

Reducing alcohol-related harm
by addressing availability -

Maximising benefits from
North South cooperation

North South Alcohol Policy
Advisory Group

July 2014

Reducing alcohol-related harm by addressing availability - Maximising benefits from North South cooperation

Prepared by Dr Helen McAvoy and Dr Joanna Purdy
The Institute of Public Health in Ireland (IPH)

On behalf of
The North South Alcohol Policy Advisory Group

The Institute of Public Health in Ireland (IPH)

5th Floor	Forestview
Bishop's Square	Purdy's Lane
Redmond's Hill	Belfast
Dublin 2	BT8 7AR
Tel: +353 1 478 6300	Tel: +44 2890 648494

Email: info@publichealth.ie
www.publichealth.ie

July 2014

Contents

Section 1	Background	1
1.1	Introduction.....	1
1.2	Alcohol consumption on the island of Ireland – key evidence.....	2
1.3	Alcohol-related harm on the island of Ireland – key evidence.....	7
1.4	Strengths and limitations of data presented	11
Section 2	Availability	12
2.1	Alcohol availability on the island of Ireland - scope and structure of our consideration	12
2.2	Where? – location of alcohol sales on the island of Ireland	13
2.3	Who? – serving practices	18
2.4	When? – opening times for alcohol sales.....	21
2.5	How much? – alcohol affordability.....	24
Section 3	Discussion	29
References	31
Appendices	37
Appendix 1	Terms of Reference.....	37
Appendix 2	Membership of the North South Alcohol Policy Advisory Group.....	38
Appendix 3	Comparison of alcohol consumption guidelines and limits in Northern Ireland and the Republic of Ireland.....	39
Appendix 4	Data collection methods	41
Appendix 5	Reasons for the differences in reported alcohol consumption and alcohol sales	42
Appendix 6	UK Public Health Responsibility Deal	43
Appendix 7	Recommendations of the Steering Group Report on a National Substance Misuse Strategy	44
Appendix 8	Recommendations of the New Strategic Direction on Alcohol and Drugs Phase 2 (2011-2016).....	51

Section 1 Background

1.1 Introduction

Alcohol-related harm is a critical public health concern across the island of Ireland. Strategies in both jurisdictions have highlighted the need for cross-departmental and cross-sectoral engagement to reduce alcohol consumption and harm. In addition, the *Steering Group Report on a National Substance Misuse Strategy*⁽¹⁾ makes a specific recommendation to strengthen collaboration and coordination on reducing alcohol-related harm on a North South basis.

In response to these policy recommendations, the Chief Medical Officers in both jurisdictions requested that the Institute of Public Health in Ireland (IPH) facilitate enhanced North South collaborative working on alcohol issues. A North South Alcohol Policy Advisory Group was established in late 2012. IPH is an all-island organisation with extensive experience in North South collaborative working on health policy and programmes. The terms of reference and membership of the group are listed in Appendix 1 and 2.

Many benefits can be accrued through enhanced North South cooperation on alcohol policies and programmes including:

- Mutually beneficial learning through sharing of ideas and experience
- The development of key relationships for sharing knowledge and access to knowledge networks
- Development of united and strong cross-jurisdictional messages to influence policy in favour of health and the reduction of alcohol-related harm on the island
- Economies of scale in the coordinated roll-out of programmes, evaluations and media campaigns
- Harmonised approaches to cross-border issues such as alcohol pricing and legislation
- Opportunities to support implementation of successful programmes from one jurisdiction to another and compare different policy approaches
- Enhanced capacity to participate in wider European and global work on alcohol including joint cross-jurisdictional research applications.

Group members proposed that the issue of alcohol availability would form the initial focus of the work and that a paper be developed in this respect. There was also interest in further collaboration on approaches to hidden harm, brief interventions and the evaluation and planning of alcohol treatment services in the future. This paper begins by presenting data on alcohol consumption and harm in both jurisdictions (sections 1.2 to 1.4). Section 2 presents a framework for considering the issue of alcohol availability. Under each heading of this framework, the current policy landscape in the Republic of Ireland and Northern Ireland is presented as well as relevant evidence from national and international studies. Section 3 presents some policy implications and proposals to consolidate North South cooperation and success in addressing alcohol availability as a means to reduce alcohol-related harm on the island of Ireland.

1.2 Alcohol consumption on the island of Ireland – key evidence

1.2.1 Drinkers and non-drinkers

- In the Republic of Ireland in 2007, 81% of adults (aged 18+) reported drinking alcohol (85% of men; 77% of women), at a level similar to that recorded in 1998.⁽²⁾
- In 2011, almost three-quarters (74%) of adults (aged 18-75) in Northern Ireland consumed alcohol (78% of men; 72% of women).⁽³⁾
- The proportion of non-drinkers in the Republic of Ireland (19%) is lower than the Europeanⁱ average of 25% and the Northern Ireland rate of 26%. A higher proportion of women in both Northern Ireland (72%)⁽³⁾ and the Republic of Ireland drink (77%) compared with other European countries (68%).⁽²⁾
- Data relating to the frequency of alcohol consumption are collected and reported differently in each jurisdiction, thus making absolute comparisons difficult. In the *Survey of Lifestyle, Attitudes and Nutrition in Ireland (SLÁN)* in the Republic of Ireland, frequency of alcohol consumption is based on the total survey sample and includes non-drinkers. In Northern Ireland, frequency of alcohol consumption is based on the total number of adult drinkers.
- In the Republic of Ireland, frequency of alcohol consumption varied by gender, age and social class. Of adults in 2007, 16% consumed alcohol once a month or less, 27% drank 2-4 times per month and 30% consumed alcohol 2-3 times per week. Fewer than one in ten (8%) consumed alcohol more than 4 times per week.⁽²⁾
- According to the SLÁN survey, men consumed alcohol more often than women, with 45% of men reporting that they drank at least 2-3 times a week compared to 29% of women. Those in social class 1-2 (11%) and aged 45+ (11%) were more likely to drink 4 or more times per week compared to younger age groups (4% of 18-29 year olds) and those in lower social classes (6% of those in social class 5-6).⁽²⁾
- According to an OECDⁱⁱ comparison of 33 countries, the Republic of Ireland ranked third highest in terms of annual consumption of pure alcohol with 13.2 litres per person per annum in 2007, decreasing to 11.6 litres per person in 2011. In the same year, alcohol consumption in the UK was reported to be 10 litres per person per annum.⁽⁴⁾

ⁱ The *Eurobarometer: Attitudes towards Alcohol* survey took place during 2006 across 29 European countries: the 25 EU Member States, the 2 acceding countries at the time (Bulgaria and Romania) and one of the 2 candidate countries (Croatia), together with the Turkish Cypriot community.

ⁱⁱ Organisation for Economic Co-operation and Development

- In 2011 in Northern Ireland, almost half of drinkers (46%) said they consumed alcohol at least once a week, with a further 6% reporting to drink daily or most days. Men reported drinking more often than women (52% of men drinking at least once a week compared to 40% of women). Alcohol consumption also varied by age with 16% of 60-75 year olds drinking daily or on most days compared to 1% of 18-29 year olds.⁽³⁾

1.2.2 Drinking above recommended limits and harmful drinking patterns

Recommended Limits

- Due to differences in recognised alcohol measures, data on drinking above the recommended alcohol limit are not comparable between the two jurisdictions (see Appendix 3). In the Republic of Ireland 1 standard drink = 10g pure alcohol. In Northern Ireland 1 unit of alcohol = 8g pure alcohol.
- In the Republic of Ireland, data on drinking above the recommended limits are based on weekly guidelines and are based on the percentage of adult drinkers who exceeded the recommended weekly limit. In 2007 it was reported that 10% of drinkers reported drinking in excess of the recommended weekly limit.⁽²⁾
- In Northern Ireland, drinking above the recommended limit is documented according to daily limits. In 2011 in Northern Ireland, almost eight in ten drinkers (78%) reported having reached or exceeded the recommended daily limit on at least one occasion in the week prior to the survey.⁽³⁾

Harmful drinking

- Excessive alcohol consumption relates directly to increased levels of alcohol-related harm. Drinking beyond safe limits was more common among the 18-29 age group in both jurisdictions. Gender differences were observed across the island, with males in the Republic of Ireland more likely to exceed the recommended weekly limit⁽²⁾ and females in Northern Ireland more likely to exceed the recommended daily limit.⁽³⁾
- In the Republic of Ireland, over one-quarter of drinkers (28%) reported binge drinking (ie drinking 6 or more standard drinks on one occasion) at least once a week. These drinking patterns were more common among younger drinkers (18-29 year olds), male drinkers and those in social classes 5 and 6.⁽²⁾
- Harmful drinking patterns have been demonstrated among a notable proportion of drinkers in the Republic of Ireland. Based on the WHO AUDIT-Cⁱⁱⁱ scores, over half of all drinkers in the Republic of Ireland (58%; 1.5m

ⁱⁱⁱ WHO AUDIT-C is a short version of the Alcohol Use Disorders Identification Test (AUDIT), which was developed by the World Health Organization to screen for excessive drinking and to identify persons with harmful drinking patterns.

adults) had a positive score (indicative of harmful drinking patterns). Seven in ten men and 42% of women reported harmful drinking patterns.⁽²⁾

- In the Republic of Ireland in 2007, 12% of drinkers who also drive, reported that they had driven a car in the previous year after consuming 2 or more standard drinks.⁽²⁾
- In Northern Ireland, 30% of drinkers reported binge drinking (consuming ten or more units of alcohol in one session for males and consuming seven or more units for females) on at least one occasion in the week prior to the survey. Binge drinking was more common among younger drinkers (aged 18-29) and among males.⁽³⁾
- The *Northern Ireland Adult Drinking Patterns Survey* uses the CAGE^{iv} questions to determine problem drinking patterns. Responses revealed that around one in ten adults may have a problem with alcohol.⁽³⁾

1.2.3 Alcohol consumption and health inequalities

- In both the Republic of Ireland and Northern Ireland, harmful drinking patterns and alcohol-related harms are more prevalent among lower socio-economic drinkers.
- In the Republic of Ireland, whilst alcohol consumption was more prevalent among higher social classes (79% in Social Class 1-2 compared to 73% in Social Class 5-6), lower socio-economic status was associated with a greater volume of alcohol consumption, eg consuming 5 or more drinks per drinking occasion was more common among Social Classes 3-4 and 5-6.⁽²⁾
- Binge drinking was also more common lower socio-economic groups with 34% of those in Social Class 5-6 reporting having consumed 6 or more standard drinks on one occasion at least once a week, compared to 24% in Social Class 1-2 and 29% in Social Class 3-4.⁽²⁾
- Based on the WHO AUDIT-C scores, a higher proportion of drinkers in Social Classes 3-4 and 5-6 (59%) had a positive score (indicative of harmful drinking patterns), compared to 54% of those in Social Class 1-2 and 53% of those in the Unclassified Social Class.⁽²⁾
- In Northern Ireland, 83% of those in managerial or professional occupations consumed alcohol compared to 72% of those in routine or manual

^{iv} CAGE questions are clinical interview questions that have been used internationally as an assessment tool for identifying potential problems with alcohol:

- I have felt that I ought to **C**ut down on my drinking.
- People have **A**nnoyed me by criticising my drinking.
- I have felt ashamed or **G**uilty about my drinking.
- I have had a drink first thing in the morning (**E**ye opener) to steady my nerves or get rid of a hangover.

occupations. A similar pattern was evident in relation to household income and education status.⁽³⁾

- Excessive (and therefore harmful) alcohol consumption was associated with lower socio-economic status including a greater risk of exceeding the daily limit and binge drinking.⁽³⁾
- A significantly greater number of drinkers in the intermediate (81%), routine and manual (84%) and not classified (84%) occupations exceeded the daily limit compared with 70% of those in managerial and professional occupations.⁽³⁾
- Those in routine or manual (36%) and not classified occupations (48%) were significantly more likely to binge drink compared to those in managerial and professional or intermediate occupations (23%).⁽³⁾

1.2.4 Young people

- Alcohol consumption among young people is of particular concern. The earlier a person starts drinking, the greater the risk of alcohol-related harm both in adolescence and throughout their life.
- The *Health Behaviour of School-Aged Children in Ireland* (HBSC) survey revealed that 46% of 10-17 year olds had consumed alcohol in their lifetime and 21% had been drinking in the month prior to the survey. Almost three in ten (28%) reported having been 'really drunk' in the past month. The proportion of children aged 10-17 who reported being really drunk decreased between 2006 and 2010.⁽⁵⁾
- In the Republic of Ireland the evidence would suggest that girls are initiated into drinking and drunkenness slightly later than boys, but by the age of 14 or 15 the percentage of girls who have ever drunk alcohol or have ever been drunk are roughly similar to boys.⁽⁶⁾
- A relatively small proportion of primary school children in the Republic of Ireland have drunk alcohol or report drinking alcohol weekly. The percentages increase substantially year on year during the junior cycle phase (ages 13-16), with weekly drinking and reported drunkenness continuing to increase into the senior cycle phase (ages 16-18).⁽⁶⁾
- According to the 2011 *European School Survey Project on Alcohol and other Drugs*, 73% of young people (aged 15-16 years) in the Republic of Ireland had consumed alcohol in the past 12 months. Half of those surveyed reported to have consumed alcohol in the previous month, of which almost 1 in 4 (23%) had been drunk in the same period. Four out of ten young people reported that they had consumed 5 or more drinks on one occasion in the month prior to the survey.⁽⁷⁾

- Over half (55%) of pupils aged 11 to 16 years in Northern Ireland reported that they had drunk alcohol in their lifetime. Among those pupils who have ever drunk alcohol, over half (55%) reported being drunk on at least one occasion. The average age at which pupils first drank alcohol was 12 years. Over one quarter (27%) of pupils who have ever consumed alcohol, bought it themselves.⁽⁸⁾

1.2.5 Alcohol and pregnancy

- In the Republic of Ireland, a study of women attending Coombe Women's Hospital between 1999 and 2005 collected data on alcohol consumption prior to and during pregnancy. Of the 36,108 women who consumed alcohol prior to pregnancy, 13.2% stopped drinking during their pregnancy. Based on the number of women who reported to consume alcohol prior to their pregnancy, 12.3 % reported drinking six or more units per week. Of this number, just over one in five (22%) stopped during their pregnancy.⁽⁹⁾

1.3 Alcohol-related harm on the island of Ireland – key evidence

Alcohol is a psychoactive substance that impacts on the health of individuals depending on the levels and patterns of consumption. In large amounts, alcohol has a toxic effect and can be fatal.⁽¹⁰⁾ The evidence presented in the following section highlights the effects of alcohol not just on the individual, but on family members and society as a whole.

1.3.1 Alcohol-related deaths

- Alcohol-related deaths in the Republic of Ireland and Northern Ireland are continuing to increase. Men and those aged between 45 and 60 are most likely to die as a result of alcohol-related conditions.
- In Northern Ireland between 2006 and 2010 there were 14.6 alcohol-related deaths per 100,000 population, with death rates among men (21.3 per 100,000) more than twice that of women (10.5 per 100,000). The greatest number of alcohol-related deaths occurred in the 45-54 age group.⁽¹¹⁾ The death rate in the most deprived areas (32.7 deaths per 100,000 population) was more than double the Northern Ireland rate and more than five times that of the least deprived neighbourhoods (6.1 deaths per 100,000 population).⁽¹²⁾
- In the Republic of Ireland, between 2004 and 2008, 3336 non-poisoning^v deaths of people who were known to be alcohol dependent were recorded (508 in 2004, increasing to 799 in 2008).⁽¹³⁾
- Alcohol was known to be involved in over half of all suicides in the Republic of Ireland in 2010.⁽¹⁴⁾ Between 2000 and 2004, alcohol was considered to be a contributing factor in 823 suicides in the Republic of Ireland.⁽¹⁵⁾
- The Suicide Support and Information System (SSIS)^{vi} was implemented in Cork city and county between September 2008 and March 2011, and included 190 consecutive cases of suicide. In the year prior to death, alcohol and/or drug abuse was present in 51.7% of the cases.⁽¹⁶⁾
- Alcohol was involved in 38% of all cases of self-harm, occurring significantly more often in male episodes of self-harm compared with female episodes (42% and 36% respectively).⁽¹⁶⁾
- In Northern Ireland, alcohol misuse was a factor in 60% of suicides among people with mental health problems and 70% of suicides among young people known to mental health services.⁽¹⁷⁾

^v Non-poisoning deaths are defined as medical causes (such as haemorrhage, cerebral, other respiratory diseases and other infection) and traumatic causes (such as falls, choking, violence and road traffic collisions).

^{vi} Innovative system developed to facilitate access to support for those bereaved by suicide and to obtain information on risk factors linked with suicide and deaths classified as open verdicts.

1.3.2 Alcohol-related harm and the health service

- Over the last 15-20 years, alcohol-related morbidity has been increasing, and this is reflected in trends for hospital admissions and discharges across the island of Ireland.
- In the Republic of Ireland chronic alcohol-related conditions are becoming increasingly common among younger age groups.⁽¹⁰⁾ Between 1995 and 2007, the rate of discharges for alcoholic liver disease increased by 247% for 15-34 year olds, and by 224% for 35-49 year olds.⁽¹⁸⁾
- In Northern Ireland in 2009/10 there were 3,475 admissions to acute hospitals with a primary alcohol-related diagnosis. Between 1999/00 and 2009/10 the rate of admissions (any diagnosis) for mental or behavioural disorders due to alcohol increased by 53% and for alcoholic liver disease by 89%.⁽¹¹⁾
- Alcohol-related cancers are expected to increase across the island of Ireland. In the Republic of Ireland, the projected number of new alcohol-related cancers is estimated to more than double for females and increase by 81% for males up to 2020.⁽¹⁹⁾
- Alcohol is related to a significant burden of injury on the island. A study of 2,500 patients in six major acute hospitals in the Republic of Ireland found that 28% of all injury attendances in accident and emergency departments were alcohol-related, increasing to 80% between midnight and 6am on Sundays. Three-quarters of patients presenting with alcohol-related injuries were male and almost half were in the 18-29 age group.⁽²⁰⁾

1.3.3 Alcohol-related road traffic accidents

- There has been a marked decrease in the total number of road traffic fatalities, including a decline in alcohol-related road traffic collisions. Nonetheless, drink driving still remains a concern, particularly among younger drivers and features in the current road safety strategies in both jurisdictions.^(21, 22)
- According to the Road Safety Authority of Ireland, in 1 in 4 fatal road traffic accidents, the driver had consumed alcohol.⁽²³⁾ In the Republic of Ireland there were 10,872 detected drink driving incidents recorded in 2011, a decrease of 17% on 2010. On average, 1 in 492 drivers (0.2%) breathalysed at a checkpoint, tested positive for alcohol or refused/ failed to provide a sample. This represents a downward trend from 0.25% in 2010.⁽²⁴⁾
- According to the Police Service of Northern Ireland (PSNI) records for 2011, 9 deaths, 97 serious injuries and 357 minor injuries occurred as a result of road traffic accidents where alcohol or drugs was the principle cause.⁽²⁵⁾

1.3.4 Harm to others

- Alcohol misuse is known to have a significant impact on the lives of children. Based on EU estimates for 2008, up to 109,476 children in the Republic of Ireland aged under 14 are adversely affected by parental alcohol use.⁽²⁶⁾ Based on the 2001 Census, it is estimated that approximately 40,000 children in Northern Ireland are living with parental alcohol misuse.⁽²⁷⁾
- In the Republic of Ireland, alcohol was identified as a contributory factor in 97% of public order offences.⁽²⁸⁾ Drunkenness increased by 470% between 1996 and 2002, whilst the juvenile offence of intoxication in a public place showed a twelve-fold increase between 1996 and 2005, from 207 to 2628 cases.⁽²⁹⁾
- Data on criminal offences for Northern Ireland are collected by the PSNI using an Incident Report Form. This form requires the police officer to indicate if alcohol was a contributory factor in the crime incident. At present, this information is not publicly available.
- Alcohol was identified as a potential trigger for abusive behaviour in one third of domestic violence cases in the Republic of Ireland.⁽³⁰⁾ A study in the Republic of Ireland revealed that half of those surveyed had experienced some form of alcohol-related intimidation, threat or violence in the past year in which the aggressor had consumed alcohol.⁽³¹⁾ In Northern Ireland alcohol consumption was evident in 87% of domestic incidents as reported in the 2003/04 Northern Ireland Crime Survey. Over half (55%) of the worst incidents of domestic violence occurred while the assailant was considered to have been under the influence of alcohol, a 10% rise from the 2001 figures.⁽³²⁾
- Alcohol consumption is reported to be a factor in lack of contraception use, potentially increasing the risk of contracting sexually transmitted infections or leading to an unplanned pregnancy. In the Republic of Ireland, lack of contraception use related to drinking alcohol or taking drugs decreased between 2003 (21%) and 2010 (16%). In 2010, 27% (down from 32% in 2003) of adults aged 18 to 25 cited alcohol or drug use as a reason for not consistently using contraception in the previous year. This was the most common reason given by respondents in the 18–25 age group.⁽³³⁾
- At present, no data on alcohol consumption during pregnancy are routinely collected in Northern Ireland. On the island of Ireland there is no national register of Foetal Alcohol Spectrum Disorder (FASD), therefore the number of cases of FASD, Foetal Alcohol Syndrome (FAS), and Alcohol Related Neurodevelopmental Disorder (ARND) are unknown.
- A study in Coombe Women's Hospital in Dublin examined the records of 61,241 women who booked for antenatal care and delivered between 2000 and 2007. The study found that 81% of women reported alcohol

consumption during the peri-conceptual period; of these 71% reported low alcohol intake (0-5 units per week), 9.9% moderate intake (6-20 units per week) and 0.2% high intake (over 20 units per week). There was one case of FASD in each of these three categories of peri-conceptual drinkers. As well as this retrospective case note study, a prospective study is currently underway to examine the incidence of foetal alcohol effects on a longitudinal basis.⁽³⁴⁾

- In the UK, data on foetal alcohol syndrome are not routinely collected as part of a child's medical notes. International evidence would indicate that approximately 1% of the population is affected by foetal alcohol syndrome, but this is considered a conservative estimate, with some countries (eg Italy and America) reporting higher levels of foetal alcohol syndrome (2-5% of the population).⁽³⁵⁾

1.3.5 Cost of alcohol-related harm

- Alcohol-related harm represents a significant cost to society in terms of healthcare, emergency services, the justice system, and employment. The cost of alcohol-related harm in the Republic of Ireland was estimated at €3.7bn in 2007, representing 1.9% GDP.⁽³⁶⁾ In Northern Ireland the social cost of alcohol misuse in 2008 was estimated to be 1.8% of GDP. Alcohol misuse generates overall social costs of £679.8m per annum in Northern Ireland across the areas of healthcare (£122.2m), social work (£48.5m), fire and police services (£223.6m), courts and prisons (£83.8m), and the wider economy (£201.7m).⁽³⁷⁾

1.4 Strengths and limitations of data presented

Meaningful comparison of data on alcohol consumption and harm on the island of Ireland is particularly challenging. This is due to differences in definitions as well as differences in survey methodologies including survey questions, timing and sample characteristics. Meaningful comparison with the UK and European datasets is also difficult.

In both jurisdictions, a number of good quality regular nationally representative survey datasets recording information on alcohol are evident including:

- Health Survey Northern Ireland
- North South Drug Prevalence Survey
- Survey of Lifestyles, Attitudes and Nutrition
- Continuous Household Survey Northern Ireland
- Young Persons' Behaviour and Attitudes Survey
- Health Behaviour in School-Age Children Survey
- European School Project on Alcohol and Drugs

In addition, alcohol is a featured variable in a number of other datasets relevant to alcohol-related harm but collected outside the health system including An Garda Síochána PULSE data.

The survey methods used in both Northern Ireland and the Republic of Ireland rely on self-reported alcohol consumption (Appendix 4). However, under-reporting of alcohol consumption is now considered a limitation of this type of data collection. International studies would suggest that reported alcohol consumption only accounts for 40-60% of total alcohol sales.⁽³⁸⁾ In 2008, mean weekly consumption of alcohol in Great Britain was reported to be 12.3 units per week. According to data from HM Revenue and Customs, alcohol sales for 2008-2009 were reported to be the equivalent of 20.5 units per week.⁽³⁹⁾ Suggested reasons for the differences in reported alcohol consumption and alcohol sales are summarised in Appendix 5.

Data on various aspects of alcohol availability are presented in section 2, but it is noted that reliable and representative data on many aspects of alcohol availability are difficult to attain eg data on distance sales.

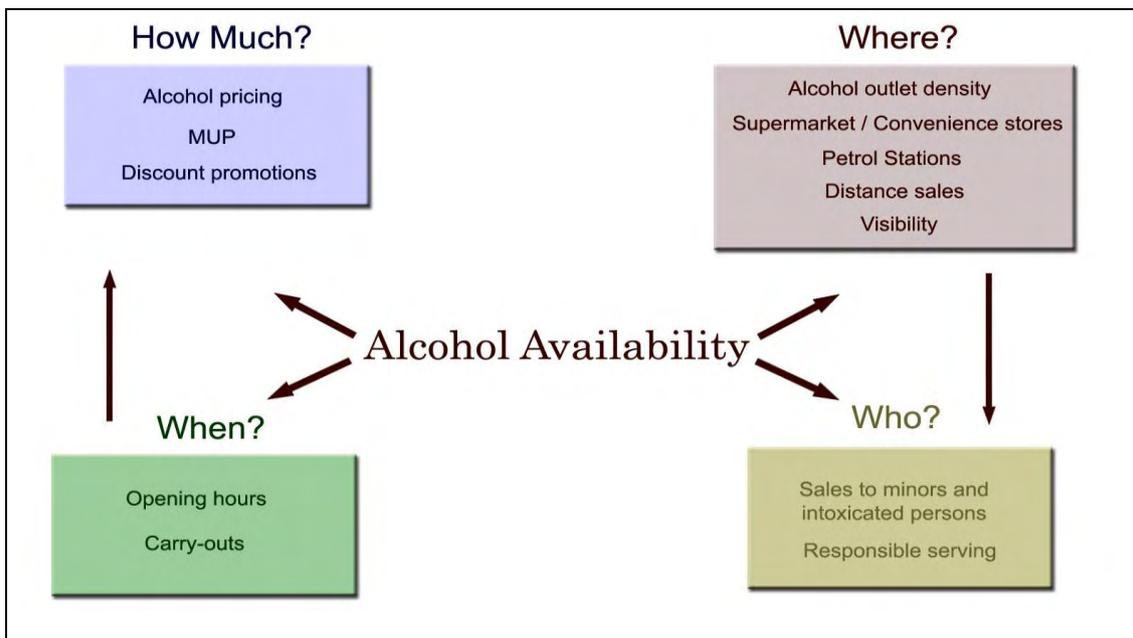
Section 2 Availability

2.1 Alcohol availability on the island of Ireland - scope and structure of our consideration

It is now widely accepted that restricting the physical availability of alcohol is a critical component of any evidence-based approach to reducing consumption and consequently alcohol-related harm.⁽⁴⁰⁾ Greater ease in obtaining alcohol is associated with greater amounts being consumed and contributes over time to a 'normalisation' of the product and frequent and excessive consumption within society.⁽⁴¹⁾

Traditional marketing models use a framework comprising Product, Price, Place and Promotion. The evidence presented in this paper focuses on alcohol availability and accessibility and has been considered according to a similar basic conceptual framework - the where, who, when and how much of alcohol availability. Alcohol advertising and sports sponsorship (commonly considered as alcohol promotion) are important issues in the overall context of reducing alcohol consumption and related harm, but are not dealt with in this briefing paper.

Framework for presenting alcohol availability in this document.



Under each of these headings, the following structure is used to present findings:

- Overview of key trends
- Related data
- Alcohol availability and the North South policy landscape to addressing harm
- Policy developments

2.2 Where? – location of alcohol sales on the island of Ireland

2.2.1 Overview of key trends

- Increased consumption of alcohol in the home and decreased consumption in licensed premises.
- Increased alcohol outlet density driven by increases in off-licences and alcohol trading in mixed retail premises including supermarkets and retail units in petrol stations. Emergence of supermarkets as a leading provider of alcohol for home consumption. 'Pre-loading' with alcohol in the home prior to attending licensed establishments.
- Changes in the nature of modern drinking establishments (on-sales) – increasingly capable of accommodating large numbers of customers for longer periods of time (superpubs, chameleon café bars).
- Online alcohol sales is an emerging issue, but a lack of data means it is difficult to quantify.

2.2.2 Related data

Republic of Ireland

- In 2004/5, 32% of total expenditure on alcohol related to alcohol consumed at home; by 2009/10 this had increased to 41%.⁽⁴²⁾
- Between 1998 and 2010, there was a 161% increase in the number of off-licences operating while the number of pubs declined by 19%. A five-fold increase in off-licences was observed between 1990 and 2008. In 2008, the off-licence sector accounted for half of the alcohol market share.⁽¹⁾
- Bar sales declined by 5% in volume and 7.2% in value in 2011, with an increase of 5% in off-licence sales.⁽⁴³⁾
- As of 1 May 2013, a total of 13,156 liquor licences were granted to sell alcohol in the Republic of Ireland. This figure includes alcohol warehouses, ferry ports and vessels, airports and airlines.⁽⁴⁴⁾

Northern Ireland

- Within the UK, Northern Ireland has the lowest total expenditure on alcoholic drinks but the highest level of spending on alcoholic drinks consumed outside the home (£3.41 per person per week).⁽⁴⁵⁾
- The number of liquor licences for public houses has been in decline with a 23% decrease between 1997 and 2012. In contrast, there has been a 52% increase in the number of licences issued to off-licences.⁽⁴⁶⁾
- At 31 December 2012, there were 2,447 licences in force in Northern Ireland.⁽⁴⁶⁾
- The most common drinking location was the respondent's own home (64%), followed by the pub (20%), in someone else's home (20%) and at a restaurant (16%).⁽³⁾

2.2.3 Location of alcohol sales and harm

Alcohol outlet density (AOD)

Higher alcohol outlet density has been shown to be associated with higher overall alcohol consumption and frequency of drinking.⁽⁴⁷⁾ A number of studies have also found an association between higher AOD and various aspects of alcohol-related harm, including alcohol-related pedestrian collisions, self-reported injuries, suicide, alcohol-related road traffic accidents and fatalities.⁽⁴⁸⁻⁵⁰⁾ In a longitudinal study, associations were found between changes in alcohol outlet density over time and traffic injury rates requiring hospitalisation and to accident rates where the incident was suspected by police to have involved alcohol.⁽⁴⁹⁾ An increase in the number of licensed alcohol retail establishments was found in one study to be related to an increase in violent assaults and overnight stays in hospital.⁽⁵¹⁾

The Go Well study in Glasgow found significant associations between crime rates and the number of licensed alcohol outlets in an area. Based on statistical modelling of 2008 data, a doubling of the number of alcohol outlets in an area (e.g. from three to six) was associated with almost a doubling of the local crime rate, taking all other structural factors into account.⁽⁵²⁾

As well as a picture of increased AOD in both the Republic of Ireland and Northern Ireland, the clustering of a large number of premises selling alcohol within a small geographical area or street in urban centres is also a concern. This clustering pattern may contribute to public order issues as well as threatening the wellbeing and development of the disadvantaged urban communities in which these units are commonly located. Competition on costs between outlets in this sort of setting also influences another critical component of alcohol availability – price.

In the Republic of Ireland the *Intoxicating Liquor Act 2008*⁽⁵³⁾ requires that the Minister has particular regard to the health related risks associated with excessive alcohol consumption. In the context of AOD, the *Steering Group Report on a National Substance Misuse Strategy*⁽¹⁾ recommended:

- With respect to Section 16 of the *Intoxicating Liquor Act 2008*⁽⁵³⁾ (sale, supply and consumption of alcohol), develop and implement an enforcement mechanism and make regulations under Section 16(1), (b) and (c) of that Act.
- Provide that the Health Service Executive (HSE) may object to the granting of a court certificate for a new licence and to renewal of licences.

On 24 October 2013, the Republic of Ireland Government adopted the recommendations of the *Steering Group Report on a National Substance Misuse Strategy*⁽¹⁾ by announcing a package of measures to deal with alcohol misuse, which will be incorporated in a Public Health (Alcohol) Bill.⁽⁵⁴⁾ As part of the package of measures, Environmental Health Officers will be given enforcement powers in relation to the regulation of the sale, supply and consumption of alcohol products under Section 16 of the *Intoxicating Liquor Act 2008*.

The *Intoxicating Liquor Act 2008*⁽⁵³⁾ sets out a number of factors that need to be taken into consideration when a licence application is refused. These relate to the character and fitness of the applicant, the suitability of the premises and the adequacy of the existing number of licensed premises of the same character in that neighbourhood. While the Act specifies that any person resident in the neighbourhood can object to the granting of a licence, there is no specific provision for the local HSE to object. Although a list of licensed premises is maintained by Revenue in the Republic of Ireland⁽⁴⁴⁾ which includes information on the location of alcohol outlets, data on AOD has not as yet been mapped in the Republic of Ireland. Similar to the Republic of Ireland, data on AOD is not provided under local area profiles as part of the Northern Ireland Neighbourhood Information Service.

In 2012, the Department for Social Development in Northern Ireland conducted a consultation on proposed changes to the law regulating the sale and supply of alcohol.⁽⁵⁵⁾ With regard to the issue of AOD, this consultation sought general views on:

- Aligning alcohol and entertainment licences
- Law relating to ensuring entertainment in restaurants is ancillary to the business of providing food.

Local saturation policies and Cumulative Impact Assessment on the on-trade and off-trade sector have been proposed in the UK Home Office *Alcohol Strategy*⁽⁵⁶⁾ as a means to limit the granting of licences. The *Police Reform and Social Responsibility Act 2011*⁽⁵⁷⁾ enables a wider range of people to oppose new or extended licences. For the first time, health has been proposed as a criterion for licensing decisions as part of the UK *Alcohol Strategy*. Scotland's licensing legislation⁽⁵⁸⁾ now includes the protection of public health more explicitly.

Supermarket sales and structural separation

Alcohol sales in the supermarket sector represent an important aspect of the rise in alcohol availability on the island. Outlet density is one element of how supermarkets contribute to the ease with which people can purchase alcohol. However, there are other factors such as supermarket pricing and promotion strategies which may act synergistically to increase overall appeal and accessibility of alcohol.

Regulation of the sale and display of alcohol products in mixed trading premises has been proposed on the basis that alcohol is not an ordinary product and this should be reflected in appropriately restricted visibility, display and sale arrangements in such premises.

In the Republic of Ireland, Section 9 of the *Intoxicating Liquor Act 2008*⁽⁵³⁾ relates to the structural separation of alcohol products from other retail items in mixed trading premises such as supermarkets, convenience stores and garage forecourts. It provides that in mixed trading premises:

- The display and sale of alcohol are confined to a part of the premises that is separated from the rest of the premises by means of a wall or similar barrier
- Access can only be gained from the rest of the premises to this part through a door, gate, turnstile or similar means of access
- The only place within the premises that customers can pay for alcohol is at a counter or point of sale within this separated part of the premises
- The only permitted alternative is to confine the display and sale of alcohol other than wine to a part of the premises to which the public does not have access, e.g. an area behind a counter.

A voluntary code of practice was introduced in respect of these provisions, subject to this code satisfying conditions relating to demonstrable compliance with the structural separation objectives. The Responsible Retailing of Alcohol in Ireland body (RRAI)⁽⁵⁹⁾, established by the mixed trading sector, oversees the implementation of the Code and submits compliance reports to this effect. A public consultation was undertaken in late 2011 to inform a review of the voluntary code for sale and display of alcohol products in supermarkets, convenience stores and mixed trading premises by the Department of Justice, Equality and Law Reform.

In the Republic of Ireland and in the context of AOD, the *Steering Group Report on a National Substance Misuse Strategy*⁽¹⁾ recommended:

- Commence Section 9 (structural separation) of the *Intoxicating Liquor Act 2008*
- Introduce a statutory code of practice on the sale of alcohol in the off-licence sector.

Under the new proposals for the Public Health (Alcohol) Bill⁽⁵⁴⁾, the Departments of Justice and Health have agreed a 3-step approach to provide for the structured separation of alcohol from other products in mixed trading outlets. This involves replacing the current voluntary code with a statutory code under Section 17 of the *Civil Law (Miscellaneous Provisions) Act 2011* and after 2 years both Departments will review its effectiveness in achieving the policy objectives of Section 9 of the *Intoxicating Liquor Act 2008*.

Enforcement powers will be given to Environmental Health Officers in relation to structural separation of alcohol from other products under Section 9 of the *Intoxicating Liquor Act 2008*.⁽⁵³⁾

In Northern Ireland, the Department for Social Development consultation⁽⁵⁵⁾ which related to changes to the law regulating the sale and supply of alcohol sought views on structural separation, including:

- Further restriction of mixed trading in supermarkets and shops
- Increasing the degree of separation in supermarkets between areas where alcohol and goods are displayed
- Persons under 18 entering areas in supermarkets where alcohol is displayed
- Restriction on the purchase of alcohol in supermarkets to alcohol-only checkouts.

Petrol stations

Restrictions to the sale of alcohol from petrol stations are present in 7 of 25 EU countries.⁽⁶⁰⁾ A snapshot survey of sales staff at petrol stations in Wales found that one third of petrol stations sold alcohol as well as fuel and 2 of the 49 stations surveyed served alcohol 24 hours a day.⁽⁶¹⁾ There are no separate provisions in respect of (i) granting of licences and (ii) sale and display of alcohol in petrol stations in the Republic of Ireland or Northern Ireland, beyond those in place more generally for all mixed trade retail units, as detailed in the two sections above. Availability of alcohol in petrol stations was not specifically addressed in the recent Department for Social Development consultation on proposed changes to the law regulating the sale and supply of alcohol.⁽⁵⁵⁾

Some countries have banned the sale of alcohol from garages/petrol stations, largely based on the relationship between alcohol consumption and motor vehicle accidents. In July 2009 the French Government adopted a new law which bans sales of alcohol in petrol stations. Such a ban previously operated from 10 pm to 6 am.⁽⁶²⁾ In England and Wales, it is legal for petrol stations to sell alcohol, provided they have a licence – granting of this licence depends on whether they can prove that the primary use of the unit was other than that of a garage i.e. the applicant must demonstrate that the sale of non-fuel products was significant through sales figures or other means (Section 176 of the *Licensing Act 2003*). Refusals to grant a licence can, and have been, overturned on appeal to the courts. In Scotland, licensing laws prohibit the sale of alcohol from garage forecourts but exemptions can be made if the premises are considered an important source of fuel or groceries to the local community. In the USA, ‘open container’ laws prohibit possession of any open alcoholic beverage within ‘arms reach’ of the driver and passenger areas of the motor vehicle.⁽⁶³⁾

Distance sales

It has been suggested that there has been a rise in ‘distance sales’ of alcohol in both jurisdictions. However, a lack of any appropriate data has hampered any definitive measure of the extent of this type of sale and trends over time. In a Health Research Board study of public attitudes to alcohol in the Republic of Ireland, 66% of respondents viewed that distance sales were an easy way for young people to access alcohol with only 15% considering that distance sales were strictly monitored.⁽⁶⁴⁾

Distance sales represent a fundamental change in the server/customer interface with regards to alcohol. The degree to which current practice in distance sales meets the legal provisions on the sale of alcohol to minors or to those already intoxicated, and adherence to the legal hours of sale is unknown. Furthermore, the extent to which increases in online and telephone sales may be contributing to increased availability of alcohol more generally is also poorly quantified. Moreover, patterns of alcohol consumption and harm associated with increases in this type of sale are as yet poorly understood.

Distance sales have been raised as a concern and feature in recommendations on alcohol strategy in both jurisdictions.

In the Republic of Ireland, the *Steering Group Report on a National Substance Misuse Strategy*⁽¹⁾ recommends consideration be given to having regard to enforcement constraints and to the possible need to strengthen the legislative controls on distance sales. A *Sale of Alcohol Bill*, which is intended to modernise the law relating to the sale, supply and consumption of alcohol in licensed premises and registered clubs, by repealing the *Licensing Acts 1833 to 2011* and the *Registration of Clubs Acts 1904 to 2008* and replacing them with streamlined and updated provisions, is being drafted at present. The issue of distance sales will be considered in that context.

The Department for Social Development consultation in Northern Ireland mooted various options in terms of changes to the law regulating the sale and supply of alcohol.⁽⁵⁵⁾ With regard to the issue of distance sales, this consultation sought general views only on the issue of distance sales in so far as it related to access of alcohol to minors. Views were sought in terms of legislation/regulation of:

- Young people under 18 years of age being allowed to accept delivery of alcohol
- Identification shown and recorded on delivery of alcohol
- Third parties from profiting sales of alcohol.

2.3 Who?- serving practices

2.3.1 Overview of key trends

- Around half of all alcohol sales are processed by retail staff in the off-licence sector in the Republic of Ireland.⁽¹⁾

2.3.2 Related data

Republic of Ireland

- In 2010, 28.1% of Republic of Ireland school-children (aged 10-17years) reported that they had experienced being 'really drunk'. This related to 3.7% of 10-11 year olds, 19.4% of 12-14 year olds and 56.6% of 15-17 year olds.⁽⁵⁾ Rates of self-reported drunkenness among these under-age school-children in Ireland were in the mid to low range compared to the other HBSC study countries.⁽⁶⁵⁾

Northern Ireland

- 27% of young people (aged 11-16) who had drunk alcohol had bought it themselves at some time in their life, with almost one fifth (19%) having bought it from a pub, 14% had bought it from an off-licence, and 5% from a shop/supermarket.⁽⁸⁾
- 20% of young people drank at home, 19% drank somewhere outside (e.g. park, street, in an entry, under a bridge) and 16% in someone else's house.⁽⁶⁶⁾

2.3.3 Relationship between serving practices, availability and harm

The younger a person is when starting to drink, the greater their risk of alcohol-related harm not just in adolescence but across their lifespan.⁽⁵⁾ This emphasises the need to carefully consider current practice on the sale of alcohol to minors and vulnerable persons as part of a consideration on availability.

2.3.4 Responsible serving and sales to minors or intoxicated persons

In the Republic of Ireland, Section 31 of the *Intoxicating Liquor Act 2008* (1988 as amended)⁽⁵³⁾ makes it an offence for a licence holder to sell or deliver, or permit any other person to sell or deliver, intoxicating liquor for consumption by a person under the age of 18 years in any place except with the explicit consent of the person's parent or guardian in a private residence in which he or she is present either as of right or with permission. The RRAI voluntary code of practice⁽⁵⁹⁾ requires that a proof-of-age document be shown in all cases where the customer appears to be under 21 years of age, the Garda Age Card being the preferred proof-of-age document.

Section 14 of the *Intoxicating Liquor Act 2008*⁽⁵³⁾ allows for the test purchasing of alcohol products. Between 1 October 2010 and 23 April 2013, An Garda Síochána conducted 937 test purchases at licensed premises suspected of selling alcohol to minors, resulting in 12 convictions and the commencement of 120 proceedings. The *Steering Group Report on a National Substance Misuse Strategy*⁽¹⁾ recommends the development of a system to enhance monitoring of the provisions of the intoxicating liquor legislation concerning the sale, supply or delivery of alcohol to minors, with particular emphasis on age verification. In addition, the report recommends that:

- Standards be established for server training programmes in the on-trade and off-trade settings
- Participation by licensees and staff in such programmes be a condition of the licensing process.

In both jurisdictions, efforts have been made to support responsible serving in the on-licence setting through voluntary training programmes for serving staff including the Pubs of Ulster Purple Flag accreditation and the RRAI programme.

While the reach of these training programmes has increased steadily, training is neither a statutory requirement nor universal. The impact of increasingly competent bar staff has likely been undermined by a rising pattern of 'pre-loading' (consuming alcohol in the home prior to going to licensed premises). Pre-loading creates a situation where servers in on-licence settings may be totally unaware of what has already been consumed. The issue of pre-loading was highlighted in the UK Home Office *Alcohol Strategy*.⁽⁵⁶⁾ The ease of availability of cheap alcohol for home use was seen as a driver of this pattern of alcohol consumption. In a recent study, around two thirds of 17-30 year olds arrested in a city in England reported that they had 'pre-loaded' before a night out and a further study found 'pre-loaders' two and a half times more likely to be involved in violence than other drinkers.^(67, 68)

In Northern Ireland, licence holders with premises containing an open bar must not permit entry to persons under the age of 18 unless a Children's Certificate is in force in relation to that premises. Whilst Children's Certificates may permit a young person to be on licensed premises in certain circumstances, they must be accompanied by a person over the age of 18, but do not allow anyone below the age of 18 to be at an open bar. Children under 18 must be seated at tables away from an open bar and must leave the premises before the certificate ceases to be operational.⁽⁶⁹⁾

In Northern Ireland, *Addressing Young People's Drinking*⁽⁶⁶⁾ includes an alcohol action plan which outlines a commitment to address underage drinking and alcohol access for young people. The *New Strategic Direction on Alcohol and Drugs Phase 2 (2011-2016)*⁽⁷⁰⁾ commits to improved information-sharing between PSNI and the Youth Justice Agency and the Probation Board for Northern Ireland regarding the identification of children who offend and who are known to be using alcohol and drugs either in commissioning of offences or to gain money to purchase drugs or alcohol. In addition, the *New Strategic Direction on Alcohol and Drugs Phase 2 (2011-2016)*⁽⁷⁰⁾ commits to working with the alcohol industry and Pubs of Ulster on rolling out the Purple Flag Accreditation.

In the 2012 Department for Social Development consultation⁽⁵⁵⁾ views were sought with regard to the issue of sales to minors:

- To what extent would you agree with the proposal that young people under 18 years of age should not be allowed to accept delivery of alcohol
- To what extent would you agree with the proposal for identification to be shown and recorded on delivery of alcohol
- Removal of Children's Certificates and allowing young people under 18 years of age to be present in licensed premises until 9pm subject to conditions
- Allowing young people under 18 years of age to attend functions in licensed premises provided the bar is closed
- Young persons under 18 of age be permitted in a sporting club until 11pm on one occasion a year, in order to attend an awards night.

More generally, with regard to the issue of sales in the licensed sector, this consultation sought general views on amendment of the licensing and club law to allow for statutory approval of codes of practice.

Capturing the extent of underage purchases of alcohol is naturally challenging. Test purchasing of alcohol by minors has been explored as one means of better understanding current practice and in terms of ensuring premises engaging in illegal sales can be prosecuted. Article 67 of the *Criminal Justice (NI) Order 2008*⁽⁷¹⁾ created a test purchase power to allow police officers to identify licensed premises, including supermarkets, selling alcohol to under 18s. In December 2008 in Northern Ireland, the Secretary of State issued guidance on the content of an Operational Manual for test purchasing. It was suggested that the Manual should include Selection of Participants, Consent of Participants, Safety and Welfare, General Considerations and Test Purchase Operations. The PSNI have now

drafted a Manual of Guidance that addresses all aspects associated with the implementation of such a scheme, taking account of best practice identified from the delivery of other schemes.

The introduction of the Test Purchasing Scheme was launched on 31 October 2011. However, some concerns were expressed regarding the absence of an Equality Impact Assessment (EQIA) and the scheme was suspended. An EQIA has now been prepared and the public consultation closed on 1 March 2013. The PSNI is currently reviewing the comments received and as such, the Scheme remains suspended.

From 1 October 2011, under the *Alcohol etc. (Scotland) Act 2010*⁽⁷²⁾, a new mandatory condition for all premises licences and occasional licences requires that there must be an age verification policy in relation to the sale of alcohol on the premises. As a result of this change in the law customers in any premises licensed for the sale of alcohol, may be asked to produce identification where they appear under the age of twenty five to prove that they are over the age of eighteen and can lawfully purchase alcohol. The *Challenge 25 Scheme*⁽⁷³⁾ is supported by the alcohol industry and endorses the UK's national *Proof of Age Standards Scheme*.

The UK Home Office *Alcohol Strategy*⁽⁵⁶⁾ emphasises the role of the alcohol industry in the responsible sale of alcohol as part of the *Public Health Responsibility Deal*⁽⁷⁴⁾ (see Appendix 6). In addition, the strategy proposes:

- That local areas can publish information including information on individuals subject to Drinking Banning Orders (DBOs)
- That the maximum fine for persistently selling alcohol to a person under 18 be increased to £20,000
- That premises found to be persistently selling to minors be closed down with less red tape and more consistently
- That there be greater use of existing powers to seize alcohol from minors and a further offence of minors persistently possessing alcohol in a public place be introduced
- Making greater use of existing powers relating to the offence of knowingly serving alcohol to a 'drunk'.^{vii}

2.4 When? – opening times for alcohol sales

2.4.1 Overview of key trends

- Increases in opening hours in the UK since mid-2000.
- Increased spectrum of outlet opportunities in which to access alcohol outside of established trading hours including pub carry-outs, online sales, petrol stations, retention of 'early houses'.
- Changes in the understanding of 'drinking up time'.
- Changes afoot with regard to the manner of decision-making processes on granting of late opening hours changing.

^{vii} Terminology used in UK Home Office Alcohol Strategy

2.4.2 Related Data

Republic of Ireland

- In the Republic of Ireland, on-licence sales of alcohol are permitted between 10.30am and 11.30pm Monday to Thursday, 10.30 am to 00.30am on Friday and Saturday and 12.30pm to 11.30pm on Sundays. Off-licence sales of alcohol are permitted between 10.30am and 10.00pm on weekdays and 12.30pm to 10.00pm on Sundays.
- The position in the Republic of Ireland is that Section 4 of the *Intoxicating Liquor Act 2008*⁽⁵³⁾ restricts off-sales of alcohol to the period between 10.30am and 10.00pm (12.30pm and 10.00pm on Sundays and Saint Patrick's Day). This section applies to premises with an on-licence as well as those with an off-licence only.
- 'Early houses' refer to licensed premises in the Republic of Ireland which can serve alcohol from 7.30am. 'Early house' trading requires a special exemption order. Under the *Intoxicating Liquor Act 2008*⁽⁵³⁾ only premises which were already availing of such special exemption orders on 30 May 2008 are eligible to apply for such orders.

Northern Ireland

- In Northern Ireland, on-licence sales of alcohol are permitted between 11.30am and 11.00pm on weekdays^{viii} and 12.30pm to 10.00pm on Sundays. Off-licence trading is permitted on weekdays between 8.00am and 11.00pm and 10.00am and 10.00pm on Sundays.

2.4.3 Hours of sale, alcohol consumption and harm

Opening hours

The number and nature of hours of sale in on-licence and off-licence alcohol retail outlets is an important factor in determining alcohol availability and patterns of consumption and harm. Evidence is now suggestive that even minor changes to opening hours can affect the number of alcohol-related violent incidents.^(75, 76) An Australian study found that higher volumes of high alcohol content beer, wine and distilled spirits were purchased in the licensed hotels during later trading hours.⁽⁷⁷⁾ Another study found statistically significant increases in alcohol sales following Saturday opening of monopoly outlets.⁽⁷⁸⁾ A subsequent study found that later trading hours corresponded with a significant increase in monthly road traffic collisions.⁽⁷⁹⁾

The Department for Social Development⁽⁵⁵⁾ sought views on options for regulating the number of hours of sale of alcohol in Northern Ireland, in the context of:

^{viii} Includes Saturday

- The introduction of occasional additional late opening hours for certain licensed premises (above what is currently offered)
- Limits on the number of occasions where additional late opening hours are granted each year
- Conditions attached to the granting of additional late opening hours
- Authorisation for increasing the number of occasions for late opening hours in small pubs
- Introduction of a late-night levy
- Permitting late opening hour on the weekend prior to Easter Sunday
- Extending drinking-up time from 30 minutes to 1 hour.

The balance of benefits and harms associated with extending drinking-up time from 30 minutes to 1 hour were raised in the consultation. On one hand it was suggested that extended drinking up time discourages customers from drinking too quickly and stockpiling drinks and allows the gradual departure of customers, allowing staff more time to clear premises in an orderly fashion thereby assisting closure. However, on the other hand, it may amount to little more than extended overall drinking time.

The UK Government *Licensing Act 2003*⁽⁸⁰⁾ which came into effect at the end of November 2005 abolished set licensing hours in England and Wales. Opening hours of premises are now set locally through the conditions of individual licences. The Act gave licensing authorities new powers over licensed premises, whilst giving local people more of a say in individual licensing decisions.⁽⁸¹⁾

The new UK Home Office *Alcohol Strategy*⁽⁵⁶⁾ includes provision for extended powers to make Early Morning Restriction Orders from October 2012. These orders enable local areas to restrict alcohol sales late at night if problems are evident. In addition, Cumulative Impact Policies can be used to inform measures such as fixed or staggered closing times and this applies to both the on-licence and off-licence sector.

Flexible closing times

In 2005 the UK Government introduced 24 hour opening times for licensed premises and flexible closing times. A review concluded that the balance of reliable evidence suggests that extended late-night trading hours contributed over time to increased consumption and related harms.⁽⁸²⁾ A study examining data for violent incidents in Manchester between 2004 and 2008 identified little evidence that the deregulation of alcohol opening hours affected citywide violence rates. However, in reconciling these different perspectives it is important to note that a significant 36% increase in weekend violence was noted between 3am and 6am.⁽⁸³⁾

In Northern Ireland, the Department for Social Development⁽⁵⁵⁾ sought general views on proposals to changes in the law to prevent the removal of alcohol (carry-outs) from pubs after normal opening hours.

A spectrum of outlets facilitating greater overall hours of sale

Changes in the on-licence and the off-licence sector, including outlet choice, wider opening hours and distance sales now present consumers with a wide array of options in terms of acquiring alcohol across the day and night. In the on-licence sector, the business model of large premises that are café bars by day, pubs in the evening and then night clubs in late night and early morning means that drinkers may not be influenced by closing times in the same way they were previously.

Alcohol is increasingly available as part of short and long journeys and commutes on the island of Ireland. Alcohol is a key commodity in duty-free shops in airports. Alcohol outlets are now evident in most major train stations as well as being available for purchase on board or for 'carry-on' on most intercity services. In the UK, open alcohol containers are generally not permitted in rail stations but are permitted on board the train. In Scotland, there were 260 occasions in which British Transport Police responded to alcohol-related incidents in the first 6 months of 2012. Scotrail has since introduced a ban on drinking alcohol or visibly carrying alcohol on their trains, the ban pertaining only to the hours between 9pm and 10am. A number of trains have also been designated 'dry trains', these changes being introduced as part of Railway Byelaws.

In the Republic of Ireland, Córas Iompair Éireann (Irish Transport Authority) Byelaws state that no person in a state of intoxication shall enter or remain upon the railway or in any vehicle.⁽⁸⁴⁾

According to Northern Ireland Railways Byelaws, someone who is intoxicated will not be permitted to enter or remain on the railway. In addition, any intoxicating liquor or substance may not be taken onto any railway vehicle nor are passengers permitted to have intoxicating liquor in their possession. Passengers in breach of these byelaws shall be prevented from entering or will be removed from the railway vehicle.⁽⁸⁵⁾

2.5 How much? – alcohol affordability

2.5.1 Overview of key trends

- Price is a critical determinant of ease of access to alcohol, with increased affordability associated with increased consumption and harm.⁽⁸⁶⁾
- Alcohol has become increasingly affordable in both jurisdictions, which may be due to factors such as a relatively static excise duty rate and the availability of low cost off-licence trade alcohol.

2.5.2 Related Data

Republic of Ireland

- Affordability of alcohol increased by 50% in period 1996 to 2004. The off-licence share of the alcohol market in monetary terms has grown from 19.1% in 1991 to 27.5% in 2000 and 35.6% in 2006 (although, according to

other estimates, the increase in the share of off-premise alcohol sales has been larger, from around 30% to 50% in the last five years).⁽⁸⁷⁾

- In 2010 the average cost of a 500ml can of lager from the off-licence was €1.77 while the average price of a pint of lager in the on-trade sector was €4.35.⁽⁴³⁾
- In the Republic of Ireland mean total (off- and on-licence) weekly household alcohol expenditure decreased by 25% from €34.99 to €26.40 per week between 2004/5 and 2009/10. This equates to €15.49 per week spent on alcohol consumed outside of the home compared with €10.89 per week spent on alcohol consumed at home.⁽⁴²⁾
- In 2012, total alcohol expenditure in the Republic of Ireland equated to €6.36bn, representing an increase of 1.2% on the previous year. In 2007, prior to the economic downturn, expenditure on alcohol equated to €7.23bn.⁽⁸⁸⁾

Northern Ireland

- In the UK, alcohol was 66% more affordable in 2009 than in 1987, with off-trade alcohol becoming much more affordable than on-trade alcohol.⁽⁸⁹⁾
- Real off-licence prices fell markedly in the 2000s, with beer around 25% cheaper by 2008. In contrast, real on-licence prices rose over most of the period. By the end of 2010, on-licence beer was around 30% more expensive in real terms than in 1990 whilst on-licence wines and spirits were just over 25% more expensive.⁽⁹⁰⁾
- In Northern Ireland, consumers spent £18.20 per week on alcohol (4% of total weekly household expenditure) in 1995; in 2010, this has decreased to £14.50 per week and accounted for 3% of weekly expenditure.⁽⁴⁵⁾ Alcohol and tobacco expenditure^{ix} has decreased among prospering young families but has increased significantly among older adults.

2.5.3 Relationship with alcohol consumption and harm

Alcohol pricing and discount-driven promotions

Low cost alcohol has been associated with more regular and increased consumption of alcohol, with greater impact on certain population sub-groups. Drinking among young people, binge and harmful drinkers are considered to be most influenced by price.⁽⁹¹⁾ Increasing the cost of alcohol has been associated with reductions in alcohol-related harms such as violence and crime, death from liver cirrhosis, other drug use, sexually transmitted infections, risky sexual behaviour and drink driving deaths. A 2009 review concluded that doubling the

^{ix} Alcohol and tobacco expenditure reported collectively

level of alcohol excise duty would reduce alcohol-related mortality by an average of 35%, traffic crash deaths by 11%, sexually transmitted infections by 6%, violence by 2 % and crime by 1.4%.⁽⁹²⁾

Another review concluded that alcohol taxation increases were associated with decreased rates of crime.⁽⁹³⁾ A significant body of evidence and modelling studies from both the UK and internationally now supports the assertion that increased alcohol taxes, minimum alcohol unit prices and restrictions on discounting would result in a reduction in alcohol-related crime.^(86, 93, 94)

In the Republic of Ireland, repeal of the *Groceries Order* in March 2006 contributed to a growth in the below-cost selling of alcohol. Between March and December 2006, the price of alcohol fell by 4.1%. Up until January 2013, alcohol prices have remained lower than they were prior to the abolition of the Grocery Order, suggesting that alcohol has been cheaper in the last seven years compared to prices before March 2006.⁽⁹⁵⁾

An Independent Review of the Effects of Alcohol Pricing and Promotion was published by the UK Department of Health in 2008.⁽⁹¹⁾ This review estimated that a 50p increase in the price of alcohol in England would result in a reduction in consumption of the order of 6.7%, 3,060 fewer alcohol-related deaths and 97,700 fewer hospital admissions in the 10 years after implementation. At 10 years, the estimated savings accruing from the introduction of minimum unit pricing (MUP) in England were estimated at £9.7 billion, of which £1.6 billion were direct health cost savings.

Findings from a study examining sales data before and after introduction of a comprehensive MUP strategy in Saskatchewan, Canada were recently published. The study found consumption of higher-strength beers and wines decreased the most - a 10% increase in the price of cheap high alcohol-strength beer (greater than 6.5%) results in a 22% reduction in consumption, compared with an 8.17% reduction for beer with lower alcohol content. Overall, the study found that a comprehensive 10% increase in minimum prices resulted in a 8.43% decrease in consumption.⁽⁹⁶⁾

In the Republic of Ireland, the *Steering Group Report on a National Substance Misuse Strategy*⁽¹⁾ recommended the price of alcohol be increased over the medium term to ensure that alcohol becomes less affordable, using some or all of the following approaches:

- Excise duties - maintaining excise rates at high levels; further increases in excise rates for higher alcohol content products; increasing the differential between excise rates applied to alcohol content levels in each alcohol product category; and increasing the annual excise fee for the renewal of off-licences
- Minimum unit pricing – introducing a minimum unit price per gram of alcohol.

Further to the Steering Group's recommendations, the proposed Public Health (Alcohol) Bill includes minimum unit pricing as part of the package of measures to tackle alcohol-related harm. The minimum price of alcohol would be based on the number of grams of alcohol in the product and the sale price of the alcohol product could not be below this minimum price. When legislation has been passed, the Government will set a minimum price per gram of alcohol. This will be based on research currently being undertaken jointly with Northern Ireland.⁽⁹⁷⁾

In 2011, a consultation was held in respect of introduction of a minimum unit price for alcohol in Northern Ireland.⁽⁹⁷⁾ A consultation on the irresponsible promotion of alcohol was also undertaken by the Department for Social Development in Spring 2012 which encompassed aspects of multi-buy and discounted alcohol price promotions.⁽⁹⁸⁾ Subsequent to this consultation, Minister McCausland announced his intention to tackle irresponsible alcohol promotions by banning 'all you can drink' type promotions (ie offering unlimited alcohol for a fixed price) with effect from January 2013. Regulations to control the price at which retailers can offer bulk purchasing of alcohol were included in the consultation process; however, these were raised but not introduced subsequent to the consultation.

The UK Government *Review of Alcohol Taxation*⁽⁹⁹⁾ published in 2010 recognised that the majority of drinkers consume alcohol in a responsible manner. Measures previously introduced to tackle heavily discounted alcohol included:

- Raising alcohol duty by 2% above retail inflation (retail price index) each year to 2014-15
- Introducing a minimum juice rule for cider so that high strength white ciders can no longer qualify for lower rates of duty for cider
- Introducing a new higher rate of duty for high strength beer over 7.5% Alcohol by Volume (ABV) and a new lower rate of duty for beer at 2.8% ABV.

In Scotland, a legal challenge against the Scottish National Party's MUP was taken by the Scottish Whiskey Association (SWA). The legal challenge claimed that MUP would be in breach of the UK's European Union Treaty obligations on trade. In May 2013, Scotland's highest civil court refused a petition led by the SWA against legislation which would see the introduction of minimum unit price of for alcohol. The court ruled that the Acts of Union were not an impediment to MUP and that these measures were not incompatible with EU law. The court ruled that MUP was justified on the grounds of the protection of the life and health of humans. It is understood that the alcohol industry has announced its intention to appeal this decision.

In England, Newcastle City Council continues to apply a novel MUP approach in the on-licence sector where MUP was agreed as part of the license condition for certain premises.

The EU Commission proposal on the *Reform of the Common Organisation of the Market in Wine*⁽¹⁰⁰⁾ is expected to result in duty on wine to rise in line with alcoholic strength.

Section 3 Discussion

This paper highlights the need for action on unacceptable and avoidable levels of alcohol-related harm on the island of Ireland.

Recommendations produced by the *Steering Group Report on a National Substance Misuse Strategy*⁽¹⁾ in the Republic of Ireland and within the *New Strategic Direction on Alcohol and Drugs Phase 2 (2011-2016)*⁽⁷⁰⁾ in Northern Ireland emphasise the importance of addressing alcohol availability (Appendix 7 and 8). However, the realisation of those recommendations is challenging. It requires first and foremost cross-party and cross-departmental commitment and leadership to address the toll of alcohol-related harm on human health above all other concerns.

The benefits of North South working on reducing alcohol-related harm were presented in section 1.1. In the context of the Terms of Reference (Appendix 1) and the current policy landscape North and South, the North South Policy Advisory Group proposes the following:

Alcohol availability - Where?

- Change the regulation of structural separation of alcohol in supermarkets and convenience stores from a voluntary to a statutory requirement in line with the direction of government policy on alcohol-related harm. Consider collection of representative all-island baseline data on current practice in structural separation with a view to monitoring the effect of the transition from voluntary to statutory codes in due course.
- Improve the evidence on distance sales in both jurisdictions to better understand current practice and enhance the development of evidence-informed policy responses. Exploit economies of scale from the development of an all-island response to capturing such data and the approaches to test purchasing in this regard.
- Make better use of data on licensing of premises to sell alcohol in both jurisdictions. An all-island information resource based on mapping geo-coded alcohol retail outlets would be beneficial. This resource would have a dual purpose – to foster understanding of the relationship between alcohol outlet density and harms, and to inform evidence-informed decisions on licensing at national, regional, cross-border and local level. In the longer term, ensure mapping of alcohol outlet density becomes integral to local area profiles related to public health policy and local and community development in both jurisdictions.

Alcohol availability – Who?

- Conduct a Health Impact Assessment of the adoption of the *UK Responsibility Deal* with the alcohol industry in Northern Ireland in order

that the outcomes in terms of alcohol-related harm and cross-border issues are understood.

Alcohol availability – When?

- Limit the extension of opening hours and hours of sales in either jurisdiction as this is contrary to the aim of reducing alcohol-related harm.

Alcohol availability - How much?

- Alcohol affordability is a key driver of consumption. The evidence strongly suggests that Minimum Unit Pricing (MUP) is a valid intervention to reduce alcohol-related harm. The North South Alcohol Policy Advisory Group welcomes North South collaboration and evaluation of the health impacts of MUP on the island.
- The commitment to introduce minimum unit pricing in the Republic of Ireland is a significant move forward in seeking to address alcohol-related harm. This approach highlights the importance of all-island harmonised policies to reduce alcohol-related harm across the island of Ireland.

Alcohol research – working together for better evidence

- Enhance efforts to harmonise a priority subset of data on alcohol and related harms in Ireland and Northern Ireland.
- Support and resource partnerships and joint programmes between centres involved in research on alcohol and alcohol-related harms on the island.
- Develop an all-island response to the deficit in data on harms to children including newborns as a result of alcohol consumption harmful drinking in pregnancy evident in both jurisdictions.

Alcohol availability – working together for better policy

- Introduce more formal links between the North South Alcohol Policy Advisory Group in Ireland and similar fora in England, Scotland and Wales with a view to the development of coordinated approaches to issues of alcohol availability not just between UK jurisdictions but also between the island of Ireland and that of Great Britain. Foster and develop these links to enhance networking on policy developments and foster the growth of consolidated pro-health representation on alcohol policy decisions at Westminster and European levels.

References

1. Department of Health. Steering Group Report on a National Substance Misuse Strategy. Dublin: Department of Health, 2012.
2. Morgan K, McGee H, Dicker P, Brugha R, Ward M, Shelley E, et al. SLÁN 2007: Survey of Lifestyle Attitudes and Nutrition in Ireland. Alcohol use in Ireland: A profile of drinking patterns and alcohol-related harm from SLÁN, Department of Health and Children. Dublin: The Stationery Office, 2009.
3. DHSSPS. Adult Drinking Patterns in Northern Ireland. Belfast: Department of Health, Social Services and Public Safety, 2011.
4. OECD. Organisation for Economic Co-operation and Development; 2011 [8 January 2013]. Available from: http://stats.oecd.org/index.aspx?DataSetCode=HEALTH_STAT.
5. Kelly C, Gavin A, Molcho M, Nic Gabhainn S. The Irish Health Behaviours in School-aged Children (HBSC) Study 2010. Galway and Dublin: Health Promotion Research Centre and Department of Health, 2012.
6. Gavin A, De Roiste A, Nic Gabhainn S. HBSC Ireland: age related patterns in alcohol consumption among Irish children. Galway: HBSC Ireland, Health Promotion Research Centre, National University of Ireland, 2008.
7. Hibell B, Guttormsson U, Ahlströmm S, Balakireva O, Bjarnason T, Kokkevi A, et al. The 2011 ESPAD Report. Substance use among students in 36 European countries. Stockholm: The Swedish Council for Information on Alcohol and Other Drugs, The European Monitoring Centre for Drugs and Drug Addiction, Council of Europe, Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs, 2012.
8. DHSSPS. Secondary Analysis of the 2007 Young Persons' Behaviour and Attitudes Survey Drugs, Solvents, Alcohol and Smoking. Belfast: Department of Health, Social Services and Public Safety, 2009.
9. Barry S, Kearney A, Lawlor E, McNamee E, Bally J. The Coombe Women's Hospital study of alcohol, smoking and illicit drug use 1988-2005. Drugnet Ireland 2006 (18).
10. RCPI Policy Group on Alcohol. Reducing Alcohol Health Harm Policy Statement. Dublin: Royal College of Physicians in Ireland, 2013.
11. Public Health Agency. Health Intelligence Briefing – Alcohol use and alcohol related harm in Northern Ireland. Belfast: Public Health Agency, 2011.
12. DHSSPS. Health and Social Care Inequalities Monitoring System. Fourth update bulletin 2012. Belfast: Department of Health, Social Services and Public Safety, 2012.
13. Health Research Board. Alcohol related deaths and deaths among people who were alcohol dependent in Ireland, 2004-2008. Dublin: Health Research Board, 2011.
14. Bedford D, Brazil E. Health Service Executive Opening Statement to the Joint Committee of the Department of Health and Children Dublin: Department of Health; 2011.
15. Martin J, Barry J, Goggin D, Morgan K, Ward M, O'Suilleabhain T. Alcohol-attributable mortality in Ireland. Alcohol and Alcoholism. 2010;45(4):379-86.
16. National Office for Suicide Prevention. Annual Report 2012. Dublin: Health Service Executive, 2013.

17. Appleby L, Kapur N, Shaw J, Hunt I, Flynn S, While D, et al. The National Confidential Inquiry into Suicide and Homicide by People with Mental Illness. Belfast: Department of Health, Social Services and Public Safety, 2011.
18. Mongan D, McCormick P, O'Hara S, Smyth B, Long A. Can Ireland's increased rates of alcoholic liver disease morbidity and mortality be explained by per capita alcohol consumption? *Alcohol and Alcoholism*. 2011;46(4):500.
19. National Cancer Registry Ireland. Trends in Irish cancer incidence 1994-2002 with projections to 2020. Dublin: National Cancer Registry Ireland, 2006.
20. Hope A, Gill A, Costello G, Sheehan J, Brazil E, Reid V. Alcohol and Injuries in the Accident and Emergency Department: A National Perspective. Dublin: Department of Health and Children, 2005.
21. Road Safety Authority of Ireland. Road Safety Strategy 2013-2020. Dublin: Road Safety Authority of Ireland, 2013.
22. Department of the Environment. Northern Ireland's Road Safety Strategy to 2020. Belfast: Department of the Environment, 2011.
23. Road Safety Authority of Ireland. 2012 [December 2012]. Available from: <http://www.rsa.ie/RSA/Road-Safety/Campaigns/Current-road-safety-campaigns/Drink-Driving/>.
24. An Garda Síochána. Annual Report. Dublin: An Garda Síochána 2011.
25. PSNI. Police Recorded Injury Road Traffic Collisions and Casualties Northern Ireland Annual Report. Belfast: Police Service of Northern Ireland, 2011.
26. Eurocare, COFACE, WHO. Alcohol problems in the family: a report to the European Union. Brussels: Eurocare 1998.
27. DHSSPS. Regional Hidden Harm Action Plan. Belfast: Department of Health, Social Services and Public Safety, 2008.
28. Mongan D, Hope A, Nelson M. Social consequences of harmful use of alcohol in Ireland. Health Research Board Overview Series 9. Dublin: Health Research Board, 2009.
29. Hope A. Alcohol-related harm in Ireland. Dublin: Health Service Executive – Alcohol Implementation Group, 2008.
30. Watson D, Parsons S. Domestic Abuse of Women and Men in Ireland: Report on the National Study of Domestic Abuse. Dublin: National Crime Council in association with the Economic and Social Research Institute, 2006.
31. Alcohol Action Ireland. Where's the harm survey: Alcohol Action Ireland; 2011 [March 2013]. Available from: <http://alcoholireland.ie/alcohol-facts/case-studies-kids/>.
32. Public Health Agency. [January 2013]. Available from: www.drugsalcohol.info.
33. McBride O, Morgan K, McGee H. Irish Contraception and Crisis Pregnancy Study 2010. A Survey of the General Population. Dublin: Irish Contraception and Crisis, 2012.
34. Shortall R. Parliamentary question: information on the incidence of fetal alcohol spectrum disorder per maternity hospital for each of the past five years and actions being taken to reduce these figures 2013 [cited 2013 May 2013]. Available from: <http://www.kildarestreet.com/wrans/?id=2013-05-02a.694&s=alcohol#g695.q>.

35. British Medical Association. Foetal alcohol spectrum disorders. A guide for healthcare professionals. London: BMA Science and Education Department and the Board of Science, 2007.
36. Byrne S. Costs to society of problem alcohol use in Ireland. Dublin: Health Service Executive, 2010.
37. DHSSPS. Social costs of alcohol misuse in Northern Ireland 2008/9. Belfast: Department of Health, Social Services and Public Safety, 2010.
38. Boniface S, Shelton N. How is alcohol consumption affected if we account for under-reporting? A hypothetical scenario. *European Journal of Public Health* [Internet]. 2013. Available from: doi:10.1093/eurpub/ckt016.
39. Robinson S, Bulger C. General Lifestyle Survey. Smoking and Drinking Among Adults 2008. Newport: Office of National Statistics; 2010.
40. Finegan P, O'Riordan M. Prevention of Alcohol related problems in Ireland – ICGP Position Paper. Dublin: Irish College of General Practitioners, 2012.
41. WHO. Evidence for the effectiveness and cost-effectiveness of interventions to reduce alcohol-related harm. Denmark: World Health Organization, 2009.
42. Central Statistics Office. Household Budget Survey 2009-10 Volume 2. Dublin: Central Statistics Office, 2012.
43. DIGI. The Drinks Market Performance in 2011. Dublin: The Drinks Industry Group of Ireland, 2011.
44. Irish Tax and Customs. Register of Renewed Liquor Licences. Dublin: Irish Tax and Customs; 2013.
45. Office of National Statistics. Family Spending Report 2011 Edition - Report on the Living Costs and Food Survey 2010. Newport: Office of National Statistics, 2011.
46. Department for Social Development. Liquor Licences in Force from 1997-2012. Belfast: Data supplied by the Department for Social Development; 2013.
47. NICE. Alcohol-use disorders: preventing harmful drinking. London: National Institute for Health and Clinical Excellence, 2010.
48. LaScala EA, Johnson FW, Gruenewald PJ. Neighbourhood characteristics of alcohol-related pedestrian injury collisions: a geostatistical analysis. *Prevention Science* 2001;2(2):123–34.
49. Treno AJ, Gruenewald PJ, Johnson FW. Alcohol availability and injury: the role of local outlet densities. *Alcoholism: Clinical Experimental Research* 2001;25(10):1467-71.
50. Escobedo LG, Oritz M. The relationship between liquor outlet density and injury and violence in New Mexico. *Accident Analysis and Prevention* 2002;34(5):689–94.
51. Gruenewald PJ, Remer L. Changes in outlet densities affect violence rates *Alcoholism: Clinical Experimental Research*. 2006;30(2):1184–93.
52. Go Well. Neighbourhood structures and crime rates in Glasgow. Briefing paper 20. 2012.
53. Office of the General Attorney. Intoxicating Liquor Act 2008. Dublin: Oireachtas; 2008.
54. Department of Health. Ministers Fitzgerald, Reilly and White announce Measures to Deal with Alcohol Misuse. Minimum Unit Pricing and Regulation of Advertising and Sponsorship to be provided for in a Public

- Health Bill. [24/10/13]. Available from:
<http://www.dohc.ie/press/releases/2013/20131024.html>.
55. Department for Social Development. Consultation on proposed changes to the law regulating the sale and supply of alcohol in Northern Ireland. Belfast: Department for Social Development 2012.
 56. Home Office. The Government's Alcohol Strategy. London: Home Office; 2012.
 57. Home Office. Police Reform and Social Responsibility Act. London: Home Office; 2011.
 58. Scottish Government. Licensing (Scotland) Act 2005. Scotland: Scottish Government; 2005.
 59. RRAI. Briefing Document: Code of practice on the display and sales of alcohol products in mixed trade premises. Dublin: Responsible Retailing of Alcohol in Ireland Ltd, 2010.
 60. WHO. European Status Report on Alcohol and Health. Denmark: World Health Organization, 2010.
 61. Alcohol Concern. Fuelling the problem? The sale of alcohol at petrol stations in Wales. Cardiff: Alcohol Concern 2010.
 62. Bremner C. France bans alcohol at petrol stations. Times Online. 2008.
 63. Alcohol Policy Information System. [cited 2010 26/05/10]. Available from: http://alcoholpolicy.niaaa.nih.gov/Open_Containers_of_Alcohol_in_Motor_Vehicles.html
 64. Health Research Board. Alcohol: Public knowledge, attitudes and behaviour. Dublin: Health Research Board 2012.
 65. Currie C et al. eds. Social determinants of health and well-being among young people. Health Behaviour in School-aged Children (HBSC) study: international report from the 2009/2010 survey. Copenhagen: WHO Regional Office for Europe, 2012.
 66. DHSSPS. Addressing Young People's Drinking in Northern Ireland. Belfast: Department of Health, Social Services and Public Safety, 2009.
 67. Barton A, Husk K. Controlling pre-loaders: alcohol related violence in an English night time economy. *Drugs and Alcohol Today* 2012;12(2):89-97.
 68. Hughes K, Anderson Z, Morleo M, Bellis MA. Alcohol, nightlife and violence: the relative contributions of drinking before and during nights out to negative health and criminal justice outcomes. *Addiction*. 2008;103(1):60-5.
 69. Home Office. Licensing (Form of Children's Certificate) Regulations (Northern Ireland) 1997. London: Home Office; 1997.
 70. DHSSPS. New Strategic Direction on Alcohol and Drugs Phase 2 (2011-2016) Belfast: Department of Health, Social Services and Public Safety, 2011.
 71. Home Office. The Criminal Justice (Northern Ireland) Order 2008. London: Home Office; 2008.
 72. Scottish Government. Alcohol etc. (Scotland) Act 2010. Scotland: Scottish Government; 2010.
 73. Scottish Pub and Beer Association. 2013 [cited 2013 16 January]. Available from: <http://www.challenge25.org/>.
 74. Department of Health. Public Health Responsibility Deal - Alcohol Pledges: Department of Health 2013 [January 2013]. Available from: <https://responsibilitydeal.dh.gov.uk/pledges/>.

75. Popova S, Giesbrecht N, Bekmuradov D, Patra J. Hours and days of sale and density of alcohol outlets: impacts on alcohol consumption and damage: a systematic review. *Alcohol and Alcoholism*. 2009;44(5):500-16.
76. WHO. Towards a global strategy to reduce harmful use of alcohol. Discussion paper for regional technical consultations on harmful use of alcohol. Geneva: World Health Organization, 2009.
77. Chikritzhs T, Stockwell T. The impact of later trading hours for Australian public. *Journal of Studies on Alcohol and Drugs* 2002;63(5):591-9.
78. Norstrom T, Skog OJ. Saturday opening of alcohol retail shops in Sweden: an experiment in two phases. *Addiction* 2005;100(6):767-76.
79. Chikritzhs T, Stockwell T. The impact of later trading hours for hotels on levels of impaired driver road crashes and driver breath alcohol levels. *Addiction*. 2006;101(9):1254-64.
80. Home Office. Licensing Act 2003. London: Home Office; 2003.
81. Hough M, Hunter G, Jacobson J, Cossalter S. The impact of the Licensing Act 2003 on levels of crime and disorder: an evaluation. London: Home Office, 2008.
82. Stockwell T, Chikritzhs T. Do relaxed trading hours for bars and clubs mean more relaxed drinking? A review of international research on the impacts of changes to permitted hours of drinking. *Crime Prevention and Community Safety* 2009;11(3):153-70.
83. Humphreys D, Eisner M. Do flexible opening hours reduce violence? An assessment of a natural experiment in alcohol policy. *The Lancet*. 2012;380(Supplement 3):S49.
84. Córas Iompair Éireann. Córas Iompair Éireann Byelaws 1984 [16/01/14]. Available from: <http://www.irishrail.ie/media/CompleteCIEBye-Laws1.pdf>.
85. Northern Ireland Railways. Northern Ireland Railways Company Limited Byelaws 1986 [16/01/14]. Available from: <http://www.translink.co.uk/Documents/Corporate/publications/NIRConditionsOfCarriage.pdf>.
86. British Medical Association. Reducing the affordability of alcohol. A briefing paper from the BMA Board of Science. London: British Medical Association, 2012.
87. Rabinovich L, Brutscher P-B, de Vires H, Tiessen J, Clift J, Reding A. The affordability of alcoholic beverages in the European Union. Understanding the link between alcohol affordability, consumption and harms. Santa Monica, Arlington, Pittsburgh, Cambridge: RAND Corporation, 2009.
88. Central Statistics Office. National Income and Expenditure. Dublin: Stationery Office, 2013.
89. Office of National Statistics. Focus on Consumer Price Indices. Newport: Office of National Statistics, 2010.
90. Leicester A. Alcohol pricing and taxation policies. London: Institute for Fiscal Studies, Economic and Social Research Council, 2011.
91. Booth A, Meier P, Stockwell T, Sutton A, Wilkinson A, Wong R, et al. Independent review of the effects of alcohol pricing and promotion. Sheffield: University of Sheffield, 2008.

92. Wagenaar AC, Maldonado-Molina MM, Wagenaar BH. Effects of alcohol tax increases on alcohol-related disease mortality in Alaska: time-series analyses from 1976 to 2004. *American Journal of Public Health*. 2009;99(8):1464-70.
93. Booth A, Meier P, Shapland J, Wong R, Paisley S. Alcohol pricing and criminal harm: a rapid evidence assessment of the published research literature. London: Home Office, 2010.
94. Home Office. The likely impacts of increasing alcohol price: a summary review of the evidence base. London: Home Office, 2011.
95. Central Statistics Office. Consumer Price Index [01/10/13]. Available from: <http://www.cso.ie/en/releasesandpublications/prices/archive/>.
96. Stockwell T, Zhao J, Giesbrecht N, Macdonald S, Thomas G, Wettlaufer A. The Raising of Minimum Alcohol Prices in Saskatchewan, Canada: Impacts on Consumption and Implications for Public Health. *American Journal of Public Health* 2012;102 (12):e103-10.
97. Department of Social Development. Minimum pricing of alcohol in Northern Ireland. Belfast: Department of Social Development, 2011.
98. Department for Social Development. Consultation on regulations to prohibit or restrict irresponsible promotions of alcohol in Northern Ireland. Belfast: Department for Social Development, 2012.
99. HM Treasury. Review of Alcohol Taxation. London: HM Treasury.
100. European Union. Commission Proposal on the Reform of the Common Organisation of the Market in Wine. 2007.

Appendices

Appendix 1 - Terms of Reference

Context

The Institute of Public Health in Ireland (IPH) has been asked by the Chief Medical Officers in both jurisdictions, Dr Tony Holohan and Dr Michael McBride to explore the establishment of a North South Alcohol Policy Advisory Group.

Aim

The aim of the North South Alcohol Policy Advisory Group is to contribute to reducing alcohol-related harm on the island of Ireland.

Objectives

The objectives of the North South Alcohol Policy Advisory Group are to:

- Provide a forum for discussion on alcohol issues
- Strengthen all island alcohol initiatives
- Exploit opportunities for North South cooperation on alcohol
- Identify policy solutions and other measures to improve the legislative and regulatory arrangements impacting on supply and use of alcohol
- Share information on evidence and research
- Develop pathways for improved policy making and action.

Operational Procedure

- Membership of the North South Alcohol Policy Advisory Group shall be by invitation from the Institute of Public Health in Ireland.
- The Institute of Public Health in Ireland will act as secretariat to the group
- The group shall appoint a chairperson
- The group shall be established for an initial period of three years
- At least five meetings will be held within the three year period
- The group will report to the North South Ministerial Council periodically.

The North South Alcohol Policy Advisory Group will establish appropriate subgroups to explore certain issues in more detail and report back to the group.

Appendix 2 - Membership of the North South Alcohol Policy Advisory Group

Dr Joe Barry (Trinity College Dublin)
Dr Declan Bedford (Royal College of Physicians in Ireland, Alcohol Lead)
Mr Stephen Bergin (Health and Social Care Board)
Ms Anne Bill (FASA - Forum for Action on Substance Abuse & Suicide Awareness)
Mr Seamus Carroll (Department of Justice and Equality)
Dr John Devlin (Department of Health)
Mr Joe Doyle (Health Service Executive)
Ms Caroline Hobson (Department for Social Development)
Mr Alistair Hutchinson (Department of Justice)
Ms Jenny Irvine (ARC Healthy Living Centre)
Ms Catherine Keane (Alcohol Action Ireland)
Ms Geraldine Luddy (Department of Health)
Mr Gary Maxwell (Department of Health, Social Services and Public Safety)
Dr Helen McAvoy (Institute of Public Health in Ireland)
Ms Maureen McCartney (Department of Health, Social Services and Public Safety)
Mr Liam McCormack (Department of Health)
Ms Bernie McCrory (CAWT - Cooperation and Working Together)
Mrs Martine McKillop (Department of Justice)
Mr Owen Metcalfe (Institute of Public Health in Ireland)
Dr Deirdre Mongan (Health Research Board)
Mr Bill Stewart (Department of Health Social Services and Public Safety)
Ms Cathy Mullan (Public Health Agency)
Prof Frank Murray (Beaumont Hospital)
Mr Owen O'Neill (Public Health Agency)
Dr Joanna Purdy (Institute of Public Health in Ireland)
Mr Liam Quinn (Department for Social Development)
Mr Andy Walker (Health Service Executive)
Ms Noreen Walsh (Department of Justice and Equality)
Prof Ian Young (Queen's University Belfast)

Appendix 3 - Comparison of alcohol consumption guidelines and limits in Northern Ireland and the Republic of Ireland

Recommendation	Gender / Age	Northern Ireland	Republic of Ireland
Recommended upper daily limit (1-3)	Men	3-4 units per day	None specified
	Women ^x	2-3 units per day	None specified
Recommended upper weekly limit (1-3)	Men	21 units per week	17 standard drinks per week ^{xi}
	Women	14 units per week	11 standard drinks per week
Equivalent grams of pure alcohol (recommendations not presented in grams)	Men	24-32g/day 168g/week	168g/week
	Women	16-24g/day 112g/week	112g/week
Alcohol free days (1-3)	Men and Women	If too much alcohol is consumed, there should be 1-2 alcohol free days.	Three alcohol free days per week.
Alcohol consumption among children and young people (4,5)	Under age 15	No alcohol should be consumed.	No alcohol should be consumed.
	Aged 15-17	Alcohol should only be consumed with the guidance of a parent/carer or in a supervised environment. Alcohol should be consumed no more than once per week and remain below adult recommended limits.	
Alcohol consumption in pregnancy (2,6)	Women	No alcohol should be consumed. If you choose to drink, avoid alcohol for first 3 months of pregnancy. 1 to 2	No alcohol should be consumed.

^x Refers to women who are not pregnant, planning to get pregnant or breastfeeding

^{xi} Revised guidelines introduced in 2012

		drinks no more than once or twice a week thereafter.	
Alcohol consumption while breastfeeding ⁽⁶⁾	Women	Alcohol should be avoided.	Alcohol should be avoided.
Binge drinking definition ^(7, 8)	Men	10 or more units in one session.	6 or more standard drinks
	Women	7 or more units in one session.	6 or more standard drinks
Drinking whilst driving ⁽⁹⁻¹⁰⁾	Advice	There is no safe limit for drinking whilst driving.	There is no safe limit for drinking whilst driving.
	Legislative Blood Alcohol Content (BAC)	80mg alcohol per 100ml of blood.	50mg alcohol per 100ml blood for full licence holders. 20mg alcohol per 100ml blood for professional, learner and novice drivers.

1 unit = 8g alcohol

1 standard drink = 10g alcohol

References

1. Focus on Alcohol. Public Health Agency, 2010.
2. Public Health Agency. <http://www.knowyourlimits.info/WhenNotToDrink.aspx>
3. Your Guide to Healthy Eating Using the Food Pyramid. Department of Health and Health Service Executive, 2012.
4. Draft Guidance on the Consumption of Alcohol by Children and Young People from the Chief Medical Officers of England, Wales and Northern Ireland, 2009.
5. Health Service Executive Health Promotion Unit. Young People and Alcohol. Available at <http://www.yourdrinking.ie/alcohol-and-young-people/>
6. Alcohol and Pregnancy - A Pocket Guide. Health and Social Care (NI), Health Service Executive, Cooperation and Working Together, Time IV A change (Border Region Alcohol Project), 2013.
7. Morgan K, McGee H, Dicker P, Brugha R, Ward M, Shelley E, et al. SLÁN 2007: Survey of Lifestyle Attitudes and Nutrition in Ireland. Alcohol use in Ireland: A profile of drinking patterns and alcohol-related harm from SLÁN, Department of Health and Children. Dublin: The Stationery Office, 2009.
8. DHSSPS. Adult Drinking Patterns in Northern Ireland. Belfast: Department of Health, Social Services and Public Safety, 2011
9. Drink Driving Limits in Northern Ireland. Available at: <http://think.direct.gov.uk/drink-driving.html>
10. Road Safety Authority of Ireland. New Drink Driving Limits introduced October 2011 in the Republic of Ireland. Available at: <http://www.rsa.ie/en/RSA/Road-Safety/Campaigns/Current-road-safety-campaigns/Drink-Driving/Drink-Driving-Limits-and-Recommendations-/>

Appendix 4 - Data collection methods

In Northern Ireland, the Adult Drinking Patterns Survey is based on a representative sample of adults aged between 18 and 75 years old (inclusive), living in private households in Northern Ireland. Using face to face interviews, 1,294 households out of a possible 1,966 eligible addresses were surveyed giving a response rate of 66%.

In the Republic of Ireland, adult drinking patterns were determined as part of the Survey of Lifestyle, Attitudes and Nutrition (SLÁN) 2007. The Survey was conducted through face-to-face interviews in the homes of 10,364 randomly selected adults, aged 18 years and over, with a 62% response rate.

Limitations exist in relation to comparability of alcohol-related deaths in Northern Ireland the Republic of Ireland.

Appendix 5 - Reasons for the differences in reported alcohol consumption and alcohol sales

Alcohol sold but not captured in social surveys (for reasons other than under-reporting)	Alcohol consumption not captured in alcohol sale statistics
Drinking by people outside sampling frame (under 16 years; homeless; people living in institutions such as armed forces, hospitals or residential homes).	Legal imports, illegal imports, informal production and homebrew.
Drinking non-responders to survey.	Counterfeit production.
Alcohol that is bought but not consumed (ie used in cooking; disposed of as reaches expiry date; spillage/spoilage).	Consumption of non-beverage alcohol (eg antibacterial hand-wash).
Alcohol that is cleared for sale but not sold.	Consumption of UK residents while overseas.
Consumed in the UK by foreign visitors.	

Reference: Boniface S, Shelton N. How is alcohol consumption affected if we account for under-reporting? A hypothetical scenario. *European Journal of Public Health*. 2013. Available from: doi:10.1093/eurpub/ckt016.

Appendix 6 - UK Public Health Responsibility Deal

The UK Public Health Responsibility Deal aims to enlist the support of businesses and other influential organisations to make a significant contribution to improving public health. These organisations sign up to the Responsibility Deal in a voluntary capacity taking action to improve public health through their responsibilities as employers, as well as through their commercial actions and their community activities. Collective pledges covering alcohol, food, health at work and physical activity set out the specific actions that partners agree to take to support the Responsibility Deal. The alcohol and food pledges have a strong focus on actions that manufacturers, retailers, the out of home dining/catering sector and bars and pubs can deliver. An alcohol network has been established which aims to foster a culture of responsible drinking which will help people to drink within guidelines. The Responsibility Deal alcohol network has, to date, primarily involved retailers, producers, industry representative organisations, and health NGOs, alongside observers from the Scotland, Wales and Northern Ireland Governments. The network seeks to deliver pledges in support of the core commitment: "We will foster a culture of responsible drinking, which will help people to drink within guidelines."

Alcohol Pledges:

A1. Alcohol labelling - ensure that over 80% of products on shelf (by December 2013) will have labels with clear unit content, NHS guidelines and a warning about drinking when pregnant.

A2. Awareness of Alcohol Units in the On-trade - provide simple and consistent information in the on-trade to raise awareness of the unit content of alcoholic drinks, and explore how messages around drinking guidelines and the associated health harms might be communicated.

A3. Awareness of Alcohol Units, Calories & Other Information in the Off-trade - provide simple and consistent information as appropriate in the off-trade as well as other marketing channels (e.g. in-store magazines), to raise awareness of the units, calorie content of alcoholic drinks, NHS drinking guidelines, and the health harms associated with exceeding guidelines.

A4. Tackling Under-Age Alcohol Sales - ensure effective action is taken in all premises to reduce and prevent under-age sales of alcohol.

A5. Support for Drinkaware - maintain the levels of financial support and in-kind funding for Drinkaware.

A6. Advertising & Marketing Alcohol - further action on advertising and marketing, namely the development of a new sponsorship code requiring the promotion of responsible drinking.

A7. Community Actions to Tackle Alcohol Harms - provide support for schemes appropriate for local areas that wish to address issues relating to social and health harms.

Appendix 7 - Recommendations of the Steering Group Report on a National Substance Misuse Strategy

Supply Pillar

1. Increase the price of alcohol over the medium term to ensure that alcohol becomes less affordable, using some or all of the following approaches.
Excise duties:
 - maintain excise rates at high levels;
 - further increase excise rates for higher alcohol content products;
 - increase the differential between excise rates applied to alcohol content levels in each alcohol product category; and
 - increase the annual excise fee for the renewal of off-licences.Minimum pricing:
 - Introduce a legislative basis for minimum pricing per gram of alcohol.
2. Introduce a 'social responsibility' levy on the drinks industry
3. With respect to Section 16 of the Intoxicating Liquor Act 2008 (sale, supply and consumption of alcohol), develop and implement an enforcement mechanism; and make regulations under Section 16 (1), (b) and (c) of that Act.
4. Commence Section 9 (structural separation) of the Intoxicating Liquor Act 2008.
5. Develop proposals for an all-island initiative in relation to alcohol issues including alcohol availability, treatment and health promotion.
6. Introduce a statutory code of practice on the sale of alcohol in the off-licence sector.
7. Provide that the HSE may object to the granting of a court certificate for a new licence and to renewal of licences.
8. Establish standards for server training programmes in the on-trade and the off-trade. Provide that participation by licensees and staff in such programmes is a condition of the licensing process.
9. Develop a system to monitor the enforcement of the provisions of the intoxicating liquor legislation:
 - to ensure consistency of application across all Garda regions; and
 - concerning the sale, supply or delivery of alcohol to minors, with particular emphasis on age verification.
10. Consider, having regard to enforcement constraints, the possible need to strengthen the legislative controls on distance sales.

11. Introduce the following measures to further counter drink-driving:
 - introduce appropriate hospital procedures to provide alcohol testing of drivers who are taken to hospital following fatal/injury collisions;
 - introduce driver rehabilitation programmes for repeat drink-driving offenders and those at high risk of re-offending;
 - provide for the use of alcohol ignition interlocks as a sentencing option for those convicted of repeat drink driving offences; and
 - monitor and regularly publish the volume of driver alcohol testing, including mandatory alcohol testing, undertaken by An Garda Síochána on a county and national basis.
12. Engage with EU colleagues to explore the feasibility of introducing common restrictions on advertising at a European level.
13. With a particular focus on impacting on the age of the onset of alcohol consumption, and the consumption levels of under-18 year olds, introduce a statutory framework with respect to the volume, content, and placement of all alcohol advertising in all media in Ireland (including the advertising of pubs or clubs). This will involve the utilisation of existing legislation (such as the Broadcasting Act 2009) as well as the development of new legislation. Regard should be made to the impact of any statutory framework containing the provisions immediately below on Irish industry vis-à-vis firms from other jurisdictions. At a minimum the legislation and statutory codes should provide for:
 - a 9.00 p.m. watershed for alcohol advertising on television and radio;
 - alcohol advertising in cinemas to only be associated with films classified as being suitable for over-18s;
 - prohibition of all outdoor advertising of alcohol; and
 - all alcohol advertising in the print media to be subject to stringent codes, enshrined in legislation and independently monitored.
14. Introduce mandatory age authentication controls on the advertising of alcohol on websites hosted in Ireland. Investigate feasible approaches to, and subsequently implement controls on, the volume, content and placement of all alcohol marketing in digital media.
15. Drinks industry sponsorship of sport and other large public events in Ireland should be phased out through legislation by 2016. In the intervening time, it should not be increased.

Prevention Pillar

1. Seek greater co-ordination of prevention activities at both national and local levels. Such activities should, where feasible, utilise Information and Communication Technology and consider a social marketing approach, to target:
 - underage drinking;
 - drink-related anti-social behaviour/public order offences;

- excessive drinking generally;
 - those who are pregnant or likely to become pregnant; and
 - other specific at-risk groups.
2. Further develop a co-ordinated approach to prevention and education interventions in relation to alcohol and drugs as a co-operative effort between all stakeholders in:
 - educational institutions (including third level);
 - sporting organisations;
 - community services;
 - youth organisations and services; and
 - workplaces.
 3. The alcohol screening tools used by health professionals should reflect the Irish standard drink (10 grams). The low-risk weekly guidelines for women should be to consume less than 112 grams of pure alcohol per week (11 standard drinks per week) and for men to consume less than 168 grams per week (17 standard drinks per week). Develop and implement more detailed clinical guidelines for health professionals relating to the management of at-risk patients. Labels on alcohol products sold in Ireland should include the number of grams of alcohol per container, along with calorific content and health warnings in relation to consuming alcohol in pregnancy.
 4. Continue the development and monitoring of SPHE in schools and Youthreach centres for education programmes through:
 - implementing the recommendations of (i) Inspectors' reports in relation to all schools and Youthreach centres for education and (ii) the SPHE evaluation (NUIG 2007) in post-primary schools;
 - rolling-out a senior cycle school programme; and
 - introducing (i) national guidelines for educational materials and (ii) national standards for teacher training, in relation to SPHE.
 5. Encourage the provision of alcohol-free venues for young people, with an emphasis on those most at risk (e.g. Youth cafés, alcohol-free music and dance venues and sports venues), with:
 - the young people being centrally involved in the development and management of the programmes and venues;
 - late night and weekend opening; and
 - increased access to school facilities in out-of-school hours.
 6. Further develop prevention measures aimed at families in relation to alcohol misuse (including prevention measures in relation to parental alcohol problems and the effect of this on children):
 - at a broad level for all families; and
 - aimed at families deemed to be at risk.

7. Develop and incorporate a drugs/alcohol intervention programme, with referral to specialist services where required, into schemes aimed at youth at risk, including the Special Projects for Youth (SPY), the Garda Juvenile Diversion Programme and the Garda Youth Diversion Projects.

Treatment and Rehabilitation

1. 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.
2. Develop early intervention guidelines for alcohol and substance use across all relevant sectors of the health and social care system. This will include a national screening and brief intervention (SBI) protocol for early identification of problem alcohol use.
3. Implement policies and clinical protocols in all healthcare settings to prevent, assess and respond to issues arising in relation to pregnant women affected by alcohol use.
4. Strengthen FASD surveillance in maternity hospitals through the Eurocat Reporting system and promote greater awareness among healthcare professionals of FASD so as to improve the diagnosis and management of FASD.
5. Develop regulatory standards for all tier 3 and tier 4 services with regard to substance misuse.
6. Develop and broaden the range of evidence-based psychosocial interventions in tier 3 and tier 4 services.
7. Using the recommendations of the 'Report of the Working Group on Treatment of Under-18 year olds Presenting to Treatment Services with Serious Drug Problems' (2005) as a template:
 - 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.
8. 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.
9. Assign alcohol liaison nurses to all general hospitals for the purpose of coordinating care planning and/or screening and brief interventions for patients with alcohol-related disorders/illnesses.
 10. Develop care pathways and models of best practice for the management of ARBI. 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.
 11. Establish a forum of stakeholders to progress the recommendations in *A Vision for Change* in relation to establishing 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.
 12. 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. This approach should be guided by and coordinated with all existing strategies relating to parenting, children and families and in accordance with edicts from the Office for the Minister for Children and the Child and Family Support agency.
 13. Explore the extent of parental problem substance use through the development of a strategy, along the lines of the Hidden Harm Report in Northern Ireland, and respond to the needs of children of problem substance use by bringing together all concerned organisations and services. This could be developed through links with Cooperation and Working Together (CAWT), dedicated to health gain and social wellbeing in border areas.
 14. Develop family support services, including:
 - access to information about addiction and the recovery process for family members;
 - peer-led family support groups to help families cope with problematic drinking;
 - evidence-based family and parenting skills programmes;

- the reconciliation of problem drinkers with estranged family members where possible; and
 - the development of a short-stay respite programme for families of problem drinkers.
15. Develop a drugs/alcohol intervention programme, incorporating a treatment referral option, for people (primarily youth and young adults) who come to the attention of the Gardaí and the Probation Service, due to behaviour caused by substance misuse.
 16. Continue the expansion of treatment and rehabilitation services in prisons to include treatment for prisoners who have alcohol dependency. Develop protocols for the seamless provision of treatment and rehabilitation services for people with alcohol problems as they move between prison and the community.
 17. Address the treatment and rehabilitation needs of the following specified groups in relation to the use of alcohol: members of the Traveller community; members of the lesbian, gay, bisexual and transgender community; new communities; and sex workers. This should be facilitated by engagement with representatives of these communities, and/or services working with the communities, as appropriate.
 18. Implement the actions, by the appropriate agencies, in the Homeless Strategy: National Implementation Plan (DEHLG 2008).
 19. Co-ordinate the provision of training within a single national substance misuse framework, i.e. National Addiction Training Programme.
 20. Collate, develop and promote greater awareness of information on alcohol treatment and rehabilitation services.

Research Pillar

1. Continue to implement and develop, as appropriate, epidemiological indicators and the associated data collection systems, to identify:
 - 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.
2. 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.

3. Disseminate alcohol research findings and models of good practice to all relevant statutory, community and voluntary sector organisations.

Appendix 8 - Recommendations of the New Strategic Direction on Alcohol and Drugs Phase 2 (2011-2016)

The New Strategic Direction on Alcohol and Drugs (NSD) sets the policy direction for reducing the harm related to alcohol and drug misuse across Northern Ireland for the period October 2011 – October 2016. The overall aim of NSD Phase 2 is to reduce the level of alcohol and drug-related harm in Northern Ireland.

The NSD has a set of overarching long-term objectives to:

- provide accessible and effective treatment and support for people who are consuming alcohol and/or using drugs in a potentially hazardous, harmful or dependent way;
- reduce the level, breadth and depth of alcohol and drug-related harm to users, their families (including children and young people), their carers and the wider community;
- increase awareness, information, knowledge, and skills on all aspects of alcohol and drug-related harm in all settings and for all age groups;
- integrate those policies which contribute to the reduction of alcohol and drug-related harm into all Government Policy;
- develop a competent and skilled workforce across all sectors that can respond to the complexities of alcohol and drug use and misuse;
- promote opportunities for those under the age of 18 years to develop appropriate skills, attitudes and behaviours to enable them
- to resist societal pressures to drink alcohol and/or misuse drugs;
- continue to effectively tackle the issue of availability of illicit drugs and young people's access to alcohol; and
- to monitor and assess new and emerging illicit drugs and take action when appropriate.

Five supporting pillars have been identified in the development of the NSD Phase 2, and these pillars provide the conceptual and practical base for the NSD and are presented as follows:

Prevention and Early Intervention

Prevention and Early Intervention is largely concerned with encouraging and developing ways to support and empower individuals, families and communities in the acquisition of knowledge, attitudes and skills.

A particular focus should be placed on the importance of early intervention (especially young children and families, and to address Hidden Harm), and the adoption of targeted, as well as universal types of prevention which will lead to the reduction of risk factors and the development of protective factors associated with the prevention of alcohol and drug-related harm. Volatile substances and alcohol are often the first substance tried by many young people; this should be recognised and addressed.

Interventions must be tailored to particular settings such as the school, community and workplace. In this respect, the importance of formal and informal education and community based approaches is acknowledged.

Harm Reduction

Harm reduction refers to policies, strategies and programmes designed to reduce the harmful consequences of substance misuse. While the ultimate outcome of harm reduction should be to promote recovery through encouraging users towards abstinence, it is acknowledged that a feature of harm reduction is the focus on the prevention of alcohol and drug-related harm for those users who are unable or unwilling to stop using substances. This includes reducing the harm at the individual, family and community levels. Harm reduction is not about condoning alcohol and/or drug use, but it should be seen as those policies, programmes and approaches that aim to prevent anticipated harm and reduce actual harm.

Treatment and Support

A comprehensive range of treatment, rehabilitation and aftercare services for individuals and families affected by alcohol and drug use should be in place.

There is also a need to acknowledge the wide range of substances which is misused, including prescribed and 'over the counter' preparations as well as 'illicit' drugs. Particular importance needs to be placed on the continuity of care, and the need to develop greater linkages across agencies and the Health and Social Care system. There is also a need to ensure that those providing first-line support to patients (e.g. GPs/Community Pharmacists) are provided with appropriate training and support to help them meet the needs of their substance misusing patients – and their families.

Similarly, people should be able to access a comprehensive range of community-orientated, evidence-based treatment and support services responsive to client needs. Where appropriate, family-based interventions should be encouraged. Multi-disciplinary approaches and partnership working should be a key focus of Treatment and Support, where appropriate. In addition, there should be clear care pathways in place that also encompass through care, aftercare, reintegration and recovery.

Law and Criminal Justice

The NSD will continue to stress the importance of addressing those issues that fall within the domain of the law and criminal justice. As well as continuing those efforts aimed at reducing the supply of illicit drugs and irresponsible sale (particularly underage sales) of alcohol, the NSD will continue to support those justice and correctional initiatives that aim to reduce the level of harm associated with alcohol and drug use, such as the increased emphasis on diversion to treatment.

Monitoring, Evaluation and Research

It will be essential that the resources available to deliver the NSD be properly targeted at activities and programmes that have been shown by previous research and evaluation to be effective. This does not devalue the need for innovation. Arrangements for evaluation will be an integral part of all current and future services funded as part of the NSD.

It is recognised that it is of vital importance at both regional and local levels to monitor and evaluate processes, outputs and outcomes in order to inform the overall implementation of the NSD and ultimately measure its success. Where appropriate, existing systems and surveys will help to set baselines and monitor progress and changes, however it may be necessary to develop new monitoring systems or build on existing ones to provide additional information required.

In addition, well-designed and targeted research projects can address gaps in knowledge and seek to explore specific topics and issues in detail.



Institute of Public Health in Ireland

5th Floor
Bishops Square
Redmond's Hill
Dublin 2

Forestview
Purdy's Lane
Belfast
BT8 7AR

Ph: 00 353 1 4786300
Fax: 00 353 1 478 6319

0044 28 9064 8494
0044 28 9069 4409

www.publichealth.ie