



AlcoholAction
Ireland

Driving Down Alcohol Harms

**Policy Briefing:
Office for alcohol harm reduction**

March 2023

Alcohol Action Ireland (AAI) was established in 2003 and is the national independent advocate for reducing alcohol harm. We campaign for the burden of alcohol harm to be lifted from the individual, community and State, and have a strong track record in campaigning, advocacy, research and information provision. Our work involves providing information on alcohol-related issues, creating awareness of alcohol-related harm and offering policy solutions with the potential to reduce that harm, with a particular emphasis on the implementation of the Public Health (Alcohol) Act 2018. Our overarching goal is to achieve a reduction in consumption of alcohol and the consequent health and social harms which alcohol causes in society.

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Alcohol harm is a significant burden on the Irish state costing at least €3.7 billion annually in direct costs in health, social protection and justice and likely twice that amount when accounting for harm to others. 1500 hospital beds are in use every day for alcohol related illness and costing at least 11% of the health care budget. 15% of the population have an alcohol use disorder – almost 600,000 of which 90,000 have a severe problem. Four people die every day from alcohol – 1460 annually - nearly ten times the number who die on our roads. Alcohol has a significant impact on the workplace and productivity. The OECD estimates that alcohol use will cause Ireland's GDP to be 1.9% lower between now and 2050 if no action is taken to reduce use.

**Because of
alcohol**



**Ireland's GDP is
likely to be 1.9%
lower on average
between now**



The World Health Organization (WHO) has unequivocally stated that when it comes to alcohol consumption, there is no safe amount that does not affect health. The WHO strongly advises that implementing key strategies in reducing alcohol harms are controls on price, marketing and availability of alcohol. However, there is a long history in Ireland of successful opposition to even modest controls from the alcohol industry.

Addressing alcohol harm is currently spread across a number of government bodies. This spread of resources and the lack of a dedicated staffing complement within one office/unit, dilutes progress for a robust strategic response to reducing Ireland's alcohol harm burden, now and into the future. It also gives space for vested interests to exploit and to stymie a coherent response.

Ireland has previously developed successful strategies to other public health concerns such as road safety and smoking. There is much which can be applied to addressing the harms from alcohol. It is in this context that there is an urgent need to establish a statutory office for alcohol harm reduction which will take the lead on developing the coherent policy response which is required. Ideally this would eventually include licensing, marketing controls, strategic development of alcohol services, education/prevention programming, commissioning of relevant data plus monitoring and evaluation of policy.



Alcohol public health policy

Health policy in relation to alcohol comes within the strategy, Reducing Harm, Supporting Recovery – a health led response to drug and alcohol use in Ireland 2017-2025. This falls within the Healthy Ireland Framework.

The main policy actions around alcohol centre on:

- Implementation of the Public Health (Alcohol) Act (PHAA)– a suite of modest measures around controls on price and marketing,
- Actions around the provision of treatment services
- Programme of public health research and information.

However, many alcohol issues are not addressed within the strategy, as outlined below.

Concern has also been expressed about the lack of focus and action on alcohol within the strategy compared with that on illegal drugs, despite alcohol being by far Ireland’s biggest drug problem as evidenced by the HRB’s 2019-2020 Irish National Drug and Alcohol Survey.



Alcohol legislation

The PHAA was the first piece of legislation in Ireland which took a public health approach to alcohol control and emerged from the Department of Health. It has not been implemented in full. For example, there are important measures around advertising controls outstanding but as yet there is no time-line indicated for their progression. There is little to no systematic research being carried out to examine its efficacy or to consider if other measures are needed, for example controls on internet marketing, the fastest growing area of alcohol advertising and which is not covered by the PHAA. Meanwhile the Department of Justice is progressing legislation around the Sale of Alcohol Bill to revise licensing laws which has a number of measures which are in conflict with the intent of the PHAA.



Alcohol related liver disease

Alcohol impacts on many aspects of health including cancer, heart disease, liver disease, neurological conditions and mental health. Looking at just one of these – liver disease – all of the indicators point to both significant increases in occurrence and poorer outcomes for patients. For example, rates of hospital admission for alcohol liver disease have almost trebled from 1995 to 2018 with more presentations in women and younger people. There are also reports that one in five patients in critical care in Beaumont Hospital were there because of alcohol. Compared with improvements in heart and cancer, liver disease outcomes are dis-improving.

Alcohol related brain damage

Alcohol has a significant impact on brain health leading to a number of conditions such as dementia. Prevalence studies of dementia subtypes in nursing homes have reported alcohol related dementia to account for 10% to 24% of all dementias. However, alcohol related brain damage is not even mentioned in Reducing Harm, Supporting Recovery.

Fetal Alcohol Spectrum Disorders (FASD)

Ireland has the third highest rate of fetal alcohol spectrum disorders in the world. It is estimated that around 6000 babies are born every year with this life-long irreversible neuro-developmental condition caused by exposure to alcohol in utero. However, as pointed out in the HSE in 2022 there is a need for a whole of government strategy to address the issues which range from preventative strategies to assessment and support for children and parents. It is not clear what resources will be made available to develop and implement such a plan.

Alcohol Treatment Services

In relation to alcohol treatment services these do not remotely address the size of the problem. In 2021, just over 3,000 new presentations gained access to alcohol treatment services compared with the 90,000 people who have a severe alcohol use disorder. Some investment has taken place in community settings with new services to deliver a joined-up approach to service delivery across community and hospital setting, currently being piloted in Cork and Limerick.

Parental Problem Alcohol Use

200,000 children are impacted by parental problem alcohol use and a further 400,000 adults are living with the legacy of that trauma. This Adverse Childhood Experience (ACE) is a known gateway to other ACES such as domestic violence and loss of a parent. Research shows that ACEs can greatly increase the likelihood of poor physical and mental health in later life. The cost of this to Ireland is an estimated €7 billion annually. While there is increasing awareness of this issue with some moves towards a joint approach between Tusla and the HSE there is no cross-government strategy to address the multiple issues arising despite all the evidence around the need for early intervention. Indeed, the most recent government strategy on domestic, sexual and gender-based violence published 2022 did not even mention alcohol.

There is valuable work on public health information and support through the HSE Alcohol Programme and the Department of Health programme - Healthy Ireland. However, no such campaign will be able to counter current industry marketing efforts. For example, spending on the HSE's Ask About Alcohol website and information campaign was €67,000 in 2021. In comparison the alcohol industry spent at least €116 million on advertising in Ireland in the same year. This highlights the need to curb alcohol marketing yet there is no impetus to swiftly implement the modest measures within the PHAA.

The Health Research Board carries out important work on alcohol data in a number of areas including collating information on treatment services and selected areas of health data such as alcohol related hospitalisations. It also funds a number of research projects through open competition. However, it is not clear how or if such data is being used to inform policy implementation or development. Real time and localised data around alcohol use and harm and indeed treatment, in Ireland is required to make informed decisions.

In 2019, the Public Health Alcohol Research Group was established by the Minister for Health, to provide advice on monitoring of the PHAA but ongoing funding has not been committed to this group. Evidence from other jurisdictions shows that progress can be achieved when backed by government funding and resolve, or indeed when health experts champion causes and campaign for them.

Ireland 2021



Ireland has a strong history of setting up statutory structures to deal with serious public health issues. For example, the National Office of Suicide Prevention and the Road Safety Authority were both set up to deal with issues deemed national crises due to the number of deaths from suicide and from road fatalities and these have shown considerable success. For example, in 2022, road fatalities were 155, down from 396 in 2005.

Upon the enactment of the Public Health (Tobacco) Act, a range of well-resourced measures were put in place and the government threw its weight behind ‘tobacco control strategies involving a multi-faceted approach.’ Working towards a Tobacco Free Ireland is considered a key public health measure, and strategic plans with measurable KPIs are drawn up every four years to monitor and drive progress. This has led to a significant fall in tobacco use with current smokers only comprising 17% of the population.

However, the same cannot be said of Ireland’s response to alcohol. As the mid-term review of the national drug strategy, Reducing Harm Supporting Recovery, noted: “The feedback from stakeholders was that the strategy, and in particular the action plan for the period 2017 to 2020, did not bring as much focus to alcohol use as it did to other drugs. A much greater focus on alcohol was required for the upcoming period. Addressing alcohol issues requires a co-ordinated ‘whole-of-government’ approach. The scale of the societal problem around alcohol is such that it now needs a dedicated resource to drive change. The Public Health Alcohol Act and its provisions needs to be fully implemented.”



As set out by the World Health Organisation, national governments should promote leadership, awareness and commitment in delivering public health measure to reduce alcohol harm.

There is much to learn from Ireland’s comprehensive and determined response to tobacco and road safety as outlined above.

Responsibility within government departments for strategic alcohol policy and the implementation of the Public Health (Alcohol) Act currently falls to a small resource within the Tobacco and Alcohol Control unit in the Department of Health.

Given the ongoing challenges in implementing the Public Health Alcohol Act and driving alcohol policy and research, it is imperative that a dedicated office with staff and a budget is established.

The structure and staffing complement of the office would be a political decision for the minister of the day. It would be advisable, however, that a national alcohol office should be a standalone structure with a dedicated budget, a director, and a national clinical alcohol champion. It is envisaged that the office would be made up of 4 staff members, who work under the position of national clinical advisor.

The budget for staffing and associated campaigning and outreach is estimated at approximately €1.5m annually. The office would be directly accountable to the Minister for Health and should have a strategic plan for up to five years, outlining how it will take the lead on co-ordinating all aspects of alcohol harm in Ireland, carry out research and have input into legislative and policy issues relating to the sale and licensing of alcohol.

What an office for alcohol harm reduction could do



Drive progressive alcohol policy development



Co-ordinate alcohol issues across government



Commission research to inform policy



Set targets for alcohol harm reduction

Appendix 1 Ireland's current alcohol policy structures

Department of Health

Chief Medical Officer

- Healthy Ireland
- Alcohol + Tobacco Unit

Drugs Policy and Social Inclusion Unit

- Coordinates the implementation of the National Drugs Strategy - *Reducing Harm Supporting Recovery 2017 – 2025*, in conjunction with relevant government departments and agencies, the HSE and civil society organisations.
- National Oversight Committee provides oversight to the strategy

Health Research Board – programme of research and data collation on a number of alcohol related areas including reports on alcohol treatment services and selected areas of alcohol harms.

Institute of Public Health examines strategic all-island public health goals including alcohol.

HSE

- Social Inclusion - HSE Addiction Services, Primary Care Reimbursement Service HSE Section 39 funding
- 24 Local & Regional Drug and Alcohol Task Forces
- HSE National Alcohol Programme includes Ask About Alcohol website, and information campaign. HSE Drugs and Alcohol Helpline

Department of Justice

Responsible for: alcohol sale and supply and licensing regime.

Department of Education

Responsible for: alcohol education and prevention programmes. Has a resource for second level schools at senior cycle developed jointly with the HSE.

Department of Finance

Tax: excise duties, customs issues, value added tax, EU and national indirect taxes, and associated tax policy issues.

Evidence from other jurisdictions shows that progress can be achieved when backed by government funding and resolve, or indeed when health experts champion causes and campaign for them.

In Scotland, Public Health Scotland works to implement a standalone national alcohol strategy with a dedicated team of approximately 11 staff who drive and monitor implementation of the strategy.

Area of responsibility include:

- Data & Intelligence, workforce
- Alcohol Brief Interventions
- Managed Alcohol Programme

- Stigma
- National Care Service
- Liaison with Drugs Division

- UK Alcohol Treatment Guidelines
- Standards and targets
- Liver disease

The office regularly publishes research around Minimum Unit Pricing (MUP) for alcohol that came into effect in Scotland in 2018, allowing the government to make informed and evidence-based decisions about this measure.

Public health experts in the UK have for the past 20 years campaigned on the issue of alcohol-related hospital admissions. This has led to UK hospitals having coordinated policies of care for patients with alcohol-related problems in A&E and acute medicine departments, including a 7-day alcohol specialist nurse service, a mental health crisis team and alcohol care teams. Alcohol care teams (ACTs) coordinate across acute departments, including accident and emergency (A&E) and provide access to brief interventions and appropriate services within 24 hours of the detection of alcohol-related problems. Data has shown that ACTs are effective in: reducing Emergency Department (ED) attendances by up to 60% reducing hospital admissions by 66%; reducing length of stay from 11.5 days to 8.9 days; improving patient care with clinical incidents reduced by 75%.