

UNIVERSITY of  
**STIRLING**



Institute for  
**Social Marketing  
& Health**

# BUILDING CAPACITY FOR ALCOHOL POLICY RESEARCH & MONITORING IN IRELAND

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# WHY DO WE NEED ALCOHOL POLICY RESEARCH?

*“Politics is much more about emotion than about evaluating evidence”* (Richard Bruton TD, after 42 years in the Dáil.)

Robust research provides scientific evidence, to reduce uncertainty, and to inform decision-making.

Scientific evidence is only one form of evidence – it cannot dictate policy, but it can:

1. Help to understand, define or draw attention to social or health problems;
2. Reduce uncertainty about the likely impact, feasibility or acceptability of different policy solutions;
3. Reduce uncertainty about the implementation and impact of policies;
4. Increase transparency about how policies are made/influenced.

Scientific evidence should sit alongside other policy influences: values; local knowledge; priorities; resources etc.

# A FULL RANGE OF ALCOHOL POLICY RESEARCH

## 1. What is the problem?

- Epidemiology
- Social sciences
- Services research
- Commercial determinants

## 2. Planning policy solutions?

- Evidence reviews
- Policy modelling
- Public views & influences

## 3. Evaluating Policy Solutions

- Observational studies
- Routine data analysis
- Time series analysis/controlled
- Qualitative studies

## 4. Understanding the policy process

- Stakeholder interviews
- Media analysis
- Analysis of policy debates/ consultations/ other documentation.

# MAKING (WINNING?) THE ALCOHOL RESEARCH WORLD CUP

## 1. Innovation that is worth studying (< Borthball; > Dupont).

Ireland has this in abundance: possibly the world's most comprehensive set of alcohol public health measures, being brought in at intervals, since 2020.

More innovation than in Scotland's 2008 alcohol strategy, which committed to MUP alongside a large programme of alcohol brief interventions and other measures.

Importantly, the Scottish strategy included a commitment to research from the outset.



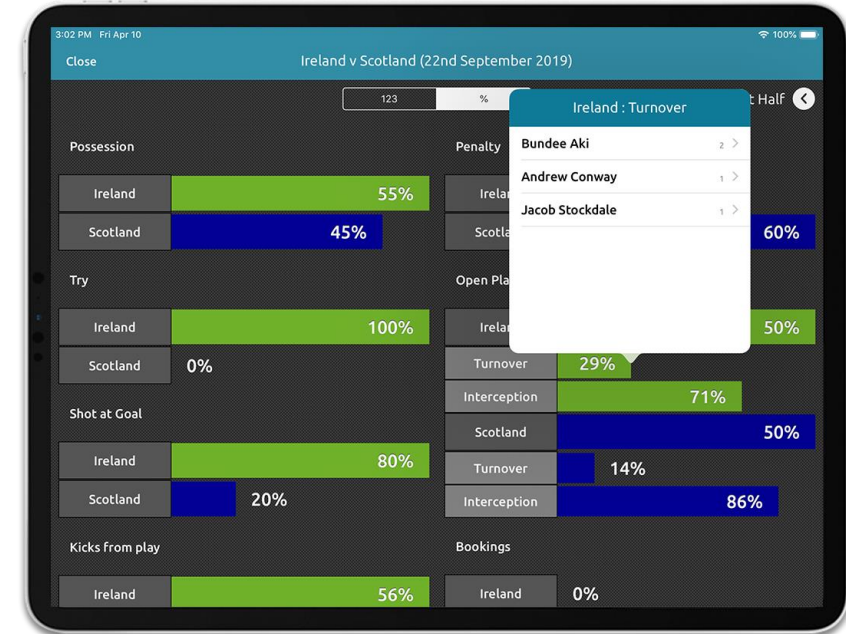
## 2. A FULLY EMBEDDED COMMITMENT TO EVIDENCE

### “How will we measure success?”

138. We recognise the importance of a robust evidence base on levels of alcohol consumption and harm and continue to seek to improve sources of data while recognising that the statistics which can be gathered have limitations and that where possible we must seek to triangulate data and consider trends.

139. We have established a **Monitoring and Evaluation Reference Group for Alcohol (MERGA)** to oversee the development of a portfolio of monitoring and evaluation studies to measure the extent to which the actions set out in this document are effective in delivering our intended outcomes. The reference group provides both specialist knowledge about relevant alcohol-related issues and methodological expertise in research and evaluation...”

*Changing Scotland's Relationship with Alcohol, a Framework for Action, 2009*



# MONITORING & EVALUATING SCOTLAND'S ALCOHOL STRATEGY (MESAS).

## Alcohol Brief Interventions:



Huge national programme but rolled out all at once, with little advance warning and limited opportunity for evaluation.

- Huge well-resourced implementation programme of international interest (£80m).
- Good qualitative studies of process and implementation.
- No studies of the quality or outcomes of the interventions; no randomised controlled trials.
- Little/no legacy of new knowledge or capacity building, research budget too small/not leveraged.

## Minimum Unit Pricing



Legal challenges led to delays in implementation, but allowed for research to be carefully planned.

- The 'sunset clause' forced the research.
- The policy cost very little, but investment was made in research infrastructure & studies.
- The level of priority and lead-in time enabled researchers to seek funding from routine sources.
- The MESAS 'MUP Research Collaborative' brought researchers together regularly: synergies.



# PUBLIC HEALTH ALCOHOL RESEARCH GROUP (PHARG)

Established after the legislation by the Minister for Health – late 2019

- “To ensure that the measures in the Act are comprehensively evaluated so that we can assess their effectiveness in meeting the policy objectives, a Public Health Alcohol Research Group has been established... the group will... ensure that a robust framework is created to evaluate the impact of this ground-breaking legislation.”

Impeded by Covid-19, but developed a framework for evaluation.

Has now reported to the Minister and made recommendations for future monitoring & evaluation.

The new report includes a focus on capacity building, which was never an explicit aim of the Scottish programme (*more on people & networks later*).

# 3. A KNOWLEDGEABLE AND RESPECTFUL AUDIENCE

Advocacy groups  
(alcohol, cancer,  
heart disease, mental  
health, children etc.)

Policy advisors (civil  
servants, health  
professionals etc.)

Policymakers

***Not undermining  
science...***





# 4A. PEOPLE: GRASSROOTS - NURTURING A POOL OF TALENT

Masters & doctoral students interested in studying public health policy.

Requires links with Masters programmes e.g. psychology, sociology, epidemiology, economics, geography etc.

Opportunities for placements, co-supervision etc. with more experienced researchers and in policy settings.



## 4B. PEOPLE: ROLE MODELS, STRUCTURES & NETWORKS

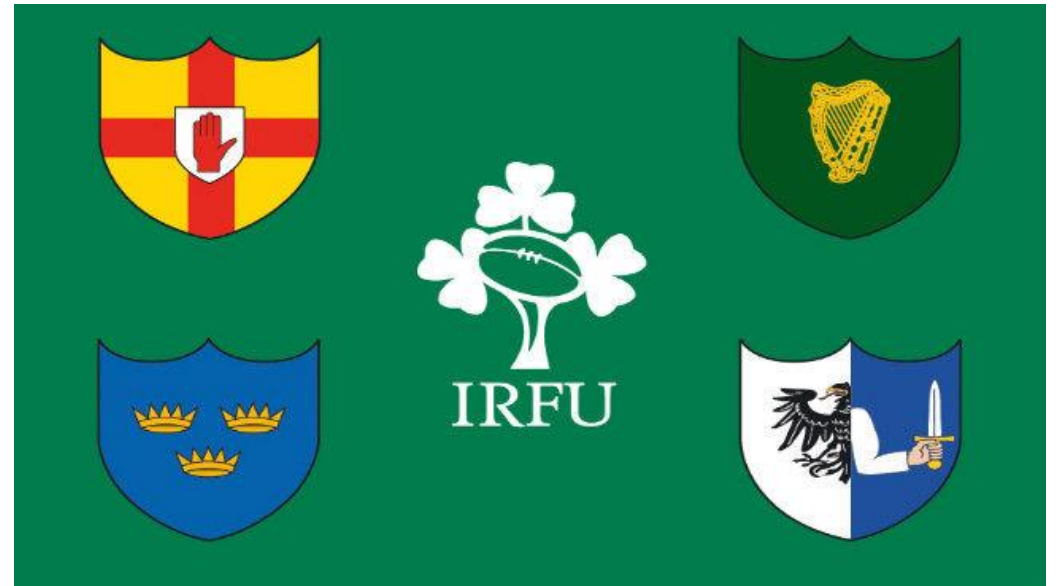


Students need supervisors.

Early career researchers benefit from mentors.

Everyone learns from those who've been around the longest.

i.e. need a steady pipeline of researchers.



Even if people are in separate departments/institutions, it helps if they see themselves as part of a shared effort to build capacity and success – a shared community.

Opportunities to come together, work together and develop together are critical.



Established with very small seed funding (€20k) from IRC & ESRC and no staff support in 2019. Also hindered by Covid-19. Brought together researchers and policy stakeholders from across five nations of UK and Ireland.

Organised a webinar series, and networking/sandpit-style event in May 2022 to build links and develop research ideas.

Awaiting decision on future funding – proposed to work closely with PHARG.

Outcomes to date include:

- Study visits by three ROI researchers to UK alcohol research centres (O'Brien, Gilmartin, Ketelaar)
- Successful funding bid to examine alcohol labelling: Houghton (TUS) & Campbell (QUB)
- Successful New Foundations funding for researcher-community links (Ketelaar, LYIT)
- Awaiting fellowship application decision on alcohol policy implementation (Calnan, UCC, with AAI and Stirling)
- Awaiting grant application decision to examine structural separation of alcohol (Stirling, UCC, QUB, Sheffield)

# 5. FUNDING: SHOW ME THE MONEY!!

(AKA: how to increase money available for alcohol policy research without spending any new money).

Signalling the need for research, calling for evidence, sunset clauses, letters of support.

Active leveraging from existing research funders e.g.

- Supporting/encouraging relevant dissertations;
- Influencing priorities of existing funders/schemes;
- Funders working across the islands to pool resources;
- International funders/philanthropies etc. (Bloomberg)

*P.S. Or just spend some money. Small pots/Seed/Pilot funding can go a long way. Focus on capacity building. It's a tiny investment to improve future policymaking & policies.*





# IN SUMMARY

A thriving public health research infrastructure enables better decision-making and better policy-making.

Commit to the place of research in public health and policymaking – so that future policy decisions are easier to make than current ones.

Embrace all findings.

Growing a thriving public health/alcohol research community takes time, investment and collegiality.

