategy Group for Cork and Kerry, will fully support. But Ireland needs to go further and strengthen her resolve to tackle the availability and marketing of alcohol in a meaningful way too. Finally we must include alcohol as part of our response to substance misuse and when our National Drugs Strategy runs out at the end of 2016 we must include alcohol in a new National Substance Misuse Strategy from the start of 2017.

Welcome to the first Alcohol Strategy for Cork and Kerry and thank you to all who will support our work in the coming years.

David Lane

David Lane

Chairperson, Cork and Kerry Alcohol Strategy Group

'Then I commended mirth, because a man hath no better thing under the sun, than to eat, and to drink, and to be merry' [1]

'An té nach bhfuil láidir ní folair dó a bheith glic' [2]

1. Introduction

It's an age old desire – mirth and merriment. But how mirth and merriment plays out in human existence is highly contested. And in particular when alcoholic drink comes into play. The Greek philosopher Plato thought that the person who gave the most mirth to the most people ought to be most honoured. His fellow philosopher Aristotle distinguished between the boor, the buffoon and "the witty man of tact". [3] And moving closer to home and closer to the age in which we live, WB Yeats excoriated the witty man and his joke played for a drunken cheer in his poem *The Fisherman*: [4]

> And the reality,
> The living men that I hate,
> The dead man that I loved,
> The craven man in his seat.
> The insolent and unreproved
> And no knave brought to book
> Who has won a drunken cheer.
> The witty man and his joke
> Aimed at the commonest ear.
> The clever man who cries
> The catch-cries of the clown,
> The beating down of the wise
> And great art beaten down.

But the great Old Testament prophet Isaiah [5] offers perhaps the most fatalistic prescription in his exhortation "Let us eat and drink; for tomorrow we shall die".

So to the question of alcohol consumption: should one at all? And if yes then, how much, to what effect and to what possible consequence has preoccupied people since time immemorial. To what extent one should adopt the Isaiahian laissez-faire fatalistic philosophy that we are all doomed to die, so we might as well float away on a river of alcohol (in fairness to Isaiah it's unlikely he pushes out the boat that far) for the short time we are here, or embrace the Yeatsian distaste for the drunken cheer, or find some other way of accommodating the desire for mirth and merriment while avoiding the excessive and one-dimensional source of such merriment given its potential harm to the self and to others is the concern of this study?

Much has been written about these polarised positions. What this study proposes to do is review a range of Global, European and Irish literature on alcohol and its affects. Towards that end, this study will review some of the literature from the World Health Organisation, the European Union and from within Ireland, with a view to fashioning a response by the Cork and Kerry Alcohol Strategy Group to the issue of alcohol consumption in the region.

2. Alcohol

Alcohol is a harmless substance. The use of alcohol, however, is potentially very harmful and has toxic effects. [6] *The harmful use of alcohol is a serious health burden and is considered to be one of the main risk factors for poor health globally.*

It can ruin the lives of individuals, devastate families, and damage the fabric of communities. Even though only half the global population drinks alcohol, it is the world's third leading cause of ill health and premature death, after low birth weight and unsafe sex (for which alcohol is a risk factor) - greater in fact than tobacco. [7] Europeans are currently most prone to such harm than any other regional group of people in the world. [8]

Harmful consumption of alcohol is defined by the World Health Organisation's *Strategies to Reduce the Harmful Use of Alcohol 2009* [9] in quite broad terms. It encompasses drinking that causes detrimental health and social consequences for the drinker, the people around the drinker and society at large – as well as the patterns of drinking that are associated with increased risk of adverse health outcomes.

Each year, according to the World Health Organisation's *Global Strategy to Reduce the Harmful Use of Alcohol 2010,* [10] the harmful use of alcohol kills (including death by suicide) 2.5 million people, including 320,000 young people between 15 and 29 years of age. It is the third leading risk factor for poor health globally. Harmful use of alcohol was responsible for almost 5.9% of all deaths in the world, according to the estimates published in 2014. It is a significant contributor to the global burden of disease as well as being a social burden and is listed as the third leading risk factor for disabilities in the world.

Apart from being a drug of dependence, alcohol has been known for many years as a cause of some 60 different types of disease and conditions, including; injuries, mental and behavioural disorders, gastrointestinal conditions, cancers, cardiovascular diseases, immunological disorders, lung diseases, skeletal and muscular diseases, reproductive disorders and pre-natal harm, including an increased risk of prematurity and low birth weight. [11] It is also a significant contributor to neuropsychiatric disorders. Harmful drinking also arises from unintentional and intentional injuries, including those due to road traffic crashes, (the word accident implies unintentionality or a misadventure and if someone drives a car under the influence of alcohol and crashes can it then be construed as an accident?) violence, and suicides. Fatal injuries attributable to alcohol consumption tend to occur in relatively young people and in particular with young men.

The casualty rate attached to alcohol consumption is further underscored by the fact that only a minority of the world's population consume alcohol - just over one third. According to a 2014 WHO report, [12] 61.7% of the world's population aged 15+ had not consumed alcohol in a twelve month period. Yet as Davenport Hines [13] argues, intoxication is not unnatural or deviant: absolute sobriety is not a natural or primary human state. Those who consume include 'monarchs, prime ministers, great writers and composers, wounded soldiers, overworked physicians, oppressed housewives, exhausted labourers, high powered businessmen, playboys, sex workers, pop stars, seedy losers, stressed adolescents, defiant school children, victims of the ghetto, and happy young people on a spree'.

Negotiating a middle ground between abstinence and the well documented harm that alcohol does has proved to be hugely problematic and highly contested. Enormous conflicting interests are pitted against each other. The global drinks industry generated $1,143bn in 2013, representing a compound annual growth rate (CAGR) of 2.9% between 2009 and 2013. Market consumption volume increased with a CAGR of 2% between 2009 and 2013, to reach a total of 227.2 billion liters in 2013. The performance of the market is forecast to accelerate, with an anticipated CAGR of 3.8% for the five year period 2013-2018, which is expected to drive the market to a value of $1,379.3bn. by the end of 2018. [14] That acceleration is furthered by a highly sophisticated and relentless advertising campaign that glamorises alcohol consumption while ignoring its nefarious influence.

The leading alcohol marketing companies are nearly all headquartered in developed nations, rank among the world's

largest transnational corporations, and rely on large marketing budgets to dominate the market and extract oligopoly profits, and they do so with some success. More than 90% of Irish children reported that they were exposed to traditional, or offline alcohol advertisements. More than half saw four or more alcohol advertisements per day, with 77% of children reported exposure to alcohol marketing online, while 61% of children reported that they owned alcohol branded merchandise. [15]

Given the above context, confronting problematic and excessive alcohol consumption would appear to be a daunting if not futile task: more akin to the experience of Sisyphus in Greek mythology, condemned by the gods to ceaselessly roll a rock to the top of a mountain, from where the stone would roll back down again. For the Greeks there was no more dreadful punishment than futile and hopeless labour. Yet staying in the realms of mythology "the race is not always to the swift or the battle to the strong" [16] and staying in the realm of the Greeks the few can outperform the many as in what many historians consider the epoch changing battle of Thermopylae, where fewer than 10,000 Greeks defeated the 100,000 strong Persian army.

Sometimes one needs to be reminded that confronting powerful interests and seeming intractable problems is not always futile and hopeless labour. Perhaps the Irish proverb captures the essence of the response to the challenge: an té nach bhfuil láidir ní folair dó a bheith glic. The person who is not strong needs to be smart.

2.1 Alcohol and the World Health Organisation

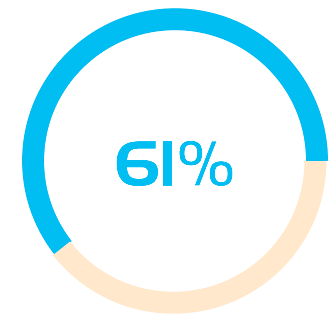
In its efforts to signpost ways in which the worst affects of harmful alcohol consumption can be ameliorated, the WHO acknowledges that there is no one-stop-shop solution: that the confluence of variables that contributes to harmful consumption requires a multidisciplinary, multi-sectoral response. Furthermore the WHO stresses the importance of political will to implement such policies accompanied by specific action plans and supported by effective, sustainable implementation and evaluation mechanisms. That response as outlined by the World Health Organisation in its *2010 Global Strategy to Reduce the Harmful Use of Alcohol*, involves the following:

- **Agriculture** other than recommending a consultation with people involved in the sector, no specific measure is indicated.
- **Consumer Policy** including labelling.
- **Education** including public awareness programmes among all levels of society about the full range of alcohol related harm experienced in the country, while increasing the capacity of health professionals. Avoiding stigmatisation and actively discouraging discrimination against affected groups and individuals.
- **Employment** some evidence indicates that safety oriented design of the premises where alcoholic beverages are served and the employment of security staff, in part to reduce potential violence, can reduce alcohol related harm.
- **Fiscal Policy** particularly in relation to taxation and pricing, as increased prices are a barrier to youthful consumption.
- **Health** including prevention, treatment and community care.
- **Justice** including monitoring and surveillance on illicit alcohol production and the availability of alcohol particularly to minors.
- **Social Welfare** increasing capacity of health and social welfare systems to deliver prevention, treatment and care for alcohol use and alcohol induced disorders and co-morbid conditions, including support and treatment for affected families with support for mutual help or self-help activities/programmes.
- **Trade-marketing** of alcoholic beverages particularly in relation to sponsorship of sporting and cultural events, product placements, and new marketing techniques such as e-mails, SMS and podcasting, social media and other communication techniques.
- **Transport** drink driving policies and counter measures to reduce the level of alcohol related road injuries and fatalities.

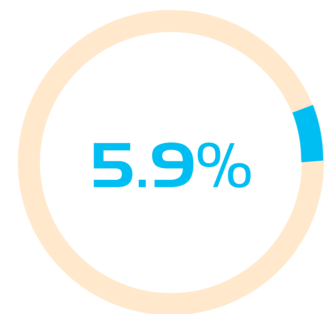
Each of the above needs to take into account the following variables:

- Age
- Sex and Gender
- Ability / Disability
- Location
- Ethnicity
- Sexual Orientation
- Norms and Attitudes

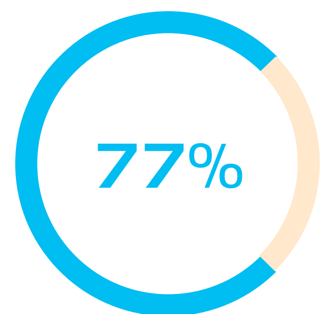
More than 90% of Irish children reported that they were exposed to traditional, or offline alcohol advertisements.



61% of children reported that they owned alcohol branded merchandise.



Harmful use of alcohol was responsible for almost 5.9% of all deaths in the world, according to the estimates published in 2014.



77% of children reported exposure to alcohol marketing online.

3.1 Age

Children, adolescents and elderly people are typically more vulnerable to alcohol related harm from a given volume of alcohol than other age groups. Early initiation of alcohol use (before 14 years of age) is a predictor of impaired health status because it is associated with increased risk for alcohol dependence and abuse at later ages. [17] The adolescent brain is particularly susceptible to alcohol. The longer the onset of consumption is delayed, the less likely that alcohol related problems and alcohol dependence will emerge in adult life. At least part of the excess risk among young people is related to the fact that, typically, a greater proportion of the total alcohol consumed by young people is consumed during heavy drinking episodes. There is also evidence to suggest that young people appear to be less risk averse and may engage in more reckless behaviour while drunk.

Alcohol related harm among elderly people is due to somewhat different factors than alcohol related harm among young people. While alcohol consumption generally declines with age, older drinkers typically consume alcohol more frequently than other age groups. In addition, as people grow older, their bodies are typically less able to handle the same levels and patterns of alcohol consumption as in previous earlier years - leading to a high burden from unintentional injuries, such as alcohol related falls.

3.2 Sex and gender

Men are more likely to drink, consume more alcohol, and cause more problems by doing so than are women. Drinking is often perceived as a demonstration of a particular kind of virulent masculinity and/or an illustration of male camaraderie. In reference to the potency of alcohol in the construction of masculinity a New Zealand study referred to the "glass phallus". [18] But gender norms are in a state of flux. There is evidence to suggest that in some cultures that the gender gap is narrowing and this convergence reflects the narrowing of broader socio-cultural differences. [19] To understand the narrowing requires an understanding of the changing socio-cultural norms (see below). Despite that convergence of cultures, tolerance of women and men's harmful drinking continues to differ, particularly where children are involved and where the 'bad mother syndrome' (of which there are no shortage of role models in literature from Cathy Ames in John Steinbeck's (1952) *East of Eden* to Eva Khatchadourian in Lionel Shriver's (2005) *We Need to Talk About Kevin*) is easily invoked. That convergence does not however disguise the very differing impact that alcohol consumption has on women and men, particularly with regard to gender based violence, in which alcohol plays a critical role. According to the General Secretary of the United Nations, [20] sexual and gender based violence is the most extreme form of the global and systemic inequality experienced by women and girls. It knows no geographic, socio-economic or cultural boundaries. Worldwide, one in three women will suffer physical or sexual violence at some point in her life, from rape and domestic violence to harassment at work and bullying on the internet. According to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), [21] the psychoactive substance most commonly and traditionally linked with sexual opportunism and assault in Europe and elsewhere is alcohol.

Conservative estimates of sexual assault prevalence suggest that 25 percent of American women have experienced sexual assault, including rape. [22] Approximately one half of those cases involve alcohol consumption by the perpetrator, victim, or both. Alcohol contributes to sexual assault through multiple pathways, often exacerbating existing risk factors. Beliefs (see norms and attitudes below) about alcohol's effects on sexual and aggressive behavior, stereotypes about drinking women, and alcohol's affects on cognitive and motor skills contribute to alcohol involved sexual assault.

Alcohol involved sexual assault rates in Ireland are one of the highest in the world. In 2009, Rape and Justice in Ireland (RAJI) revealed that 70% of victims of rape and 84% of those accused of rape had been drinking at the time of the assault. [23]

3.3 Disability

Alcohol causes or contributes to disability. The WHO *Disability Adjusted Life Years* (DALY) is based on a matrix that adds the years of life lost due to premature mortality and the years of life lost due to living with disability. [24] The years of life lost due to disability are determined from morbidity, where each disease has been given a certain disability weight, which is multiplied with the time spent with that disease, to arrive at the years of life lost due to disability. Based on this matrix, the WHO estimates that alcohol was responsible for 4% of the total years of life lost and in 65% of cases this becomes apparent before the age of 65. However, the methodology involved in calculating this matrix has been criticised by numerous academics. [25]

3.4 Location

Other than identifying Europe as the site of the highest levels of harmful consumption, the WHO does not specify the extent to which this is more likely to be rooted in rural or urban areas. However, international studies consistently show sharp differences between rural and urban consumption patterns and these patterns also are informed by sex/gender and social class. In India for example, the typical rural user is a young male, illiterate, doing a job involving hard physical labour with low socio-economic status; preferring to consume heavy alcoholic drinks like arrack, a distilled alcoholic drink, on a daily or nearly daily basis and having consumed so for more than ten years, at home or at a retail alcohol outlet. The level of consumption needs to be understood in the context of the heavily stratified, patriarchal and deeply unequal nature of Indian society as it manifests itself in the exclusion of the heavily stigmatised Dalit class. Formerly known as the untouchables, the Dalit are an economically disadvantaged group that is socially segregated with little or no access to education who are disadvantaged by their low status in the traditional Hindu caste system. Related though less dramatic identity-based stigmatisation and exclusions within Irish society may have a similar impact on Irish consumption patterns.

A similar pattern was found in Cameroon. [26] A US study found that while abstinence is more common in rural areas, particularly in the South, that nationally, the odds of a current alcohol disorder and exceeding daily limits were higher in rural than suburban areas.

3.5 Ethnicity

The WHO does not address the issue of ethnicity but a significant amount of work has been done in Great Britain. Research there [27] indicates that most minority ethnic groups have higher rates of abstinence, lower levels of frequent/heavy drinking compared with the British population as a whole and to people from white backgrounds.

The Irish in Britain are the exception. Irish people are less likely to abstain compared with other ethnic groups and the general population.

Irish women showed a decrease in abstinence rates between 1999 and 2004, and there are signs that the gender gap may be closing. Men and women in this group have higher rates of alcohol related mortality compared with the general population in England and Wales, and are more likely to exceed recommended limits if they are in higher income brackets.

Equally, Scottish men and women are over represented for alcohol related mortality compared with the general population in England and Wales.

Muslim men and women are both likely to abstain but, among drinkers, rates tend to be high compared with other religious groups. Rates of consumption are low among Chinese men and women. However, frequent and heavy drinking rose significantly for Chinese men between 1999 and 2004.

Black African people have lower rates of alcohol use than the general population. People from mixed ethnic backgrounds are less likely to abstain than people from non-white minority ethnic groups, and have high rates of current use. People from mixed ethnicities also report relatively high rates of heavy and very heavy drinking compared with other minority ethnic groups.

The review highlights the extent to which minority ethnic groups are susceptible to the dominant cultural norms as consumption patterns of second generation people from minority ethnic groups match those of the dominant group.

Given the change in the ethnic composition of Irish society these ethnic characteristics – while not directly relevant to Ireland – point to the importance of ethnicity as a variable when considering a response to problematic alcohol consumption.

3.6 Sexual Orientation

Again none of the WHO documentation deals with the issue of alcohol consumption and sexual orientation but studies in Great Britain and the USA consistently report significant differences within sexual minorities and between sexual minorities and their heterosexual counterparts. One British study [28] reported that adolescents who identify as gay, lesbian or bisexual are at increased risk of alcohol problem use compared to their heterosexual counterparts. They are more likely to report earlier onset of alcohol use, more frequent and heavier drinking and more alcohol related problems. Young lesbian women are more likely to engage in heavy drinking than their male sexual minority counterparts. Overall, young people who identify as sexual minorities are more likely to report higher levels of depression than their heterosexual counterparts. Similar findings are found in a US study. [29] Compared with exclusively heterosexual youths, sexual minority youths were more likely to report each of the primary study outcomes (i.e., lifetime and past month alcohol use, past month heavy episodic drinking, earlier onset of drinking, and more frequent past month drinking). Alcohol use disparities were larger and more robust for (1) bisexual youths than lesbian or gay youths, (2) girls than boys, and (3) younger than older youths. Few differences in outcomes were moderated by race/ethnicity.

To what extent, if at all, will the cultural shift as expressed in the 2015 same sex marriage referendum impact on the above trends remains to be seen.

3.7 Norms and Attitudes

Norms are often defined as social rules that define what is regarded as correct and acceptable behavior in a society or social group to which people are expected to conform. [30] Put simply, norms are what pass for normal behavior. Norms are much more specific than values and have application in particular sets of circumstances. Alcohol consumption, like other areas of human interaction, is governed by a set of norms but of conflicting norms. Most western societies disavow binge drinking but within certain sub-groups binge drinking is regarded as the mark of an individual. Perkins [31] distinguished between attitudinal and behavioural norms: the former referring to widely shared *beliefs* or expectations in a social group about how people in general or members of the group ought to behave in various circumstances while the latter refer to the most common *actions* actually exhibited in a social group. Most commentators agree that the "normative climate" is critical to how alcohol is considered and in how alcohol policies are constructed. For example, in countries where the norm reflects a high tolerance of drunkenness, there are high levels of drunkenness, even if there are restrictive policies in place with regard to supply and pricing.

Numerous studies most notably in the United States (see Perkins) indicate that peer norms particularly amongst late adolescents are the strongest predictor of levels of alcohol consumption and intoxication, much more so than parental norms. Men, it would appear, are particularly susceptible to the dominant social norms. However, *Moreira et al* [32] suggest that very many young people have an exaggerated sense of what other young people are drinking and therefore drinking is influenced by youth misperceptions of what their peers are drinking. If these misperceptions can be corrected they argue then youth might drink less.

British popular social anthropologist Kate Fox is one the strongest proponents of the social norm theory. In a BBC Radio 4 [33] lecture she outlined how social norms theory can more fully explain Britain's love affair with excessive drinking: that while British people might be perceived as a nation of loutish binge drinkers, with she argues, all the associations of violence, promiscuity (itself surely a highly contested term and subject to social norms), anti-social and generally obnoxious behaviour. Her core argument is that the affects of alcohol on behaviour are determined, not by the chemical actions of ethanol but by social norms and cultural beliefs about alcohol, different and highly gendered and class-based expectations about the effects of alcohol and different social rules about drunken comportment.

In high doses, Fox claims, alcohol impairs our reaction times, muscle control, co-ordination, short-term memory, perceptual field, cognitive abilities and ability to speak clearly. But it does not cause us selectively to break specific social rules. It does not cause us to say, "Oi, what you lookin' at?" and start punching each other. Nor does it cause us to say, "Hey babe, fancy a shag?" and start groping each other.

Alcohol acts, she claims, as self-fulfilling prophesy – if you firmly believe and expect that booze will make you aggressive, then it will do exactly that. And our erroneous beliefs provide the perfect excuse for anti-social behaviour. If alcohol "causes" bad behaviour, then you are not responsible for your bad behaviour. You can blame the booze – "it was the drink talking", "I was not myself" and so on.

Fox argues for complete and radical re-think of the aims and messages of all alcohol education campaigns. So far these efforts have perpetuated or even exacerbated the problem, because almost all of them simply reinforce our beliefs about the magical, disinhibiting powers of alcohol.

4. The World Health Organisation

The WHO has identified the following areas where it believes that interventions can have an impact. They are as follows:

- **Raise global awareness** of the magnitude and nature of the health, social and economic problems caused by harmful use of alcohol, and increased commitment by governments to act to address the harmful use of alcohol in ways that are equitable and sensitive to national, religious and cultural contexts;
- **Strengthen the knowledge base** on the magnitude and determinants of alcohol related harm, including rates of morbidity and mortality not just to the drinker but to people other than the drinker and to populations that are at particular risk from harmful use of alcohol, such as; children, adolescents, women of child bearing age, pregnant/breastfeeding women, indigenous peoples, minority groups or groups with low socioeconomic status and on effective interventions to reduce and prevent such harm.
- **Increase technical support** to, and enhanced capacity of, Member States as well as local and community actors for preventing the sale and distribution of alcohol to minors and managing alcohol use disorders and associated health conditions.
- **Strengthened partnerships and increased multidisciplinary work**, particularly in the areas of high public health priority, such as illicit drug use, mental illness, depression, suicide prevention, violence and injuries, cardiovascular diseases, cancer, tuberculosis and HIV/AIDS.
- **Better co-ordination among stakeholders** including the private sector and increased mobilisation of resources required for appropriate and concerted action to prevent the harmful use of alcohol.
- **Enforce laws** against serving to intoxication and legal liability for consequences of harm resulting from intoxication caused by the serving of alcohol, while promoting management policies relating to responsible serving of beverages on premises. Training staff in relevant sectors in how better to prevent, identify and manage intoxicated and aggressive drinkers.
- **Development of sustainable national information systems** using indicators, definitions and data collection procedures compatible with WHOs' global and regional information systems. This provides an important basis for effective evaluation of national efforts to reduce harmful use of alcohol and for monitoring trends at sub-regional, regional and global levels.

The European Union (EU) is the region with the highest alcohol consumption in the world, more than double the global level. In 2009 average adult (aged 15+ years) alcohol consumption in the EU was 12.5 litres of pure alcohol – 27g of pure alcohol or nearly three drinks a day, more than double the world average. [34]

5. Alcohol and the European Union

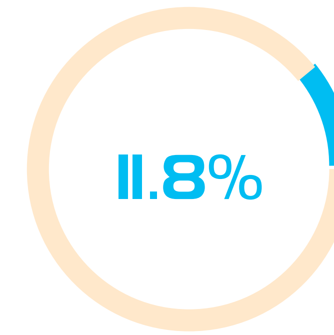
The European Union (EU) is the region with the highest alcohol consumption in the world, more than double the global level. In 2009 average adult (aged 15+ years) alcohol consumption in the EU was 12.5 litres of pure alcohol – 27g of pure alcohol or nearly three drinks a day, more than double the world average. [34]

In the EU in 2004, conservative estimates indicate that almost 95,000 men and over 25,000 women aged between 15 and 64 years died of alcohol attributable causes (total 120,000, corresponding to 11.8% of all deaths in this age category). This means that 1 in 7 male deaths and 1 in 13 female deaths in this age category were caused by alcohol.

The heaviest drinking is reported in Nordic (Denmark, Finland, Iceland, Norway and Sweden), and Central and Eastern European countries (Bulgaria, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia). Central Western and Western Europe (Austria, Belgium, France, Germany, Ireland, Luxembourg, Netherlands, Switzerland, United Kingdom) is characterised by a lack of acceptance of public drunkenness, with the exceptions of Ireland and the United Kingdom which are closer to the Nordic countries in this respect.

The countries of southern Europe (Cyprus, Greece, Italy, Malta, Portugal, and Spain) have a Mediterranean drinking pattern. In the south of the EU wine has traditionally been produced and drunk. The consumption of wine with meals once or twice a day is commonplace pushing up its overall consumption pattern. However, tolerance for heavy drinking and public drunkenness is low. That however, does not extend to heavily populated tourist areas where people from high consumption countries like Ireland, Great Britain and the Nordic countries skew overall consumption patterns.

A BBC survey [35] of alcohol consumption across selected EU countries reported that Spain's problem with alcohol is minor compared with countries like the United Kingdom. The relative size of drinks in Spain is a good guide to the scale of the problem. The standard serving of beer in a bar is a caña - a glass with a volume of 200 millilitres, just over a third of the size of a British pint. Many people start drinking in their early teens in Spain, but not just with their friends - often with their parents. There's a high social tolerance for alcohol consumption and the atmosphere in which drinking is done in bars and restaurants is usually relaxed and more suited to slower drinking than in some other countries. It is rare to see alcohol fuelled violence.



It is estimated that 11.8% of all deaths of people aged between 15-64 were caused by alcohol, in the EU, in 2004

5.1 EU's Alcohol Strategy

The EU's alcohol strategy was agreed in 2006. [36] While recognising the principle of subsidiarity, the EU's competency in this area is based on Article 152 of the EC Treaty of Rome, which commits the EU to the following:

> A high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities. [37]

With a focus on ameliorating the harmful effects of alcohol consumption, the policy acknowledges the dearth of agreement on what constitutes harmful consumption. However, the EU settles on 'a pattern of drinking that causes damage to health, either physical (such as liver cirrhosis) or mental (such as depression secondary to alcohol consumption)' as its definition.

The EU acknowledges that the level of harm, especially among young people, on roads and at workplaces is still unacceptably high in all Member States. Young people in the EU are particularly at risk, as over 10% of female mortality and around 25% of male mortality in the 15–29 age-group is related to hazardous alcohol consumption.

The EU also identified traffic accidents related to alcohol consumption as a major cause for concern. About one accident in four can be linked to alcohol consumption. The EU recorded some success in reducing road fatalities but the numbers killed on the roads, albeit not all caused by drink driving, are staggeringly high. In 2014, [38] the number of road fatalities decreased by approximately 1% compared to 2013. This follows on the 8% decrease in 2012 and 2013. The figures reveal a total of 25,700 road deaths in 2014 across all 28 Member States of the EU. If one in four are caused by alcohol then 6,400 are alcohol related.

The EU also identifies the increasing risks attached to exposure to alcohol during pregnancy, particularly to the brain development of the foetus and associated intellectual deficits that become apparent later in childhood. The EU policy statement also expressed concerns at the increasing number of women who consume alcohol during pregnancy. In France, for example, more than 700 children were born with Foetal Alcohol Syndrome in 2001, and more than 60,000 persons are estimated to be living with this condition.

Against the backdrop of the increase in the number of alcohol-related road deaths and the increase in alcohol consumption during pregnancy, the EU identified five key areas of engagement. They are:

- **Protect young people**, children and the unborn child.
- **Reduce injuries and death** from alcohol related road accidents.
- **Prevent alcohol related harm** among adults and reduce the negative impact on the workplace.
- **Inform, educate and raise awareness** on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns.
- **Develop and maintain a common evidence base** at EU level.

5.2 Teenage Alcohol Consumption across Europe

In 2011 the European School Survey Project on Alcohol and Other Drugs (ESPAD) [39] published a major study based on quantitative data compiled from 100,000 young people aged 15 – 16 across 36 countries. In all ESPAD countries but Iceland, at least 70% of the students have drunk alcohol at least once during their lifetime, with an average of 87% in the 2011 survey. The corresponding average figures for use in the past 12 months and the past 30 days are 79% and 57% respectively.

There were striking differences in consumption levels. For example, alcohol use during the past 30 days was reported

by more than 75% of the students in the Czech Republic and Denmark, but only by 17% in Iceland and 32% in Albania.

According to the Australian based Institute for Economics and Peace (IEP), [40] Iceland is the most peaceful country in the world. Consequently, Iceland is, according to the IEP, better placed than most countries to deal with crisis, as instanced by its response to the 2008 global financial crisis. On Icelandic levels of alcohol consumption a report published BY Oxford journals [41] cite the country's small scale and relatively homogeneity of its population.

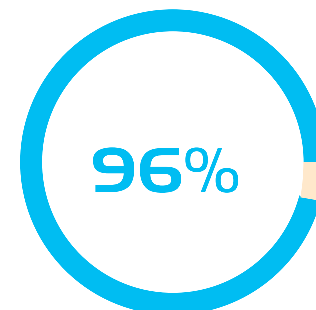
The national average figures for lifetime, past 12 months and past 30 days prevalence are about the same for boys and girls, but when differences occur the prevalence is nearly always higher among boys. When it comes to more frequent drinking within each time frame, the proportions are usually higher among boys with boys drinking one third more than girls. However, "heavy episodic drinking" has undergone one of the most striking changes among girls, with the aggregate level average increasing from 29% in 1995 to 41% in 2007. In the 2011 survey however, this figure has dropped to 38%. Among boys the figure is also slightly lower in 2011 (43%) than it was in 2007 (45%) and thus also relatively close to the 1995 figure (41%).

Most alcohol related problems are more common, on average, among boys. This is most pronounced in the cases of "physical fight" and "trouble with the police". However, for some of the problems the averages are about the same for both sexes, including "performed poorly at school or work" and having experienced serious problems with parents or friends.

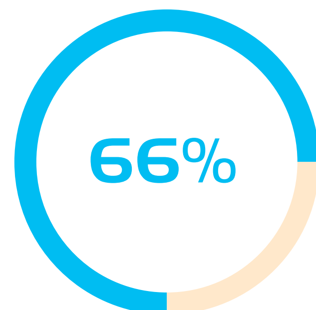
Mark Morgan, St. Patrick's College, Dublin, was responsible for the Irish ESPAD study in which data was collected from 2,207 students, all of whom were born in 1995. Of these, 81% had consumed alcohol at least once in their lifetime, 73% consumed alcohol in the previous twelve months, and 50% in the previous thirty days. It was only in the latter category that there was a discernible gender differences, with 52% of girls having consumed alcohol and 48% of boys.

All of those who had consumed alcohol at least once in their lifetime stated that it was "fairly easy" or "very easy" to access alcohol with over a quarter (26%) of those who had consumed alcohol in the previous thirty days having purchased it themselves in officenced premises and 7% in bars or nightclubs. Beer was by far the most common drink.

Alcohol is estimated to be a causal factor in 16% of cases of child abuse and neglect.



96% of people involved in drink driving accidents are male.



Two thirds of the people involved in drink driving accidents are between 15 and 34 years

5.3 Protection of Young People

Young people are often unfairly depicted as the perpetrators of alcohol problems rather than the victims. Alcohol is estimated to be a causal factor in 16% of cases of child abuse and neglect.

Harmful alcohol consumption among young people has been shown to have a negative impact not only on health and social wellbeing, but also on educational attainment. There is an increasing trend of "binge-drinking" by young people in many parts of the EU. This is exacerbated by the continued availability of alcoholic beverages to under age consumers. There is therefore a need to consider further actions to curb under-age drinking and harmful drinking patterns among youth. Examples of effective measures implemented by Member States are:

- **Enforcement of restrictions** on sales on availability and on marketing likely to influence young people.
- **Broad community based action** to prevent harm and risky behaviour involving teachers, parents, stakeholders and young people themselves.
- **Support by media** messages and life-skills training programmes.
- Some Member States have also **increased taxes** on products which they perceive to be particularly attractive to under-age drinkers.

5.4 Reduce injuries and death from alcohol-related road accidents

According the British road safety charity Brake, [42] young people aged 17 to 24 are particularly in danger of having an accident.

For young people, traffic accidents are the most common cause of death (47% according to several sources). For drink driving accidents, two thirds of the people involved were between 15 and 34 years, while 96% were male. A review of 112 studies [43] provided strong evidence that impairment in driving skills begins with a departure from a zero blood alcohol concentration level. A study that compared the blood alcohol concentrations (BACs) of drivers in accidents with the BACs of drivers not involved in accidents found that male and female drivers at all ages who had BACs between 0.2 g/l and 0.49 g/l had at least a three times greater risk of dying in a single vehicle crash.

Examples of efficient counter measures rely on the introduction and enforcement of frequent and systematic random breath testing, supported by education and awareness campaigns involving all stakeholders. A combination of strict enforcement and active awareness raising is a key to success. Young and novice drivers are more involved in alcohol related road accidents. Another example of efficient policy is the introduction of a lower or zero BAC limit for these drivers and also for public transport drivers and drivers of commercial vehicles, in particular those transporting dangerous goods.

5.5 Prevent alcohol-related harm among adults and reduce the negative impact on the workplace

Significant associations have been established between stress in the workplace and elevated levels of alcohol consumption, an increased risk of problem drinking and alcohol dependence.[44] Evidence has found that alcohol, and in particular heavy drinking, increases the risk of unemployment and, for those in work, absenteeism. A Swedish study found that a one litre increase in total consumption was found to be associated with a 13% increase in sickness absence among men but not among women in Norway, a similar study found that a one litre increase in total alcohol consumption was associated with a 13% increase in sickness absence among men, but the effect of alcohol was not significant among women.

Alcohol, especially episodic heavy drinking, has also been found to increase the risk of arriving late at work and leaving early or disciplinary suspension, resulting in loss of earning and productivity. It also results in higher turnover due to premature death, disciplinary problems or low productivity and inappropriate behaviour.

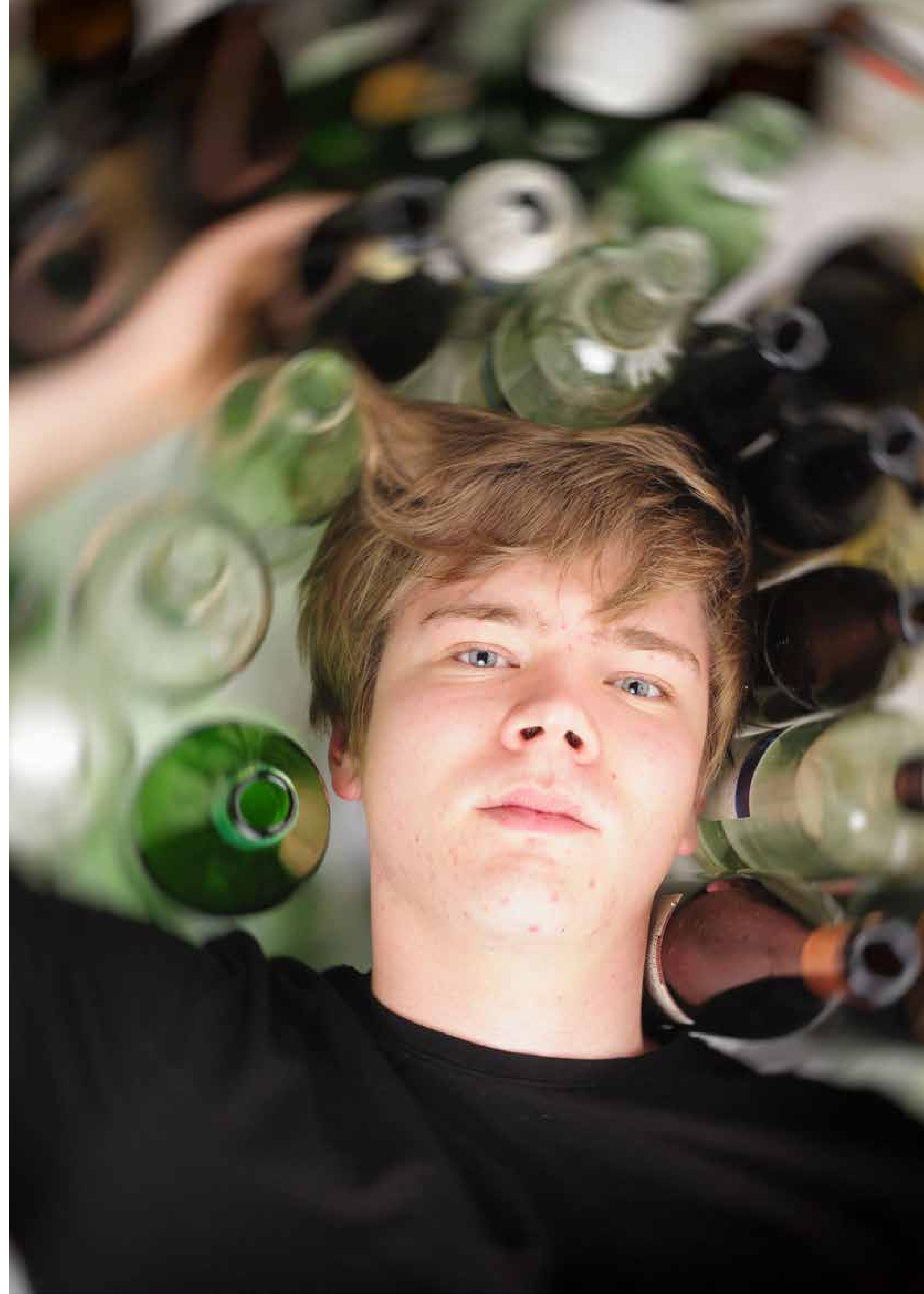
The transition from school to the labour force represents a high risk time for alcohol use. Specific job related influences associated with problem drinking, including job stressors and participation in work based drinking networks, may pose a particular problem for young adults as they attempt to fit into their new workplace

5.6 Inform, educate and raise awareness on the impact of harmful and hazardous alcohol consumption, and on appropriate consumption patterns

While citizens have the right to obtain relevant information on the health impact, and in particular on the risks and consequences related to harmful and hazardous consumption of alcohol, experience to date would suggest that most educational programmes are ineffective. A WHO review of EU educational programmes concluded the following: [45]

- There is extensive evidence that school based information and education programmes do not consistently lead to sustained changes in behaviour. Although they show some promise, there is no consistent evidence to demonstrate that parenting programmes and social marketing programmes lead to sustained changes in behaviour.
- Although poorly researched, there is no consistent evidence that public education campaigns lead to sustained changes in behaviour.
- There are no rigorous evaluations to demonstrate whether or not campaigns based on drinking guidelines lead to sustained changes in behaviour.
- Although there is limited research, there is some evidence that social responsibility campaigns by the alcohol industry can be counter-productive due to ambiguity and mixed messages.
- There is some evidence to show that consumer labelling and warning messages do not lead to sustained changes in behaviour.

The recent Australian "stoner sloth" [46] campaign is a case in point of how an educational programme can be easily ridiculed and prove counter-productive.



The Alcohol Beverage Federation of Ireland claimed that the drinks sector employs over 92,000 people employed across brewers, distilleries, suppliers including farmers, distributors and in the hospitality sector.

6. Ireland and Alcohol

Perhaps more than anything, Flann O'Brien's "The Workman's Friend" reflects Ireland's ambivalent attitude to alcohol.

When things go wrong and will not come right,
Though you do the best you can,
When life looks black as the hour of night -
A pint of plain is your only man.
When money's tight and hard to get
And your horse has also ran,
When all you have is a heap of debt -
A pint of plain is your only man.
When health is bad and your heart feels strange,
And your face is pale and wan,
When doctors say you need a change,
A pint of plain is your only man.
When food is scarce and your larder bare
And no rashers grease your pan,
When hunger grows as your meals are rare -
A pint of plain is your only man.
In time of trouble and lousey strife,
You have still got a darlint plan
You still can turn to a brighter life -
A pint of plain is your only man.

Yet despite its celebrated status, Ireland's relationship with alcohol is problematic to say the least. The WHO's Global Status Report on Alcohol and Health 2014, found that 39% of all Irish people aged 15 years old and over had engaged in binge drinking, or "heavy episodic drinking" over a 30 day period. This puts Ireland just behind Austria (40.5%) at the top of the 194 countries studied, and well ahead of Great Britain (28%). When the 19% of non-drinkers in Ireland were excluded by the WHO, it found that almost two thirds of Irish men (62.4%) and one third of Irish women (33.1%) who drink alcohol had engaged in binge drinking in the previous month - almost half (48.2%) of all drinkers.

A North-South study [48] stated that substance misuse (including drugs) is one of the most significant challenges facing the Republic. An estimated 587,000 children, over half of whom are under 15 years of age (271,000) are exposed to risk from parental drinking nationally. The study also reports that Ireland along with Great Britain has the highest level (79%) of alcohol consumption during pregnancy. It also reported that alcohol was a trigger for abusive behavior in the home in one in three cases and one in four of the most serious cases. And in the case of unnatural death of children, alcohol was a factor in one in three (37 out of 112) cases.

Throughout the 1990s and into the Celtic Tiger years, Irish alcohol consumption increased year on year. With the demise of the Celtic Tiger, alcohol consumption dropped but as the economy continues to recover so too do the levels of alcohol consumption. Alcohol Action Ireland [49] has chronicled Ireland's consumption as follows:

- From 1980 to 2010, average alcohol consumption in Europe decreased by an average of 15 per cent, while consumption in Ireland over that period increased by 24 per cent.
- Alcohol consumption in Ireland increased by 46% between 1987 (9.8 liters) and 2001 (14.3 liters) when our consumption reached a record high.
- In 2014 the average Irish person aged 15+ drank 11 liters of pure alcohol, up from 10.73 in 2013.
- 75% of all alcohol consumed in Ireland in 2013 was done as part of a binge drinking session.
- One in five (21.1%) drinkers engage in binge drinking at least once a week.
- Almost two thirds (64.3%) of 18-24 year old drinkers consume six or more standard drinks on a typical drinking session.
- Irish adults binge drink more than adults in any other European country, with 44 per cent of drinkers stating that they binge drink on a regular basis.
- The highest proportion of binge drinkers is in the 18-29 age-group.
- Young people are also more likely to exceed the weekly low risk limit for alcohol consumption.

On 31st of March 2009, the government approved the development of a combined National Substance Misuse Strategy [50] to cover both alcohol and drugs. In his *Foreword* to the Steering Group Report on a national Substance Misuse Strategy in February 2012 Dr. Tony Holohan wrote as follows:

For the first time integrated approach to substance misuse is envisaged bringing together policy responses to alcohol use and misuse and to the misuse of other substances. This will be achieved by the implementation of recommendations in this report which are focused on alcohol taken together with the National Drugs Strategy 2009-2016 such that these form one single integrated policy response.

Under its prevention pillar the Strategy identified three objectives namely to develop a greater understanding of problem drug/alcohol use, to promote healthier lifestyles and to prioritise interventions for those who are at particular risk of problem drug/alcohol use. Under the research pillar, while not specifically mentioning alcohol, the Strategy calls for data to accurately inform decisions on initiatives to tackle problem substance use Preparations are currently underway for the publication of a National Drugs Strategy from 2017 and given the alcohol-drug nexus, it would be a missed opportunity were not alcohol included in that Strategy.

6.1 The Public Health (Alcohol) Bill

The Public Health (Alcohol) Bill as outlined by the Minister for Health Leo Varadkar in the Seanad [51] includes five main provisions:

- Minimum unit pricing.
- Health labelling of alcohol products.
- Regulation of advertising and sponsorship of alcohol. Structural separation of alcohol products in mixed trading outlets.
- Regulation of the sale and supply of alcohol in certain circumstances.

- Minimum unit pricing. (This measure was subject to a ruling arising out of a Scottish case by the European Court of Justice. The Court ruled that this was for national courts to decide. Reacting to the ruling Minister Varadkar stated that it was the government's intention to proceed with the measure in 2016 while asking his officials and the Attorney General to study the implications of the ruling. [52]

In anticipation of the government's plan to introduce its Public Health (Alcohol) Bill 2015, the Joint Committee on Health and Children Committee called for submissions from the public and received forty six submissions. [53]

Practically all thirty four submissions welcomed the Bill with varying degrees of enthusiasm while a minority that felt that the Bill went too far and a majority that felt that it didn't go far enough.

6.2 For those who feel it goes too far

Those that felt it went too far were afraid of the negative consequences on jobs and the perceived loss of jobs was the stick with which those opposed to various elements in the Bill highlighted.

Aer Rianta argued that General Scheme of the Bill, published on February 2015, which, if not clarified in the Bill itself, will have a negative commercial impact on Irish duty free outlets and the airports they support. *The Alcohol Beverage Federation of Ireland* claimed that the drinks sector employs over 92,000 people employed across brewers, distilleries, suppliers including farmers, distributors and in the hospitality sector and, as if to offset the widely held belief that a two-tier economy is developing to the disadvantage of the rural economy, it asserts that this employment is distributed around the country. The performance of the Irish drinks sector in international markets has been a significant factor in the export-led recovery that has occurred in Ireland with exports to the value of €1.2bn in 2014.

In a letter to *The Irish Times*, [54] Ross MacMathúna of the Alcohol Beverage Federation of Ireland/IBEC, stated that the Public Health (Alcohol) Bill is a reflection of nanny state thinking and in its current form runs the risk of doing little to reduce alcohol misuse, while threatening the 92,000 jobs supported by the drinks industry across Ireland. It rejects the notion that the alcohol industry should have no role in formulating public policy in this area citing that the World Health Organisations' call for appropriate engagement with civil society and economic operations is essential. No reference is made to the statement of WHO's Director-General Dr Margaret Chan [55] in June 2013 that the formulation of health policies must be protected from distortion by commercial or vested interests. MacMathúna went on to claim that the additional advertising restrictions are excessive and restrictive and that new product development will decrease or stop altogether – taking with it the most creative and well paid jobs in the sector. The Bill, he concludes, will simply punish moderate drinker and hard pressed consumers.

The Licensed Vintners Association claims that 12,000 people are employed in the sector. *The Barry Groups* claimed that 3,000 jobs have been lost in the independent off-licence sector since 2008. While not stating the numbers employed, the *National off-licence Association* representing 315 members claim that they are located at the heart of communities. Stressing that wine is a natural product, *Innovative Wine Solutions Ltd.* claimed that wine consumption in Ireland is declining and is the lowest in Europe.

The National Newspapers of Ireland claims that advertising is the lifeblood of the media and again they emphasise that their industry employs 4,000 people and indirectly supports thousands more. They also claim that they play a key role in any functioning democracy and that restricting newspaper advertising will not solve the problem of alcohol misuse.

6.3 For those that feel the bill does not go far enough

Countering the perceived economic dividend from alcohol consumption, the *Irish Cancer Society* claim that the State is spending €3.7 billion yearly in alcohol related costs in the areas of public health, public order, crime and work absenteeism. This figure is also cited by *Alcohol Action Ireland and Alcohol Forum*. Both rate alcohol harm as one of the nation's greatest preventative health challenges claim that a reduction of 30% in alcohol related harm would save the State €1 billion. Both *Barnardos* and the *College of Psychiatrists Ireland* also make reference to the €3.7 billion figure.

Alcohol Action Ireland claims that alcohol consumption is actually higher than what the official figures indicate as Irish people underestimate what we drink by about 60%. Given that advertising was one of the foci of the proposed Bill, it is not surprising that many of the submissions made reference to the pervasiveness of alcohol advertising and its perceived nefarious impact particularly on young people. As an example of that pervasiveness, *The Irish Cancer Society* stated that there was one reference to alcohol every minute during an Ireland versus Croatia football match during the UEFA Euro 2012 game. Along with other groups, they called for a more restrictive advertising regime with regard to times of day, volume, frequency and placement, a call that was supported by the conclusions of the Joint Oireachtas Committee on Health and Children. [56] The Children's Rights Alliance quoting The World Health Organisation (WHO), and the European Charter on Alcohol, 1995, and the UN Convention on the Rights of the Child both of which have been adopted by Ireland asserted the rights of children and adolescents to grow up in an environment protected from the negative consequences of alcohol consumption.

[...]."3 Article 24 of the UN Convention requires the Government to take effective steps to ensure that children enjoy the highest attainable standard of health, and Article 19 requires the Government to take proactive measures to protect a child from abuse and neglect. In 2006, the UN Committee on the Rights of the Child recommended that Ireland develop a strategy to raise awareness of the problem of children misusing alcohol and to prohibit the advertising of alcohol that targets children.

The National Youth Council of Ireland was keen to stress that young people are not the problem that too often that they are branded as such. Rather they are just responding to the societal norms that society has created for them.

In his introduction in the Seanad to the Second Stage the Public Health (Alcohol) Bill, Minister for Health Leo Varadkar referred to what he described as Ireland's serious drink problem: [57]

> Ireland has a serious problem - we drink too much alcohol. The majority of people who drink do so in a harmful way. Our alcohol consumption is in the top five among the EU's 28 member states. The Healthy Ireland Survey reported that 76% of the Irish population drank alcohol, with 53% of drinkers doing so at least weekly.
>
> Patterns of drinking, especially drinking to the point of intoxication, play an important role in causing alcohol-related harm. In Ireland when we drink, we tend to binge drink. The Healthy Ireland survey indicates that drinking to excess on a regular basis is commonplace throughout the population, with almost four in ten drinkers, or 39%, binge drinking on a typical drinking occasion and a quarter of them doing so at least once a week. This pattern of drinking is causing significant harm to individuals, their families and society. Alcohol was responsible for at least 83 deaths every month in 2011, is a contributory factor in half of all suicides and in deliberate self-harm, and is associated with a risk of developing health problems such as alcohol dependence, liver cirrhosis and cancer, as well as injuries.

Replying to the Minister, three Senators (McSharry, O'Keeffe and Crown referenced to Ireland's culture of drinking while three Senators (van Turnhout, Cullinane and Norris) referenced the power of the drinks industry. Two Senators (van Turnhout and Mullins) spoke about the danger that alcohol poses to children and one (Burke) about the dangers posed to women and one (Gilroy) highlighted the correlation in the reduction in alcohol consumption that took place between 2002 and 2008 with the reduction in the number of suicides over that period. One Senator (Barrett) argued that the bar for what is defined as binge drinking is too low and therefore skews the level of what is considered harmful drinking. The Dáil has yet to debate this Bill.

7. Alcohol's Harm to Others

In her report, *Alcohol's harm to others in Ireland*, based on five indicators Ann Hope [58] details a comprehensive overview of that way in which alcohol impinges on the lives of others.

- Family problems (14%)
- Passenger with a drunk driver (10%)
- Physical assault (9%)
- Property vandalised (9%)
- Financial trouble (4.5%).

Hope takes her definition of harm as experienced by others (public and private harm) from Room (2011). [59]

> There are many types and varying severity of alcohol's harm to others, which can include injury whether intentional (assault, homicide) or not (traffic crash, workplace accident, scalded child etc.) neglect or abuse (to a child, to a partner, to a person in the driver's care) default on social role as a family member, as a friend, as a worker) property damage (damage to clothing or car), toxic effect on other (foetal alcohol syndrome), and loss of amenity or peace of mind (being kept awake, being frightened).

Three quarters of the adult Australian population reported in 2010 that they had been adversely affected by someone else's drinking while in the United States one in six people claimed to have been adversely affected with the burden of social harm carried by women. In Ireland, six out of ten people reported that they were negatively affected in some way by someone else's drinking.

Hope also highlights the adverse affect of alcohol on children with one in eleven young people saying that parental alcohol use affected their children (based on an ISPCC survey 2010). And from her own research one in three child abuse cases involved parental alcohol abuse.

7.1 Alcohol and Children

In Hope's study, one in ten adults reported that children for whom they have parental responsibility experience at least one or more harms as a result of someone else's drinking. Almost one in ten (9%) of adults reported that children experience verbal abuse as a result of someone's else's drinking. One in twenty (5.4%) children were left in unsafe situations, just under one in twenty (4.8%) witnessed serious violence in the home while more than one in fifty of children were physically abused. Adults with parental responsibility from lower social class reported higher rates of children witness to serious violence in homes, in comparison to other social class groups.

Hope concludes by saying that:

Alcohol related harm extends out from the drinker and affects many other people besides the drinker. In fact the harm experienced by the drinker due to their own drinking is only part of the story of alcohol related problems in Ireland.

The influencing nature of the father is noteworthy. In the future we would recommend that any action plans to tackle adolescent drinking behaviours should also be aimed at tackling father's well-being, attitudes towards and consumption of alcohol.

8. Cork and Kerry (Research Overview)

Two detailed surveys were undertaken by the Southern Health Board and the Department of Public Health, HSE, South (Cork and Kerry in 1997 and 2006. [60] In her *Foreword*, Dr. Elizabeth Keane Director of Public Health, HSE-South (Cork & Kerry asks the following:

> Has the misuse of alcohol and drugs become the plague of 21st century civilisation? A major threat to the health of the Irish population? A catalyst for societal unrest? A spiralling epidemic of violence and crime? Accidents on our roads, violence in our streets and homes?

Keane goes on to say that the 2006 report makes for disturbing reading. The problems are escalating.

The evidence, however, does not support Keane's assertion. The situation is more nuanced. In their presentation to the Cork Local Drugs & Alcohol Task Force, young scientists winners Ian O'Sullivan and Eimear Murphy (see below) described the role that alcohol played in Irish society as complex. [61] Almost everyone (85%) in the Jackson 2006 study had consumed alcohol at some stage in their lives. The then rate for 18-24 year olds (88%), the age when most people who drink begin to do so, almost mirrored that of their older adult counterparts, so there was no seismic change in evidence in these figures.

In his discussion on the comparative data he analysed, Jackson records a drop of 3% in alcohol consumption amongst under-18 year olds between the two studies. The number of girls/young women drinking had increased and amongst those who did drink there was a 15% increase in drunkenness. Jackson also noted that there was no increase in the mean alcohol intake for men but significant increase for men and the approximation of drinking levels to categories of problem drinking confirmed that men had not changed their categories since 1996, but that women had shifted their consumption significantly into more damaging categories.

A study published by the Health Research Board [62] 2008-2012 reveals some significant differences in the data for Cork and Kerry relative to the rest of the country. Proportionately more new people were treated for alcohol in the region but to what extent this has to do with facilities in the region is unclear. There was a significant spike in the number of people treated in 2011 but again the data does not explain why this is. Most (71.7%) of the people from Cork and Kerry reported alcohol only problems. Nationally, the most common other drug used in tandem with alcohol was cannabis, followed by cocaine, followed from 2010-2012 by Benzodiazepines. That was also the situation in Cork and Kerry.In the Cork and Kerry region just under two thirds (62.3%) were male, slightly less than the national average (65.7%). The median age was also lower – 36 as opposed to 40 years but there were significantly more new regional cases (11.2%) as opposed to (5.6%). The age people started drinking was the same at sixteen years as it was for other drugs with people presented for the first time for treatment at a similar age 22 and 21. Family and friends referrals were higher in the region, (22.2%) against (14.6%). Homeless figures were on a par (4.4% and 4.9%), as was employment status in 2012, regionally (23%) and nationally (20%), significantly down from 2008, reflecting the overall collapse of the economy.

9. The Young Scientist Alcohol Study

In January 2015, Ian O'Sullivan and Eimear Murphy from Colaiste Treasa, Kanturk, Co. Cork won first place in the Young Scientists of the Year competition for their research entitled '*Alcohol consumption: Does the apple fall far from the tree?*'

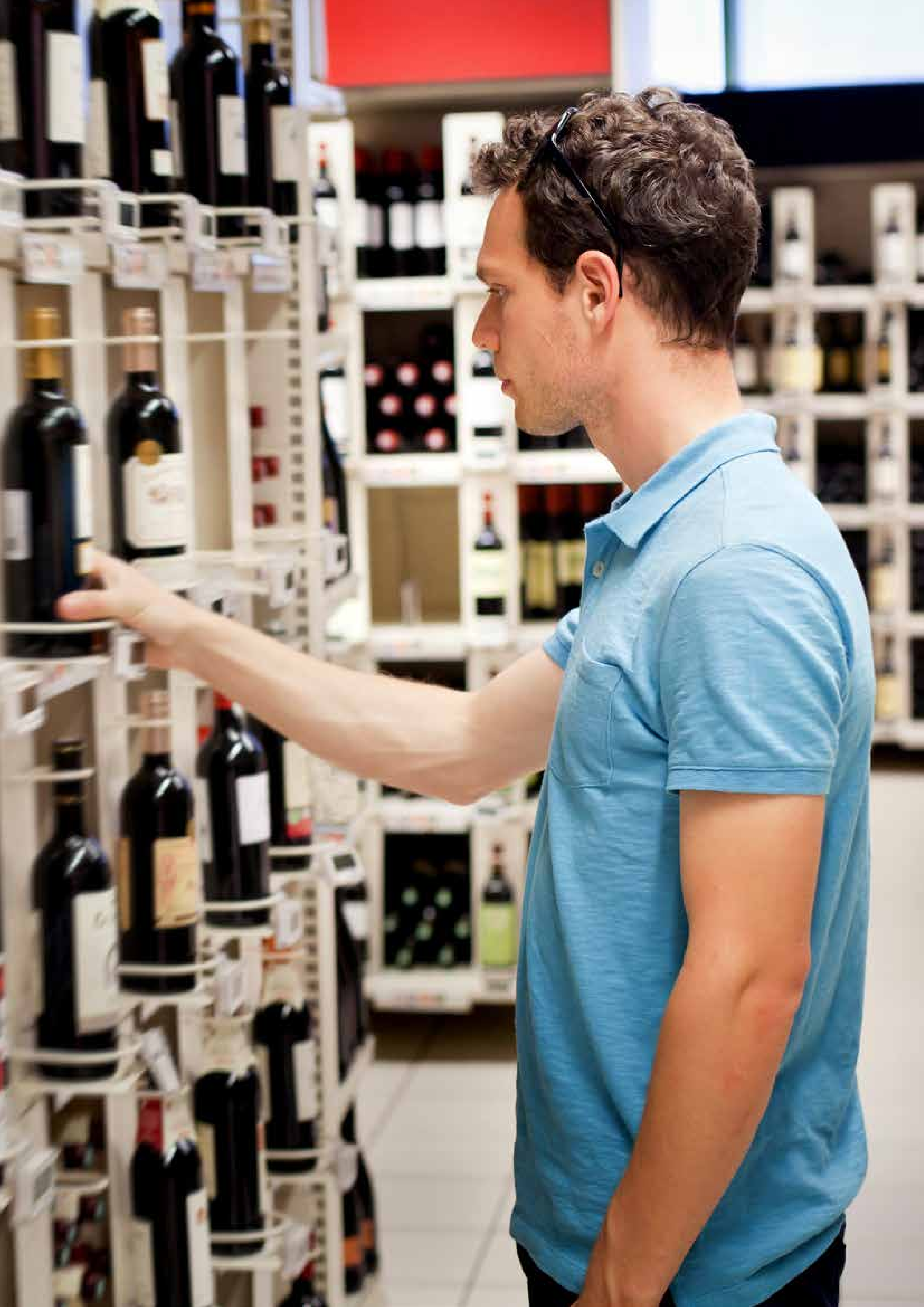
Speaking about the winning entry, judge, Professor Ian Robertson, [63] said:

> This study aimed to identify one potential cause of hazardous drinking in teenagers – parental drinking habits and attitudes to their children's drinking. Fifth and sixth year students from the Kanturk-Mallow area were surveyed, with over 902 students reporting on their drinking. Uniquely for this type of survey, the parents of 360 of these students also agreed to report on their own drinking and attitudes.

Using sophisticated statistical analysis, the students discovered that teenagers whose parents believe that it is acceptable for their children to drink alcohol on special occasions are up to four times more likely to engage in hazardous drinking than are other adolescents. They also discovered that fathers' drinking levels were a major factor in teenagers' excessive drinking. Fathers' attitudes to alcohol are crucial in shaping drinking of both boys and girls, but if mothers disapprove of their teenagers drinking, this can halve their risk of hazardous drinking.

In their presentation to the CLDATF, Murphy and O'Sullivan concluded as follows:

- This study has found a significant correlation between parental attitudes and alcohol consumption and adolescent alcohol consumption. It notes that the majority of hazardous adolescent drinkers (68.2%) were under the legal age of consumption.
- In particular the influencing nature of the father is noteworthy. In the future we would recommend that any action plans to tackle adolescent drinking behaviours should also be aimed at tackling father's well-being, attitudes towards and consumption of alcohol.



10. Overview: Myth, Mirth and Merriment

Myth, mirth and merriment are synonymous with alcohol consumption. Disentangling all three in the context of the voluminous number of reports and the number of adversarial protagonists that are lined up against each other is also another challenge. There are vested interests on all sides. The drinks industry, the advertising industry, the broadcasting industry, sporting and cultural organisations, employers, employees, trade unions, health officials, justice officials, academics, researchers and a whole host of others.

There is also the lure if not the rush to being on the side of the angels: that broad brush statements like "alcohol is damaging to society" carry currency with certain members of society. Such broad brush statements lack nuance and are often greeted sceptically by a disbelieving public, particularly the public whose attitudes and behaviours are targeted. In the 1980s and 1990s, there was much concern and "moral panic" at the increase in drug use in Ireland in the latter part of the last decade. [64] While the scale and intensity of drug consumption in the 1980s, in Dublin in particular, was of a different order to what preceded this period, the moral panic that ensued proved to be a very poor basis for response. That remains very much the picture. The reality is that substance use has been part not only of Irish history but of human experience globally since ancient times.

In the Seanad debate on the alcohol bill as detailed above, Health Minister Varadkar claimed that the majority of people who drink do so in a harmful way. There is a real sense of people standing *idir an dhá thaobh*: we drink but we are conscious of its nefarious influence on "the other". In the above mentioned Seanad debate three of the members who spoke in favour of the bill began by saying they enjoy a drink. The only time enjoyment was co-joined with alcohol. The one member who spoke against the bill made no reference to his own drinking. This report challenges the often simplistic mythologising of alcohol, while acknowledging that for very many people its consumption is harmful for themselves and those around them. It is also the case that alcohol is not necessarily at odds with a sense of mirth and merriment. A response to those people who have been either directly or indirectly harmed by alcohol consumption, while at the same time avoiding over simplifications and a gross exaggeration is difficult. The history of doing just that as recently exemplified by the Australian "stoner sloth" campaign has been marked more by failure than success. However, the number of times that health professionals and others try to roll that rock uphill, just as Sisyphus did in Greek mythology, only to see it roll down again. The efforts involved and the sense of futility can act as a real disincentive for public health and related workers in this field.

10.1 Countering the drinks lobby

There are, as outlined, powerful forces in favour of alcohol consumption regardless of its impact. WHO's Director-General Dr Margaret Chan (see footnote 45) expressed the following concerns regarding the promotion of alcohol consumption:

I am deeply concerned by two recent trends. The first relates to trade agreements. Governments introducing measures to protect the health of their citizens are being taken to court, and challenged in litigation. This is dangerous.

The second is efforts by industry to shape the public health policies and strategies that affect their products. When industry is involved in policy-making, rest assured that the most effective control measures will be downplayed or left out entirely. This, too, is well documented, and dangerous.

In the view of WHO, the formulation of health policies must be protected from distortion by commercial or vested interests. The views of the WHO Director are reflected in Irish policy. In a soon to be released Circular from the Department of Education and Skills, the Minister will be advising schools to avoid using resources developed by the alcohol industry.

Rather than facilitate contact between the drinks industry and school children Marion Rackard, of the HSE Social Inclusion Office in a letter to *The Irish Times* [65] suggested that the drinks industry should compensate people for the harm they cause and that the government should impose a social responsibility levy on the drinks industry. Notwithstanding such calls, the alcoholic drinks industry, as outlined above, has a very clear interest in maximising consumption, maximising profits and maximising shareholder return.

II. Conclusions

This report opens with the Irish proverb "An té nach bhfuil láidir ní folair dó a bheith glic". Confronted by the strength of the task how can one respond smartly, intelligently and in a grounded way? Respond in a way that is real, credible and resonates with people particularly those whose lives are harmed by alcohol. Notwithstanding the challenge, behaviours change. In Ireland, the introduction of plastic bag levy in 2002 is often cited as having an immediate, positive transformative impact on the environment. Similarly transformative was the introduction of the smoking ban in the workplace in 2004. Change in behaviour, even deeply entrenched behaviours is possible.

Both of those initiatives highlight two things: (1) the inevitability of a strong lobby that oppose public health initiatives and (2) the necessity of winning people's hearts and minds. Addressing alcohol misuse require more than a technocratic fix, that it requires a deep understanding of the human condition in all its complexities and contradictions and that these are not always amenable to rational scientific fixes. There is no instrumentalist prescription that protects us from the reality of our own ultimate demise. That is the human condition.

There is also the inescapable realisation and truth in the Old Testament prophet's assertion that 'tomorrow we die'. There is no way around that. And we die from all kinds of causes. But that realisation should not make us fearful of life's bountifulness, of its mirth and merriment, nor should it result in our destructive consumption of that bountifulness or mythologise alcohol as the sole wellspring of that mirth and merriment.

There is also the realisation that lifting the burden of the misuse of alcohol enables those who misuse breathe a little easier and live a little better. That and their friends and families and even strangers that they encounter. To achieve that is something worth doing.

II.1 Minimum Pricing

There is a strong body of evidence that supports the assertion that minimum unit pricing as outlined in The Public Health (Alcohol) Bill is an effective determinant to the purchasing of alcohol.

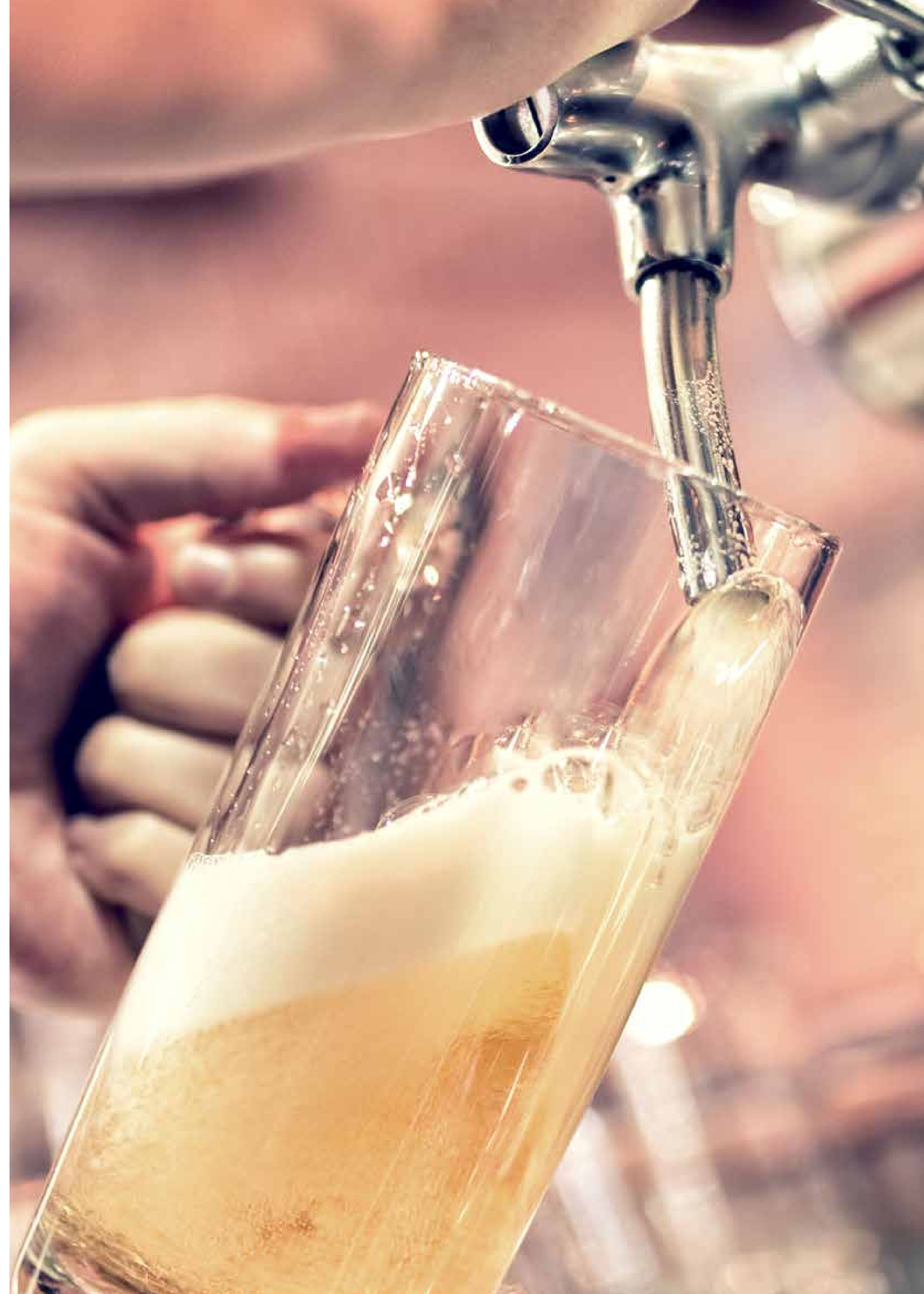
II.2 Availability

Reducing easy access reduces the opportunities for the consumption of alcohol.

II.3 Advertising / Marketing

Advertising works. That is why the drinks industry spends so much money on it. Restricting advertising reduces people's, particularly young people's susceptibility to its power.

Peadar King



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Section 2:
Alcohol Strategy Group Cork and Kerry

Local Alcohol Action Plan

Members of Alcohol Strategy Steering Group

David Lane – Chairperson, HSE Addiction Services
Joe Kirby – Cork Local Drug & Alcohol Task Force
Gemma O'Leary – Cork Local Drug & Alcohol Task Force
Gordan Kinsley – Southern Regional Drug & Alcohol Task Force
Julianne Prendaville – Health Promotion, Kerry
Gemma Hilario – Tralee Community Drugs Initiative
Martin Daveron – University College Cork
Jackie Daly – Cork City Partnership
Tony Sugrue – An Garda Siochana
Patricia Barrett – Hillgrove Outreach Project
Kate Gibney – Southern Regional Drug & Alcohol Task Force
Paula Bradshaw – Cork University Hospital
Gavin Falk – SRDATF Community Rep
John Fuller – SRDATF Community Rep
Aoife Thornton – Kerry County Council

Alcohol Strategy Group Cork and Kerry

Local Alcohol Action Plan

Vision Statement

Motivating the communities in Cork & Kerry to stop the damage caused by Alcohol.

Mission Statement

Building capacity in local communities through an advocacy, research & evidence based approach to change our relationship with Alcohol.

Overarching Pillar

Aim: To ensure that all actions are developed and implemented in the context of relevant National and Local policy

Objective	Action	Who	When	Resources	Performance/KPI Indicators
What needs to Change?	What actions could contribute to change? Actions Agreed	Lead/Others	Timeframe	Inputs required	What will this change look like? What evidence?
Support the implementation of minimum unit pricing	• Position statement from C/K Al Gp to be communicated • Lobby public reps/TDs and policy makers • Capacity building with relevant partners • Collective position from all networks/TFs in media campaigns	C/K Al. Gp C/K Al. Gp C/K Al. Gp C/K Al. Gp	Q3 2016 Q3/4 2016 Q2/3 2016 Q4 2016	Admin support Admin support Admin support/ Al Forum Admin support	Position statement completed. Local groups have completed training Record numbers of people who received briefing document Position statement developed and circulated to TF's nationally Confirmation received. Response received
Support the reduction in the availability of alcohol in local communities	• Position statement from C/K Al Gp to be communicated • Lobby public reps/TDs and policy makers • Capacity building with relevant partners • Collective position from all networks/ TFs in media campaigns • Mapping exercise of alcohol outlets across Cork & Kerry (pilot sites) • Analyse data regarding enforcement (test purchasing, opening hours, localised events) in Cork & Kerry • Partner with local communities to assist them in reducing availabilty and promotions of alcohol at events	C/K Al. Gp C/K Al. Gp C/K Al. Gp C/K Al. Gp UCC MA Student Gardai/C/K Al. Gp C/K Al. Gp CAAG's	Q3 2016 Q3/4 2016 Q2/3 2016 Q3 2016 Q4 2016 Q4 2016 Q4 2016	Admin support Admin support Admin support/ Al Forum Admin support Supervise student/ Admin support/T&S Admin support Staff Time/Admin Support planning	Position statement completed. Record numbers of people who received briefing document Local groups have completed training Confirmation received. Response received Distributed through the media 3 pilot sites and 1 random Master's thesis Figures produced Support pilot sites and the community to address events where alcohol features prominently
Actively advocate for policy change & implementation to restrict the marketing of alcoholic products on a local, regional & national level	• Position statement from C/K Al Gp to be communicated • Lobby public reps/TDs and policy makers • Capacity building with relevant partners • Research & present other effective models regarding restricting marketing (e.g. Finnish Model) • Support local communities to reduce alcohol marketing	C/K Al. Gp C &K Al. Gp/ Student C/K Al. Gp C/K Al. Gp/ Alcohol Forum CAAG's	Q3 2016 Q4 2016 Q2/3 2016 Q1 2017 Q2 2017	Admin support Staffing/admin support Admin support/ Al Forum C/K Al Gp Alcohol Training/ admin support/ staffing	Position statements completed. Record numbers of people who receive position statement Local groups have completed training Research report CAAG's completed training
Inclusion of alcohol in the new national substance misuse strategy.	• Lobby public reps / TDs & policy makers. • Position statement from C/K Al Gp to be communicated.	C/K Al. Gp	Q4 2016	Staffing/Admin Support	Position statement completed. Record number of people who receive position statement.

Education & Prevention Pillar

Aim 1: To increase the awareness of the impact of Alcohol Harms within the wider community.

Aim 2: To increase the general awareness of effective responses to Alcohol Harms at local level

Objective	Action	Who	When	Resources	Performance/KPI Indicators
What needs to Change?	What actions could contribute to change? Actions Agreed	Lead/Others	Timeframe	Inputs required	What will this change look like? What evidence?
Actively promote a general awareness of alcohol harms	• To provide Community Action on Alcohol Training to the 3 designated sites	Al Forum/ CAAG	Q4 2016	Training	Training completed
	• Organise a local conference on alcohol	C/K Al gp	Q4 2017	Funding €3,500/ admin support	Conference occurred
	• Organise Hello Sunday morning initiatives in sites	C/K Al. Gp	Q1 2017	Admin support/ funding	Initiatives occurred
	• Organise awareness raising opportunities within communities (young scientists etc)	CAAG's	Q4 2016	Funding €3,000/ admin support	Awareness raising events occurred. Evaluation (1 page with participants)
	• Support the implementation of the REACT Project	UCC/IT Tralee/CIT	Q4 2016	Staff time	Number of people involved in the process
	• Encourage the roll out of EPUB across the student body	C/K Al. Gp	Q4 2016	Staff time	Number of people involved in the process
Deliver evidenced based education and prevention programmes across Cork & Kerry	• Deliver SFP (2 per site)	CAAG/SFP Steering Gp/C/K Al. Gp	Q3/4 2016 – Q4 2017	Funding €60,000. Staff time	Programmes completed
	• Putting The Pieces Together (delivered in 3 sites)	C/K Al. Gp	Q2 2017	Staff time	Programmes completed
	• Deliver education programme to employer/employee in pilot sites	C/K Al. Gp	Q1 2017	Funding €3,000	Programmes delivered

Supply, Access & Availability Pillar

Aim: To challenge the environment in which Alcohol is made available and accessed.

Objective	Action	Who	When	Resources	Performance/KPI Indicators
What needs to Change?	What actions could contribute to change? How much can we do?	Lead/Others	Timeframe	Inputs required	What will this change look like? What evidence?
To educate communities in the law regarding Sale & Supply of Alcohol ; What constitutes a valid objection to the renewal of an intoxicating liquor licence, or application for an exemption? How to make an objection?	• Organise presentation from local authority & Gardai regarding planning laws to local strategy groups	C/K AL. GP	Q4 2017	Staff time	Presentation delivered
	• Develop community tool kit (booklet) on licensing laws, planning, objections etc	C/K Al. GP	Q2 2017	Funding	Produce booklet for community
	• Lobby for legislation change	C/K Al. GP	Q2 2017	Staffing/admin support	Record numbers of people who received position statement
	• Inform judges re: considering alcohol related harms when granting licenses	C/K Al. Gp	Q1 2017	Staffing/admin support	Meet judges and present findings
To Review and challenge the current environment in which alcohol is available	• Test purchasing pilots in test sites	C/K Al. Gp	Q3/4 2016	Garda commitment	Test purchasing occurring
	• Research international best practice & lobby for bar code traceability	UCC/C&K Al. Gp	Q1 2017	Staff time	Propose traceability system. Lobby
	• Lobby for review of retailers recouping vat for low cost alcohol (sale & supply)	C/K Al. Gp	Q1 2017	Staff time	Develop position statement, circulate and lobby

Screening, Treatment & Rehabilitation Pillar

Aim: To increase opportunities for people to access Screening, Treatment & Rehabilitation Services in Cork and Kerry

Objective	Action	Who	When	Resources	Performance/KPI Indicators
What needs to Change?	What actions could contribute to change? How much can we do?	Lead/Others	Timeframe	Inputs required	What will this change look like? What evidence?
To inform local communities of drug & alcohol services	• Maintain & distribute Directory of Services to local communities	C/K Al.Gp	Q4 2016	Staff time €5,000	Record number of directories distributed and hits on websites
To build the capacity of communities to implement screening and interventions in their areas.	• Provide SAOR training in 3 sites • Provide Train the trainer training for 3 sites • SAOR -formulate implementation plan • Brief Intervention implementation plan programmes 3 sites	C/K Al. Gp C/K Al. Gp C/K Al. Gp C/K Al. Gp	Q3 2017 Q2. 2017 Q4 2016 Q4 2016	Staff time Staff time Staff time Staff time	Training completed in 3 sites Training completed in 3 sites Plan drawn up Plan drawn up
To improve access to drug & alcohol services for local communities especially in rural areas.	• Lobby for additional resources • Feasibility study of Non Residential services in Hubs across the region	Task Forces C/K Al. Gp C/K Al. Gp	Q4 2016 Q2 2017	Staff time Staff time	To review strategic plans for both regional and local taskforces Report completed

Research Pillar

Aim: To conduct local research to support and underpin the local Alcohol Action Plan

Objective	Action	Who	When	Resources	Performance/KPI Indicators
What needs to Change?	What actions could contribute to change? How much can we do?	Lead/Others	Timeframe	Inputs required	What will this change look like? What evidence?
Conduct research that will inform up to date practice in relation to evidenced based harm reduction	• Research models of practice regarding education & prevention that are effective • Examine key findings of the Young Scientist of the Year Award winners and disseminate information to sites to deliver throughout communities – invite winners – invite drama company to develop a piece of work to compliment young scientist's findings	C/K Al. Gp C/K Al. Gp	Q1 2017 Q4 2016	Staff time Staff time	Choose best practice models & adopt in pilot sites Information disseminated

Monitoring & Evaluation Pillar

Aim: To monitor and evaluate the implementation of the Local Alcohol Action plan to inform ongoing development

Objective	Action	Who	When	Resources	Performance/KPI Indicators
What needs to Change?	What actions could contribute to change? How much can we do?	Lead/Others	Timeframe	Inputs required	What will this change look like? What evidence?
Continually monitor and evaluate the implementation of actions agreed within the Local Alcohol Action Plan	• Liaise with U.C.C regarding general population surveys conducted in each site • To review action plan • Conduct a needs analysis with each site on what supports they require to develop and implement the plan	C/K Al. Gp / U.C.C C/K Al. Gp C/K Al. Gp	Q2 2016 Quarterly Q3/4 2016	Funding/Staff time – Staff time	Impact evaluation Baseline prevalence rates of alcohol consumption and attitudes toward alcohol Action plan review Needs analysis outlined Structures for change in place
Continually monitor and evaluate the impact of our agreed actions	• Meet regularly & review progress • Develop Process Evaluation	Steering grp UCC	Quarterly Q3 2016	Staff time Staff time	Minutes of meetings Process evaluation agreed

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