

National Alcohol Policy Ireland  
1996

Executive Summary

# **National Alcohol Policy Ireland**

## **Executive Summary**

### INTRODUCTION

Alcohol consumption is set to increase in the Irish population over the next number of years, given:- the current and projected economic growth; an anticipated increase in the number of people drinking more beer which is less sensitive to price increases; possibly greater access to alcohol through increased special exemptions for longer opening hours, a greater number of young people starting to drink at a younger age and a higher percentage of regular drinkers by the age of 18 years with a preference for beer; strong alcohol advertising campaigns in all media in terms of volume, exposure and extensive sponsorship promotions with high visible sports.

The main policy objective of this document is to promote moderation in alcohol consumption, for those who wish to drink, and reduce the prevalence of alcohol related problems in Ireland, thereby promoting the health of the community.

The Government is delivering on the commitment of a National Alcohol Policy and its importance is acknowledged by the government, the general public and supported in the current trends in alcohol consumption and alcohol-related problems.

The Government published the National Health Strategy Shaping a Healthier Future in 1994. This was followed in July, 1995 by the publication of the Health Promotion Strategy. Both documents referred to the development of a national policy:

to promote moderation in alcohol consumption and reduce risks to physical, mental and family health associated with alcohol misuse.

The National Alcohol Policy was prepared by the Health Promotion Unit of the Department of Health and is based on the report of a Working Group which was established by the Advisory Council on Health Promotion. It also draws on the proceedings of the World Health Organisation Conference on Health, Society and Alcohol which was held in Paris. The importance of a comprehensive alcohol policy was highlighted when Ireland endorsed the European Charter on Alcohol in December 1995 along with 48 other Member States of the WHO European Region.

September 1996

## **SECTION 1: ALCOHOL USE IN IRELAND**

The drinking of alcohol is an integral part of Irish social life and is accepted as such by most people. It plays an important role in our social, cultural and sporting activities. However, alcohol is also a drug (BMA, 1991), which while used and enjoyed by many people, can lead to significant problems both for the individual and for the community at large when it is taken to excess on any drinking occasion or consistently taken in large amounts for a long period of time. Alcohol-related misuse can result in harm to physical and emotional health, in economic loss, in violence and disruption of family life and in the maiming and killing of the drinker and others in accidents.

### **Alcohol Consumption in Ireland**

In Ireland in 1994 the personal expenditure on alcohol was £2.46 billion (CSO, 1995). In 1994, we consumed 11.23 litres of pure alcohol (ethyl alcohol) per head of population aged 15 years and over. To adjust for the number of non-drinkers (estimated at 20%) the consumption rate per head translates to 13.47 litres. Beer has the highest consumption rate of all alcoholic beverages. There has been a five fold increase in the consumption of wine since 1960. However, this occurs from a low base.

When comparisons are made with other European countries, Ireland ranked 11th in 1993 for quantity of alcohol consumed per head of population.. However, Ireland's ranking changes from 11th to 8th place in terms of quantity of alcohol consumed when adjusted for age as 27% of the population are under 15 years of age. If adjustments were made for non-drinkers, given that Ireland has an estimated higher proportion of abstainers, the ranking among EU countries would be even higher. The four countries with the lowest alcohol consumption rates among European Union Member States (Sweden, Finland, United Kingdom, Netherlands) all have comprehensive alcohol policies.

Underage drinking is prevalent across the country. A greater number of young people are starting to drink at a younger age, a higher percentage are regular drinkers by 18 years and many abuse alcohol. Surveys conducted among post-primary pupils at both national and regional level indicated that 63% up to 83% of students reported having ever had a drink (Morgan & Grube, 1994; Murray, 1996, Nic Gabhainn & Kelleher, 1995). Those classified as regular drinkers ranged from 29% to 32% (Morgan & Grube, 1994, Murray 1996). In the North West 17% of students drank beer weekly (Nic Gabhainn & Kelleher, 1995). In the North West 42% reported being drunk at least once and of these 8% reported being drunk ten or more times. The Dublin sample reported 50% having felt drunk at least once while the national figure was 40% .

### **Alcohol - Related Problems**

The adverse affects of alcohol are pervasive throughout Irish society. The alcohol related problems extend beyond the physical health issues to mental and social health problems. Problems can arise from a single episode of drinking such as a car crash, accidental fall or injuries from an assault or fight. Regular drinking can contribute to the chronic conditions of cancers, stroke, work and money problems and heavy drinking may result in cirrhosis of the liver, alcohol psychoses and for some homelessness.

In Ireland, mortality rates from alcohol related cancers have been gradually increasing over the past ten years. The association of alcohol consumption with breast cancer, although not conclusive at this time, is a worrying development given that it is the leading cause of cancer among women in Ireland. In 1994, 29% of road deaths and 19% of all road injuries occurred between 9.00 pm and 3.00 am, the hours most associated with drinking and driving. There is

little doubt but that the combination of alcohol and driving during darkness are important contributory factors in road accidents (National Roads Authority, 1994). Many crimes of violence have alcohol as their common denominator.

Estimating the economic cost of alcohol related problems is fraught with difficulties due to the problems of gathering accurate data on true costs and the exclusion of other social costs. Walsh (1980) and more recently Conniffe & McCoy (1992) estimated some of the costs in relation to workplace production losses due to absenteeism, illness and accidents attributable to alcohol, losses from road accidents, expenditure on health treatment of people with alcohol related problems, expenditure on social welfare payments paid out to drinkers or their dependents and expenditure of resources on police and social workers in dealing with alcohol related problems. The total cost based on 1988 figures was £263 million, of which £138 million was borne by the State. Allowing for inflation, the total cost would translate to £325.6 million in 1995 terms.

#### Protective Effect of Alcohol

There is evidence that alcohol appears to reduce the risk of coronary heart disease (CHD) for middle aged men and older women, despite its adverse effects on blood pressure and the association with an increase risk of stroke (Harkin et al 1995). Most of the reduction in risk for CHD can be achieved at one or two drinks per day. However, Edwards et al (1994) suggests that the protective effect from light drinking can also be attained by other means such as not smoking, taking regular exercise, eating a low-fat diet or taking an aspirin every other day. Therefore, those with reasons to avoid alcohol have other options to reduce their risk for CHD.

#### Economic Role of Alcohol in Ireland

There are three areas where the alcohol industry make a significant contribution to the Irish economy, namely employment, revenue by taxes and balance of payments. A survey of licensed premises in 1994, commissioned by the Drinks Industry, reported that 32,100 (52.7%) full time staff and 28,800(47.3%) part-time staff are employed in the drinks retailing business. However, the majority of premises experienced no change in numbers employed in the last five years (Scott, 1994). The number of people employed in Ireland in drinks production had fallen to 4,600 by 1991. This represented 2.1% of total industrial employment and 0.41% of the total at work in 1991 (ESRI 1992). Excise duty on alcohol is a substantial source of revenue, yielding £495.5 million in 1994, about 4% of total current government receipts.. The alcohol industry is a positive contributor to Ireland's balance of payments with the value of alcohol exports being nearly three times that of imports in 1991.

## SECTION 2

This section outlines the current position in Ireland in relation to key areas which influence alcohol consumption. Individual strategies promote positive change in lifestyle habits through awareness raising, health promotion interventions and treatment services. Individual strategies need to be implemented in the various settings of the family, school, workplace, community, general practitioner and hospitals to successfully achieve a broad based approach and meet the needs of specific groups.

Environmental strategies are the structures, policies and systems which support the healthier choice such as licensing code, road traffic act, advertising, taxation and pricing. There is strong evidence that policies which influence access to alcohol, control pricing through taxation and other public health measures, can have a positive impact on curtailing the health and social burden resulting from drinking (Edwards et al. 1994). However, a key to the effectiveness of such strategies is public support, enforcement and maintenance of the policies.

### INDIVIDUAL STRATEGIES

Health Promotion enables people to acquire information and develop personal skills that will help them in making positive decisions in relation to their health. Individual change also needs a supportive environment so that the healthier choice becomes the easier choice.

### AWARENESS OF ALCOHOL USE

In creating a greater level of awareness and understanding of alcohol use and misuse among the Irish population, three important messages are identified: sensible drinking guidelines, avoidance of alcohol for pregnant women and detecting the early signs of alcohol dependency. Being sensible means avoiding drinking to excess on any one occasion, giving your liver a few days rest each week and never drinking and driving. Women who have any reason to believe they are pregnant should refrain from alcohol consumption. An occasional drink may do no harm, but cutting out drink completely eliminates any possible risks. There is no sharp dividing line between alcohol misuse and alcohol dependence. Good prevention measures would ensure that the public is better informed about the danger of excessive consumption of alcohol. There is also a need for greater awareness, among the public, of the symptoms of dependence on alcohol.

### HEALTH PROMOTION INTERVENTION

Health Promotion interventions require greater individual involvement and focuses in particular on the developing of personal and social skills which empower and enable the individual to make changes in their life appropriate for them. The match of the specific needs of groups within different settings requires careful planning.

#### Health education

The White Paper on Education, Charting Our Education Future, contains a commitment to the implementation of broadly based programmes of social, personal and health education in all schools. The National Council for Curriculum and Assessment (NCCA) is currently developing programmes of Social, Personal and Health Education for both primary and post-primary schools. Sustained and continuing efforts from the Departments of Education and Health have increased the availability of health education programmes in schools. However some schools do not include a health education programme in their school curriculum as it is not a

core requirement. The recent substance abuse prevention programme for On My Own Two Feet, specifically addresses alcohol, smoking and drug use.

Alcohol education at third level is singularly lacking as reflected in campus policy on drinking, drink industry sponsorships and student abuse of alcohol. A recent survey reported that alcohol was the highest expenditure for students living at home and the third highest after accommodation and food for students living away from home (USI, 1995).

Health Education in the non-formal sector occurs through the Voluntary Youth Organisations where young people are involved in activities which seek to foster their personal development and facilitate social education. A number of programmes have been developed on the issue of alcohol abuse. A code of ethics and good practice for children's sport launched by the Minister of State at the Department of Education included a section on substance abuse which outlines good practices in relation to alcohol use by sport leaders and coaches, alcohol-free under age functions and sponsorship.

#### Family Initiatives

The family unit, parents and siblings, provides a valuable and natural setting where alcohol issues can be discussed openly and honestly. Parents need to recognise their responsibility as good role models for their children. Parents who adopt sensible drinking habits as part of their lifestyle can reinforce positive attitudes for their children towards alcohol. The home is also an environment where parents can, if they so wish, introduce their teenage son or daughter to alcohol in an open and natural setting.

#### Community Initiatives

Community action has the potential to be a powerful influence for both social and environmental-directed interventions. Within some of the Health Boards, there are broad-based and extensive health education training for professionals, semi professionals and volunteers who work in and with community groups.

#### Workplace

As many of the alcohol related problems are represented across the drinking population at large, the workplace provides an ideal setting where the issues of alcohol use and alcohol abuse can be dealt with through a comprehensive work site programme. In Ireland, employee assistance programmes (EAP) deal with a variety of employee problems including addiction, stress, bereavement, physical health, social welfare, financial and legal matters. A quality EAP programme provides an excellent framework for addressing many of the issues in the Safety, Health and Welfare at Work Act, 1989. A number of large Irish companies have well established EAP's in operation for some years. These include public service bodies, private sector companies and semi-state organisations. In 1995 an IBEC survey indicated that 5.4% of companies had formal EAP programmes and another 16.7% reported informal programmes.

#### Professional Preparation

The importance of the multi-sectoral approach to health promotion has been highlighted in the 1995 Health Promotion strategy document. Professionals and voluntary groups in both the health and other sector areas can make a significant contribution to the health and social gain of the community. An awareness and understanding of the National Alcohol Policy and how it could be implemented in their respective areas of responsibility could create an

effective support network. The sectors which experience directly the fall-out from alcohol-related problems include health professionals such as the doctors, nurses and addiction counsellors, the Gardai, social welfare officers, the judiciary, teachers and the many voluntary agencies who provide support for those who have been affected by alcohol misuse.

## TREATMENT SERVICES FOR ALCOHOL ABUSERS & ALCOHOL DEPENDENCE

### Role of the General Practitioner

The importance of early intervention to change drinking patterns that are associated with alcohol dependence underlines the role of the health care professions in dealing with the problem. The general practitioner is particularly well placed to advise on sensible drinking and to connect presenting signs and systems with alcohol dependence. The Irish College of General Practitioners (ICGP, 1991) has recommended that general practitioners should be proactive in the education, identification, diagnosis and treatment of patients with alcohol-related problems.

### Treatment Services

The aim of treatment services for alcohol dependence is to help individuals end their dependence on alcohol and to rebuild relationships with their spouses, families, friends and colleagues. For those whose dependence has progressed to the stage that they have become homeless and destitute, the services they require are shelter, care and treatment for the physical and mental illnesses associated with advanced alcohol dependence.

The appropriateness of the psychiatric hospital model of treatment for alcohol dependence came under scrutiny in Ireland in the 1970s. The Report on the Development of Psychiatric Services, *Planning for the Future*, recommended in 1984 that alternative community based services be developed. The Green Paper on Mental Health, published by the Government in June 1992, comments that in the years since the publication of *Planning for the Future*, some Health Boards have developed local alcohol/drug services and recruited addiction counsellors to work in sector services. It also pointed to the extremely high rate of admission to psychiatric hospitals for alcohol-related disorders in some health boards and suggests that such rates demonstrated the need to develop alternative treatment facilities in the community.

There is no one alcohol treatment programme that is clearly more effective than any other. The absence of vigorous evaluation of the outcome of treatments in different settings and using different therapies makes it difficult to provide a firm basis for recommendations. However, the present state of knowledge suggests that out-patient models of treatment are no less effective than in-patient care and they have the advantage of being less expensive. Today the main therapeutic tools in the treatment of alcohol dependence are psychotherapy, counselling, family and marital therapy, either individually or in group settings.

Support for families with an alcohol dependent spouse, who may experience many physical, psychological and social problems, is required at different levels and from various sources such as family general practitioner, schools and social workers. Children at high risk may require specific counselling.

## ENVIRONMENTAL STRATEGIES

A basic rule of economics is that supply is related to demand. In an open economy, suppliers attempt to affect demand and to realise a greater profit, through mechanisms such as price incentives, advertising, promotions and increased product availability.

## LICENSING CODE

In order to sell alcohol, a person must hold a licence. Under the licensing code, there are four main outlets where licences are issued allowing for the sale of alcohol: On Licences; Off-licences; Restaurants and Clubs. In Ireland the availability of alcohol has increased substantially under the Licensing code in two main areas: an increase in the number of restaurants with full licences and an increase in the number of exemptions which allow for extension of opening hours. The increase in the number of restaurants was designed to meet the increased tourism needs.

There has been a nine fold increase in the number of special exemptions granted for the years 1967 to 1994 (6,342 in 1967 to 55,290 in 1994). Exemption orders may encourage the habit of drinking greater amounts of alcohol given that pubs, hotels and restaurants are open for longer hours. Therefore, it is clear that the licensing code has an influential role in the availability of alcohol which in turn impacts on public health. The Irish Medical Organisation reinforced this view at its 1996 Conference when it called on the government not to extend the licensing hours for the sale of alcohol.

### Teenage Access to Alcohol

The greatest single concern voiced in submissions from the public concerned problems associated with teenage access to alcohol. Intoxicating liquor cannot be sold to persons under 18 years, it cannot be purchased by persons under 18 years and it cannot be consumed in public by persons under 18 years. In a recent national survey, teenagers (12-17 years) were asked to identify where they usually obtained alcohol. The top four locations were the pub (25%), the disco (19%), off-licence (14%) and older friends bought it (12%) (Murray, 1996).

Section 40 of the Intoxicating Liquor Act 1988 Act, provides that the Minister for Justice may by regulation provide for the issue to a person of or over the age of 18 years, if so requested by the person and subject to his or her compliance with the Regulations, of "an age card" specifying the age of such person. Regulations for the purpose of implementing this section have not been made to date.

The Gardai and local communities have developed local ID schemes, 100 to date, to prevent and reduce underage access to alcohol. These schemes if evaluated for effectiveness, could provide a blue print for harmonising the card to facilitate a nation wide scheme. A recent Licensed Vintners Association survey reported that 89% of publicans are in favour of a national ID card scheme for customers (Licensing World, 1995).

## ROAD TRAFFIC ACTS

Recent legislative changes introduced by the Department of the Environment provide for lower blood alcohol concentration (BAC) levels, to a maximum of 80 mg%. It is hoped that, over time, the enforcement of the provisions of the Road Traffic Act, 1994, will lead to a further reduction in the number of fatalities and injuries resulting from drink driving. It will also consolidate the major positive change in the public's attitude towards such driving which has taken place in recent years.

## ADVERTISING, PROMOTION & SPONSORSHIP



The Minister for Arts, Culture and the Gaeltacht has updated (May, 1995) the codes of standards, practice and prohibitions in advertising, sponsorship and other forms of commercial promotion in broadcasting services, as provided for in the Broadcasting Act 1990. This code applies to both RTE and the Independent Radio and Television Commission. The general principle which underlies the advertising codes is that advertisements should be "legal, honest, decent and truthful".

A voluntary code of advertising standards for non-broadcasting media in Ireland is administered by the Advertising Standards Authority of Ireland (ASAI). The ASAI is a self-regulatory body, established and financed by the advertising industry by means of a levy system. The Code of Advertising Standards for Ireland is administered and applied through a Complaints Committee. Complaints are investigated free of charge and the names of individual complainants are not revealed. The new revised 1995 Code applies to all media - press, radio, television, cinema and outdoor and where appropriate, to direct marketing activities and sales promotions. The rules about the advertising of alcoholic drinks now require that anyone depicted in such an advertisement should appear to be over 25 years of age, previously this stipulation applied only to persons seen to be consuming alcohol.

In addition, the Code of the Poster Advertising Association of Ireland governing the advertising of alcoholic drinks provides that drink advertisements should not appear at or near (i.e. within 100 yards) school, youth centres, hospitals, churches or other places of worship. The code of the Cinema Advertising Association Limited in relation to the advertising of alcoholic drink provides that "alcohol commercials cannot be shown to an overtly young cinema audience".

#### TAXATION & PRICING

The cost of alcohol has an important influence on consumption levels and is subject to the economic laws of supply and demand. The effect of price changes on alcohol consumption has been extensively investigated in Western societies such as North America, Australia, New Zealand and Europe. The robust finding is that if alcohol prices go up consumption goes down, and if prices go down consumption goes up (Edwards et al. 1994). However, there is greater price sensitivity in spirits and wine than in beer consumption and this is especially evident in English-speaking countries (Edwards et al. 1994).

In Ireland alcohol consumption is more sensitive to income increases than to price increases. Alcohol consumption is more likely to increase given the current and projected economic growth. However, pricing policies can encourage switching to forms of drinks with lower concentrations of alcohol where excise duty is lower as it is based on alcohol strength. This means that low alcoholic beverages have a low excise tax. Low alcohol beverages can provide the drinker with an attractive alternative with little risk of alcohol related problems. Therefore pricing strategies in relation to low alcohol beers deserve attention since these drinks are practically as expensive in pubs as stronger beers despite the lower excise duty.

The price differential between soft drinks and alcoholic beverages was a cause of complaint in many of the submissions from the general public. The concern was that the prices of soft drinks in on-licensed premises appeared to be so high as to make them uncompetitive with alcoholic drinks, which may discourage people from substituting non-alcoholic drinks for alcoholic drinks.

The Minister for Enterprise and Employment, under the Prices Acts and the Competition Act, has the power to investigate profit margins and price fixing of goods and services. Under the terms of the Competition (Amendment) Bill, when enacted, the initiative for starting investigations into alleged anti-competitive behaviour will be given to the Competition Authority. The Director of Competition Enforcement's functions will include the carrying out of an investigation, whether on his own initiative or as a result of complaints.

## EUROPEAN UNION DIMENSION

At international level, many trade agreements are now being developed and formalised. Within the European Union, health advocacy needs to be recognised and promoted to ensure that public health issues are part of the equation when trade, economic, environmental and social agreements are being negotiated.

## RESEARCH

The dearth of alcohol research in Ireland, with youth research the exception, means that we over-rely on international research. We continue to need clarification on important alcohol related issues such as the economic, social and psychological causes and effects of alcohol consumption, the extent of alcohol dependence and treatment effectiveness. We also have many unanswered questions in relation to the most effective alcohol prevention models in different alcohol cultures with a group and settings approach. Alcohol research must be improved to provide important measures for public health assessment and to allow for both effective and efficient use of resources.

### **SECTION 3: NATIONAL ALCOHOL POLICY**

The National Alcohol Policy is directed at reducing the prevalence of alcohol-related problems and thereby promoting the health of the community. The policy is based on current research from the World Health Organisation and is in keeping with the European Charter on Alcohol which Ireland endorsed in December 1995.

The aim is to influence people's attitudes and habits so that, for those who choose to drink, moderate drinking becomes personally and socially acceptable and favoured in the Irish culture. Measures targeting the whole population as well as specific at risk groups are required. No single measure will be effective if taken in isolation. High prices and restriction on the availability of alcohol are the most effective measures but cannot be sustained long term without public support through information and advocacy. Measures targeting specific groups, especially young people, and specific settings such as workplace along with accessible and effective treatment services ensure a comprehensive policy.

A multi-sectoral commitment to the National Alcohol Policy at national level and a strong local ownership through health boards and local communities, where real influence and attitude shaping occurs, are key factors. The success of preventive measures hinges on the interaction between reducing availability, through access, pricing and promotion measures, and limiting demand by awareness, advocacy, education and training.

#### **NATIONAL ALCOHOL POLICY - PLAN OF ACTION**

The Plan of Action sets out the actions required of the different partners in implementing the National Alcohol Policy. The relevant Government departments are undertaking, in this plan of action, to implement certain initiatives. It is hoped that the non-statutory sector will play its part, as proposed, to ensure a comprehensive policy.

#### **ALCOHOL AWARENESS**

The Department of Health will implement initiatives to:

- Increase understanding of the health effects of alcohol
- Increase awareness among the general population of sensible drinking guidelines.
- Increase awareness of the early signs of dependency across the population.
- Contribute to a decrease in the proportion of those who exceed moderate alcohol consumption.

The Drinks Industry is strongly encouraged to:

- Display the sensible drinking guidelines in all premises where alcohol is sold.

#### **PROFESSIONAL TRAINING**

The Department of Education and Colleges responsible for training teachers and health professionals will:

- Provide appropriate skill training in methodology and content.

Professional training of Gardai and other appropriate professionals will:

- Include awareness and understanding of the National Alcohol Policy as it applies to their areas of responsibility.

The Department of Health will encourage the Health Boards to ensure an:

Adequate network of professionally trained staff to provide resources, coordination and support to local and voluntary initiatives aimed at the prevention of drug and alcohol misuse.

The Drinks Industry is encouraged to ensure that provision is made for:

Responsible server training for staff

## TARGET GROUPS

### Youth

The Department of Education will:

Continue to facilitate the development of Health Promoting Schools by ensuring widespread recognition of the school as a context for the promotion of health among teachers, pupils, parents and the wider community.

Encourage schools to have a clear policy on substance use (drinking, smoking, drug use) which is known to an students, teachers and parents.

Develop the school curriculum to include a significant level of education for health as part of the core curriculum, based on life skills education

Encourage all young people, through education programmes, to postpone the decision to drink alcohol until they are mature enough to consume the drug responsibly.

Continue to support, in the non-formal sector, a youth work approach to assisting young people in developing for themselves the personal and social skills necessary to make responsible decisions regarding alcohol and other issues affecting their health.

The Departments of Health and Education will:

Maintain their co-operation in the development of Health Education programmes and resources for teachers, youth workers, parents and young people.

The Department of Justice will:

Encourage and facilitate Identity Card Schemes for those of or over 18 years across the whole country. These schemes will be based on an evaluated 'blue print' with set targets.

### Parents

Parents will be encouraged, by the Departments of Health and Education, to

Fully develop their role in helping their children adopt sensible and responsible attitudes and behaviours in relation to alcohol.

Reinforce the school policies and health education programme through the health promoting school framework.

### Students

The Department of Education will encourage Universities and Colleges to:

Develop a Campus Alcohol Policy which would promote sensible drinking among students and limit campus-related drink industry sponsorships.

### At Risk Groups

The Department of Health will:

Encourage pregnant women and women who are trying to become pregnant to avoid alcohol consumption especially during the critical first few months of pregnancy.  
Continue to support initiatives for at risk youths, children of substance abusers and other vulnerable groups in society.  
Support the role of primary health care professionals in relation to early detection of problem drinking

## TARGET SETTINGS

### Community

The Department of Health and other relevant agencies will:

Support community initiatives which promote the National Alcohol Policy.  
Support the development of peer led education especially fourth groups and outreach high risk groups.  
Encourage young people to develop social activities which are not centred around drinking such as drama, music, art and sports.  
Encourage youth leader organisations, coaches and managers of under age (<18 years) sports teams to refrain from seeking alcohol industry sponsorship.

### Workplace

The Department of Enterprise and Employment, will:

Strongly recommend employers and unions to develop an alcohol policy in the workplace.  
The Department of Enterprise and Employment will encourage employers groups (IBEC, CIF, ISME, SFA) and trade unions (ICTU) to:

Promote Employee Assistance Programmes (EAP) as a feature of best management practice with specific measures for small enterprises.  
Consideration will be given as to how Employee Assistance Programmes can be:

Placed in a broad substance abuse education programme for all in the workplace with emphasis on sensible drinking habits, early identification of alcohol related problems and education for the individual and those affected by alcohol.

## ACCESS TO ALCOHOL

The World Health Organisation Research Review (Edwards et al 1994) indicated that:

"the weight of the empirical evidence has supported the argument that limitation on the availability of alcohol can be an effective part of public health approach to ..alleviate problems associated with alcohol .... The counter argument to the effectiveness of alcohol availability restriction, that people will obtain alcohol no matter the difficulty, particular heavy drinkers, is on the showing of empirical evidence, not valid"

Section 6 of this Policy sets out the public health perspective on the Licensing Code. The code is currently being reviewed by the Dail Select Committee on Legislation and Security. The Recommendations of the Committee will have a significant impact on the other initiatives to be implemented by Government Departments, as set out in this Action Plan.

## ALCOHOL PRICING

The Government will:

Have regard, in its Budgetary policy, to the effect of taxes on alcohol prices and to the impact of prices on consumption levels.

The Competition Authority and the Director of Competition Enforcement, under the powers contained in the Competition (Amendment) Bill, when enacted, will be enabled to:

Investigate the profits and margins at which soft drinks and low strength alcohol beverages are sold within the public house and hotel trade.

The Irish Government will seek, in its dealings with the EU:

To preserve for itself the greatest possible freedom of action in relation to the taxation of alcohol, to the extent that this is compatible with Single Market conditions.

## PROMOTION OF ALCOHOL

The Drinks Industry is encouraged to:

Establish a Charter for Retailers which could incorporate best practices in relation to customer, staff and promotions.

Endorse and incorporate into their code "that no alcoholic drinks sponsorship of youth activities should be undertaken directly or indirectly".

Confine advertisements to factual information regarding price, availability, mode of manufacture and be in keeping with the National Alcohol Policy sensible drinking guidelines.

Prohibit "the happy hour", excessive discounting and free samples in supermarkets or public places where children have access.

Encourage the promotion of low-strength alcoholic beverages.

The Creative Media, broadcasting, paper and the 'new' media are encouraged to:

Be aware of national alcohol policy objectives in the presentation of alcohol in 'soaps', sitcoms and other dramatic presentations.

Not use cartoon/puppet-style characters in advertisements for alcoholic products

Adhere to the established Code of Standards and Practice in relation to alcohol promotion.

The Irish Government will:

Encourage the European Union to promote the highest standards in establishing European advertising regulations.

## DRINK DRIVING

The Department of Justice will:

Continue breath testing throughout the year and throughout the country.

Consider a pilot court alcohol education programme, including prevention and rehabilitation, for those convicted for drink driving offences

Implement the Law Reform Commission recommendation "that self-induced drunkenness or intoxication from drugs should not be admissible as a defence in criminal cases".

The Drinks Industry is encouraged to:

Develop strategies to combat alcohol related traffic accidents such as 'designated driver' or 'safe lift schemes'.

## TREATMENT SERVICES

Treatment services for alcohol-related disorders will never provide an effective response on their own to alcohol dependence. Treatment services are essential, but they are only one aspect of the multi-faceted approach to combating alcohol-related problems in our society. A treatment programme will be more effective if it is supported by national policies which help people avoid health damaging behaviour.

The Department of Health, in keeping with the Planning for the Future recommendations, will encourage the Health Boards to:

Establish at least one alcohol/drug resource centre in each community care area or catchment area of the psychiatric services with responsibility for the development of the services

Give responsibility to a designated consultant psychiatrist with a special interest in alcohol, in each catchment area, to ensure that those people who are dependent on alcohol receive appropriate services.

Provide comprehensive therapy to the client and his /her family and friends, together with an after-care service.

Ensure, wherever possible, that detoxification takes place on an outpatient basis. The local alcohol/drug team and general practitioners should work closely together to encourage detoxification at home where appropriate.

The Department of Health will encourage the Health Boards, in consultation with relevant groups/organisation, to:

Put in place an alcohol treatment programme designed to assist travellers who have become dependent on alcohol.

Put in place an alcohol/drug treatment programme in prisons.

Provide or support hostel accommodation for homeless persons dependent on alcohol and ensure appropriate medical care for their needs. The Eastern Health Board model should be used.

The Department of Health will work with the Health Boards to:

Develop quality control mechanisms which will be required from non-statutory organisations who receive subsidies.

The Department of Health will strongly recommend to Health Insurance companies to

Provide cover for treatment of alcohol dependence in line with the National Alcohol Policy. This would include providing cover for outpatient treatment programmes.

## RESEARCH

The Department of Health will, as a matter of urgency, look to:

Establish a dedicated National Alcohol Surveillance function to co-ordinate and monitor the National Alcohol Policy.

Undertake a comprehensive national lifestyle survey which would include alcohol consumption patterns.

Investigate the current position regarding alcohol policy by requesting government departments and agencies to audit the quantitative and qualitative aspects of alcohol policies in different settings - workplaces, schools, hospitals.

Investigate the availability and accessibility of treatment services on a regional basis through the Health Boards and the effectiveness of different treatment regimes.

Begin to investigate the economic, social and psychological causes and effects of alcohol consumption.

Investigate the possibility of a surveillance reporting system to examine the role of alcohol in all types of accidents.

The Irish Government will:

Promote the rationalisation of data collection on alcohol consumption and economic profiles to allow for meaningful comparisons across Europe.



## References

- ASAI. (1995). Code of Advertising Standards for Ireland. Advertising Standards Authority of Ireland.
- British Medical Association (1991). The British Medical Association Guide to Medicine and Drugs. Darling Kindersley, London.
- Code of Ethics and Good Practice for children's sport in Ireland. (1996). Government Publications, Dublin.
- Conniffe, D. & McCoy D. (1992). Alcohol Use in Ireland: The Economic and Social Implications. Economic and Social Research Institute, Dublin.
- Department of Arts, Culture and the Gaeltacht (1995). Codes of Standards, Practice and Prohibitions in Advertising, sponsorship and other forms of commercial promotion in broadcasting services. Government Publications.
- Edwards, G. et al. (1994) Alcohol Policy and the Public Good. World Health Organisation, Europe. Oxford Medical Publications.
- Harkin, A.M., Anderson, P. & Lehto, J. (1995). Alcohol in Europe: A Health Perspective. WHO Regional Office for Europe, Copenhagen.
- Irish College of General Practitioners (1991). Submission to the Advisory Council on Health Promotion.
- Lehto, J. (1995). Approaches to alcohol control policy. WHO Regional Publications: European Series No. 60.
- Morgan, M & Grube J.W. (1994). Drinking Among Post-primary School Pupils. The Economic & Social Research Institute.
- Murray, P. (1996). Drinking, Smoking and Media-Based No-Smoking Intervention: Analysis of Recent Statewide Studies of Young People. Economic and Social Research Institute, Dublin.
- National Roads Authority (1994). Road Accident Facts Ireland. National Roads Authority.
- Nic Gabhainn, S. & Kelleher, C.C. (1995). Life skills for Health Promotion: The Evaluation of the NWHB Health Education Programmes. Centre for Health Promotion Studies, University College Galway.
- Scott, Y. (1994). A Survey of Licensed Premises 1994. A Report Commissioned by the Drinks Industry Group, Ireland.
- USI. (1995). Student Poverty: A Rite of Passage? Union of Students in Ireland.