

AlcoholAction
Ireland



Submission on the new National Drugs Strategy

October 2016

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Alcohol Action Ireland

Alcohol Action Ireland is a national charity working to reduce alcohol harm.

We are an independent voice for advocacy and policy change, working to reduce levels of alcohol-related harm in Ireland and improve health, safety and wellbeing for all.

We focus on evidence-based public health policies that will deliver the widest benefits to the greatest number of people within the population.

Alcohol Action Ireland adheres to the World Health Organisation (WHO) guidance that “the alcohol industry has no role in the formulation of alcohol policies, which must be protected from distortion by commercial or vested interests”, (1) and Health Service Executive (HSE) guidance that “there is an inherent conflict associated with the alcohol industry playing a role in providing public health advice”. (2) We therefore do not work with the alcohol industry.

We act as secretariat to the Oireachtas Cross Party Group on Alcohol Harm and are founding members of the Alcohol Health Alliance Ireland. Our organisation is composed of two full-time and one part-time staff members and is run by a voluntary board. Our CEO is Suzanne Costello and the chairperson of our Board is Carol Fawsitt, solicitor.

Other board members include: Professor Joe Barry, specialist in public health medicine with the HSE and Professor of Population Health Medicine at Trinity College Dublin; Dr Declan Bedford, public health specialist; Pdraig Brady, former CEO Pioneer Total Abstinence Association; Catherine Brogan, Mental Health Ireland; Pat Cahill, retired teacher; John McCormack, CEO, Irish Cancer Society, and Tadhg Young, Chief Operating Officer, State Street International Ireland.

Alcohol Action Ireland is funded primarily by the HSE and also through individual public donations. Our governance code and annual accounts are available on our website at www.alcoholireland.ie/about/funders

Alcohol and health in Ireland

The harmful use of alcohol is a causal factor in more than 200 disease and injury conditions. Worldwide, 3.3 million deaths every year result from harmful use of alcohol, which represents 5.9% of all deaths. (3)

Harmful alcohol use is the fifth leading cause of death and disability worldwide, up from 8th in 1990, and every 10 seconds somebody dies from a problem related to alcohol and many more develop an alcohol-related disease. (4)

Alcohol is associated with a risk of developing health problems such as mental and behavioural disorders, including alcohol dependence, major non-communicable diseases such as liver cirrhosis, cancers and cardiovascular diseases, as well as injuries and deaths resulting from violence and road traffic collisions. (3)

In Ireland, our harmful drinking has a huge impact on our nation's physical and mental health, causing the loss of 88 lives due to alcohol every month. (5)

The Health Research Board (HRB) published a comprehensive report in June 2016, (6) which set some of the main impacts of alcohol consumption on our health in Ireland:

- Three people died each day in 2013 as a result of drinking alcohol.
- The number of people discharged from hospital whose condition was totally attributable to alcohol rose by 82% between 1995 and 2013, from 9,420 to 17,120. Males accounted for 72% of these discharges and females 28%.
- There has also been a steady increase in the mean length of stay (LOS) for hospital discharges, from 6.0 days in 1995 to 10.1 days in 2013, which suggests that patients with alcohol-related diagnoses are becoming more complex in terms of their illness.
- The rate of alcoholic liver disease discharges grew threefold between 1995 and 2013. The highest rate of increase was observed among 15–34 year-olds, albeit from a low rate.
- The number of people discharged whose condition was partially attributed to alcohol increased from 52,491 in 2007 to 57,110 in 2011. This is approximately three times the number of discharges totally attributable to alcohol.
- In 2014, one- in-three self-harm presentations were alcohol-related.

Alcohol also has a significant impact on our health in relation to cancer - 900 people are diagnosed with alcohol-related cancers and around 500 people die from these diseases every year, according to the National Cancer Control Programme (NCCP). (7)

The NCCP research found that, between 2001 and 2010, 6.7% of male cancer deaths and 4.6% of female cancer deaths in Ireland were attributable to alcohol – 2,823 men and 1,700 women. More than half of all head and neck cancers in Ireland during that period were associated with alcohol consumption, while 12% of all breast cancers were associated with alcohol consumption. (7)

Alcohol also has a significant impact on our mental health. The National Suicide Research Foundation (NSRF) found that alcohol was involved in 35% of all cases of deliberate self-harm in 2014 (8) and it has also been found to be a major contributory factor to suicides in Ireland. (9)

The evidence shows that the health of Irish people will improve if we reduce overall alcohol consumption and address risky drinking patterns. (6)

Alcohol's cost to society in Ireland

The World Health Organisation (WHO) has pointed out that, beyond health consequences, the harmful use of alcohol brings significant social and economic losses to individuals and society at large. (3)

In Ireland, the burden of alcohol related harm is often experienced by those around the drinker, such as a family member, friend, co-worker or innocent bystander. Alcohol's harm to others undermines public safety and is experienced in every community, ranging from the nuisance factor, feeling unsafe in public places, drink-driving, to a violent attack by an intoxicated drinker. (10)

Although not often publicly visible, alcohol's harm to others within the family can have very serious consequences for the safety and well-being of family members, with children being the most vulnerable. (10) Life-long damage, in the form of foetal development disorders, can also be caused to the unborn child by alcohol consumption during pregnancy. (4)

Alcohol consumption is a significant road safety issue in Ireland and Road Safety Authority research found that it is a factor in 38% of all deaths on Irish roads, as well as many other collisions resulting in injuries. (11)

A review commissioned by the Department of Health, which outlines the economic costs of deaths, illness and crime attributable to alcohol misuse in Ireland, estimates that the overall cost to Irish society in 2013 was €2.35 billion. (12)

Therefore it's clear that while drinking alcohol is an individual choice, it is one that has significant social and economic impacts, and it is this wide range of harms to others, and costs borne by the State and, ultimately, the taxpayer, that economists define as 'externalities'. (4)

The OECD states that when these 'externalities' exist, consumers typically do not appreciate the full costs of their consumption, because the price they pay when they purchase a commodity does not reflect the external costs of its consumption (4) and in Ireland the costs of alcohol harm to society are huge and complex.

Dr Ann Hope pointed out that just some of these costs can be estimated with some degree of reliability and that problem alcohol use gives rise to three types of costs: direct costs, indirect costs and intangible costs. (12)

Direct costs, such as costs to the health care and criminal justice systems, are borne by the government and therefore by taxpayers. Indirect costs include lost output through alcohol-related absenteeism and premature death or disability. Intangible costs are mainly the pain and suffering experienced by those who experience alcohol-related problems, due to their own drinking or someone else's, and are the most difficult category of costs to measure. (12)

There is no doubt that 'the societal costs of existing levels of alcohol consumption in Ireland far outweigh the employment, trade and tax benefits'. (13)

Harmful alcohol consumption and binge drinking, in particular, carry 'devastating personal and social consequences, they increase health spending and reduce our standard of living'. (4)

National Drugs Strategy

Alcohol Action Ireland welcomes the inclusion of alcohol in the new National Drugs Strategy and considers its inclusion in the Strategy as critical to an effective response to the significant burden of harm that alcohol misuse places on Irish society.

Alcohol is the most commonly used drug in Ireland, the drug for which treatment is most commonly required, and the drug which is responsible for the greatest burden of health and social harm at individual, family, community and societal levels.

It is also significant that alcohol misuse is frequently present in polydrug use issues, whether with illicit drugs or other legal drugs (e.g. prescription and over-the-counter medicines), which are increasingly prevalent in Irish society, while alcohol can also act as a gateway to the use of illicit drugs.

Many of the treatment and rehabilitation service providers deliver services to both those who misuse alcohol and other drugs.

The Government first decided to include alcohol in a National Substance Misuse Strategy and a Steering Group was established to advise Ministers on a new Strategy in 2009. The Steering Group was drawn from relevant Departments and agencies, medical professional bodies, the community and voluntary sectors, and the alcohol industry.

The report of the National Substance Misuse Strategy Steering Group, published in 2012, provided a roadmap for the future direction of policy to deal with alcohol misuse in Ireland and was intended to be taken in conjunction with the National Drugs Strategy 2009–2016 until alcohol was fully incorporated into the new National Drugs Strategy from 2017 onwards.

The Steering Group Report was comprehensive in its analysis and specific in its recommendations to deal with the issue of alcohol misuse in Ireland, with wide-ranging recommendations in each of the five pillars of the National Drugs Strategy: supply reduction, prevention, treatment and rehabilitation, and research.

“The human cost of alcohol use and misuse is too stark to ignore and the Steering Group made 45 recommendations to tackle the harm caused to individuals and society from alcohol use and misuse,” said Chief Medical Officer Dr Tony Holohan at the launch of the report. (14)

The Steering Group adopted a population-based approach to its work, as such an approach benefits those who are not in regular contact with the health services and those who have not been specifically advised to reduce their alcohol intake.

“The World Health Organization (WHO) notes that alcohol interventions targeted at vulnerable groups can prevent alcohol harm, but that policies targeted at the whole population, while having a protective effect on vulnerable populations, also reduce the overall level of alcohol problems. It also helps prevent people from drinking harmful or hazardous quantities of alcohol in the first place.” said Dr Holohan. (14)

As well as the population health approach, largely covered under the supply pillar, the report also contains 20 recommendations under the treatment and rehabilitation pillar that would improve access to appropriate interventions and treatment for those with alcohol and substance use disorders; develop family support services, and support treatment services to develop appropriate interventions and services for their clients.

However, despite the comprehensive evidence-based recommendations in the report of the National Substance Misuse Strategy Steering Group and their potential to effectively respond to alcohol misuse, the majority of these recommendations have not been implemented in the four years since the report was published.

Some of these recommendations, particularly in the area of population health, have formed the basis of the Public Health (Alcohol) Bill and have been delayed by the legislative process and sustained opposition by vested interests.

Other important recommendations in the report have been neglected primarily due to a lack of resources, as well as a lack co-ordination across the alcohol, drug and mental health services.

The pillars in the report contain recommendations that broadly address the wider environment in relation to alcohol (e.g. legislation to protect children from alcohol marketing) and the at-risk individual (e.g. improved access to appropriate interventions and treatment and rehabilitation services for clients), both of which must form part of an effective response to alcohol misuse.

Therefore, a set of comprehensive, evidence-based recommendations that are required to tackle the harm caused to individuals, families, communities and society by alcohol misuse already exist via the report of the National Substance Misuse Strategy Steering Group. Those recommendations which have not yet been implemented must be incorporated into the new National Drugs Strategy.

Most importantly, the implementation of these recommendations – and addressing any new areas of importance identified as part of this public consultation process – will ultimately require political will, adequate resourcing, particularly of treatment and rehabilitation services, and greater co-ordination of all the relevant services.

Without these important elements being in place, we are likely to have a comprehensive National Drugs Strategy, but one which faces serious and, in some cases, insurmountable obstacles to the implementation of recommendations and achievement of its important objectives.

Supply

The full implementation of the Public Health (Alcohol) Bill must be a key plank of the new National Drugs Strategy as it is a critical part of reducing alcohol harm.

This legislation is based on recommendations of the report of the National Substance Misuse Strategy Steering Group, which took note of the shift in the pattern of alcohol purchasing from the pub to the off-licence sector, and to supermarkets in particular – a shift that has accelerated since the publication of that report, driven by low-cost alcohol.

The report points out, in line with comprehensive international evidence, that the price, availability and marketing of alcohol are key factors in its supply, which in turn impacts on the volume and pattern of alcohol consumption. Policies targeting price, availability and marketing are considered three of the ten ‘best-buys’ - the most cost-effective and feasible interventions - for preventing and controlling chronic disease by the World Health Organisation (WHO).

The WHO notes that ‘the accumulated research findings indicate that population-based policy options – such as the use of taxation to regulate the demand for alcoholic beverages, restricting their availability and implementing bans on alcohol advertising – are the “best buys” in reducing the harmful use of alcohol as they are highly cost-effective in reducing the alcohol-attributable deaths and disabilities at population level’. (3)

The Public Health (Alcohol) Bill is Ireland's first ever legislation to treat alcohol misuse as a serious public health problem and contains measures that address the key areas of price, availability and marketing, as well as other important areas, such as the health labelling of alcohol products.

The legislation will ensure that alcohol is no longer treated as just another ordinary commodity or grocery, but is regulated effectively to reduce alcohol harm in Ireland and improve public health, safety and wellbeing.

The goal of the legislation is to reduce the damage that alcohol causes to individuals, families and society by reducing our alcohol consumption, with a particular focus on protecting children and young people from alcohol harm. It aims to reduce our per capita alcohol consumption in Ireland to 9.1 litres for every person aged 15 and over by 2020.

The Public Health (Alcohol) Bill is part of a wider range of measures planned under the Healthy Ireland framework, which will work together to improve our health and wellbeing, both as individuals and as a nation.

The Sale of Alcohol Bill, for which the Department of Justice has responsibility, is also relevant to a number of recommendations contained in the supply pillar of the report of the National Substance Misuse Strategy Steering Group.

This legislation will be important for objectives relating to issues surrounding the sale of alcohol and licensing-related matters, with the Department stating that the Sale of Alcohol Bill will include 'provisions more suited to modern conditions', (15) which can help address concerns including distance sales and the ease with which minors can access alcohol.

Its objectives are:

- to simplify and streamline the licensing laws
- to reduce alcohol-related harm, especially among young people
- to promote coherence between the planning and licensing codes, including a strengthening of the role of local authorities in licensing matters
- to improve compliance with licensing law by licensees, and its enforcement by An Garda Síochána

[Treatment and Rehabilitation](#)

The report of the National Substance Misuse Strategy Steering Group contain many valuable recommendations that have not yet been implemented.

This is particularly true of 20 recommendations under the treatment and rehabilitation pillar, which were made in line with those contained in the National Drugs Strategy 2009–2016.

The strategic aim of the recommendations was to 'develop a national recovery-based treatment and rehabilitation service built on quality standards which actively promotes and encourages early intervention to accessible services within the 4-tiered model approach based on integrated care pathways', (16) incorporating screening and brief interventions, and specialist treatment.

The areas of treatment and rehabilitation are the areas where the issues of the lack of adequate resourcing and co-ordination of services are most detrimental to efforts to ensure that people with substance misuse problems can access the appropriate treatment and supports, while then continuing to be supported as they re-integrate into their communities. The provision of public treatment is an urgent priority from the point-of-view of alcohol misuse.

Recommendations from the report that Alcohol Action Ireland considers key include:

- Establish a Clinical Directorate to develop the clinical and organisational governance framework that will underpin treatment and rehabilitation services. The Directorate will also build the necessary infrastructure required to improve access to appropriate interventions and treatment and rehabilitation services for clients with alcohol/substance use disorders
- Develop joint protocols between mental health services and drug and alcohol services with the objective of integrating care planning to improve the outcomes for people with co-morbid severe mental illness and substance misuse problems
- Identify and address gaps in child and adolescent service provision; develop multi-disciplinary child and adolescent teams; and develop better interagency co-operation between addiction and child and family services
- Develop a specialist detoxification service that promotes the expansion of nurse prescribing in alcohol detoxification; provides a number of clinical detox in-patient beds for clients with complex needs; and provides community detox for those with alcohol dependency problems
- Develop a comprehensive outcomes and evidence-based approach to addressing the needs of children and families experiencing alcohol dependency problems. This would involve a whole-family approach, including the provision of supports and services directly to children where necessary.

An implementation framework that is adequately resourced and closely monitored is essential if treatment and rehabilitation services are to be facilitate greater access to, and development of, their services.

The other key issue is cross-sectoral working as the alcohol, drug and mental health services, in particular, must develop an integrated approach and work together in a way that facilitates greater access and improves outcomes for service users and their families.

The failure of Vision for Change, in particular, to link the treatment of mental health issues and alcohol misuse is a situation that must be addressed as a priority.

This will be important in terms of the recommendation to establish 'clear linkages between the addiction services, primary care services, community mental health teams and specialist mental health teams to facilitate the required development of an integrated approach to service development, including: developing detoxification services; ensuring availability of, and access to, community-based, appropriate treatment and rehabilitation services through the development of care pathways; and ensuring access to community mental health teams where there is a co-existing mental health condition'. (16)

For the reasons outlined above, it is recommended that a stakeholder forum be established to oversee the implementation of the National Drugs Strategy and deal with issues as they arise, with representation at senior level from key organisations (e.g. Department of Health, Health Service Executive, Department of Justice) and encompassing representation from the wide range of stakeholders involved in the Strategy (e.g. treatment and rehabilitation services, community and voluntary sectors).

Prevention

The prevention pillar of the report of the National Substance Misuse Strategy Steering Group contains recommendations relating to education interventions.

Alcohol Action Ireland believes that education has a part to play in the new National Drugs Strategy and particularly support the recommendation that a mandatory senior cycle programme for schools should be rolled out.

This is particularly important in the context where the most recent research suggests there is a clear age of drinking 'initiation' in Ireland and risky drinking behaviour is commonplace among Irish children who drink alcohol from the age of 15 onwards. (17, 18) It is also notable that the Health Research Board found that the highest levels of both harmful and dependent drinking are among the 18 to 24-year-old age group. (19)

It is crucial that any education initiatives undertaken are completely independent of the alcohol-industry and its funded ventures. "Central to the alcohol industry's CSR activities are social aspects/public relations organizations (SAPROs), set up 'to manage issues that may be detrimental to its interests, particularly in areas that overlap with public health'. SAPROs divert attention away from population-level strategies that limit the availability, price and promotion of alcohol, and thus threaten corporate profits, towards those focused on individual responsibility." (20)

The position of the Health Service Executive is that "public health information must be evidence-based and not connected to the alcohol industry to be credible". (2) The Department of Education has issued a circular which states that, "Schools are advised to avoid using resources developed by the alcohol industry." (21)

It should be noted that the public consultation questionnaire for this process, in its prevention section, focuses almost exclusively on the provision of information and education in its questions.

This is likely to skew responses in this area towards information and education, which is important, as the World Health Organisation (WHO) has pointed out 'the evidence shows that information and education-type programmes do not reduce alcohol-related harm, although they have a role in providing information, reframing alcohol-related problems, and increasing attention to and acceptance of alcohol on the political and public agendas'. (22)

The WHO further points out that 'devoting scarce resources to interventions that do not discernibly reduce the harm done by alcohol, as is the case for information and education aimed at changing behaviour, can be argued as an inefficient use of scarce resources'. (22)

An over-reliance on information and education is also important in the context of substance misuse as it is disadvantaged communities and marginalised groups that are worst affected by alcohol and/or drug problems.

Broad public education or awareness campaigns are considered 'high agency' and have less evidence of effectiveness than policies that require 'low agency'- meaning people do not have to use a significant amount of their personal resources or 'agency' to benefit from these policies. (23-25)

One of the key issues with high-agency interventions is that 'exerting agency requires individuals to rally their cognitive, psychological, time, and material resources —all of which tend to be socioeconomically patterned'. (24)

In fact, the WHO has warned that education and persuasion alone do not work to reduce alcohol harm, and are likely to make inequities worse as they are most effective in more advantaged groups. (23)

The WHO said that education and persuasion 'should not be relied upon as the only strategies to reduce the harmful use of alcohol, as not only are they less effective than other interventions (such

as increasing prices and restricting availability), they are strategies which have a high potential to increase inequities'. It notes that where these strategies are used, specific efforts are required to ensure the messages and methods are designed with and for the most disadvantaged groups. (23)

Research

The report of the National Substance Misuse Strategy Steering Group identified the importance of continuing to implement and develop epidemiological indicators and the associated data collection systems for alcohol harm.

These indicators and systems would indicate the prevalence and patterns of alcohol use and misuse among the general population; prevalence and patterns of alcohol use among specific sub-groups; demand for alcohol treatment; alcohol-related deaths and mortality of alcohol users; public expenditure, and harm reduction.

However, apart from the significant contribution to alcohol research in Ireland by the Health Research Board, there exists a lack of timely evidence on the impact of alcohol misuse on our health and wider society. Much of this evidence is contained in our health service, but is not captured or reported on in a systematic manner (e.g. in emergency departments).

While the collection and dissemination of data from within the health service is crucial, it must be noted that 'the knowledge needed to address health and social problems is unlikely to reside in a single discipline or research methodology. Interdisciplinary research is capable of playing a critical role in the progress of public health by applying the methodologies of the medical, behavioural, social, and population sciences to an understanding of alcohol-related problems and their prevention'. (26)

This lack of availability of timely evidence regarding alcohol misuse in Ireland is one of the reasons that progress on implementing the recommendations of report of the National Substance Misuse Strategy Steering Group has been minimal, as it hinders effective policy-making and also means that policy-makers and the general public are not aware of the full impact of alcohol misuse on Irish society.

One of the three recommendations under the research pillar of report of the National Substance Misuse Strategy Steering Group, states we must 'develop and prioritise a research programme, revised on an annual basis, to examine the economic, social and health consequences of alcohol and the impact of alcohol policy measures'. These annual findings should be publicly available and widely disseminated.

Recommendations

- Incorporate those recommendations of the report of the National Substance Misuse Strategy Steering Group which have not yet been implemented into the new National Drugs Strategy.
- Established a stakeholder forum to oversee the implementation of the National Drugs Strategy and deal with issues as they arise, with representation at senior level from key organisations and encompassing representation from the wide range of stakeholders involved in the Strategy.
- Ensure adequate resourcing of treatment and rehabilitation services to ensure that people with substance misuse problems can access the appropriate treatment and supports, while then continuing to be supported as they re-integrate into their communities.
- Cross-sectoral working for the alcohol, drug and mental health services must be made a priority to facilitate the development of an integrated approach that provides greater access and improves outcomes for service users and their families. In particular, the failure of Vision for Change to link the treatment of mental health issues and alcohol misuse must be addressed.

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