



Houses of the Oireachtas

Tithe an Oireachtas

An Comhchoiste um Shláinte agus Leanaí

Joint Committee on Health & Children

REPORT ON:

MÍ-ÚSAID ALCÓIL AG DAOINE ÓGA

ALCOHOL MISUSE BY YOUNG PEOPLE

June 2004



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Foreword by the Chairman, Batt O'Keeffe, T.D.

The Joint Committee on Health and Children was established in November 2002. From the outset, the Committee identified Alcohol Misuse by Young People as a key Priority issue in its 2002/03 Work Programme. In the early part of 2003, the Joint Committee held a number of meetings with those directly involved with the issue including officials from the Health Promotion Unit of the Department of Health and Children; Accident & Emergency Consultants employed in public hospitals nationwide; and representatives of both the licensed retail trade and importers and manufacturers of alcohol products and Mature Enjoyment of Alcohol in Society (MEAS) Ltd.

Arising from this, a sub-Committee on Alcohol Misuse by Young People was established in July 2003 to examine the evidence already heard and draw up a Report containing a number of concrete recommendations. The sub-Committee held its inaugural meeting in December 2003 when it decided that it would define 'young people' as those aged between 12 and 25 for the purpose of the report.

In February 2004, the sub-Committee appointed Mr. John Kissane to assist it in reviewing the written and oral presentations received and in the preparation of a draft report. The draft report was discussed by the sub-Committee at a number of meetings in May 2004 and an agreed version was referred to the Joint Committee on 26th May 2004. The report, as amended, was agreed.

The Joint Committee is grateful to the members of the sub-Committee for their work on such a fundamentally important issue in Irish society today. The Joint Committee would also like to thank Mr. John Kissane for his assistance and express its gratitude to all those who came before it to give evidence and to those who took the time to make written submissions.

In particular the Committee would like to thank the following individuals and organisations:

Department of Health and Children:

- *Dr. Ann Hope, National Alcohol Policy Adviser.*
- *Mr. Shay McGovern, Assistant Principal Officer, Health Promotion Unit.*
- *Ms. Kathleen Lombard, Higher Executive Officer, Health Promotion Unit.*

Accident & Emergency Consultants.

- Dr. Chris Luke, Accident & Emergency Consultant, Cork University Hospital.*
- *Dr. Eamon Brasil, Accident & Emergency Consultant, Mater Hospital, Dublin.*
- *Dr. Mary Holohan, Accident & Emergency Consultant, Rotunda Hospital, Dublin.*
- *Mr. Coleman O 'Leary, Accident & Emergency Consultant, Limerick Regional Hospital.*
- Dr. Tony Martin, Accident & Emergency Consultant, Galway University Hospital.*
- *Dr. Paul Gaffney, Accident & Emergency Consultant, Castlebar General Hospital, Co. Mayo.*

Licensed Trade Representative Organisations:

- *Mr. Tadg O'Sullivan, Chief Executive, Vintners Federation of Ireland.*
Mr. Joe Browne, President, Vintners Federation of Ireland.
- *Mr. Val Hanley, Executive Council, Vintners Federation of Ireland.*
- *Mr. Donall O'Keefe, Chief Executive, Licensed Vintners Association.*
Mr. Kevin Towey, Chairman, Licensed Vintners Association.
- *Mr. Deny Kealy, Vice Chairman, Licensed Vintners Association*

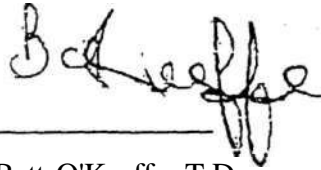
Importers and Producers of Alcohol Products:

- Mr. Pat Barry, Head of Corporate Affairs, Diageo Ireland.*
- Mr. Kieran Tobin, Communication and Corporate Affairs Director, Irish Distillers Limited.*
- Mr. John Pearson, Managing Director, Edward Dillon and Company.*
- Mr. Patrick Conway, Commercial Director, Heineken Ireland.*
- *Mr. Alf Smiddy, Managing Director, Beamish and Crawford.*
Ms. Fionnuala Sheehan, Chief Executive, Mature Enjoyment of Alcohol in Society (MEAS) Ltd.

Pioneer Abstinence Movement.

- *Mr. Padraic Naughton, CEO.*
Mr. Sean Coll, President.
Fr. Micheal Mac Greil SJ, Chairman.

The Joint Committee requests that the issues raised in this report be the subject of a debate in both Houses of the Oireachtas.

A handwritten signature in black ink, appearing to read 'Batt O'Keeffe', written over a horizontal line.

Batt O'Keeffe, T.D.,

Chairman.

June 2004.

1. Introduction

- 1.1 Alcohol is widely used and enjoyed in Irish society. It is frequently associated with celebrations, social and business events. However, the negative health and social consequences of inappropriate levels and patterns of alcohol consumption are of concern to government and the community.
- 1.2 Alcohol misuse may exceed or be second only to tobacco as a preventable cause of death and hospitalisation in Ireland and can give rise to many problems as indicated in Chapter 4.1.
- 1.3 The rise in alcohol consumption and binge drinking among young people over the past decade is of particular concern. The risks that binge drinkers face are outlined in Chapter 3.
- 1.4 Balancing the harms caused by misuse of alcohol are the potential health benefits associated with low risk alcohol consumption. There is an accumulation of evidence to suggest that low to moderate consumption of alcohol protects against ischaemic heart disease, and possibly against stroke and gall stones. Drinking 1-2 pints a day on a regular basis may reduce the risk of heart disease in men over 40 and in women after the menopause. However, it is also perfectly healthy not to drink alcohol at all.
- 1.5 The global burden of disease study (Murray & Lopez 1996) is a comprehensive assessment of mortality and disability from diseases, injuries and risk factors in 1990 and projections to 2020.
- 1.6 The study indicates that the next two decades will see dramatic changes in the health needs of the world's populations. In this time non-communicable diseases (NCDs), especially cancer, diabetes, cardiovascular diseases and chronic respiratory diseases, will become the leading causes of disability and premature death globally. By the year 2020, NCDs are expected to account for over 70 percent of the global burden of disease. There are some modifiable major risk factors which are common to many NCDs.
- 1.7 Excessive alcohol consumption is among those major risk factors associated with NCDs. However, its protective effect against ischaemic heart disease means that, in populations where this condition is common and injuries and violence are relatively rare, alcohol may prevent about as many deaths as it causes. Nevertheless, alcohol causes a severe disease burden in developed countries because it causes so many injuries and premature deaths and thus results in large numbers of years of life lost and years lived with a disability.
- 1.8 Most significantly, the study found that the burdens of mental illnesses -such as depression, alcohol dependence and schizophrenia -have been seriously underestimated by traditional approaches that take account only of deaths and not

disability. Of the ten leading causes of disability worldwide in 1990, measured in years lived with a disability, five were psychiatric conditions: unipolar depression, alcohol use disorder, bipolar affective disorder (manic depression), schizophrenia and obsessive-compulsive disorder. Alcohol misuse is the leading cause of male disability - and the tenth largest in women - in the developed regions. It is also the fourth largest cause of disability in men in developing regions.

While moderate, responsible consumption of alcohol is an accepted part of most societies, the social, health and economic costs to communities from misuse of alcohol are considerable.

The financial burden of alcohol misuse to the Irish community has been estimated to be €2.4 billion per annum, including lower productivity due to lost work days, road accident costs, and health care costs etc. It is estimated that over 80% of these costs are potentially preventable and amenable to public policy initiatives.

The World Health Organisation advocates a comprehensive range of strategies to reduce the amount of alcohol-related harm.

Non-government initiatives are also helping to put alcohol on the global agenda. The International Centre for Alcohol Policies (ICAP) was founded in 1995. ICAP is a not-for-profit organisation funded by leading producers of beverage alcohol. ICAP seeks to reduce misuse of alcohol worldwide through the promotion of dialogue and partnerships.

Conclusion

The Joint Committee concludes that it is now time to give alcohol misuse the same priority as the tobacco control issue.

Consequences of Alcohol Misuse by Young People

Health and Social Consequences of Underage Alcohol Use

Alcohol misuse contributes to numerous health and social problems including:

- risk-taking and sensation-seeking behaviour, such as driving under the influence and driving without using a seat belt, motorcycle helmet, or bicycle helmet
- traumatic injury and death due to motor vehicle crashes, falls, fires, and drowning
- homicide and suicide
- risk of overdose and death by alcohol poisoning
- early-onset alcohol abuse and dependence
- high-risk sexual behaviour that may lead to unplanned pregnancies, or infection with human immunodeficiency virus (HIV) or agents that cause other sexually transmitted diseases (STD's)
- family violence
- other types of interpersonal violence, such as physical and sexual assault
- involvement in other criminal activities
- fetal alcohol syndrome (FAS) and other alcohol-related birth defects.

Fetal alcohol syndrome (FAS) results from prenatal exposure to high levels of alcohol consumed by a pregnant woman. FAS refers to a constellation of physical abnormalities (such as certain facial features and reduced size of the newborn) and developmental, behavioural, and cognitive problems. FAS is a **completely preventable** set of birth defects and the most common known environmental (nongenetic) cause of mental retardation.

Economic Costs

Alcohol is seen as the most costly abused substance in the United States. There is no reason to consider that the Irish situation is not the same. Alcohol costs relate to a number of factors including:

- morbidity (the value of reduced or lost productivity due to illness)
- mortality (the value of alcohol-related deaths)
- medical care
- crime
- incarceration
- motor vehicle crashes
- fetal alcohol syndrome

Environmental Strategies to Reduce Alcohol-Related Harm

There is no single solution to reducing alcohol-related harm among the nation's young people. What is required is a comprehensive range of strategies that can address the many causes and dimensions of alcohol problems. Such strategies may include:

- tighter controls on price and availability
- increases in excise duty
- enforcement of the minimum legal drinking age for purchase of alcohol
- legislative measures to curb driving while under the influence of alcohol
- restrictions on the promotion, marketing, advertising, and illicit sale of alcohol to youth under 18
- more intensive and effective public education and awareness programs
- increased access to primary health care for all young people
- improved training for primary care physicians about alcohol use and misuse
- community-based interventions that are carefully designed and evaluated

Some Alcohol Misuse Activities Since 2000

Background Information - Pre 2000

- (i) In 1966 the Irish National Council on Alcoholism (INCA) was set up. Its dominant aim was to promote the disease concept of alcoholism at the level of public awareness, without making any judgement on the consumption of alcohol per se. INCA was perceived as primarily representing Psychiatrists in the private sector and AA members. INCA was given state funding and formal recognition by the Minister for Health in 1973 and described itself thereafter as a "government approved voluntary body".

For one reason or another INCA ceased to exist in 1988, shortly after the closure of the Health Education Bureau and the establishment within the Department of Health of a Health Promotion Unit.

- (ii) In 1981 the Drinks Industry Group (DIG) was established.
- (iii) In 1988 the Intoxicating Liquor Act, 1988 came into force. This Act on the one hand concentrated on depriving young people of drink while on the other hand it made alcohol more accessible to adult drinkers.

Young People:

Section 31: Offence for retailers to sell to under 18's

Section 33: Offence for under 18's to purchase drink

Section 37: Allowed Gardai confiscate drink from under 18's in public places

Section 40: Voluntary age card system to enable publicans detect under 18's

Adults:

Section 15 to 24: Full liquor licenses for approved restaurants

Section 25: Sunday opening extended to 11.00pm

Section 25: "Holy hour" abolished in Cork and Dublin

Section 27: "Drinking up" period extended from 10 to 30 minutes

- (iv) In 1988 the Health Promotion Unit was established within the Department of Health. In May 1991 a decision was taken to establish a separate Working Group to concentrate on the task of formulating a National Alcohol Policy. Some commissioned reports from the Economic and Social Research Institution (ESRI) were available to the Working Group. In summary these reports argued:
- that the drinks industry was of major importance to the Irish economy in terms of revenue, job creation and exports;
 - that Irish alcohol consumption rates were modest by international standards;
 - that the perceived commitment of Irish people to alcohol consumption, as measured by the proportion of gross disposable income spent on alcohol,

- had previously been exaggerated by the failure to understand differences in the accounting conventions used in international comparisons;
- that alcohol consumption in Ireland was much more sensitive to income than to price, and, in any event, that Ireland's already expensive alcohol could not readily be made more expensive on the context of tax harmonisation within the Single Market of the European Union.

(Source: Alcohol, Drugs and Health Promotion in Modern Ireland, Shane Butler)

The National Alcohol Policy process, which began in 1991 under the management of the Health Promotion Unit, was completed in 1996.

The policy document indicates the economic significance of the drinks industry and the protective role of alcohol in reducing the risk of coronary heart disease and contains a big commitment to enhanced alcohol awareness programmes.

- (v) Morgan and Grube (1994) surveyed drinking behaviour amongst Dublin post-primary school pupils during 1991 and found evidence of dramatic increases in drinking since a comparable survey which they had conducted eight years earlier. Abstainers at the age of 17 now made up only seven per cent of this age group as opposed to twenty-one per cent eight years earlier. These researchers did not offer definitive explanations as to why young people were drinking at an earlier age than previously, but suggested that one causal factor was the change in the normative climate surrounding alcohol. In comparison to the earlier survey, young people now thought there was relatively less disapproval of their drinking both by parents and peers and that, in fact, parents and peers were now more likely to approve of their drinking.
- (vi) In 1994 the Road Traffic Act, 1994 was enacted. This Act reduced the permitted blood alcohol concentration (BAC) for driving from 100mgs for 100ml of blood to 80mgs per 100ml of blood. It also contained a number of penalties which represented a much tougher approach to drink driving.

These measures met with considerable opposition, particularly from the Vintners representatives with their usual predictions of job losses. This resulted in the softening of the penalties for drink driving but the retention of the new 80mg limit.

The fact that consumption of personal income at constant 1995 market prices for alcoholic beverages rose by 43.6% between 1995 and 2002 (see Chapter 6.6) clearly indicates that the reasons for the opposition to the measures proposed were unfounded.

It is noted that the number of mechanically propelled vehicles under current license which was 1,202,273 in 1994 had risen to 1,769,684 by 2001.

- 3.2 The Intoxicating Liquor Act, 2000:
- made alcohol more accessible to adults by extending the opening hours and in particular allowed for late drinking on Thursdays, Fridays and Saturdays (Section 3);
 - provided for temporary closure of premises for sales to underage persons (Section 13);
 - provided for suppliers to be identified when intoxicating liquor sold for consumption off premises (Section 17) and now repealed by Section 22 of the 2003 Act.
- 3.3 The **Commission on Liquor Licensing** was established by the Minister for Justice, Equality and Law Reform in November 2000 to review the Liquor Licensing system in Ireland and it completed its work in March 2003. It submitted four reports containing over 130 recommendations:
- (a) Interim Report on Off Licensing (May 2001);
 - (b) Second Interim Report (July 2002);
 - (c) **Report on Admission and Service in licensed premises (December 2002);**
 - (d) Final Report (April 2003);
- 3.4 The **Health Strategy, Quality and Fairness** published in 2001 referred to the following actions in relation to alcohol:
- Introducing further actions to promote sensible alcohol consumption on the basis of a review of the National Alcohol Policy.
 - Examining possible further restrictions on the advertising of alcohol.
- 3.5 The **Minister for Health and Children** established a Strategic Task Force on Alcohol in January 2002 arising from the May 2001 Interim Report of the Commission on Liquor Licensing. The Task Force published a report in May 2002. This report recommended measures in six key areas for immediate action. (See measures recommended, Appendix 1).
- 3.6 In the run up to the December 2002 Budget the Tax Strategy Group (TSG) drew attention to the fact that excise duty on beer, wine and spirits had remained unchanged since 1994. The group also pointed out the detrimental impact of alcohol abuse on the economy. The Department of Health, in a bid to curb binge drinking among young people, pushed for a 50% increase in duty on spirits. The Minister for Finance imposed a 42% duty hike on spirits and in an attempt to curb binge drinking ready to drink (RTD's) products, or so called alcopops, had a duty hike of 97.5%.

Duty on spirits yielded €306 million in 2003 compared with €266 million in 2002. However, having regard to the hike in duty this represents a fall in volume sales which was put at 20% by a director of the Irish Brewers Association. This supports the research findings that the most effective way of reducing alcohol consumption is to increase taxes.

The **Social Partnership Agreement 2003-2005, Sustaining Progress** published in February 2003 contained the following material on alcohol under the heading Improving the Health of the Nation - Tackling Alcohol and Drug Misuse;

"This theme has been selected because of its importance to the quality of life and well being of the population, both in the short-term and importantly in the longer-term.

In 2000 Ireland ranked second highest among EU Member States in terms of per capita alcohol consumption. A pilot study showed that alcohol was a factor for 25% of those attending a Hospital A&E Department. Alcohol is estimated to be associated with at least 30% of all Irish road accidents and 40% of all fatal accidents. Alcohol misuse is a significant risk factor in suicide and alcohol disorders are a main cause of admissions to psychiatric hospitals. Marriage counselling services reported that alcohol misuse was a primary presenting problem in up to 25% of cases.

Alcohol has also been identified as one of the factors contributing to crisis pregnancies.

Clearly, therefore, the adverse effects of alcohol extend beyond physical health issues to mental, social and financial problems. There is a continuum of problems that can affect everyone in the community, especially young people. Measures to reduce alcohol-related harm must address both the supply and demand side, and need to be concerned with regulating availability and providing deterrence. A Strategic Task Force on Alcohol was established in January 2002 and its Interim Report was published in May 2002."

The **Department of Health and Children Statement of Strategy 2003-2005** published in May 2003 proposes the following actions in relation to alcohol: -

Adopt measures to reduce alcohol related harm including:

- (i) support an inter-departmental group to co-ordinate responses to the recommendations of the Strategic Task Force on Alcohol Interim Report; and
- (ii) reconvene the Strategic Task Force to consider further measures to reduce alcohol related harm.

The key performance indicator identified for alcohol is: -

- Recommendations of the Interim Report of the Strategic Task Force on Alcohol implemented in the health domain and actions co-ordinated across Departments; further measures implemented as resources allow.

9 The Department of Justice, Equality and Law Reform Strategy Statement 2003-2005 contains the following material under Crime trends;

Public order offences continue to be source of concern, given the associated concerns about personal safety and security among the general public. Official crime statistics support the public perception that, although the bulk of crime in the form of property offences has, for the most part, decreased in frequency, the much smaller category of offences described as offences against the person has seen increases. The State response must be multifaceted and includes innovative public order legislation, targeted Garda operations, a strict enforcement of the liquor licensing laws and an extension of the use of closed-circuit television systems.

Under Youth and Crime and in relation to alcohol abuse, which is a very significant factor, it states the Department will closely monitor levels of enforcement of measures in the licensing laws that ensure mandatory closure of licensed premises such as pubs, clubs and off-licenses, where there have been convictions for allowing under-age drinking.

Under the various objectives the following are particularly relevant: -

- Develop evidence-based policy initiatives according to identified need, with particular regard to public order offences.
- Contribute to the amelioration of the consequences of substance abuse, most notably alcohol misuse, by young persons, as they relate to criminal behaviour.
- Support enforcement of the liquor licensing laws, with particular reference to provisions relating to the mandatory temporary closure of licensed premises where there have been convictions for allowing under-age drinking.
- Introduce legislation to support and strengthen enforcement activities by the Garda Síochána in responding to drunken and disorderly conduct outside potential 'hot-spots' of public disorder, such as late-night fast-food outlets.
- Contribute, in conjunction with the Garda Síochána, the Department of Transport and other responsible agencies, to the review of the first Road Safety Strategy and implementation of the second National Road Safety Strategy, focusing on the key enforcement priorities of speeding, drink-driving, seat belt wearing and pedestrian safety.

The following performance indicators could be particularly effective in dealing with alcohol misuse: -

- Sufficient resources made available to the Garda Síochána to implement targeted policing operations, such as Operation Encounter, focusing on 'hot-spots' of public disorder.
- The introduction of guidelines for the establishment, operation, administration, management and monitoring of Garda youth diversion projects.
- Sufficient resources made available to the Garda Síochána to carry out their enforcement obligations in relation to road traffic law, with particular focus on the enforcement priorities identified in the National Road Safety Strategy.

3.10 The Health Promotion Unit initiatives are set out at Chapter 9.21. Under the heading **Schools setting** the 750 post-primary schools must make provision for Social, Personal and Health Education - SPHE by September 2003.

A recent article in the Irish Times, 19 March 2004, indicated that the ASTI, the teachers union, is alarmed at the increasing number of pupils turning up for school on Mondays with a hangover. The President of the Union also expressed worry about the rate of student absenteeism due to binge drinking.

The article indicated that schools and teachers were trying to inform and educate pupils on alcohol abuse, through pastoral care initiatives, social and health education and participation programmes such as Home - School liaison and Stay in School schemes, but that much more needed to be done on the issue.

3.11 Plans have been finalised for the location of closed circuit TV cameras, CCTV, in several areas throughout the country.

New Irish technology, Eye Serve, which allows police to carry hand held screens linked to digital CCTV cameras may prove a welcome addition. This system enables police to tap into any signal they require, to rewind or fast-forward as required and send footage to colleagues nearby.

3.12 The **Intoxicating Liquor Act, 2003** responded to certain recommendations of the Commission on Liquor Licensing and the Interim Report of the Strategic Task Force on Alcohol. Included in this Act are provisions to: -

- repeal the late drinking on Thursdays in the 2000 Act (Section 10);
- impose obligations on licenses in regard to drunken persons (Section 4);
- prohibit the purchase or supply of intoxicating liquor to drunken persons by non-licenses (Section 5);
- set out offences by drunken persons (Section 6);
- oblige licensees to preserve order in their premises (Section 7);
- extend the reasons for temporary closure of premises (Section 9);
- prohibit the purchase of alcohol for, or delivery to, persons under the age of 18 by persons other than licensees (Section 13);

- permit any member of the Gardai, whether in uniform or not to enforce the licensing laws (Section 18);
- prohibit the supply of intoxicating liquor at reduced prices (Section 20);
- provides means to prohibit or restrict promotional practices (Section 22);
- provides for the setting of an age above 18 for entry to pubs (Section 25).

The recent St. Patrick's Day activities would indicate that the implementation of this legislation leaves something to be desired.

Proper enforcement of the legislation, with licensees and Gardai working together, would go a long way to eliminating binge drinking in pubs and night clubs.

In this regard it is regretted that the Code of Practices (see Appendix 2) mentioned by the Vintners in Chapter 11.34(d) of their presentation to the Committee on 24 April 2003 has not yet materialised.

The **Criminal Justice (Public Order) Act, 2003** augments the law so as to tackle the problem of drink related late night disturbances and the growing problem of late night street violence which has its origins in or around licensed premises and fast food outlets in urban areas.

Section 3 of the Act enables a District Court to make an exclusion order as an additional penalty where a person is convicted of certain public order offences under the Criminal Justice (Public Order) Act, 1994.

An exclusion order prohibits a person from entering or being on the vicinity of a specified premises for a period of up to 12 months.

Section 4 provides for closure orders which could require a premises to close earlier than permitted on a certain day or days or completely for 7 days and on a subsequent order for 30 days.

In order to deal with public order offences Operation Encounter was developed by the Gardai out of the success of the previous Operation Oiche which had provided the Gardai with considerable logistical information on the times and locations of serious incidents of drunken public disorder.

Operation Encounter came into force on 23 February 2002 and figures made available by the Gardai on 16 October 2002 showed the scheme recorded the following incidents: -

- 1,274 assaults, including assaults causing serious harm.
- 14,314 incidents of threatening, abusive or insulting behaviour.
- 21,386 cases of public drunkenness.
- 6,480 instances of refusing to obey Gardai directions.
- 3,276 cases of disorderly conduct.

- 371 cases of alcohol being sold to minors.
(Source: Dail Debates - 11 December 2002)

2000 to Date - Activities by Drinks Industry

- 3.14** An organisation called Central Copy Clearance Ireland (CCCI) has been established to vet all advertising materials prior to publication, see Chapter 12.34 and 12.35.
- 3.15** A new social responsibility organisation ME AS came into being in November 2002 which is funded by the industry that operates at arms length from the industry. The activities of MEAS in 2003 are set out in Chapter 13.

2000 to Date - Activities in Other Countries

- 3.16** Alcohol misuse and binge drinking is also a problem in many other countries. Some of these including Australia, New Zealand, Canada, United States, England, Scotland and Wales have been developing strategies to deal with the problem. Actions taken and successes achieved in these and other countries could be of enormous benefit in tackling the problem in Ireland.
- 3.17** In **France** a government road safety campaign was championed by the President. It is hard to go anywhere in France without being reminded of the perils of drink driving. The result is a 21 per cent reduction in road deaths from 7,242 in 2002 to 5,732 in 2003.
- 3.18** In March 2004 the **British Government** unveiled a package of measures aimed at curbing binge drinking. The measures include: -
- Fines for serving people already drunk or underage.
 - Harsher treatment for drink drivers.
 - Relaxed opening hours to stagger closing times to reduce potential for street violence.
 - Greater use of exclusion orders to isolate troublemakers.

Pubs and clubs are encouraged to:

- Provide free water.
- Provide cheaper soft drinks.
- Engage in-house marshals to police closing time.
- Bear the added expense of non-breakable glasses and bottles that cannot be used for glassing a victim.

The British Drinks Industry is encouraged to:

- Promote more sensible drinking habits by funding education campaigns.
- Tone down its advertising.

If these soft or voluntary measures do not work there are suggestions that the government may: -

- Take powers to fix the prices of alcoholic drinks in city centres to help curb excessive drinking, even though it will break competition law.
- Impose a compulsory annual levy on pubs and clubs of an average £10,000 (€14,600) a year each to pay for extra policing.
- Tell councils to refuse all new licenses to premises unless the officials can prove that they will not increase antisocial behaviour.

Conclusions

- 3.19** (a) The Joint Committee considers that the 1996 National Alcohol Policy has failed to deal with the problem of alcohol misuse in Ireland and that action to deal with Ireland's alcohol misuse and binge drinking problem has moved much too slowly.
- (b) The Joint Committee considers that there is quite a significant body of legislation now in existence to deal with alcohol misuse and public order offences provided sufficient resources are made available to implement the legislation.

Recommendations

- 3.20** The Joint Committee recommends that: -
- (i) A National Alcohol Control Centre be established, under the aegis of the Department of Health & Children, to advise on alcohol control measures; to monitor and co-ordinate the implementation of measures in place and to advise on the control and regulation of the manufacture, sale, marketing and consumption of alcohol products. Its key functions should be to: -
- (a) monitor and report on the activities of the relevant State and industry bodies;
 - (b) monitor and report on developments in other countries;
 - (c) ensure that systems are put in place to provide regular and up to date statistics on the cost of alcohol misuse in Ireland;
 - (d) make recommendations on resources or steps to make existing measures more effective or on new initiatives to be undertaken;
 - (e) commission and finance research relevant to Ireland's alcohol misuse problems;
 - (f) champion, facilitate and support the setting up of Local Alcohol Misuse Prevention Teams.
 - (g) promote liaison and follow up between schools, Local Alcohol Misuse Prevention Teams, Hospital Emergency Departments, the Gardai and Community Health Services.
- (ii) The permitted blood alcohol concentration (BAC) for driving be reduced from 80mgs per 100ml of blood to 50mgs per 100ml of blood.

- (iii) Legislation to give the Garda statutory powers to conduct random breath tests be enacted as a priority.
- (iv) Alcohol ignition locks be introduced as a sentencing option or administrative sanction for recidivist drink drivers to reduce incidence of repeat drink driving offences. The alcohol interlock includes a breath-testing device that can be fitted to vehicles and will allow them to start only if a driver gives a low breath-alcohol reading.
- (v) The development of further "*superpubs* " be curtailed.
- (vi) Pubs with a waiter service and all night-clubs and other licensed premises, e.g. sports-clubs, be required to display the name of the Duty Manager/Manageress at all entrances and to maintain an Incident Book.
- (vii) Late opening pubs and night-clubs, in consultation with gardai, be required to provide a CCTV system at all exits.
- (viii) Authority be given to Local Authorities in liaison with gardai to identify licensed premises required to serve drinks in unbreakable drink containers only after normal closing hours.
- (ix) A system of frequent inspections of licensed premises be put in place by the Gardai to establish compliance with the Intoxicating Liquor Acts.
- (x) Suppliers of alcohol be required to have identification ie: bar-codes included in each item of alcohol sold by them as a priority as provided for under Section 22 of the Intoxicating Liquor Act, 2003.
- (xi) Criminal proceedings be taken against licensees on the basis of evidence obtained by test purchasing of alcohol by and for children.
- (xii) All Local Authorities be required to publish a report on Local Levels of Drinking in parks by Young People in liaison with the gardai and their application of the bye-laws in this regard so that alcohol misuse by young people can be strictly prohibited in all public parks as a top national priority.
- (xiii) Liquor - Free Zones be provided for in city or town areas after consultation between local authorities and Gardai to cut down on street disorder and drunkenness. Liquor - Free Zones prohibit the bringing, carrying or drinking of alcohol within the areas to which the ban applies.
- (xiv) Electronic monitoring be introduced to deal with persons the subject of exclusion orders under the Criminal Justice (Public Order) Act, 2003.
- (xv) Night courts be set up to deal with public order offences as they occur.

- (xvi) The undergraduate curricula for Nurses, Doctors and other health workers include improved training in the area of alcohol misuse.
- (xvii) A 'hardcore' advertising campaign be introduced to make parents and young people aware of the links between binge drinking and violent crime, serious incidents and long-term physical and mental illness. This advertising campaign could include an advertisement based on a Hospital Emergency Department situation and should use a multi-media approach. It should also focus on targeted environments such as pubs, night-clubs, schools, third level institutions, Hospital Emergency Departments, Garda Stations, family planning clinics and libraries.
- (xviii) That significant increases in excise duty on pre-mixed ready-to-drink spirits, 50% to 100%, be imposed in the December 2004 given the evidence that shows the profound negative effect these drinks have on young women in particular.
Currently the alcohol market is made up as follows: -
- 54 per cent beer
 - 21 percent spirits
 - 16 per cent wine
 - 9 per cent ciders

It is noted from Chapter 6.9 and 6.10 that tax as a percentage of price has reduced in the period 1992 to 2002 for stout and lager.

The ease with which Vintners raise the prices of various drinks for various major sporting events in many parts of the country is also noted and indicates that price is not yet a major factor in reducing consumption levels.

- (xxi) Every effort should be made to have alcohol and tobacco removed from the Consumer Price Index (CPI) as soon as possible.
Over the period 1993 to 2002 all-items CPI increased by 30.5%. Alcoholic Beverages and Tobacco increases in the period was 52.6%, the second highest after Miscellaneous Goods and Services which was 61.4%.
In view of the existence of an EU harmonised index of consumer prices (EU-HICP) the matter should be taken up at EU level with a view to having alcohol and tobacco removed from the CPI and EU-HICP as soon as possible.
- (xxii) A Public Service Identification (PSI) smartcard be introduced as a priority to:-
- assist licensees identify underage drinkers;
 - end the widespread abuse of the current card system;
 - facilitate the identification of intoxicated persons admitted Hospital Emergency Departments;

- assist in the identification of licensees serving persons who are intoxicated.
- (xxiii) The Garda Síochána Annual Report provide precise and comprehensive information each year on the implementation of the various sections of Legislation dealing with drink and public order offences.

EU Involvement in Alcohol Misuse

The European Charter on Alcohol

Ireland endorsed the European Charter on Alcohol and the European Action Plan on Drugs in 1995. The Charter obliges each government to come up with a national policy on alcohol and lists ten areas of health promotion that need to be addressed for a positive result. According to the Charter, governments must:

- Regulate the availability of alcohol
- Discourage drink driving
- Ensure effective treatment services for those adversely affected by alcohol
- Protect public, private and working environments from damage caused by alcohol
- Implement control on alcohol promotions
- Foster responsibility in the alcohol beverage industry
- Provide information and education about the potential dangers of alcohol
- Enhance society's capacity to respond to alcohol harm
- Support non-governmental organisations that try to prevent or reduce alcohol-related harm
- Formulate a broad-based national alcohol policy and monitor progress.

EU Council Recommendation of § June 2001 on the drinking of alcohol by young people, in particular children and adolescents

A copy of this Council Recommendation is attached at appendix 4. This document is quite extensive in its scope and deals with areas such as: -

- Drink driving (10),
- Labelling of alcohol products (11),
- Advertising and self regulation (12) and (16),
- Removing offending products (14),
- Codes of conduct (15),
- Need for more information (17),
- Need for extensive and consistent data collection (18),
- Subsidiarity (19),
- Continuous assessment of measures undertaken (20).

A number of recommendations are put forward and the Commission is invited in co-operation with Member States to do five things including: -

"to report on the implementation of the proposed measures, on the basis of the information provided by Member States, no later than the end of the fourth year after the date of adoption of this recommendation and then regularly thereafter, to consider the extent to which the proposed measures are working effectively, and to consider the need for revision or further action".

This recommendation is due for consideration on 5 June 2005 and from the information available to the Joint Committee there is little indication that Ireland has the necessary information, the extensive and consistent data collection and the continuous data assessment of measures undertaken in order to have a serious input into the need for revision and further action. This is one of the reasons for the recommendation at Chapter 7.20 (i).

It is clear from the material available that the question of alcohol misuse and binge drinking is now a serious health and safety matter for Ireland and for many parts of the EU as well.

Ireland is restricted in a number of the measures it can take.

- In the area of advertising an estimated 55 per cent of Irish children watch or listen to broadcasting from outside Ireland, Thus restricting advertising in Irish stations means the advertising will move to outside stations.
- It is difficult to remove drinks, considered dangerous on health grounds, from this Irish market if made outside of Ireland and in another EU state.
- In the key area of identifying suppliers of alcohol the matter has been delayed due to the need to comply with the Technical Standards or Transparency Directives. This identification is necessary for proper control over the off-license area.
- Many young Irish people now regularly travel to many areas of the EU on holidays, weekend breaks, football matches etc and binge drinking is promoted and encouraged in many of the establishments they visit.

The European Commissions Health Statistics, Key Data on Health, 2002, indicates that "a comparative risk analysis based on data from the WHO 'Global burden of disease study 2000' showed that one in four deaths in males aged 15-29 in the EU was attributable to alcohol (ref Harkin et al. 1997).

This statistic alone should provide sufficient reason for the European Commission to assist Member States in areas outside their control.

Ireland should take the lead in pushing for an EU directive to protect the health and safety interests of consumers, particularly young consumers, in the area of alcohol products as part of the review of the 2001 recommendation.

A health and safety directive concerning unacceptable business to consumer practices in relation to alcohol could deal with the following matters: -

- Unacceptable or misleading advertising/marketing practices.
- Unacceptable or aggressive promotion practices.
- Unacceptable or aggressive retailing practices.
- Unfair or aggressive production practices.
- An EU wide blood alcohol concentration of 50mgs per 100ml of blood.
- Provide for supplier identification.

Such a directive should be made to make any practice in the alcohol area that is contrary to the requirements of professional diligence illegal.

Professional diligence is the measure of care and skill exercised by a good businessman, in accordance with generally recognised standards of business practice in his or her section of activity. .

The outcome of such a directive should ban: -

- certain advertising practices aimed at young people;
- the production of certain drinks aimed at young people such as alcohol drinks with stimulants and AWOL/alcohol inhaler drinks;
- drinks promotions including pushing one Euro shots or "Buy one get one free" and serving drinks like 'Fat Frog' (a mixture of vodka and three alcopops in a pint glass);
- practices designed to make people drink faster and drink more, e.g. lack of seating, no place to put glass or bottle and excessively loud music etc.

Recommendations

The Joint Committee recommends that Ireland should take the lead in seeking to have the EU produce a Directive concerning unacceptable alcohol promotion practices that endanger the health and safety of young people.

5. Views of the Health Promotion Unit of the Department of Health and Children

Issues Raised by Members of the Committee

The members of the Joint Committee raised a number of issues with the Health Promotion Unit representatives including:-

- The reasons for the practice younger people have of getting drink before going out for the night.
- The kind of commercial activity that leads to binge drinking was not being countered in any way and the targeting of girls specifically in some pubs in promotions particularly of sweeter, more appealing drinks needed to be stopped.
- The impact of putting health warnings on alcoholic beverages.
- The impact of alcohol misuse on Hospital Emergency Units.
- The removal of alcohol taxes from the Consumer Price Index.
- The existence of any studies on why young people seem to have less emotional and psychological stability.
- It was clear that curbing the drinks industry and restricting access were the **measures that would have a beneficial impact.**
- The minimum age limit for drinking should be raised.
- If a Local Authority had a local strategy within the larger strategy it could create a certain amount of moral authority on practices in local areas as regards alcohol related activities. All statutory authorities could play their part in this.

Responses to Issues Raised

The responses to the issues raised by the members included that:-

- In the US health warnings had no effect on behaviour but were useful of raising awareness and informing people.
- It was very important to focus on young girls and women in particular because in many cases what they are drinking does not taste of alcohol but tastes sweet so that people do not realise the amount of alcohol they are putting into their systems.
- The reason young people drink large amounts of alcohol in a short time is to get a buzz.
- It has been internationally recognised and accepted that greater availability equals greater harm.
- The doing of audits, as part of community interventions, raised a huge amount of awareness even before there were further interventions. These audits included the number of outlets in the community, and sort of

promotions that were run and the mixed messages young people were being given.

- It is necessary to explore ways of reducing the over exposure of alcohol in advertising.
- There is no mood in Europe to increase the minimum age of drinking.
- One of the most effective measures in Australia was the introduction of random breath testing. Within a very short period fatalities and crashes were down about 30% to 40% and remained at that level for four years.

6. Views of Hospital Emergency Department Consultants.

1 Some Issues Raised by Members of the Joint Committee

Some of the issues raised were:-

- The emphasis in the presentations on binge drinking by young people and the impact this was having on Hospital Emergency Departments.
- The banning of stimulant and FAB' s - flavoured alcoholic beverages.
- The usefulness of photographing young people when drunk and showing those photographs to the parents.
- The questioning of young people in hospitals who have consumed high levels of alcohol and associating this with the premises where served.
- The lack of adequate information that would have to come from hospitals, particularly Hospital Emergency Departments.
- The use of mandatory identity cards.

Some Responses to Issues Raised by the Members

- **It is necessary to cut down on the sale of alcohol to** young people by off-licenses.
- It is necessary to deal with the problems of young people congregating and drinking in parks.
- Much of the ability to tackle binge drinking is in the hands of the Vintners.
- Mandatory identity cards are a great idea as such cards are often the only means of identifying persons in a coma from drink.
- A mandatory identity system is needed as people give or claim wrong name given.
- The attitude of young people must be changed.
- The routine measurement of alcohol levels in Hospital Emergency Departments, as part of the medical or clinical process, should be introduced.
- Hospital Emergency Departments could create an index of offending premises following meetings with Garda and relevant drink interests.
- Liver specialists are already seeing a significant increase in the incidence of serious liver problems in women in their mid twenties.
- Alcohol Specialist Nurses have been effectively deployed in large Accident and Emergency Departments throughout the UK in the last five years. These are professionals recruited from experienced staff in Hospital Eemergency Departments.
- The provision of Alcohol Specialist Nurses for everyone who comes in on a 24 hours a day seven days a week basis in each Hospital Emergency Department would require a significant number of staff and it would cost roughly €30 per person for alcohol screening and drugs of abuse screening.

Conclusions

Arising from the meeting with the group of Hospital Consultants, the Joint Committee reached the following conclusions:-

- Mandatory identity cards are needed.
- The advertising and sale of stimulant drinks and FAB's should be prohibited.
- The situation in hospitals should be reflected in advertising in order to raise awareness of what is happening.
- It would be extremely helpful to have Alcohol Specialist Nurses within Hospital Emergency Departments.
- On-going co-operation and liaison between the Garda, Hospital Emergency Departments and vintners is crucial.

Recommendations

The Joint Committee recommends that: -

- (i) Specialist Nurses with the requisite training in para- suicide, alcohol and drug misuse should be appointed within each Hospital Emergency Department.

Dr. Sean Barrett in Irish Banking Review (Winter 2003) indicated that "There were 16.5 practising nurses per thousand population in 1999 compared with 10 for the leading OECD Countries, 4.5 in the UK and 8.3 in the United States. Notwithstanding the apparent productivity problem covering one-third of all public service health staff in 2002, an extra 4,083 nurses were added between 1997 and 2001 to bring the total to 31,429".

The Irish Nursing Organisation disagrees with Dr. Barrett's figure of 16.5 nurses per thousand people and says the true figure is 11.

A selective screening strategy for early detection of harmful alcohol misuse be administered as part of routine admission procedures in each Hospital Emergency Department. There should also be liaison between the hospital and the gardai and other relevant bodies, such as local schools, for subsequent follow-up action.

7. Views of the Vintners Federation of Ireland and Licensed Vintners Federation

1 Issues Raised by Members of the Joint Committee

- Vintners are reactive rather than proactive.
- A code of practice should have been implemented a long time ago.
- Publicans have introduced early bird and voucher schemes that are designed to ensure young people come out to the pub earlier and drink more and measures which assist binge drinking seem to be part of the service.
- Topping up with drinks before closing time has not been addressed.
- The irony of publicans having security on the doors to prohibit the entry of people who are drunk while those who get drunk on the premises are thrown onto the streets and become the responsibility of someone else.
- There has been no liaison between the Garda and publicans regarding public order.
- The effects of the increase in alcohol consumption are evident in the impact of people's health.
- Publicans have benefited enormously from the charges in alcohol consumption and have not done what needs to be done to ensure proper controls.
- Do the vintners accept that one of the most effective measures is to ban advertising to reduce consumption?
- Can we say that the recommendations of the LVA represent the views of vintners right across the country?
- How can we ensure that the age card and the enhanced discretion to refuse entry do not end up being measures which simply suit publicans rather than mechanisms to reduce the misuse of alcohol for young people.
- Should the age limit be raised from 18 to 21 ?
- The off-license trade will have to be reviewed.
- Would the vintners agree with the reduction of the blood alcohol level from 80mg to 50mg.
- The cost of soft drinks in public houses.
- Would the vintners' advise members not to sell alcopops.
- Should a blanket ban be imposed on known troublemakers as is done in parts of Wales?
- Should vintners right to use the breathalyser be enshrined in law.

Responses to Issues Raised

- The Garda have agreed to establish liaison in each Superintendent's area throughout the country.
- Vintners do not subscribe to deep discounting or to any incentive that encourages people to drink to excess or to get drunk.
- The vintners are not unhappy about the idea of local authorities seeking a court order to ensure discos in its area should close earlier or at a specific hour because of circumstances that have arisen.
- The vintners support the view that alcopops should be banned.
- The North Wales approach to troublemakers is replicated in parts of Scotland and should be provided for as legislation here.
- The answer was no to breathalyser use by vintners and the Garda would not allow them that right.
- The Liquor Licensing Commission had put forward proposals to change the Equal Status Legislation.
- The Vintners Federation would support a reduction to 50mg in the blood alcohol level if the international evidence and the medical evidence that the chance of a collision is six times greater at 80mg than at 50mg was true.
- A Garda presence at known flash points would contribute significantly to a reduction in the violence that take place at those flashpoints.

Conclusion

The Joint Committee noted that many of the Vintners recommendations have been dealt with, since the meeting with them on 24 April 2003, on the Intoxicating Liquor Act, 2003 (See Chapter 7.12).

Recommendations

The Joint Committee recommends that: -

- (i) The Department of Enterprise, Trade and Employment introduce price controls for non-alcoholic drinks sold in licensed premises within a period not exceeding six months.

A price survey, conducted by Fine Gael, in 2003 indicated mark ups in mineral water from a low of 400 per cent to as high to 1,000 per cent. This is disturbing when it is common in other countries for pubs to offer free soft drinks to designated drivers to discourage drink driving and encourage responsible drinking.

(ii) A mandatory National Training Programme be established for all front-of-house security staff, as a joint initiative between the Department of Justice, Equality & Law Reform and the licensed trade within the next 12 months. All security staff would be required to successfully complete this course before assuming or resuming their duties. This should be provided for in legislation with heavy fines and/or pub closure for non-compliance.

8. Views of Manufacturers and Importers of Alcohol Products.

8.1 Issues Raised by Members of the Joint Committee

- Advertising exists to try and increase consumption of alcohol as well as promoting brand awareness.
- Self-regulation does not work in the area of advertising and what does work is banning advertising.
- The industry needs to acknowledge the fact that following on from a high level of alcohol consumption in Ireland is an increase in alcohol abuse.
- As measures that work to reduce alcohol abuse are clearly outlined in the Strategic Task Force report it is difficult to understand why the industry insisted on a minority report.
- It is clear from extensive research that education is pretty ineffectual and that the key things that actually work are availability controls and dealing with drink driving.
- Products with a high sugar content are deliberately designed to trap young **people into the habit of drinking.**
- Increasing taxes on alcohol will reduce consumption.
- An ID card system is needed to counteract under age drinking.
- Would the industry support reducing the permissible blood alcohol level from 80 mgs to 50 mgs.
- Putting a barcode on a product stating in which premises it was sold would provide an invaluable service to the state in dealing with underage drinking.

8.2 Responses to Issues Raised

- On advertising the advice to the Task Force was that banning advertising was the least effective measure as Ireland is exposed to images from outside the country over which there is no control.
- In the area of drink driving greater enforcement was needed and reducing the blood alcohol level would not be effective because the law was not being enforced.
- Focusing on consumption would not deal with the issue of alcohol abuse. It is important to look for effective measures to deal with abuse. Overall consumption will come down due to demographic factors, the level of appliance of the law and changes in society.
- The industry was keen to look at a system that would identify the premises from which drink was sold but was not sure it could be done in a practical way.

9. Advertising of Alcoholic Drinks

- 1 The Codes of Standards, Practice and Prohibitions in Advertising, Sponsorship, and other forms of Commercial Promotion Broadcasting Services drawn up under the Broadcasting Act, 1990 included the following: -

The advertising of alcoholic drink may be accepted by broadcasters provided it complies fully with the following criteria: -

- (a) Alcoholic drink advertising must not encourage young people or other non-drinkers to begin drinking - it must be cast towards brand selling and identification only.
- (b) This code recognises a voluntary code whereby spirit based alcoholic drinks (i.e. whiskey, gin, vodka, brandy, etc.) are not advertised on radio or television. The code is framed on the assumption that this situation will continue.
- (c) This code will apply to all other alcoholic drinks, i.e., beers, wines, sherries, fortified wines, vermouths, liqueurs, etc.
- (d) Where soft drinks are promoted as mixers this code will apply in full. When promoted as refreshments in their own right soft drinks are not subject to this code, but due care should be exercised if bar or similar locations are used.
- (e) Broadcasters will ensure that alcoholic drink advertisements are not transmitted in or around programmes primarily intended for young viewers or listeners; advertisers are required to take account of the age profile of the viewers and listeners so that advertisements are communicated, so far as it is possible, to adults.
- (f) Advertising shall not encourage immoderate consumption of alcohol or present abstinence or moderation in a negative light
- (g) Advertisements shall not claim that alcohol has therapeutic qualities or that it is a stimulant, a sedative, tranquilliser or a means of resolving personal conflicts.
- (h) Advertising shall not place emphasis on high alcoholic content as being a positive quality of the beverages.
- (i) Advertisements for alcoholic drink may not be aimed specifically at minors or, in particular, depict minors consuming these beverages.
- (j) The advertising of alcoholic drinks should not create the impression that consumption of such beverages contributes towards sexual attraction and success, or social success.
- (k) Advertisements shall not link the consumption of alcohol to enhanced physical performance or to driving.

- 9.2 Most advertisers in Ireland adhere to voluntary codes that prohibit alcohol advertising before 7.30pm but the problem area is programmes later in the evening when the viewers are both under 18 and adult.
- 9.3 The TV and radio stations, the advertising community and the drinks industry are keen to avoid the more blunt instrument of an outright ban and a proposal to audience profile individual programmes has emerged. Thus if the audience is too young alcohol advertising during that programme would be prohibited. They have discussed this with the Health Promotion Unit.
- 9.4 The Broadcasting Commission of Ireland (BCI) will launch a children's advertising code in July 2004. The BCI have not acceded to demands for a blanket ban on advertising of food and drink to children. One effect of the proposed ban is likely to be a ban on the use of celebrities and programme characters from food advertising going to air. Programmes with an audience of 51% or more of under 18's will probably fall under the ambit of the new code.
- 9.5 Any code or restriction imposed in Ireland will not apply to foreign television channels that stream their advertising for the market in Ireland. They consist of the so-called opt-out stations Nickelodeon, MTV, E4 and Sky. Other stations like UTV and Channel 4 also have many viewers in Ireland. It is estimated, as indicated in Chapter 8.4, that 55 per cent of Irish children watch the opt-out stations with Nickelodeon aimed at 10 to 14 year-olds and MTV targeting youngsters from 15 upwards.
- 9.6 It is also anticipated that an upcoming review of the European Union's TV Without Frontiers directive and the introduction next year of the E.U. Health Claims directive are likely to have an impact on advertising.
- 9.7 Advertising in Ireland is regulated by the Codes of Advertising Standards for Ireland. The Advertising Standards Authority of Ireland enforces these codes. Research with teenagers has shown that imagery that suggests social, sexual or personal success or contributes to bravery or heroism appeal most strongly to them. The codes have laid down restrictions which include these areas.
- 9.8 This system is flawed however as any breach of the code must have a complaint followed by an investigation confirming a breach of the code. This means that in many cases the offending advertisement has run its effective course.
- 9.9 To counteract this flaw Central Copy Clearance Ireland (CCCI), see Chapter 12.35, was set up to vet all advertising prior to publication. A number of recent events, however, at least casts some doubt over this development:
- Bavaria beer ran a bus shelter advertising campaign before Christmas 2003 consisting of their different advertisements. On one poster in large print the words "Look Really Cool" appeared beside a can of Bavaria. At the bottom

of the advert in much smaller print were the words "Unfortunately poor Godfried had convinced himself that a gold medallion and curly chest wig would make him look really cool".

Two other adverts in the series featured the phrases "Make New Friends" and "Get Out of It" in large print with small context setting sentences at the bottom.

- The alcopop WKD ran a Christmas campaign featuring the slogans "Official sponsors of Christmas kissing" and "Yule snog".
- Guinness recently ran a campaign featuring a young man swimming to New York to drink Guinness with a friend.

These advertisements were pre-vetted by CCCI and serve to illustrate the continuing deficiencies of a self-regulatory system.

9.10 The **Eurostat Report, Health Statistics, Key data on health 2002**, states that countries with the lowest proportions of young people drinking tended to have more restrictions on advertising while those with the highest prevalence tended to have less restrictions. The report also stated that "Alcoholic drinks are among the most heavily advertised products, and many consider that alcohol advertisements in television undermine national initiatives (ref IAS website) for reducing alcohol consumption".

National Controls on the advertising of alcohol 1994 and 1998:

Drink Type	Spirits								Table Wine								Beer							
	1		2		3		4		1		2		3		4		1		2		3		4	
Area	94	98	94	98	94	98	94	98	94	98	94	98	94	98	94	98	94	98	94	98	94	98	94	98
Ireland	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
Belgium	V	R	V	R	V	V	V	V	N	R	N	R	N	V	N	V	V	R	V	R	V	V	V	V
Denmark	B	B	B	B	V	V	V	V	B	B	B	B	V	V	V	V	B	B	B	B	V	V	V	V
Germany	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
Greece	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N	N
Spain	R	B	N	R	N	R	N	N	N	R	N	R	N	R	N	N	R	N	R	N	R	N	N	N
France	B	B	R	R	R	R	R	R	B	B	R	R	R	R	R	R	B	B	R	R	R	R	R	R
Italy	R	R	N	R	N	R	N	V	R	R	N	R	N	R	N	R	R	R	N	V	N	R	N	R
Luxembourg	N	V	N	V	N	V	N	V	N	V	N	V	N	V	N	V	N	V	N	V	N	V	N	V
Netherlands	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V
Austria	V	R	V	R	V	V	V	V	V	R	V	R	V	V	V	V	V	R	V	R	V	V	V	V
Portugal	R	R	R	R	N	N	B	N	R	R	R	R	N	N	V	N	R	R	R	R	N	N	B	N
Finland	B	B	B	R	B	R	B	B	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R	R
Sweden	B	B	B	B	B	R	B	R	B	B	B	B	B	R	B	R	B	B	B	B	B	R	B	R
UK	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V	V

1 = TV; 2 = Radio; 3 = Print Media; 4 = Billboards.

B = Banned; N = No Controls; R = Restricted; V = Voluntary Code.
Source: Eurostat

- 9.11** There are a number of options available to regulate alcohol advertising including:-
- Ban for Television and Radio programmes where audience consists of more than 51 per cent of under 18's and let voluntary code operate in print and billboard area.
 - Place restriction on television and radio advertising up to 10.00pm and let voluntary code operate in print and billboard area.
 - Ban all television and radio advertising and place restrictions or allow voluntary code operate in print and billboard area.
 - Place restriction on all four advertising areas.
 - Ban all advertising in all four areas.

International literature shows that slight restrictions have little overall impact when compared to the option of a complete ban. Also it appears there is growing general recognition that without an attempt to control the overwhelming influence of the popular media on the populist culture of consumerism we cannot control society itself.

Recommendations

- 9.12** (i) The Joint Committee recommends a complete ban on all alcohol advertising within a three year period and a complete ban on acknowledgement or credit, including the use of logos on labels, for sponsorship of sports events, clubs or teams, that cater for members under 25 years of age, by any area of the alcoholic drinks industry. The Government should seek to make this an EU wide initiative.

Conclusions and Recommendations.

Conclusions.

Structure and Control

A number of initiatives have been taken particularly since 2000 by the Department of Health and Children, the Department of Justice, Equality and Law Reform and the Drinks Industry to deal with the problem of alcohol misuse by young people. There is quite a significant body of legislation now in existence to deal with alcohol misuse and public order offences provided sufficient resources are available to enforce the legislation.

Most of these initiatives have occurred since 2003 and it is too early to assess how effective they have been. However there is no system in place to assess the effectiveness or otherwise of these initiatives and it is for this reason that the Joint Committee strongly believes that an Alcohol Control Centre should be established, under the aegis of the Department of Health and Children, to advise on Alcohol control measures, to monitor and co-ordinate the implementation of measures in place and to advise on the control and regulation of the manufacture, sale, marketing and consumption of alcohol products.

Suppliers of Alcohol

Under the Intoxicating Liquor Act 2003 it is an offence for a person under 18 to purchase alcohol or to consume alcohol in any place, except, with the explicit consent of that person's parent or guardian, in a private residence in which he or she is present as of right or with permission. In order for this provision to be effective it is necessary to make every effort to identify outlets that supply alcohol to underage persons and persons who do "secondary purchasing" for underage persons. The Joint Committee, therefore, concludes that the suppliers of alcohol be required to have identification, i.e. barcodes, included in each item of alcohol sold by them as a priority as provided for under Section 22 of the Intoxicating Liquor Act, 2003.

Misuse of Public Parks.

In recent years, public parks throughout the country have become veritable drinking dens for young people who cannot gain entry to licensed premises. The problem is particularly acute after dark. The specific problems arising from this type of drinking are multi-faceted. Young people tend to drink greater amounts of concentrated alcohol, e.g. bottled spirits, in a shorter space of time than in other settings. This, of course, leads to high levels of intoxication that so often result in serious damage to public amenities such as parkland, childrens playgrounds and park benches. It also raises serious issues about the safety of parks, particularly

after night fall, and there is mounting evidence that many of the country's parks are becoming 'no-go zones' as darkness falls.

The Joint Committee views the nation's parks as wonderful local amenities that are there to be used and enjoyed by all our citizens. In the interests, therefore, of both young people's health and the wider community there is a need for all Local Authorities to publish a Report on Local Levels of Drinking in Public Parks by Young People in liaison with the Gardai and their application of the bye-laws in this regard so that alcohol misuse by young people be strictly prohibited in all public parks as a top national priority.

Hardcore Advertising.

Research on the impact of 'hardcore' advertising in Scotland found that: -

- Over 80% of people remembered spontaneously that they had seen the advertisement.
- The message was clear that violent consequences of binge drinking were socially unacceptable.
- The advertisement affected attitudes through making it less acceptable for individuals to drink excessively.

The use of such advertising in Liverpool has also been considered a success.

The Joint Committee, therefore, feels that a cornerstone of any national strategy to combat alcohol misuse by young people should include a 'hardcore' advertising campaign to make parents and young people aware of the links between binge drinking and violent crime, serious incidents and long-term physical and mental illness. This advertising campaign could include an advertisement based on a Hospital Emergency Department situation and should use a multi-media approach. It should also focus on targeted environments such as pubs, night-clubs, schools, third level institutions, Hospital Emergency Departments, Garda Stations, family planning clinics and libraries.

Alcohol Prices

The Joint Committee considers that it is very important to focus on young girls and women in particular because in many cases what they are drinking, i.e. pre-mixed ready-to-drink spirits, does not taste of alcohol but has a sweet taste so that people do not realise the amount of alcohol they are putting into their systems often over a short period of time. A significant increase in excise duty on pre-mixed ready-to-drink spirits, in the 50% to 100% region, imposed in the December 2004 budget would be a positive step towards discouraging excessive consumption of such drinks, especially by young girls and women.

Price Controls for non-alcoholic drinks

A price survey, conducted by Fine Gael, in 2003 indicated mark ups in mineral water from a low of 400 per cent to as high as 1,000 per cent. There is good reason to believe that similar mark ups apply to other soft drinks as well. This is disturbing when one is aware that it is common in other countries for pubs to offer free soft drinks to designated drivers to discourage drink driving and encourage responsible drinking. The Joint Committee, therefore, is of the view that the Department of Enterprise, Trade and Employment should introduce price controls for non-alcoholic drinks within a period not exceeding six months.

Security Staff Training.

There is widespread anecdotal evidence that a minority of security staff are acting in an aggressive and unprofessional way and actually causing violent tendencies among already intoxicated customers. This leads to an air of menace and tension, particularly in city centre areas, which, among other issues isn't good for our tourist industry. It is also, ultimately, the Gardai who have to deal with the violent aftermath of nasty scenes where intoxicated people have been evicted from licensed premises on to the streets in a heavy-handed manner by the security staff.

In this context, there is an urgent need for a mandatory National Training Programme to be established for all front-of-house security staff, as a joint initiative between the Department of Justice, Equality & Law Reform and the licensed trade within the next 12 months. All security staff would be required to successfully complete this course before assuming or resuming their duties. This should be provided for in legislation with heavy fines and/or pub closure for non-compliance.

Advertising

The European Commission Report "*Health Statistics Key Data on Health 2002*" states that a comparative risk analysis based on data from the WHO 'Global burden of disease study 2000' showed that one in four deaths in males aged 15-29 in the EU was attributable to alcohol (ref. Harkin et al. 1997). The Report indicates that countries with the lowest proportions of young people drinking tended to have more restrictions on advertising while those with the highest prevalence of young people drinking tended to have less restrictions. The report also indicates that many consider that alcohol advertisements on television undermine national initiatives (ref. IAS website) for reducing alcohol consumption. International literature also shows that slight restrictions on advertising have little overall impact when compared to the option of a complete ban.

Given the strong evidence of the effects of the profound effects of advertising, a complete ban on all alcohol advertising within a three year period seems the only real course of action to take together with a complete ban on acknowledgement or credit, including the use of logos or labels, for sponsorship of sports events, clubs or teams, that cater for members under 25 years of age, by any area of the alcoholic drinks industry.

Recommendations.

The Joint Committee recommends that:

Structure and Control

A National Alcohol Control Centre be established, under the aegis of the Department of Health & Children, to advise on alcohol control measures; to monitor and co-ordinate the implementation of measures in place and to advise on the control and regulation of the manufacture, sale, marketing and consumption of alcohol products.

The Garda Síochána Annual Report provide precise and comprehensive information each year on the implementation of the various sections of Legislation dealing with drink and public order offences.

Drink Driving

The permitted blood alcohol concentration (BAC) for driving be reduced from 80mgs per 100ml of blood to 50mgs per 100ml of blood.

Legislation to give the Gardai statutory powers to conduct random breath tests be enacted as a key priority.

On-License Sector

The development of further "*superpubs*" be curtailed.

Pubs with a waiter service and all night-clubs and other licensed premises, e.g. sports clubs, be required to display the name of the Duty Manager/Manageress at all entrances and to maintain an Incident Book that will be subject to regular Garda review.

Late opening pubs and night-clubs, in consultation with Gardai, be required to provide a CCTV system at all exits.

Authority be given to local authorities in liaison with Gardai to identify licensed premises required to use unbreakable drink containers only beyond the normal closing time.

9. Suppliers of alcohol be required to have identification ie: barcodes included in each item of alcohol sold by them as a priority as provided for under Section 22 of the Intoxicating Liquor Act, 2003.

Off-License Sector

10. Criminal proceedings be taken against licensees on the basis of evidence obtained by test purchasing of alcohol by and for children.

Public Order Matters

11. All Local Authorities be required to issue a Report on Local Levels of Drinking in Public Parks by Young People in liaison with the Gardai and their application of the bye-laws in this regard so that alcohol misuse by young people be strictly prohibited in all public parks as a top national priority.
12. Liquor - Free Zones be provided for in city or town areas after consultation between local authorities and Gardai to cut down on street disorder and drunkenness. Liquor - Free Zones prohibit the drinking of alcohol within the areas to which the ban applies.
13. Night courts be set up to deal with public order offences as they occur.

Education

14. The undergraduate curricula for Nurses, Doctors and other health workers include improved training in the area of alcohol misuse.
15. A 'hardcore' advertising campaign be introduced to make parents and young people aware of the links between binge drinking and violent crime, serious incidents and long-term physical and mental illness. This advertising campaign could include an advertisement based on a Hospital Emergency Department situation and should use a multi-media approach. It should also focus on targeted environments such as pubs, night-clubs, schools, third level institutions, Hospital Emergency Departments, Garda Stations, family planning clinics and libraries.

Identification

16. Public Service Identification (PSI) smartcard be introduced as a priority to: -
 - assist licensees identify underage drinkers;
 - end the widespread abuse of the current card system;
 - facilitate the identification of intoxicated persons admitted to Hospital Emergency Departments;
 - assist in the identification of licensees serving persons who are already intoxicated.

Alcohol Prices

17. That significant increases in excise duty on pre-mixed ready-to-drink spirits, 50% to 100%, be imposed in the December 2004 Budget given the evidence that shows the profound negative effect these drinks have on young women in particular.
18. Every effort should be made to have alcohol and tobacco removed from the Consumer Price Index (CPI) as soon as possible.

EU Involvement

19. Ireland should take the lead in seeking to have the EU produce a Directive concerning unacceptable alcohol promotion practices that endanger the health and safety of young people.

Hospital Emergency Departments

20. Specialist Nurses with the requisite training in para-suicide, alcohol and drugs misuse be appointed in each Hospital Emergency Department with the necessary back-up resources to ensure patients are given effective follow-up treatment services.
21. A screening strategy for early detection of harmful alcohol misuse be administered as part of routine admission procedures in each Hospital Emergency Department. There should also be liaison between the hospital and the gardai and other relevant bodies, such as local schools, for subsequent follow-up action.

Vintners

22. The Department of Enterprise, Trade and Employment introduce price controls for non-alcoholic drinks served in licensed premises within a period not exceeding six months.
23. A mandatory National Training Programme be established for all front-of-house security staff, as a joint initiative between the Department of Justice, Equality & Law Reform and the licensed trade within the next 12 months. All security staff would be required to successfully complete this course before assuming or resuming their duties. This should be provided for in legislation with heavy fines and/or pub closure for non-compliance.

Alcohol Advertising

24. A complete ban be imposed on all alcohol advertising within a three-year period and a complete ban on acknowledgement or credit, including the use of logos on labels, for sponsorship of sports events, clubs or teams, that cater for members

under 25 years of age, by any area of the alcoholic drinks industry within the same time frame. The Irish Government should also seek to make this an EU wide initiative.

10.3 Key Recommendations.

From the above recommendations the Joint Committee on Health and Children has selected 10 key recommendations that it believes should be implemented as a matter of top national priority.

- A **National Alcohol Control Centre** be established, under the aegis of the Department of Health & Children, to advise on alcohol control measures; to monitor and co-ordinate the implementation of measures in place and to advise on the control and regulation of the manufacture, sale, marketing and consumption of alcohol products.
- **Suppliers of alcohol be required to have identification** ie: barcodes included in each item of alcohol sold by them as a priority as provided for under Section 22 of the Intoxicating Liquor Act, 2003.
- All Local Authorities be required to issue a **Report on Local Levels of Drinking in Public Parks by Young People** in liaison with the Gardai and their application of the bye-laws in this regard so that alcohol misuse by young people be strictly prohibited in all public parks as a top national priority.
- A **'hardcore' advertising campaign** be introduced to make parents and young people aware of the links between binge drinking and violent crime, serious incidents and long-term physical and mental illness. This advertising campaign could include an advertisement based on a Hospital Emergency Department situation and should use a multi-media approach. It should also focus on targeted environments such as pubs, night-clubs, schools, third level institutions, Hospital Emergency Departments, Garda Stations, family planning clinics and libraries.
- That **significant increases in excise duty on pre-mixed ready-to-drink spirits**, 50% to 100%, be imposed in the December 2004 Budget given the evidence that shows the profound negative effect these drinks have on young women in particular.
- The Department of Enterprise, Trade and Employment introduce **price controls for non-alcoholic drinks** served in licensed premises within a period not exceeding six months.

A mandatory National Training Programme be established for all front-of-house security staff, as a joint initiative between the Department of Justice, Equality & Law Reform and the licensed trade within the next 12 months. All security staff would be required to successfully complete this course before assuming or resuming their duties. This should be provided for in legislation with heavy fines and/or pub closure for non-compliance.

Specialist Nurses with the requisite training in para-suicide, alcohol and drugs misuse be appointed in each Hospital Emergency Department with the necessary back-up resources to ensure patients are given effective follow-up treatment services.

A screening strategy for early detection of harmful alcohol misuse be administered as part of routine admission procedures in each Hospital Emergency Department. There should also be liaison between the hospital and the gardai and other relevant bodies, such as local schools, for subsequent follow-up action.

A complete ban be imposed on all alcohol advertising within a three year period and a complete ban on acknowledgement or credit, including the use of logos on labels, for sponsorship of sports events, clubs or teams, that cater for members under 25 years of age, by any area of the alcoholic drinks industry. The Irish Government should also seek to make this an EU wide initiative.

APPENDIX 1

Some Basic Alcohol Information

Alcohol is often the first 'drug' that people take. Although alcohol is a 'legal' drug, if misused, it can lead people to act irrationally. Alcohol-related violence is a big social problem. Drink driving still kills and damages many lives each year. Young people in Ireland are known to be among the highest consumers of alcohol in Europe. There is also increasing evidence of many more young women developing problematic alcohol use.

What is Alcohol?

The main psychoactive ingredient in alcoholic beverages is called ethanol (C₂H₅OH) and results from the fermentation of sugar by yeast. In addition to its use for human consumption, ethanol is also used as a fuel, as a solvent and in chemical manufacturing. Alcohol for consumption is readily available in a wide variety of forms.

What Can Alcohol Do To You?

Excessive drinking can cause a wide variety of physical damage to organs of the body as well as psychological harm, but principally can cause the following problems:

Psychological: depression, anxiety and in some cases, suicidal feelings. Alcohol can also increase feelings of anger. Alcohol is a mood altering substance which can lead to loss of control, possibly resulting in aggression and can significantly cause harm and distress to families and others.

Physical: liver damage, stomach and pancreas disorders, sexual difficulties, high blood pressure, heart disease, nerve tissue damage, skin disorders and increased risk of some forms of cancer.

Alcohol is a painkiller: That is part of the problem for those who misuse it because it can suppress uncomfortable feelings and also produce feelings of well being and confidence. Alcohol use is socially acceptable, and the difficulty comes in knowing when to stop and recognising when you have a problem with it. Alcohol is an addictive drug that can take hold over time. It always presents a risk when used excessively.

What is Sensible Drinking?

The Department of Health advises men should not drink more than three to four units of alcohol per day and women no more than two to three units a day.

- One unit of alcohol = 10 ml of pure alcohol
- A pint of ordinary beer or lager = two units
- A glass of red wine = two units
- A single pub measure of spirits such as gin or whisky = one unit

Dependency on Alcohol and Treatment

Treatment for alcohol dependency may require the management of withdrawal symptoms through a detoxification programme and a range of subsequent support.

Withdrawal symptoms can range from feeling nauseous, trembling, to heightened anxiety and a fever depending on the individual's physical condition and drinking history. All these symptoms can be managed, and most people who enter treatment will find symptoms disappear after a period of two to four days.

What Happens in the Body When You Drink Alcohol?

Absorption: about 20 percent of the alcohol in a drink is absorbed in the stomach and about 80 percent is absorbed in the small intestine.

- the greater the concentration of alcohol, the faster the absorption
- carbonated drinks tend to speed up the absorption of alcohol
- food slows down alcohol absorption.

The alcohol enters the bloodstream and dissolves in the water in the blood which carries it to the body tissues at which point it begins to take effect. Alcohol acts primarily on the nerve cells within the brain.

Blood alcohol levels: the observed effects depend directly on the blood alcohol level which is related to the amount of alcohol consumed. The level can rise significantly within 20 minutes after having a drink. The level increases when the body absorbs alcohol faster than it can eliminate it. So, because the body can only eliminate about one dose of alcohol per hour, drinking several drinks in an hour will increase your level much more than having one drink over a period of an hour or more.

Elimination: alcohol can leave the body via the kidneys (urinating) or via the lungs (through exhalation), which can be detected by a breathalyser. The remaining alcohol is broken down in the liver in a chemical process involving enzymes. As a rule of thumb, it would take approximately one hour to eliminate the alcohol from a 12 oz (355 ml) can of beer.

Legal Position

Licensing laws: extension of licensing laws means pubs will be able to remain open for longer.

Drink driving: it is illegal to drive while over the legal limit of alcohol consumption. However, because the amount of measurable alcohol in your body can be influenced by many factors including body size, the drink drive limit cannot be converted accurately into a number of units. The best advice is not to drink and drive.

Young people: alcohol is the drug that most young people are likely to try. It is illegal to sell alcohol to a young person under the age of 18 years.

The present legal position is set out in more detail in Chapter 5.

Alcohol Effects: Men and Women

Men tend to have more muscle and less fat than women. Because muscle tissue has more water than fat tissue, a given dose or amount of alcohol will be more diluted in a man than in a woman. Therefore, the blood alcohol level resulting from that dose will be higher in a woman than in a man, and the woman will feel the effects of that dose of alcohol faster than a man.

Alcohol and Sexually Transmitted Infections (STI's)

STI's have increased by 165% in a ten year period. 8,900 cases were reported in 2000 alone.

Tips fo Drinking Slower

Smaller drinks, a glass instead of a pint; a single instead of a double.

Leave your glass down between sips. Wait a while before getting another.

Occupy yourself. Play pool, music, dance, chat.

Why not try alcohol free drinks or water to break up your alcoholic drinks.

Eat before and while you drink.

Rounds should be avoided. Otherwise get yourself water or a non-alcoholic drink on your turn.

Early Signs of Problem Drinking

A short checklist of characteristics of someone who has a problem is shown below:

- feeling guilty after drinking
- drinking faster than everyone else
- often drinking to cope with problems
- secretly doubling up, sneaking drinks
- high tolerance to alcohol
- blackouts (memory loss)
- needing a drink every day
- drinking alone
- needing a drink to stop trembling
- drinking first thing in the morning
- a strong compulsion to drink
- spending a lot of time on activities involving alcohol
- not being able to stop drinking once you have started.

APPENDIX 2

Effects of Alcohol on Brain of Adolescents

Fact Sheet from an American Medical Association Report on Alcohol's Adverse Effects on the Brains of Children, Adolescents and College Students

What is the Summary Report?

Harmful Consequences of Alcohol Use on the Brains of Children, Adolescents, and College Students is a compilation and summary of two decades of comprehensive research on how alcohol affects the brains of youth. The report's aggregation of extensive scientific and medical information reveals just how harmful drinking is to the developing brain and serves as a wakeup call to parents, physicians, elected officials, law enforcement, purveyors of alcohol - including the alcohol industry - and young drinkers themselves.

Why is this report important?

The average age of a child's first drink is now 12, and nearly 20 percent of 12 to 20 year-olds are considered binge drinkers. While many believe that underage drinking is an inevitable "rite of passage" that adolescents can easily recover from because their bodies are more resilient, the opposite is true.

The Adolescent Brain

The brain goes through dynamic change during adolescence, and alcohol can seriously damage long- and short-term growth processes. Frontal lobe development and the refinement of pathways and connections continue until age 16, and a high rate of energy is used as the brain matures until age 20. Damage from alcohol at this time can be long-term and irreversible. In addition, short-term or moderate drinking impairs learning and memory far more in youth than adults. Adolescents need only drink half as much to suffer the same negative effects.

Drinkers vs. Non-Drinkers: Research Findings

- Adolescent drinkers scored worse than non-users on vocabulary, general information, memory, memory retrieval and at least three other tests
- Verbal and non-verbal information recall was most heavily affected, with a 10 percent performance decrease in alcohol users
- Significant neuropsychological deficits exist in early to middle adolescents (ages 15 and 16) with histories of extensive alcohol use
- Adolescent drinkers perform worse in school, are more likely to fall behind and have an increased risk of social problems, depression, suicidal thoughts and violence
- Alcohol affects the sleep cycle, resulting in impaired learning and memory as well as disrupted release of hormones necessary for growth and maturation
- Alcohol use increases risk of stroke among young drinkers

Adverse Effects of Alcohol on the Brain: Research Findings

Youth who drink can have a significant reduction in learning and memory, and teen alcohol users are most susceptible to damaging two key brain areas that are undergoing dramatic changes in adolescence:

- **The hippocampus** handles many types of memory and learning and suffers from the worst alcohol-related brain damage in teens. Those who had been drinking more and for longer had significantly smaller hippocampi (10 percent).
- **The prefrontal area** (behind the forehead) undergoes the most change during adolescence and is often called the CEO of the brain. Researchers found that adolescent

drinking could cause severe changes in this area and others, which play an important role in forming adult personality and behaviour.

Lasting Implications

Compared to students who drink moderately or not at all, frequent drinkers may never be able to catch up in adulthood, since alcohol inhibits systems crucial for storing new information as long-term memories and makes it difficult to immediately remember what was just learned.

Additionally, those who binge once a week or increase their drinking from age 18 to 24 may have problems attaining the goals of young adulthood—marriage, educational attainment, employment, and financial independence. And rather than "outgrowing" alcohol use, young abusers are significantly more likely to have drinking problems as adults.

What can be done to stop this epidemic?

The AMA advocates numerous ways to combat this growing epidemic, including:

- Reducing access to alcohol for children and youth
- Reducing sales and provision of alcohol to children and youth
- Increasing enforcement of underage drinking laws
- Providing more education about the harmful effects of alcohol abuse
- Reducing the demand for alcohol and the normalisation of alcohol use by children and youth.

A major source of the normalisation of alcohol use by children and youth is alcohol advertising. Television networks and cable stations have profited tremendously from the alcohol industry's aggressive marketing to underage drinkers. These advertisements are proven to heavily influence the normalisation and glamorisation of drinking in the minds of children, and television has continued to endanger the health of these young viewers in spite of such findings.

The Long Term Dangers of Binge Drinking

Long term, the risks that binge drinkers face include:

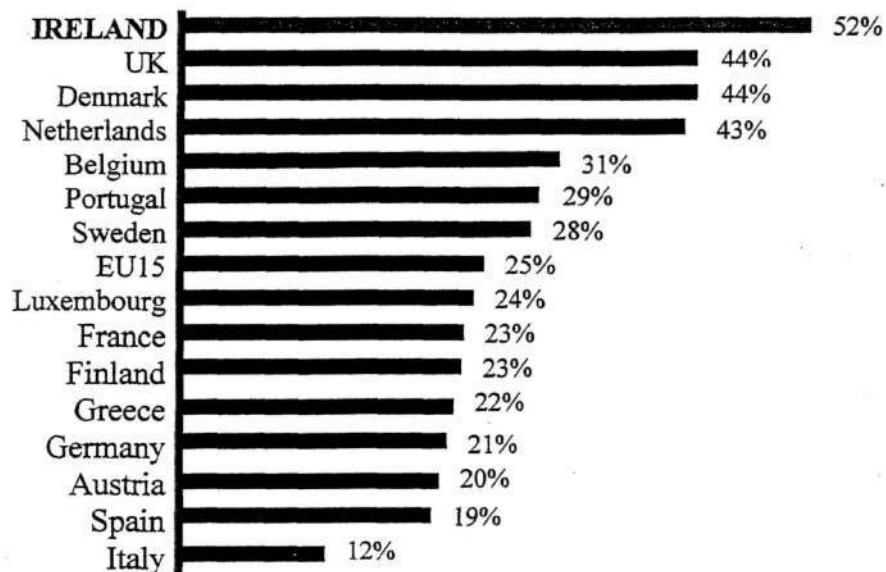
- An abnormal loss of brain cells
- Liver failure
- Stomach ulcers and irritated stomach lining
- Increased risk of cancer
- Nerve damage
- Heart failure
- Infertility
- Depression and psychosis
- Risky sexual behaviour
- Sexually transmitted diseases
- Obesity
- Inflamed pancreas
- Vitamin deficiencies.

APPENDIX 3

Alcohol Statistics

Percentage of Population Regularly Drinking Alcohol.

Figures relate to 1999.



Source: Eurostat

Alcohol drinkers by age and sex, 1999

(%)

Do you regularly drink alcohol?	EU 15	B	DK	D	EL	E	F	IRL	I	L	NL	A	P	FIN	S	UK
TOTAL																
Males	35.3	44.1	49.1	31.9	36.8	28.3	32.6	63.9	18.7	35.1	54.4	31.9	47.4	32	35.3	53.7
Females	16	18.7	38.5	11	7.7	9.3	13.4	39.9	6.3	13.9	31	9.7	12.9	14	20.9	34.6
All	25.3	30.9	43.6	21	22	18.5	22.6	51.5	12.3	24.1	42.5	20.3	29.2	22.6	27.9	43.9
15-24																
Males	33.3	48.6	46.6	30.4	40	31.3	23.2	53.1	14	29.5	56.2	22.6	24.7	32.1	50.8	56.7
Females	18.8	19.4	29.8	15.6	12.1	13.9	13.2	50.6	5.2	9.8	33.9	8.6	7	19.2	33.9	41.7
All	26.2	34.3	38.3	23.2	26.4	22.8	18.3	51.9	9.7	19.8	45.3	15.8	16	25.7	42.5	49.4
25-34																
Males	36.4	47.6	49.2	35.7	43.7	32	29	80	16.9	26.5	55.3	29.9	60.7	29.7	36.3	53.2
Females	18.9	24.5	29.6	16.7	18.3	17.3	18.6	51.2	2.8	15.2	21.2	10.5	19.4	15.5	17	37.5
All	27.8	36.1	39.7	26.4	31.2	24.8	23.8	65.6	9.9	20.9	38.5	20.2	39.9	22.6	26.8	45.5
35-44																
Males	37.3	46.5	37.7	33.1	39.6	24.2	31.2	70.5	19.8	39.6	58	39.7	55.3	39.5	37.1	63.5
Females	17.6	23.4	42	9.1	7.8	7.8	16.8	53	7.3	14.6	31.2	10.1	13	25.3	24.3	41
All	27.5	35.1	39.9	21.2	23.7	16	24	61.7	13.5	27.7	44.8	25.3	33.8	32.4	30.8	52.3
45-54																
Males	37.9	49.1	53.5	34.3	39.9	33.3	46.9	63.4	17.9	32.6	49.9	29.6	49.3	40.6	33.7	49.4
Females	18.3	21.1	46.7	14.6	5.6	9.9	15	39.2	4.5	18.5	37.9	8.5	9.9	10.8	25.5	42.4
All	28.1	35.2	50.1	24.5	23	21.5	30.8	51.3	11.1	25.9	44	19.1	28.8	26	29.7	45.9
55-64																
Males	38.9	34.9	58.1	33.3	35	36.5	36.3	51.1	26.3	30.6	55.9	35.7	52.9	30	37.4	57.7
Females	14.4	10.1	52.9	9.3	2.9	4.6	12.3	27.1	10.1	16.1	37.3	19.7	13.6	11.1	19	26.9
All	26.3	22.1	55.5	21.1	18.4	19.9	23.9	39	17.8	20.5	46.6	27.4	31.7	20.1	28.1	42.1
65+																
Males	28.4	35.2	51.7	22.1	22.5	13.5	32.2	62.6	19	49.4	50.4	33.3	46.2	14.3	20.4	42.1
Females	10	13.4	34	4.4	:	2	6	18.1	7.9	6.6	28.8	4.4	14.3	3.9	11.5	21.8
All	17.1	22.2	41.3	10.8	10	6.7	16.5	36.6	12.4	29.8	37.5	15	27.2	7.8	15.3	30.1

Source: Eurobarometer 52.1, European Commission.

Average Number of Litres of Alcohol per Person/Year Available on the Market - 1999

Country	Beer	Wine	Spirits
Ireland (BRL)	154.7	28.7	2.1
Belgium (B)	94.5	24.9	1.1
Denmark (DR)	101.9	29.9	1.1
Germany (D)	127.6	22.9	2.0
Greece (EL)	40.3	35.2	2.7
Spain (E)	68.8	33.7	2.4
France (F)	38.7	57.2	2.4
Italy (I)	27.1	51.5	0.5
Luxembourg (L)	109.0	61.0	1.6
Netherlands (NL)	84.2	18.6	1.7
Austria (A)	108.9	30.9	1.4
Portugal (P)	64.3	51.7	1.5
Finland (FIN)	80.1	17.5	2.3
Sweden (S)	59.3	14.8	1.0
UK	99.0	14.5	1.5
EU-15	77.8	33.6	1.7

Source: Eurostat

Deaths in Males Attributable to Alcohol

Referring to a World Health Organisation study, the Health Statistics, Key Data on Health Report 2002 said **one in four** deaths in males aged 15-29 in the EU was attributable to alcohol.

Consumption of Personal Income at Current Market Prices

Alcoholic beverages (total including pubs)							€million	
1995	1996	1997	1998	1999	2000	2001	2002	
3,130	3,458	3,819	4,129	4,552	4,998	5,429	5,982	

Source: CSO

Percentage increase 1995 to 2002 = 91%

Consumption of Personal Income at Constant (1995) Market Prices

Alcoholic beverages (total including pubs)							€million	
1995	1996	1997	1998	1999	2000	2001	2002	
3,130	3,371	3,634	3,790	4,027	4,217	4,363	4,494	

Source: CSO

Percentage increase 1995 to 2002 = 43.6%

Excise Duty NET Receipts

Head of Duty		2000	2001	2002
		€	€	€
Beer	Import	54,736,233	50,744,260	61,400,088
	Home	421,178,045	384,901,053	415,961,238
	Total	475,915,278	435,645,313	477,361,327
Cider and Perry	Import	2,732,256	3,663,225	5,265,667
	Home	30,617,522	32,455,523	56,881,598
	Total	33,349,778	36,118,748	62,147,264
Spirits	Import	101,112,880	89,942,900	113,732,260
	Home	145,973,156	130,975,142	152,729,174
	Total	247,086,036	220,918,042	266,461,434
Wine and Made Wine	Import	121,510,879	119,169,089	149,509,034
	Home	2,296,325	1,173,478	2,644,913
	Total	123,807,204	120,882,567	152,153,947

Source: Office of Revenue Commissioners, Statistical Report 2002

Excise Duty on Beer

Net Duty Paid Quantities and Net Excise Receipts

Year	Home-Made	Imported	Home-Made and Imported		
	Net Duty Paid Litres of Alcohol	Quantities Litres of Alcohol	Estimated Total MHL(a) (Retail)	Percent Change	Net Excise Receipts €
1994	17,921,383	2,128,485	4,792	2.0%	395,659,325
1995	18,550,000	2,089,959	4,962	3.5%	410,240,634
1996	19,687,431	2,147,788	5,249	5.8%	432,953,619
1997	20,481,710	2,185,668	5,423	3.3%	449,326,205
1998	21,176,302	2,404,749	5,641	4.0%	464,261,191
1999	21,560,795	2,463,133	5,734	1.6%	477,091,704
2000	21,095,782	2,744,641	5,690	-0.8%	475,915,278
2001(b)	21,151,263	2,784,078	5,712	0.4%	435,645,313
2002	20,704,931	3,113,560	5,698	-0.3%	477,361,327

(a) MHL = Millions of Hectolitres.

(b) The receipts for 2001 are not directly comparable to 2000 due to the provision in 2001 Finance Act to abolish the end year payment catch-up.

Source: Office of Revenue Commissioners, Statistical Report 2002

Incidence of Duty and VAT per Pint of Stout

Year (Mid Nov)	Bar Price per Pint(a) €	Percent Change	Excise Content	VAT Content	Total Tax Content €	Percent Change	Tax Exclusive Price €	Percent Change	Tax as a % of Price
1992	2.15	9.5%	0.44	0.37	0.82	4.0%	1.33	13.0%	38.0%
1993	2.26	5.1%	0.44	0.39	0.84	2.3%	1.42	6.8%	37.0%
1994	2.35	4.0%	0.47	0.41	0.88	5.2%	1.47	3.3%	37.4%
1995	2.42	3.0%	0.47	0.42	0.89	1.4%	1.53	3.9%	36.8%
1996	2.50	3.3%	0.47	0.43	0.90	1.6%	1.60	4.3%	36.2%
1997	2.58	3.2%	0.47	0.45	0.92	1.5%	1.66	4.1%	35.6%
1998	2.65	2.7%	0.47	0.46	0.93	1.3%	1.72	3.5%	35.1%
1999	2.75	3.8%	0.47	0.48	0.95	1.9%	1.80	4.8%	34.5%
2000	2.87	4.4%	0.47	0.50	0.97	2.2%	1.90	5.5%	33.8%
2001	3.05	6.3%	0.47	0.51	0.98	1.1%	2.07	8.9%	32.1%
2002	3.24	6.2%	0.47	0.56	1.03	5.5%	2.21	6,6%	31.9%

Increase in Consumer Price Index (All Items):

1992-2002

33.6%

Increase During Period:

Tax Inclusive Price: 50.7%

Tax Exclusive Price: 65.5%

Tax Content: 26.6%

Incidence of Duty and VAT per Pint of Lager

Year (Mid Nov)	Bar Price per Pint(a) €	Percent Change	Excise Content	VAT Content	Total Tax Content €	Percent Change	Tax Exclusive Price €	Percent Change	Tax as a % of Price
1992	2.37	8.4%	0.44	0.41	0.85	3.9%	1.52	11.1%	36.1%
1993	2.48	4.6%	0.44	0.43	0.87	2.2%	1.61	6.0%	35.2%
1994	2.57	3.6%	0.47	0.45	0.92	5.0%	1.65	2.9%	35.7%
1995	2.66	3.5%	0.47	0.46	0.93	1.7%	1.73	4.5%	35.1%
1996	2.76	3.8%	0.47	0.48	0.95	1.9%	1.81	4.8%	34.4%
1997	2.85	3.3%	0.47	0.49	0.97	1.6%	1.88	4.1%	33.9%
1998	2.93	2.8%	0.47	0.51	0.98	1.4%	1.95	3.5%	33.4%
1999	3.04	3.8%	0.47	0.53	1.00	1.9%	2.04	4.7%	32.8%
2000	3.18	4.6%	0.47	0.55	1.02	2.4%	2.16	5.7%	32.2%
2001	3.36	5.7%	0.47	0.56	1.03	0.8%	2.33	8.0%	30.7%
2002	3.60	7.1%	0.47	0.62	1.10	6.3%	2.50	7.5%	30.4%

Increase in Consumer Price Index (All Items):

1992-2002

33.6%

Increase During Period:

Tax Inclusive Price: 51.9%

Tax Exclusive Price: 65.2%

Tax Content: 28.2%

Excise Licences: Number and Net Receipts

	Net Receipts					Numbers Issued
	1997	1998	1999	2000	2001	2001
Class A - liquor licenses	7,300,219	7,849,440	7,614,677	5,865,932	10,388,362	19,142
Manufacturers	13,205	11,682	14,983	11,428	12,697	42
Dealers	226,468	206,967	224,744	207,983	196,048	831
Retailers	6,935,424	7,433,727	7,206,837	5,511,423	9,964,904	18,057
On-License	6,452,415	6,931,800	6,729,670	5,003,140	9,045,614	14,789
Off-License	428,664	434,250	422,314	300,421	731,115	2,880
Special Restaurant Renewal	54,345	67,677	54,853	46,980	92,945	358
Restricted License Conversion	-	-	-	160,882	95,230	30
Transport	33,267	25,649	50,028	23,363	71,994	177
Special Restaurant Fee	91,421	171,415	118,086	110,721	140,941	35
Additional duty-No License issued	254	-	-	1,016	1,778	-

Source: CSO Statistical Yearbook of Ireland 2003.

Excise Duty Rates across Europe

Member State	Beer - 1 Litre at 5% vol (€)	Still wine - 70cl bottle up to 15% vol (€)	Sparkling wine - 70cl bottle up to 15% vol (€)	Intermediate products - 70cl bottle up to 22% vol (€)	Spirits - 70cl bottle at 40% vol (€)
Belgium	0.21	0.33	1.13	0.69	4.65
Denmark	0.47	0.66	0.99	0.99	5.66
Germany	0.10	0	0.95	1.07	3.65
Greece	0.14	0	0	0.31	2.54
Spain	0.10	0	0	0.35	2.07
France	0.13	0.02	0.06	1.50	4.06
Ireland	0.99	1.91	3.82	2.77	10.99
Italy	0.17	0	0	0.35	1.80
Luxembourg	0.10	0	0	0.47	2.91
Netherlands	0.25	0.41	1.41	0.72	4.97
Austria	0.26	0	1.01	0.51	2.80
Portugal	0.15	0	0	0.36	2.47
Finland	1.43	1.65	1.65	4.94	14.13
Sweden	0.81	1.70	1.70	3.25	15.41
UK	0.97	1.77	1.54	2.36	8.72

Source: Irish Independent, 3 April 2004.

APPENDIX 4

Current Under Age Drinking Legislative Provisions

The main provisions relating to under age drinking are contained in the Intoxicating Liquor Act 1988, as amended by the Intoxicating Liquor Act 2000 and the Intoxicating Liquor Act 2003.

The legislation prohibits licensees from supplying intoxicating liquor to persons aged under 18 and requires that licensees shall not permit under age drinking on their premises. The defence that the licensee had "reasonable grounds" for believing that the person concerned was over the age of 18 years was removed by the 2000 Act. The removal of the "reasonable grounds" defence requires the licensee to ensure that intoxicating liquor is supplied only to those who are legally entitled to purchase or consume it on licensed premises. This places a much greater onus on the licensee to demand proof of age. **No defence** is permitted where a person wilfully supplies liquor to an under age person.

Intoxicating Liquor Act 2000

The Intoxicating Liquor Act 2000 provides for the temporary **closure** of a licensed premises where a licensee is convicted of an offence relating to under age drinking. This is a strong deterrent to abuses of the law as it is designed to hit at the pockets of offenders, and publicly identify them, without necessarily having to remove the licence. The ultimate sanction of forfeiture of a licence in the event of persistent offences remains an option open to a judge. Where a conviction for the sale of alcohol to an under age person is upheld, the licensed premises can be closed for up to 7 days for a first offence and up to a maximum of 30 days for subsequent offences, with a notice explaining the reason for the closure displayed on the front door of the premises. In addition, the 2000 Act provides for fines of up to €1,270 for a first offence related to the provision of intoxicating liquor to under age persons and €1,904 for a second or subsequent offence.

The Gardai have reported that since 30 June, 2000, up to and including 31 March 2003, 507 prosecutions have been taken under the Intoxicating Liquor Act 2000.

Age Card Scheme

The Age Card Scheme allows any person who has attained 18 years of age to apply for an age card at his/her local Garda Station in order to confirm that they have attained the legal age for the purchase of intoxicating liquor. The application must be accompanied by a birth certificate, at least one other document which confirms the identity of the applicant, two photographs and a fee of €6. The Garda Community Relations Section in Harcourt Square, Dublin 2, has overall responsibility for the issuing of the cards. There has been a continuing interest in demand for the cards and, as of 30 June 2003, 115,650 cards have been issued.

Programme for Government

The Agreed Programme for Government contains a commitment to fully enforce the measures in the licensing laws that ensure mandatory temporary closures of licensed premises - pubs, clubs and off-licences - where there have been convictions for allowing under age drinking.

Intoxicating Liquor Act 2003

The primary purpose of the Intoxicating Liquor Act 2003 was to amend the Licensing Acts 1833 to 2003 in order to respond to certain recommendations of the Commission on Liquor Licensing and to concerns outlined in the Interim Report of the Strategic Task Force on Alcohol. Also relevant in this context is the special initiative on tackling alcohol misuse set out in chapter 2 of *Sustaining Progress* (Social Partnership Agreement 2003 - 2005).

The Act is mainly concerned with combating drunkenness and disorderly conduct as well as addressing the problems of under age and binge drinking.

The Act amends the existing provisions regarding the supply of intoxicating liquor to under age persons. The sale or delivery by a licensee of intoxicating liquor for consumption by a person under 18 in a private residence is now permitted only with the explicit consent of that person's parent or guardian and where the person is present in the residence as of right or with permission.

The Act addresses the issue of "secondary purchasing" by strengthening the existing provisions which prohibit the purchase of alcohol for, or delivery to, persons under the age of 18. The purchase or delivery of intoxicating liquor for consumption by a person under 18 in a private residence is now only permitted where a parent or guardian has given explicit consent. It is an offence for a person under 18 to purchase alcohol or to consume alcohol in any place, except, with the explicit consent of that person's parent or guardian, in a private residence in which he or she is present as of right or with permission.

The Act provides for restrictions on the presence of persons under 18 in the bar of licensed premises. A licensee may permit a child (under 15) to be in the bar if accompanied by a parent or guardian but not after 9.00 p.m. This discretion does not apply where it appears to the licensee that the child's presence in the bar could reasonably be regarded as injurious to the child's health, safety or welfare. A licensee may permit a person aged 15 to 17 to be in the bar unaccompanied by a parent or guardian but not after 9.00 p.m. However, it shall not be unlawful to allow a child accompanied by a parent or guardian, or a person aged between 15 and 17, to be in the bar on the occasion of a private function at which a substantial meal is served to persons attending the function, e.g. a wedding reception. The existing provision which prohibits persons under 18 from bars where an exemption order is in force remains unchanged.

It is now be an offence for a person aged 15 to 17 to be in the bar of licensed premises after 9.00 p.m. unless attending a private function at which a substantial meal is served to persons attending the function.

Persons aged between 18 and 21 will be required to carry an 'age document' in order to be in the bar of licensed premises between 9 p.m. and 10.30 a.m. the following day. An age document may be one of the following: a Garda age card; passport; identity card of a member state of the European Communities; driver's licence; a document prescribed in regulations to be made by the Minister. An age document is not required in order to gain access to other parts of the premises. This new obligation to produce an age document in order to gain admission to bars is intended to assist licensees in complying with provisions relating to underage consumption of alcohol and to assist Gardai in enforcing the law.

The Equal Status Act 2000 has been amended, firstly, to safeguard the discretion of licensees in relation to the presence of persons under the age of 18 in bars of licensed premises. This amendment is in line with recommendations of the Commission on Liquor Licensing and the Strategic Task Force on Alcohol. Secondly, the Act has been amended to allow a licensee to set a minimum age for the sale and consumption of alcohol which is above the statutory minimum of 18 as long as the policy is publicly displayed and is implemented in a non-discriminatory manner.

APPENDIX 5

Initiatives and Activities Undertaken by the Drinks Industry in 2003 To Reduce Alcohol Abuse and Misuse

Establishment of MEAS - Mature Enjoyment of Alcohol in Society Limited

MEAS was established by the principal companies and trade organisations in the drinks industry in 2002. It is a not for profit organisation and is dedicated to the promotion of social responsibility within the industry and moderation in alcohol consumption in order to reduce harm.

MEAS has been operational since January 2003 and some of its initiatives are referred to in 13.2 to 13.10 following.

Responsible Serving of Alcohol Programme ("RSA")

In January 2003 MEAS and the Department of Health and Children appointed CERT (now Failte Ireland) to manage and assure the quality of the RSA programme. Financial support was provided to Failte Ireland by the Department and by MEAS to enable it undertake this task.

The reach of the programme was extended in 2003 to hotel, club and restaurant based servers. Approximately 1,300 servers will have participated in the programme by end 2003, as compared with 500 in 2002. Particularly significant in the context of the embedding of the RSA is the incorporation from September 2003 of the principles of the RSA in hospitality programmes delivered by higher education institutes. It is estimated that by end 2004 some 1,000 hospitality programme graduates will have received training on the RSA - in addition to those attending the RSA on a stand alone basis.

Responsible Sale of Alcohol

A recent development in the off-licensed trade is NoffLA's **Responsible Trading in the Community programme** (NoffLA is the independent off-license association with about 300 members around the country). Programme accreditation is available to the off-licensee who satisfactorily complete both the knowledge and practical parts of the programme. The practical part includes unscheduled checking of the practice to request routinely customers' proof of age. Certification was awarded to 60 traders in 2003 who satisfactorily completed the programme. A similar programme will be offered in 2004.

RGDATA, which has a long tradition of training provision for its members, recently developed a programme focused exclusively on alcohol sale issues relevant to its members.

MEAS has taken responsibility for the drinks industry's voluntary code concerning the naming, packaging and promotion of alcoholic beverages. The revised code, to be published before the year-end, provides for a substantial expansion of the scope of the code and will cover:

- Draught alcoholic beverages
- Alcoholic drinks with an alcoholic strength above 0.5% alcohol by volume, as distinct from 1.2% in the current code
- Alcohol marketing on a direct or electronic basis
- Products developed or marketed as alcoholic drinks, even if classified as foodstuffs, or even if they appear solid or can be made to be e.g. by freezing

The revised code provides for establishment of an Independent Complaints Panel and a pre-launch advisory service. These and other provisions will ensure enhanced transparency in complaint decision making and clearer code interpretation.

Establishment of Central Copy Clearance Ireland ("CCCI")

CCCI is a drinks industry and advertising industry supported organisation operational since February 2003. Its purpose is to pre-vet all advertising copy for compliance with all relevant codes - thereby addressing concerns that an advertisement complained of continued to appear until the Advertising Standards Authority of Ireland adjudicated on it. 1,740 advertisements were reviewed in the period to end October 2003 across a broad range of media. 199 advertisements were not approved by CCCI. Significantly, no complaints concerning alcohol advertisements were made in the period to the relevant regulatory body.

Industry Companies' Own Marketing Codes

In addition to industry codes, industry companies have their own codes of marketing practice. Many of these have been, or are in the course of being revised and strengthened. A key aspect of the code revision process is the training of all marketing teams and key advertising agency personnel in its use.

Company policies extend beyond marketing codes and embrace, inter alia, employee policies which emphasise the need for a responsible attitude to drinking, both in and out of the workplace, define appropriate behaviour, and cover topics such as alcohol and the workplace, drinking and driving, enforcement and problem drinking.

Responsibility Messaging

In co-operation with the Union of Students of Ireland, MEAS launched a Respect Alcohol, Respect yourself poster campaign in third level colleges in April 2003.

A second suite of posters was distributed by U.S.I, to colleges in September 2003. The initiative was complemented by articles in college magazines, and, in the case of two universities, was promoted via MEAS events - a series of 19 gigs over a ten-week period promoting a moderation in drinking message.

For the first time in Ireland, a responsible drinking TV advertisement was introduced in the summer of 2003 with the catchline "Knowing when to Stop is a good Thing - Drink Sensibly".

A new T.V. advertisement, developed especially for the Irish market, was broadcast from 12 November 2003 and will be supplemented by advertising on other media, such as outdoor posters.

Responsibility messaging has already been incorporated in some corporate and brand advertisements. Most brand advertising media will incorporate responsibility messages in 2004.

Initiatives Concerning Alcohol and Young People

MEAS commissioned respected experts to develop a booklet to help engage parents in the issue of underage drinking. Some 100,000 copies of the booklet entitled Alcohol - A Guide for Parents and its accompanying True/False Fact Sheet have been distributed to date. The response from the public to the booklet has been overwhelmingly positive.

Plans are in train to build on this initiative in 2004.

In September 2003 Diageo opened its new "Choice" Zone in the Guinness Storehouse. This uses film and interactive media to challenge visitors to reflect on their own drinking habits and the choices they make around the consumption of beer, wine and spirits. The exhibit has purposely been positioned to avoid a defensive, moralising or judgmental dialogue with visitors in order to create a balanced, fair and open understanding of alcohol in society.

Over 700,000 people are expected to visit the Guinness Storehouse this year and view the new Zone which involved an investment of €1.3 million.

Some industry companies are currently engaged in partnership with independent bodies on the development of appropriate and innovative programmes aimed at reducing the abuse of its products. These are expected to come on stream in coming months.

Drinking-Driving - Designated Driver Initiative

Building on the success of a Designate Dessie campaign by the Drinks Industry of Ireland in 2001, MEAS will soon be launching a campaign to encourage people going out for an evening's entertainment to designate one individual within their group as the non-drinking driver. The campaign is intended to complement anti-drink driving initiatives by the National Safety Council and the Gardai.

MEAS's First Alcohol and Society Annual Conference: Alcohol Issues - A Partnership Approach

The purpose of this conference was to promote a partnership approach to the addressing of Ireland's alcohol and society issues. It was well attended with participation from a broad spectrum of interested parties. Particular interest was expressed in the presentation on the Manchester City Centre Safe programme and the possibilities for its application in Ireland - also in the presentation on the social norms approach and its potential, in the Irish context, for promoting positive attitudes and behaviour in relation to alcohol.

APPENDIX 6

8.5 Measures to achieve these objectives

As an initial step towards achieving the specific objectives outlined, the following set of targeted measures need to be implemented without delay. Additional medium to long-term measures will be addressed in subsequent recommendations. The main thrust of these measures is to protect public health and public safety as well as creating an environment that helps people to make healthy choices.

In making these recommendations the Task Force is cognisant of the fact that it has not made an attempt to address the resource implications of implementing the recommendations. This has not been possible because of the very tight timeframe given to the Task Force to produce this Interim Report.

However, the Task Force intend to return to this important subject in subsequent reports.

R1. Regulate Availability

- 1.1 Increase alcohol taxes and use the additional Exchequer revenue to implement the recommendations set out in this report.
- 1.2 Establish a National ID card scheme for the entire population in such a manner that cards can also be used for proof of age purposes in connection with the sale of alcohol. In the meantime promote the existing age card scheme. An obligation should be placed on all licencees to demand the age card for the purchase of alcohol by young people.
- 1.3 Maintain licensing measures which restrict greater availability of alcohol sale outlets (both on-licences and off-licences). The criteria for the granting of any new license should include the need to protect public health and safety, the risk of access for under-age persons, the need to reduce density of premises (in relation to size and location), the need for adequate control and supervision and the incidence of alcohol-related problems in the area.
- 1.4 Make provision in legislation for a Health Board, to have the right on public health grounds, to object to the granting of new licenses, license renewal, exemptions or to set specific conditions for licenses in their region.

R2. Reduce Drink Driving

- 2.1 Introduce random breath testing and promote high visibility enforcement.
- 2.2 Lower the blood alcohol limit to .50 mg % in line with most other European countries.
- 2.3 Lower the blood alcohol limit for provisional drivers to zero (this action is provided for in the Road Traffic Act 1994).

R3. Limit harm in drinking environments

- 3.1 Target Hot Spots, by mapping the locations where disturbance and violence occur, through a co-ordinated approach between appropriate services such as the Gardai, emergency services, the health boards and local alcohol outlets.

- 3.2 Ensure greater enforcement of the laws that prohibit the serving of alcohol to intoxicated customers**.
- 3.3 Restrict alcohol sales promotions that encourage high risk drinking such as free alcohol, below cost sales promotions and 'happy hours'.
- 3.4 Mandate the Responsible Serving of Alcohol programme as a condition of license renewal.

R4. Protect children and reduce pressure on adolescents to drink

- 4.1 Reduce the exposure of children and adolescents to alcohol marketing.
 - a) Limit where alcohol advertisements can be placed: TV, radio, cinema, magazines, schools, youth centres, public transport, public buildings, etc.
 - b) Ensure the content of alcohol advertisements does not appeal to children or adolescents.
 - c) Ban drinks industry sponsorship of children and adolescents' leisure-time activities.
 - d) Set-up a steering group in co-operation with drinks and advertising industries to establish an independent monitoring mechanism to ensure compliance with codes and regulations.
- 4.2 Actively encourage all national sports organisations to promote alcohol-free sporting environments for children and adolescents.
- 4.3 Restrict children at certain times and circumstances from licensed premises, as it exposes them at an early age to a form of alcohol promotion, which is unnecessary, potentially damaging and undermines the aim of better health for children.

R5. Provide information, education and services

- 5.1 Raise awareness of alcohol issues and promote a greater understanding of the importance of public health alcohol policy.
- 5.2 Develop the delivery of information and skills in the school and out of school setting as part of an overall health promoting approach.
- 5.2 Expand the provision of alcohol policy developments for out-of-school settings and develop support mechanisms for the implementation and monitoring of such policies.
- 5.3 Discourage high risk drinking for those who wish to consume alcohol.
- 5.4 Expand appropriate health and social services to provide for people who experience problems as a result of other people's or their own drinking.

R6. Research and Monitor Data

- 6.1 Put in place a systematic data collection procedure for the key harm indicators.
- 6.2 Continue to identify appropriate research to further our understanding of alcohol issues in Ireland.

** Recommended in the Garda Youth Policy Advisory Group Report 2001

APPENDIX 7

Code of Practice

HOUSE RULES

For the safety and security of our patrons and employees, and in accordance with our legal obligations and rights, the following House Rules apply:

1. Intoxicated persons will not be served on these premises.
2. Excessive purchasing of alcohol or binge drinking will not be permitted.
3. Identification documents may be required for non-regulars. The Garda Age Card is the only acceptable proof of age.
4. Management reserve the right to refuse service to people who have caused trouble previously.
5. The management reserve the right to refuse to admit any group of five or more who are non-regulars and not known to bar staff. Groups of five or more that form within the premises may be required without explanation to leave the premises.
6. Neat or appropriate dress is essential at all times.
7. Use of non prescribed drugs or being under the influence of same on these premises is strictly prohibited.
8. Anti-social or threatening behaviour will not be tolerated, including intimidation, arguing, pushing, screaming, shouting, swearing, spilling drinks, causing a nuisance or annoyance to others or being drunk and disorderly.
9. Immoral or indecent conduct or behaviour will not be permitted. Aggressive or rude behaviour is strictly prohibited.
10. Dancing is not permitted unless there is a designated space for this to occur. Where dancing is permitted, drinking and smoking are not allowed on the dance floor.
11. Proper footwear must be worn at all times and in all parts of the premises.
12. Persons under 18, when admitted, must be accompanied by and kept under the strict supervision of a responsible adult at all times.
13. Staff instructions must be adhered to.

This licensed premises supports the principles of equality and the above rules will be exercised in a non-discriminatory manner. Following a caution, failure to comply with any of the above criteria could result in offenders being requested to leave, removed and/or barred from the premises.

APPENDIX 8



Drinking and public consumption of alcohol is prohibited in any public place in this area during the following times:

Summer (1 November - 30 April)

- 8pm Friday to 6am Saturday
- 8pm Saturday to 6am Sunday

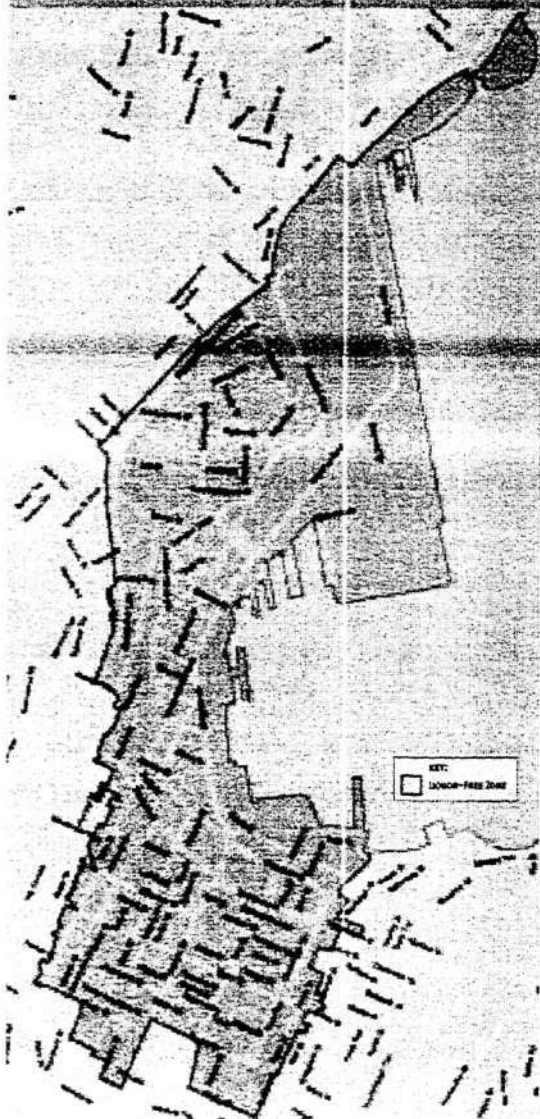
Winter (1 May - 31 October)

- 5pm Friday to 6am Saturday
- 5pm Saturday to 6am Sunday

Any breach of these requirements is an offence under the Local Government Act 2002.

Exception: This prohibition does not apply to liquor being carried in unopened containers from licensed premises to areas outside the liquor-free zone or to private property.

Note: This prohibition may also be extended to notified special events.



For further information contact Wellington City Council on 499 4444.
www.wcc.govt.nz

Absolutely
POSITIVELY
MA HUIKI KI PŌHAKI
WELLINGTON CITY COUNCIL **Wellington**



Drinking and possessing liquor is prohibited in any public place in this area during the following times:

SUMMER (1 November-30 April)

- 8pm Friday to 6am Saturday
- 8pm Saturday to 6am Sunday

WINTER (1 May-31 October)

- 5pm Friday to 6am Saturday
- 5pm Saturday to 6am Sunday

Any breach of these requirements is an offence under the Local Government Act 2002.

Exception: This prohibition does not apply to liquor being carried in unopened containers from licensed premises to areas outside the liquor-free zone or to private property.

Note: This prohibition may also be extended to notified special events.

For further information contact
Wellington City Council on 499 4444.
www.wcc.govt.nz

Absolutely
POSITIVELY
HE HAKI KI PŌHIOE
Wellington
WELLINGTON CITY COUNCIL

New Year's Eve liquor-free areas - Waiheke Island and city centre streets, parks and public places

Printed in City Scene on Sunday 21 December 2003

Auckland City Council hereby gives notice that, under section 709A of the Local Government Act 1974 and section 314 (1) of the Local Government Act 2002, the council has resolved to prohibit the consumption or possession of liquor within the following public places and during the following specified periods detailed below.

City centre streets, parks and public places

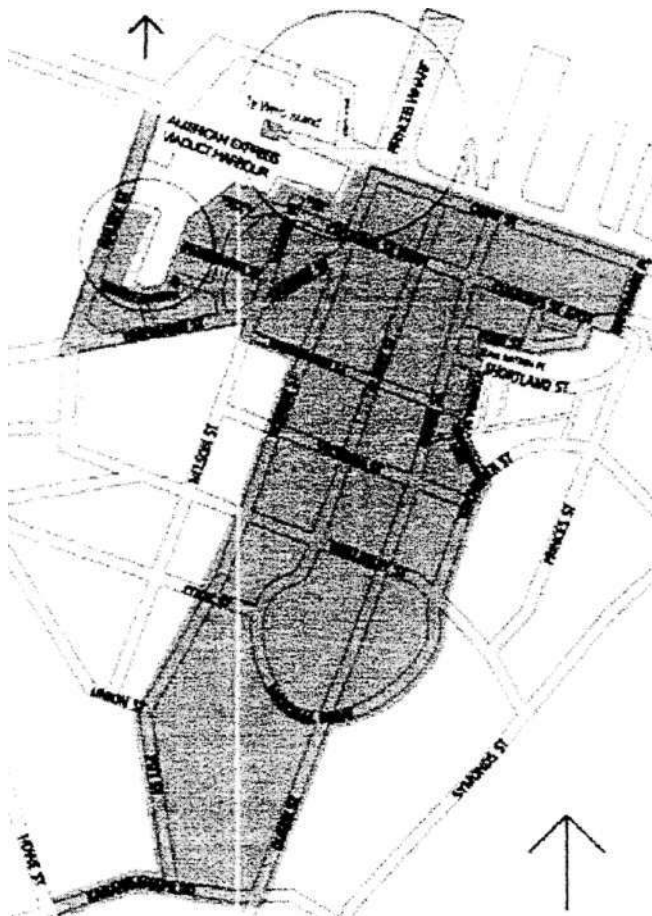
Time and date of liquor prohibition

Between 6pm on Wednesday, 31 December 2003 and 5am on Thursday, 1 January 2004. During this time you cannot bring, carry or drink liquor in any public place within the ban area.

Areas of prohibition

The liquor ban area is outlined in yellow on the map. All streets and public places within the yellow-shaded area are covered by the ban. In addition, in those areas hatched yellow, the property owners have provided the police with authority to remove from the private property, persons who are in possession of, or are drinking alcohol, or are behaving in a way which is not within the bounds of reasonable behaviour. This includes public accessways in the viaduct harbour and along Princes Wharf.

It does not affect licensed premises (including outdoor seating attached to licensed premises) or private property.



Waiheke Island

Time and date of liquor prohibition

Areas of prohibition

During this time you cannot bring, carry or drink liquor in the following reserves and public places:

- the entire length of Onetangi Beach, including foreshore and reserve area adjoining Onetangi Beach
- The Strand between First Avenue and Fourth Avenue, Onetangi
- Third Avenue, Onetangi, from the junction of Waiheke Road to The Strand
- Fourth Avenue, Onetangi, from the junction of Waiheke and Onetangi roads to The Strand
- the entire length, including the foreshore and reserve areas, of Palm Beach, Oneroa Beach, Little Oneroa Beach, Blackpool Beach, Surfdale Beach, Mary Wilson Reserve, Omiha Beach, Sandy Bay Beach and SI Beach and Reserve.

The law allows you to take liquor through public places within the ban area to and from residences and licensed premises, as long as the liquor is promptly removed from public spaces within the ban area.

Powers of the police

It is an offence for you to knowingly disobey the liquor ban. The police can arrest you if you commit an offence against the liquor ban, or if they have reasonable cause to suspect that you have done so. The police can seize liquor connected with an offence.

The police can search vehicles or containers (including bags) to see if they contain liquor, if you do not remove liquor from public places within the ban area after having been given an opportunity to do so.

Offences

You can be fined up to \$500 if convicted.

Definition

In this notice "liquor" means liquor as specified in the Sale of Liquor Act 1989.

Pictured: Liquor-free city centre streets, parks and public places this New Year's Eve.

All-year liquor ban nearer

By Rosaleen Macbrayne

Tauranga and Mt Maunganui will soon have year-round liquor-ban zones in place four days a week to cut down on street disorder and drunkenness.

The zones, which will come into effect on September 5, will give police powers previously confined to a few days at Christmas and New Year to stop, and search people, seize alcohol and arrest offenders.

The Tauranga District Council is following New Plymouth, which was the first local authority to toughen up on liquor-related trouble. Police estimate that since permanent downtown alcohol bans were introduced there in April, violence and misbehaviour by drunk young people has halved.

Local authorities around the country - including Auckland City, which is close to following Tauranga - are moving down the same path.

Although short-term summer holiday liquor bans are widespread, an amendment was needed to the Local Government Act 1974 to bring them in every weekend.

In three weeks, after public notification, Marine Parade and surrounding areas at Mt Maunganui, and The Strand and its environs near Tauranga's waterfront will be liquor-free from noon on Thursdays to 6am on Sundays.

Any infringement could bring a fine of up to \$500.

The successful, long-established 24-hour drink bans from December 26 to January 5, which cover a wider geographical area, will continue.

During public consultation, the Tauranga council received 32 submissions, all in favour of permanent alcohol-free zones. Many called for the measures to apply more broadly and for longer hours - which the council says it will consider if problems occur.

Licensed premises, and their tables and chairs on the footpath fronting a liquor-free zone, will be exempt.

People buying alcohol to take away from the zone need not worry about breaching the ban, and police say only troublemakers will be targeted.

Although no extra resources will be provided to patrol the liquor-free areas, Tauranga police area controller Inspector Murray Lewis said the move would be "very helpful" to his staff.

"We will have a valuable tool in our efforts to maintain law and order."

The public support showed the community was ready for the new legislation and "right behind police and the council," he said.

Mt Maunganui Senior Sergeant Duncan MacLeod, whose staff spend every weekend dealing with assaults, underage drinkers and disorder, said the permanent bans meant police could step in and remove troublemakers before any incidents got out of hand.

NZ Herald - 15 August 2002

APPENDIX 9

Appendix

EU Council Recommendation of 5 June 2001 on the drinking of alcohol by young people, in particular children and adolescents

Official Journal L 161 ,16/06/2001 P. 0038 - 0041 (2001/458/EC)

THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty establishing the European Community, and in particular Article 152(4), second subparagraph thereof,

Having regard to the proposal from the Commission,

Having regard to the opinion of the European Parliament(1),

Whereas:

- (1) In accordance with point (p) of Article 3(1) of the Treaty, the activities of the Community shall include a contribution to the attainment of a high level of health protection.
- (2) In accordance with Article 152 of the Treaty, a high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities.
- (3) Health education and information are expressly mentioned in Article 152 of the Treaty, and constitute a priority for Community action in public health.
- (4) The Resolution on alcohol abuse, adopted by the Council and the representatives of the Governments of the Member States, meeting within the Council on 29 May 1986(2), states that the increase in alcohol abuse is causing serious concern for public health and social welfare, that the production, sale and distribution of alcoholic beverages is an important factor in the economy of most Member States, that, at European level, a joint initiative is advisable in the field of prevention of alcohol abuse, and that the Commission in weighing carefully the interests involved, shall conduct a balanced policy to this end, and, where necessary, submit proposals to the Council.
- (5) In the Communication from the Commission on the health strategy of the European Community and the proposal for a Decision of the European Parliament and the Council adopting a programme for action in the field of public health (2001 to 2006), alcohol is one of the areas mentioned in which particular measures and actions could be undertaken(3).
- (6) The present recommendation represents a first step towards the development of a more comprehensive approach across the Community (as embodied in the Council's conclusions of 5 June 2001 on a Community strategy to reduce alcohol-related harm).
- (7) One of the objectives of the programme of community Action on health promotion, information, education and training (European Parliament and Council Decision No 645/96/EC(4) is the promotion of examination, assessment and exchange of experience and support for actions concerning measures to prevent alcohol abuse and the health and social consequences thereof. This Programme thus offers a basis for the follow-up and monitoring of the proposed measures.
- (8) Within the programme of Community action on health monitoring (European Parliament and Council Decision No 1400/97/EC)(5) one of the areas in which health indicators may be established is alcohol consumption. This may be particularly helpful to support the implementation of the proposed measures.
- (9) Under the programme of Community action on injury prevention (European Parliament and Council Decision No 372/1999/EC)(6) account will be taken of injury associated with

alcohol abuse as part of the actions undertaken, which could be useful to support the collection of data needed for the implementation of the proposed measures.

- (10) In the communication from the Commission "entitled Priorities in EU road safety"(7) drinking and driving is identified as one of the top priorities where concerted action could reduce the significant death toll on EU roads. The Council in its conclusions of 5 April 2001 took note of the Commission's recommendation concerning maximum permitted blood alcohol content for drivers of motorised vehicles, which specifically identifies the problem of young drivers and riders, and encouraged Member States to consider carefully all the proposed measures.
- (11) Directive 2000/13/EC(8) of the European Parliament and of the Council on the approximation of the laws of the Member States relating to the labelling, presentation and advertising of foodstuffs provides for the further determination of rules on the listing of the ingredients on labels of alcoholic beverages. This measure had been proposed by the Commission because, inter alia, more and more alcoholic beverages whose composition and presentation are geared to sales to young people had come onto the market in recent years. It is important that young people should be able, using the information presented on the products, to know what they are drinking. Moreover, common legislation on the labelling of alcoholic beverages is essential for the expansion and preservation of the internal market in these products.
- (12) According to Article 15 of Council Directive 89/552/EEC on the coordination of certain provisions laid down by law, regulation or administrative action in Member States concerning the pursuit of television broadcasting activities, as amended by Council Directive 97/36/EC(9), television advertising for alcoholic beverages shall comply with a set of criteria, with a specific reference to the protection of minors.
- (13) In implementing the recommended measures, it must be kept in mind that restrictions to cross-border commercial communication services must be compatible with Article 49 of the Treaty and must therefore be proportional to the general interest objectives they pursue such as the protection of public health and consumers.
- (14) It has to be noted that any decision to remove offending products emanating from another Member State is subject to Decision 3052/95/EC(10) establishing a procedure for the exchange of information on national measures derogating from the principle of the free movement of goods within the Community. It must be notified and its proportionality justified to the Commission as required by that Decision.
- (15) Without prejudice to any national legislation or measures, producers and retailers should be urged to establish or enforce self-regulatory controls over, and to agree on standards for, all forms of promotion, marketing and retailing of alcoholic beverages, irrespective of the medium used, in the framework of codes of conduct.
- (16) Self-regulation of advertising for alcoholic beverages, which has the support of the relevant interested parties, such as producers, advertisers and media and which is already working in a number of Member States, often in close cooperation with governments and non-governmental organisations, can play an important role with regard to the protection of children and adolescents from alcohol related-harm. Youth organisations could also make an important contribution in this context.
- (17) There is statistical evidence in some Member States of changes in the drinking patterns amongst adolescents which are of particular concern, namely: an increase in binge drinking and heavy drinking among minors, a trend towards significant, unsupervised consumption of alcohol outside the family environment at an earlier stage, an increasing consumption by young girls in some Member States, and a trend to consume alcohol in combination with other drugs. The available information needs, however, to be further developed.
- (18) There is a clear need in the Community for improved research as to the causes, the nature and the scale of the problems, caused by the drinking of alcohol by young people, in particular children and adolescents, through, inter alia, more extensive and consistent data collection.

- (19) In accordance with Article 5 of the Treaty, efforts to achieve the objective of a contribution by the Community towards ensuring a high level of health protection must be undertaken in accordance with the principle of subsidiarity, and in accordance with the principle that Community action shall not go beyond what is necessary to achieve the objectives of the Treaty. The recommended measures must therefore take account of past and current measures implemented in the Member States, and be proportionate to their public health objective.
- (20) A continuous assessment of the measures undertaken should be carried out, with particular regard to their effectiveness and the achievements at both national and Community level,

RECOMMENDS THAT:

- I. In formulating their strategies and taking regulatory or other action appropriate to their individual circumstances, in the framework of a common approach across the Community, with respect to young people and alcohol, and with particular regard to children and adolescents, Member States, with the support as appropriate of the Commission, should:
 1. promote research into all the different aspects of problems associated with alcohol consumption by young people and, in particular, children and adolescents, in order to better identify and evaluate measures to deal with these problems;
 2. ensure that the development, implementation and evaluation of comprehensive health promotion policies and programmes targeted at children, adolescents, their parents, teachers and carers, at local, regional, national and European level, should appropriately include the alcohol issue, with a particular emphasis on settings such as youth organisations, sporting organisations and schools, and taking into account existing experiences for instance the "health-promoting school";
 3. produce and disseminate to interested parties evidence-based information on the factors which motivate young people, in particular children and adolescents, to start drinking;
 4. foster a multisectoral approach to educating young people about alcohol, in order to help prevent the negative consequences of its consumption, involving as appropriate, the education, health and youth services, law enforcement agencies, relevant non-governmental organisations and the media;
 5. support measures to raise awareness of the effects of alcohol drinking, in particular on children and adolescents, and of the consequences for the individual and the society;
 6. increase young people's involvement in youth health-related policies and actions, making full use of the contributions which they can make, especially in the field of information, and encourage specific activities which are initiated, planned, implemented and evaluated by young people;
 7. encourage the production of advisory materials for parents to help them discuss alcohol issues with their children, and promote their dissemination via local networks such as schools, health care services, libraries, community centres as well as via the Internet;
 8. further develop specific initiatives addressed to young people on the dangers of drink-driving, with a specific reference to settings such as leisure and entertainment venues, schools and driving schools;
 9. take action as a matter of priority against the illegal sale of alcohol to under-age consumers and, where appropriate, require a proof of age;
 10. support notably the development of specific approaches on early detection and consequent interventions aimed at preventing young people becoming alcohol-dependent.

II. Member States should, having regard to their different legal, regulatory, or self-regulatory environments, as appropriate:

1. encourage, in cooperation with the producers and the retailers of alcoholic beverages and relevant non-governmental organisations, the establishment of effective mechanisms in the fields of promotion, marketing and retailing;

(a) to ensure that producers do not produce alcoholic beverages specifically targeted at children and adolescents;

(b) to ensure that alcoholic beverages are not designed or promoted to appeal to children and adolescents, and paying particular attention inter alia, to the following elements:

the use of styles (such as characters, motifs or colours) associated with youth culture, featuring children, adolescents, or other young-looking models, in promotion campaigns, allusions to, or images associated with, the consumption of drugs and of other harmful substances, such as tobacco, links with violence or antisocial behaviour, implications of social, sexual or sporting success, encouragement of children and adolescents to drink, including low-price selling to adolescents of alcoholic drinks, advertising during, or sponsorship of, sporting, musical or other special events which a significant number of children and adolescents attend as actors or spectators, advertising in media targeted at children and adolescents or reaching a significant number of children and adolescents, free distribution of alcoholic drinks to children and adolescents, as well as sale or free distribution of products which are used to promote alcoholic drinks and which may appeal in particular to children and adolescents;

(c) to develop, as appropriate, specific training for servers and sales persons with regard to the protection of children and adolescents and with regard to existing licensing restrictions on the sale of alcohol to young people;

(d) to allow manufacturers to get pre-launch advice, in advance of marketing a product or investing in a product, as well as on marketing campaigns before their actual launch;

(e) to ensure that complaints against products which are not being promoted, marketed or retailed in accordance with the principles set out in points (a) and (b) can be effectively handled, and that, if appropriate, such products can be removed from sale and the relevant inappropriate marketing or promotional practices can be brought to an end;

2. urge the representative producer and trade organisations of alcoholic beverages to commit themselves to observe the principles described above.

III. The Member States, with a view to contributing to the follow-up of this recommendation at Community level, and acting as appropriate in the context of the programme of action in the field of public health, should report, on request to the Commission on the implementation of the recommended measures,

INVITES THE COMMISSION IN COOPERATION WITH MEMBER STATES:

1. to support the Member States in their efforts to implement these recommendations, especially by collecting and providing relevant comparable data, and by facilitating the exchange of information and best practices;
2. to promote further research at Community level into the attitudes and motivations of young people, in particular children and adolescents, in regard of alcohol consumption and monitoring of ongoing developments;
3. to follow-up, assess and monitor the developments and measures undertaken in the Member States and at Community level, and to ensure in this context a continuous, constructive and structured dialogue with all interested parties;
4. to report on the implementation of the proposed measures, on the basis of the information provided by Member States, no later than the end of the fourth year after the date of adoption of this recommendation and then regularly thereafter, to consider the extent to which the proposed measures are working effectively, and to consider the need for revision or further action.
5. to make full use of all Community policies, particularly of the programme of action in the field of public health, in order to address the matters covered in this recommendation.

Done at Luxembourg, 5 June 2001.

*For the Council
The President
L Engqvist*

- (1) Opinion given on 16 May 2001.
- (2) OJC 184,23.7.1986, p. 3.
- (3) OJ C 337 E, 28.11.2000, p. 122.
- (4) OJ L 95,16.4.1996, p. 1.
- (5) OJL 193,22.7.1997, p. 1.
- (6) OJL 46,20.2.1999, p. 1.
- (7) OJL 43,14.2.2001, p. 31.
- (8) OJL 109,6.5.2000, p. 29.
- (9) OJL 202, 30.7.1997, p. 60.
- (10) OJ L 321,30.12.1995, p. 1.

APPENDIX 10

Members of the Joint Committee on Health and Children

Deputies:

Jerry Cowley (Ind)
Beverly Flynn (Ind)
Jimmy Devins (FF)(Government Convenor)
Dermot Fitzpatrick (FF)
John Gormley (GP)
Liz McManus (Lab)
Olivia Mitchell (FG)
John Moloney (FF) (Vice-Chair)
Dan Neville (FG) (Opposition Convenor)
Bart O'Keeffe (FF) (Chairman)
Fiona O'Malley (PD)

Senators:

Geraldine Feeney (FF)
Frank Feighan (FG)
Camillus Glynn (FF)
Mary Henry (Ind)

Chairman:

Mr Batt O'Keeffe (FF)

Clerk:

Ms. Tara Wharton

Deputy Beverly Flynn replaced Deputy John Cregan by an order passed in the Dail on the 8th April 2003.

Members of the Sub-Committee on Misuse of Alcohol
Among Young People

Deputies: Batt O'Keeffe (FF)
Fiona O'Malley (PD)
Deputy Jerry Cowley (IND)

Senators: Mary Henry (Ind)
Geraldine Feeney (FF)
Frank Feighan (FG)

Chairman: Batt O'Keeffe

Clerk: Ms. Tara Wharton

APPENDIX 11

Orders of Reference

Dail Eireann on 16 October 2002 *ordered*'.

- "(1) (a) That a Select Committee, which shall be called the Select Committee on Health and Children consisting of 11 members of Dail Eireann (of whom 4 shall constitute a quorum), be appointed to consider -
- (i) such Bills the statute law in respect of which is dealt with by the Department of Health and Children;
 - (ii) such Estimates for Public Services within the aegis of the Department of Health and Children; and
 - (iii) such proposals contained in any motion, including any motion within the meaning of Standing Order 157 concerning the approval by the Dail of international agreements involving a charge on public funds,
- as shall be referred to it by Dail Eireann from time to time.
- (b) For the purpose of its consideration of Bills and proposals under paragraphs (1)(a)(i) and (1)(a)(iii),^{me} Select Committee shall have the powers defined in Standing Order 81(1), (2) and (3).
- (c) For the avoidance of doubt, by virtue of his or her *ex officio* membership of the Select Committee in accordance with Standing Order 90(1), the Minister for Health and Children (or a Minister or Minister of State nominated in his or her stead) shall be entitled to vote.
- (2) (a) The Select Committee shall be joined with a Select Committee to be appointed by Seanad Eireann to form the Joint Committee on Health and Children to consider -
- (i) such public affairs administered by the Department of Health and Children as it may select, including, in respect of Government policy, bodies under the aegis of that Department;
 - (ii) such matters of policy for which the Minister for Health and Children is officially responsible as it may select;
 - (iii) such related policy issues as it may select concerning bodies which are partly or wholly funded by the State or which are established or appointed by Members of the Government or by the Oireachtas;
 - (iv) such Statutory Instruments made by the Minister for Health and Children and laid before both Houses of the Oireachtas as it may select;
 - (v) such proposals for EU legislation and related policy issues as may be referred to it from time to time, in accordance with Standing Order 81(4);

- (vi) the strategy statement laid before each House of the Oireachtas by the Minister for Health and Children pursuant to section 5(2) of the Public Service Management Act, 1997, and the Joint Committee shall be so authorised for the purposes of section 10 of that Act;
- (vii) such annual reports or annual reports and accounts, required by law and laid before either or both Houses of the Oireachtas, of bodies specified in paragraphs 2(a)(i) and (iii), and the overall operational results, statements of strategy and corporate plans of these bodies, as it may select;

Provided that the Joint Committee shall not, at any time, consider any matter relating to such a body which is, which has been, or which is, at that time, proposed to be considered by the Committee of Public Accounts pursuant to the Orders of Reference of that Committee and/or the Comptroller and Auditor General (Amendment) Act, 1993;

Provided further that the Joint Committee shall refrain from inquiring into in public session, or publishing confidential information regarding, any such matter if so requested either by the body or by the Minister for Health and Children; and

- (viii) such other matters as may be jointly referred to it from time to time by both Houses of the Oireachtas,

and shall report thereon to both Houses of the Oireachtas.

- (b) The quorum of the Joint Committee shall be five, of whom at least one shall be a member of Dail Eireann and one a member of Seanad Eireann.
 - (c) The Joint Committee shall have the powers defined in Standing Order 81(1) to (9) inclusive.
- (3) The Chairman of the Joint Committee, who shall be a member of Dail Eireann, shall also be Chairman of the Select Committee."

Seanad Eireann on 17 October 2002 ordered:

"(1) (a) That a Select Committee consisting of 4 members of Seanad Eireann shall be appointed to be joined with a Select Committee of Dail Eireann to form the Joint Committee on Health and Children to consider -

- (i) such public affairs administered by the Department of Health and Children as it may select, including, in respect of Government policy, bodies under the aegis of that Department;
- (ii) such matters of policy for which the Minister for Health and Children is officially responsible as it may select;
- (iii) such related policy issues as it may select concerning bodies which are partly or wholly funded by the State or which are established or appointed by Members of the Government or by the Oireachtas;

- (iv) such Statutory Instruments made by the Minister for Health and Children and laid before both Houses of the Oireachtas as it may select;
- (v) such proposals for EU legislation and related policy issues as may be referred to it from time to time, in accordance with Standing Order 65(4);
- (vi) the strategy statement laid before each House of the Oireachtas by the Minister for Health and Children pursuant to section 5(2) of the Public Service Management Act, 1997, and the Joint Committee shall be so authorised for the purposes of section 10 of that Act;

such annual reports or annual reports and accounts, required by law and laid before both Houses of the Oireachtas, of bodies specified in paragraphs 1(a)(i) and (iii), and the overall operational results, statements of strategy and corporate plans of these bodies as it may select provided that the Joint Committee shall not, at any time, consider any matter relating to such a body which is, which has been, or which is, at that time, proposed to be considered by the Committee of Public Accounts pursuant to the Orders of Reference of that Committee and/or the Comptroller and Auditor General (Amendment) Act, 1993;

provided that the Joint Committee shall not, at any time, consider any matter relating to such a body which is, which has been, or which is, at that time, proposed to be considered by the Committee of Public Accounts pursuant to the Orders of Reference of that Committee and/or the Comptroller and Auditor General (Amendment) Act, 1993;

Provided further that the Joint Committee shall refrain from inquiring into in public session, or publishing confidential information regarding, any such matter if so requested either by the body or by the Minister for Health and Children;

and

- (viii) such other matters as may be jointly referred to it from time to time by both Houses of the Oireachtas,

and shall report thereon to both Houses of the Oireachtas.

The quorum of the Joint Committee shall be five, of whom at least one shall be a member of Dail Eireann and one a member of Seanad Eireann.

The Joint Committee shall have the powers defined in Standing Order 65(1) to (9) inclusive.

The Chairman of the Joint Committee shall be a member of Dail Eireann."

Joint Committee on Health and Children.

Order establishing Sub-Committee on Alcohol Misuse by Young People.

Ordered on 10 July:-

That-

- a) a Sub-Committee (to be called the Sub-Committee on Alcohol Misuse by Young People) be established to consider such matters as it may think fit arising from a series of meetings held by the Joint Committee on Health and Children on the issue of Alcohol Misuse by Young People and to report to the Joint Committee thereon.
- b) the Sub-Committee shall consist of 5 members of whom 2 shall be Members of Dail Eireann and 3 shall be members of Seanad Eireann;
- c) the quorum of the Sub-Committee shall be four, of whom 1 at least shall be a member of Dail Eireann and 1 a member of Seanad Eireann; the quorum shall be present for all meetings of **the Sub-Committee;**
 - (c) (i) in the event of a member of the Sub-Committee being absent from any meeting or part thereof where evidence is heard, which is controversial on the facts, that member shall refrain from expressing opinion or in any way make judgement upon any aspect of that evidence or related evidence;
- d) in relation to the matter specifically referred to it in paragraph a) above, the Sub-Committee shall have those functions of the Joint Committee which are set out in paragraphs 2(a)(i) to 2(a)(iii) (Dail) and in paragraphs 1 (a)(i) to 1(a)(iii) (Seanad) of the Joint Committee's Orders of Reference; and
- e) the Sub-Committee shall have all the powers of the main Committee, namely, those contained in Standing Order 81(1), (2) and (4) to (9) (Dail) and in Standing Order 65(1), (2) and (4) to (9) (Seanad) and the power to send for persons, papers and records as defined in Standing Order 83 (Dail) and in Standing Order 68 (Seanad): provided that exercise of the powers to publish and print evidence and to travel and to engage consultants shall in each case, be subject to the approval of the Joint Committee

APPENDIX 12

Submission by the Health Promotion Unit to the Joint Committee on Health and Children.

Subject: Alcohol Use and Abuse among Young People

Thursday 23rd January 2003

Introduction

The Health Promotion Unit (HPU) welcomes this opportunity to make a presentation on this important subject to the Joint Committee on Health and Children. I would like to set out the context in which the HPU approaches the issue of Alcohol and Young People, recent consumption trends and patterns, the research available, an outline of harm indicators, some of the initiatives undertaken by the HPU and an indication of future action in this area. For the purposes of this submission the Health Promotion Unit has adopted the World Health Organisation definition of young people as those aged 25 and younger (young adults as those aged 18-25).

Background

The Health Promotion Unit of the Department of Health and Children was established in 1988, when it replaced the Health Education Bureau. The HPU has a dual remit:

- A policy formulation function concerned with strategic planning, priority setting, research and evaluation and the development of a multi-sectoral approach to health promotion issues at national and local level.
- And an executive function concerned with raising awareness of lifestyle issues through multi-media awareness campaigns and the development of materials for the public.

National Alcohol Policy

The National Alcohol Policy was published in 1996 with the overall aim of reducing the level of alcohol-related problems and promoting moderation for those who wish to drink.

In addition, Ireland, as a Member of the WHO European region, has endorsed the European Charter on Alcohol, the European Alcohol Action Plan, and the Declaration on Young People and Alcohol. These documents have provided ethical principles and goals for advancing alcohol policy and a template of strategies for alcohol action. Ireland has also adopted the EU Council Recommendation on the drinking of alcohol by young people, in particular children and adolescents. The approach taken by the HPU concerning alcohol related matters is guided by the principles outlined in these publications.

Alcohol Consumption

In the last decade, Ireland has had the highest increase in alcohol consumption among EU countries. Between 1989 and 2001, alcohol consumption per capita in Ireland increased by 49% while ten of the European Union Member States showed a decrease and three other countries showed a modest increase during the same period. In 2001 Ireland ranked second highest after Luxembourg for alcohol consumption with a rate of 11.4 litres of pure alcohol per capita. The EU average is approximately 9.1 litres per capita.

It is against this backdrop of rising consumption that underage drinking must be viewed. International research has demonstrated that young peoples' beliefs about the effects of alcohol and the desirability of those effects are acquired through observation, vicarious learning, and assimilation of cultural stereotypes and are present in children before personal experience with alcohol begins. It is to be expected therefore that the increase in alcohol consumption in society in general would be mirrored by an increase in underage drinking and surveys confirm this pattern.

Drinking Patterns

Drinking patterns have been influenced by changing lifestyles and expectations, more disposable income and a strong focus on consumerism has ensured a dynamic relationship between market place and consumer. Young adults (18-25 year olds) are more likely to engage in binge drinking (5 or more drinks in a row for female; 7 or more in a row for male) when they drink, but drink less frequently than older age groups. The pattern of drinking is also significant in that acute problems such as trips and falls, alcohol poisoning, incidents of unintentional sex, public order offences etc tend to occur when individuals drink to excess on a single occasion.

Availability

It is internationally recognised that the key strategy areas that help to prevent and minimise alcohol related harm are concerned with regulating availability and providing deterrence. If alcohol becomes more accessible and available, it is reasonable to assume that those underage will have easier access to alcohol.

Research on young people and alcohol

Many children and adolescents experiment with alcohol, with rates of experimentation increasing steadily with age. The Health Behaviour in School-Aged Children (HBSC) survey showed that over half of Ireland's young people begin experimenting with alcohol before the age of 12. In the younger age groups about one in five of the 12-14 boys are current drinkers.

The results of the European Schools Survey Project on Alcohol and other Drugs 1999 (ESPAD) showed that by the time young Irish people reach the 15-16 age group, half of girls and two-thirds of boys are current drinkers. Some of these young drinkers are consuming large quantities of alcohol. Of particular concern is the level of binge drinking and drunkenness. One-third of the 15/16 age group reported binge drinking 3 or more times in the last month and one-quarter reported having been drunk 3 or more times in the last month.

Both the age and pattern of drinking are important. Research shows that young people who begin drinking before the age of 15 are four times more likely to develop alcohol problems than those who begin drinking at age 21.

Harm Indicators

The adverse effects of alcohol extend beyond physical health issues to mental, social and financial problems. There is a continuum of problems, which can affect everyone across the community. These problems range from a once off problem (fall, accident, fight, unprotected sex, violence) to a recurring problem (poor school/work performance, financial hardship, relationship difficulties), chronic illness (cancer, liver damage) and to a sustained dependence (alcoholic disorder). Some of these problems, especially the acute problems, arise where the light or moderate drinker drinks to excess on a single drinking occasion, while others result from regular heavy drinking over a longer period of time. Therefore drinking patterns can have an important influence on the level and extent of alcohol related harm in young people and indeed across the whole population.

The following table shows the increase in public order offences. -

Year	Public Order Offences & Assaults (Adult)	Public Order Offences & Assaults (Juvenile)
2000	48,682	3,846
2001	55,617	6,375

Drink driving arrests have increased also from 10,433 in 2000 to 12,841 in 2001. And while overall there has been a decrease in the number of people killed on the roads over the last 5 years, the percentage of those who have died in the time period most associated with drink driving (9pm - 4am) has increased.

Alcohol abuse is a significant risk factor in suicide and compounds other factors in suicide. There has been a sharp increase in male suicides especially among 15-29 age group and overall it is the biggest cause of death for men aged 15-35 years.

During the last decade the increase in alcohol consumption mirrors incidents in alcohol poisoning, dependency, cancer and cirrhosis.

Irish research studies continue to show the significant role alcohol plays in acute harm in relation to young people. In the Western Health Board region, over a one year

period, 18 teenagers aged 14-17 years were treated in the Accident and Emergency departments for alcohol overdose and 239 adolescents were treated by General Practitioners for alcohol problems.

As reported in the Survey of Lifestyle, Attitudes and Nutrition (SLAN survey), young adults (18-25) were more likely to report experiencing negative consequences of someone else's drinking such as verbal abuse, being a passenger with a driver who had drunk alcohol and been hit or assaulted than were their older counterparts.

Personal and social problems have also been experienced by young people as a result of their own alcohol use. Poor school performance, accidents, relationship problems and delinquency problems have been reported by Irish 15/16 year olds as a result of their drinking.

The link between alcohol use, unintentional and unprotected sex has been well documented internationally. A major Irish research project on crisis pregnancy identified alcohol as one of the factors that contributed to the incidents of unwanted pregnancies where drinking resulted in the non-use of condoms, thus increasing risk. A study among school-going Irish teenagers, reported that 35% of the sexually active respondents said that alcohol was an influencing factor for them engaging in sex.

Unprotected sex gives rise to increased risk of sexually transmitted infections (STI). Among a group of 32 teenage girls attending a sexually transmitted disease clinic, nearly half reported that they had unprotected intercourse on at least one occasion when drunk. During the last decade sexually transmitted infections have increased by 165% in Ireland. In 2000 there were approximately 8,900 STI's recorded.

Excessive drinking increases the risk of drunkenness, fights, assaults and violence. Alcohol-related offences in adults have increased in recent years and this has been replicated by an increase in juveniles offences. Of particular concern is the increase in 'intoxication in public places' among teenagers which increased by 370% since 1996.

Cost of Alcohol Related Problems

A paper commissioned as part of the European Comparative Alcohol Study (EC AS) estimated that alcohol related problems costs Irish society approximately Euro 2.4 billion (£1.9 billion) per year. These include costs such as healthcare, road accidents, transfer payments, alcohol related crime and lost productivity.

Health Promotion Unit Initiatives

In response to these problems posed by alcohol use and abuse the HPU has initiated a wide range of multi-sectoral actions. These include partnerships between the Health Promotion Unit and bodies such the Department of Education and Science, third-level institutions, non-governmental organisations and the Drinks Industry Group.

- ***College setting***

In response to a growing concern about alcohol promotion practices on campus, high risk drinking among students and its impact on student academic achievement and student attrition, the HPU devised *A framework for the development of a college alcohol policy* in association with the Heads of Colleges and USI. The framework provides guidelines for a comprehensive approach which include measures on controlling promotion, sponsorship and marketing. The aim of the guidelines is to limit harm in the drinking environment, increase awareness and education, encourage alternatives and choices and provide campus support services. Each third level institution can adopt the guidelines to reflect the needs and aspirations of their own campus environment.

- ***Youth sector***

The National Youth Council of Ireland, with support from the Health Promotion Unit, initiated a national project which provided opportunities for young people (14-16 years) to explore their relationship with alcohol. The process culminated in the development of resource materials for youth leaders working with young people in the non-formal sector. *Its your Choice* illustrates creative ways of working with young people on alcohol awareness using arts and media based techniques. Training is provided for youth leaders to ensure the implementation of this initiative.

- ***Schools setting***

The settings approach, as outlined in the Health Promotion Strategy, means combining healthy policies, in a healthy environment with complementary education programmes and initiatives. The development of the national curriculum in health education (**Social, Personal and Health Education - SPHE**), the promotion of policies on alcohol and drugs, the greater involvement of parents and communities under the health promoting school concept, ensures a comprehensive and effective long-term approach in education. Training and resource development continue to be an integral part of policy. The Departments of Health and Children, Education and Science and the Regional Health Boards are key players in these initiatives. Of the 750 post-primary schools, 570 have engaged with the Post Primary Support Service for SPHE. By September 2003, all schools must make provision for SPHE on the school curriculum.

- ***Drinks Trade***

The Responsible Serving of Alcohol (RSA) programme is a training initiative, which was developed specifically for those who work in the bar trade and hospitality sector. It was devised and developed by the HPU in partnership with the Drinks Industry Group. The aim of the programme is to limit harm in the drinking environment by not serving to intoxicated customers, encouraging the use of age cards to prevent underage people from being served and promoting alternative strategies to reduce drink driving.

- ***Alcohol Awareness Campaign***

The Health Promotion Unit is also currently running an **alcohol awareness campaign** entitled *Think Before You Drink - Less is More*.

The initial aim of the campaign was to raise awareness of alcohol-related issues and problems as a public health issue, to highlight results of recent research findings which demonstrated the extent of such problems and to raise these issues for public debate.

The first phase of the campaign emphasised that alcohol involved choices for the individual and that there were benefits in not depending on alcohol for a good time. Phase two of the campaign targeted those who buy/supply/sell alcohol to under-age drinkers. It consisted of radio advertisements and posters which were displayed in approximately 12,000 pubs, off-licenses and retail outlets where alcohol is sold. The emphasis was that everyone should play their part by not making alcohol accessible to young people.

Another initiative involved the printing of sensible drinking advice on airline ticket wallets, which were circulated by the Health Promotion Unit to holiday makers via travel agents. These coincided with the summer holiday season and exam results and reinforced the message of having a great time, rather than being too out of it to really "experience" the moment.

The latest phase of the campaign specifically targets the 18 - 29 year old binge drinker in the settings of colleges, communities and the workplace. A national advertising campaign on television and radio highlights the concept of excess. The Health Promotion Unit has also developed information materials to help spread the key messages of the campaign. These include a booklet (in production), a wall calendar, posters, post-its, pens and pocket calendars.

- ***Strategic Task Force on Alcohol***

The Commission on Liquor Licensing (C.L.L.), established by the Minister for Justice, Equality and Law Reform in November 2000 to review the Liquor Licensing system in Ireland, recommended in its Interim Report in May 2001 the establishment of a task force by the Department of Health and Children to bring forward recommendations on specific, evidence-based measures to prevent and reduce alcohol related harm.

The Minister for Health and Children established a **Strategic Task Force on Alcohol** in January 2002. The Task Force published a report in May 2002. This report recommended measures in six key areas for immediate action. The main thrust was to protect health and public safety as well as creating an environment that helps people to make healthy choices. Key areas included protecting children and reducing pressure on adolescents to drink, preventing and limiting harm in the drinking environment and preventing alcohol related road accidents and deaths.

A memorandum relating to the recommendations of the Task Force has been discussed and agreed by Government. The Minister for Health and Children will now establish an inter-Departmental group to progress the recommendations of the Task Force and to co-ordinate responses to the recommendations.

- RESEARCH

The HPU have also commissioned a number of research projects on alcohol related matters.

Impact of Alcohol Advertising on Young People

The Unit commissioned a survey to examine the impact of alcohol advertising on teenagers. The findings indicate that alcohol advertising has a strong attraction for teenagers, as it portrays lifestyles and images which are part of their social setting.

Accident and Emergency Department—Alcohol and Injuries Study

International research has repeatedly demonstrated the involvement of alcohol in injuries. A pilot study carried out in the Mater Hospital in 2001 by Dr. John Sheehan, Consultant in Liaison Psychiatry showed that **alcohol was a contributory factor for one in four patients attending the A&E Department.**

The study is now being expanded and will be conducted in **five major hospitals;** the Mater Misericordiae, St. Vincent's University Hospital Dublin, Cork University Hospital, University College Hospital - Galway and Waterford Regional Hospital. It will follow a WHO protocol in line with eight other countries.

In addition to measuring the proportion of alcohol related attendances in A & E the study will provide information on the patterns of alcohol injuries and the context in which drinking had taken place. The study will take approximately one year to complete.

Attitudes to Alcohol Policies

The Health Promotion Unit commissioned a national survey in August 2002 to evaluate attitudes to alcohol and towards changes in alcohol policy. The findings show there was strong support for policy measures to protect children (no children in pubs after 7pm, limit alcohol advertising/sponsorship), to reduce drinking and driving (RBT, Lower BAC) and to limit harm in the drinking environment (enforce law to prevent drunkenness).

Irish College of General Practitioners (ICGP) Alcohol Aware Practice Project

The Health Promotion Unit has provided funding to the ICGP for an Alcohol Aware Practice Project. This study is being implemented at present and results should be available this year. The main aim of the project is to assist the G.P. to help patients with alcohol problems more effectively. Other aims include:

- the involvement of the GP and all practice staff in brief intervention and referral
- to randomly screen patients for alcohol problems
- to categorise patients as low risk or no risk, hazardous and harmful/and dependent
- to familiarize GPs with A.U.D.I.T. Questionnaire
- to create a greater awareness about alcohol problems in General Practice.

Lifestyle Surveys

The repeat of the national lifestyles surveys (SLAN and HBSC) and the new CLAN third level college survey are underway. These surveys will establish current lifestyle habits including those on alcohol and other drug use, physical activity, mental health, eating habits and sexual health.

The surveys will provide evidence to assist and focus on the development of specific Health Promotion initiatives.

Conclusion

The HPU is fully aware and does not under-estimate the extent of alcohol-related problems which exist with young people. The Unit will continue to work in partnership in attempting to address this issue and are confident that further progress can be made through the implementation of the Task Force recommendations.

In conclusion, I would like to thank the committee for giving the Health Promotion Unit the opportunity to make a submission on this important issue and if any clarification is required, we are available to answer questions in the time available to us.

JOINT COMMITTEE on HEALTH and CHILDREN

Presentation by

**Dr. Mary Holohan FRCOG, FRCPL Consultant
Director, Sexual Assault Treatment Unit (SATU), Rotunda Hospital.**

Sixty percent of the female clients seen at the SATU have ingested alcohol. While this background incidence has not increased in the past 10 years nevertheless the pattern of alcohol ingestion by SATU clients has changed markedly since mid 1990's. Spirits are consumed at home before going out. Mixed sex groups of young teens drink in parks - the boys beer and the girls undiluted spirits. The concentration of alcohol in the individual drinks is very high. The alcohol is mixed with stimulant. The median number of units of alcohol remembered by clients is 8 but 20% of the clients in the past 3 years remember ingestion of 12-22 units.

Between 1998 and 2002, there has been an increase from 6% to 27% in the number of cases where the SATU was asked to evaluate the possibility of a sexual crime because of memory loss. It was suggested that these cases were due to the administration of drugs (especially Rohypnol) by the assailant. Toxicology testing has, however, never been positive for Rohypnol in Ireland. The toxicology service have remarked to SATU that levels of alcohol in the samples they test for us are only seen in samples from one other source - the Coroners office.

In the majority of the cases of memory loss, we cannot determine if a sexual incident occurred. Psychological recovery is hampered in this circumstance.

In Irish law, the alleged perpetrator is guilty of rape if intercourse occurs in circumstances where the victim cannot give full consent. This includes significant alcohol consumption. However, the perpetrator is frequently very drunk also and finds himself questioned by the Gardai regarding a crime for which he has no memory.

This is just one aspect of the problem of excessive consumption of alcohol - one that especially affects young girls. Strategies to deal with this issue include

- High media profile of the dangers of alcohol
- Reduction in the profile awarded to drugs such as Rohypnol as having a significant role in facilitating rape in Ireland at present.
- Limitation of advertising of drinks that appeal to young adults
- Rigorous enforcement of the law in relation to alcohol intake under 18 years and sale of alcohol to persons who are already drunk
- Advocacy of responsibility in this area- personal, parental, collegiate and by the licensed vintners.

Alcohol and the Healthcare System: A Personal View

L C Luke, Cork, March 2003

It is a sign of real progress in the crusade against alcohol misuse when an Oireachtas Committee invites consultants from the country's Accident and Emergency (A&E) Departments to offer their views on the issue. However, as an invitee to this consultation, I would like respectfully to suggest that the process could be somewhat shortened if the limitations of medical men and women were recognized in advance. After years of grappling with the consequences of alcohol misuse, I am convinced that doctors are actually part of the problem. Not doctors themselves, perhaps, but their ambivalence about alcohol, their excessive workload and their chronic deficiency of enthusiasm for the subject ("too long suffering can make a stone of the heart", Yeats might have explained!).

Recent experience in hospitals in Liverpool and London has shown that doctors *can* make a difference by countering the therapeutic nihilism surrounding the 12-30% or so of A&E Department attendances that may be alcohol-related. Unfortunately, many studies highlight doctors' reluctance to get involved. So what might work? First, a radical and visionary strategy to effect a reduction in alcohol consumption (happily, this seems to be in evolution). Second, the sort of brilliant satire with which, among others, the *Après Match* crew in Dublin or John Godber (whose comedy *Bouncers* has been adapted for Cork nightlife) have so effectively treated our incontinent appetites. And third - arguably the most challenging as we return to economic uncertainty - Alcohol Specialist Nurses (ASNs).

These professionals, pioneers over the past half-decade or so, have demonstrated the humility, humour and humanity necessary to entice the embarrassed into treatment and to encourage the weary to treat. Such specialist nurses can take a lead in the healthcare response to alcohol-related problems, co-ordinate an effective response (based on evidence and reliable up-to-date clinical data), educate other front-line colleagues and provide them with the feedback which is crucial to continuous improvement in the response and highlight the opportunities for both prevention of long-term alcoholic organ injury (e.g., brain damage can be prevented by adequate vitamin supplementation in patients admitted to hospital) and rehabilitation (specialist nurses can help to develop effective community and hospital based treatment programmes).

Alcohol misuse is a hallmark of our society. Our politicians, comics and carers may be able to change that. Our physicians alone will not.

L C Luke

Consultant in Accident and Emergency Medicine

Cork University Hospital, Mercy Hospital and South Infirmary- Victoria Hospital,

March 2003

Alcohol and the Healthcare System: A Personal View

L C Luke, Cork, March 2003

How Alcohol Related Cases Present to the Accident and Emergency (A&E) Department

- **Acute Intoxication:** accidents, injury, impaired consciousness
- **Complications of Chronic Alcohol Misuse:** e.g. liver dysfunction, stroke, hypertension
- **Alcohol Withdrawal Syndrome,** e.g. panic disorders, seizures (convulsions), paranoia
- **Third Party Victims of Alcohol Abuse:** e.g. child abuse, assaults and public disorder

How Alcohol Contributes to the A&E Department Workload

>75% of patients attending Manchester A&E Departments after midnight = intoxicated

50-73% of assault victims = alcohol-related

>50% of all serious road crashes

nearly 50% of domestic violence against females = alcohol-related

47% of serious injured patients = alcohol-related

40% of self-poisoning = alcohol-related

30% of pedestrian victims in RTAs; 53% of seriously injured drivers in RTAs

>22% of serious acute orthopaedic admissions = alcohol-related (in Liverpool)

20% of inappropriate ambulance calls = alcohol-related

alcohol = a major factor in recurrent A&E Department visits (> 4 per annum)

Irish Figures

Similar to UK but probably worse with fewer resources (e.g. ASNs, Treatment Services)

Ireland is reportedly second only to Luxembourg in per capita consumption

Irish young people reputedly "drink more than anyone else"

Reportedly 1 in 4 patients in the Mater Hospital A&E Department have alcohol-related problems

In Cork, in February 2003, over 1 in 6 patients attending the A&E Department at the

Mercy Hospital had alcohol-related problems

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Remarks by Pat Barry, Director of Corporate
Affairs, Diageo Ireland to Joint Oireachtas
Committee on Health and Children on behalf of
Drinks Company representatives.

May 15,2003

Chairman, Deputies, Senators,

I would like to thank you for affording us the opportunity to discuss this very important subject with the Committee.

Can I assure you at the outset that as an industry we fully recognise that the abuse of alcohol is now a most serious issue facing society in this country. And, it is one where the industry not only has the very obvious role to play, that is the carrying out of its business in a responsible way.

In addition, however, we believe that it also has an important role to play in developing and implementing programmes and activities which will engage and encourage consumers to adopt a sensible approach to the consumption of the beers, wines and spirits products which we produce.

I would like to emphasise that the companies represented here today all have a long and established presence in Ireland. As such we believe we have conducted our business in a responsible and sensitive way and have always taken seriously the importance of our role within Irish society. Indeed, while we, as individual companies have benefited from the business we have successfully carried on here, we believe too, that in many different ways, we have contributed significantly to both the economic development of the country and also to the community as a whole through the very many activities in which we have and are engaged.

We are proud of the strong portfolio of well-known and premium brands, most of which have been on the Irish market for many years and we intend they will remain so. Of course, our focus is very much on the consumer as the primary reason for being in business and pride ourselves in developing brands that satisfy consumer needs.

I would now like to turn to the issue, which is the focus of attention today, and indeed which has been a particular subject of attention and concern for some time - that is the abuse of alcohol products. In the first instance we would point out that alcohol products have been around for over 3,000 / 4,000 years and I would have to say that the vast majority of people consume products in a sensible and moderate way and enjoy the great pleasure and benefits which these bring. Indeed, I should add that the issue of abuse is not a new phenomenon either. I recently came across a quotation from around 600 BC attributed to the Greek philosopher, Plato expressing views about that very topic.

There certainly have been very dramatic and frightening changes in the manner in which some people now abuse alcohol. We have seen a trend where people, particularly young people, drink, just to get drunk. We hear of the cost to our health services or the impact on a regular basis on accident and emergency units in hospitals. We hear and see the effects of serious binge drinking amongst the young and not so young people, the level of street violence; the drastic effects of drink driving, family violence or the effects of careless sexual activity.

Rightful concerns are expressed also about excessive consumption in a more general sense, which may lead to health difficulties later in life. These are intolerable to us as a society and it is imperative that all of us work together to secure a more balanced approach to the consumption of our products by those who engage in such abuse.

Let me say at this point that those of us present today, representing most of the major suppliers from the drinks industry, are prepared to play a full and proactive part in ensuring a responsible approach by all, young and old, to the consumption of alcohol.

Having said that we have to ask why are we encountering the sort of abuse we are seeing in our society today and I believe that an exploration of some of the factors may also be key to actually trying to find a way of reducing the level of abuse.

We are constantly told that the increase in the levels of overall consumption over the past ten years have put us in the top three countries in terms of consumption in Europe. In fact we should not have been terribly surprised that this occurred. After all our demographics were moving us in that direction because of the young population bulge in the age bracket where most consumption occurs. In fact in that period our population in the 18 to 65 age bracket increased by 28%.

There were other factors too. Our tiger economy helped fuel the consumption pattern also, with greater affluence particularly amongst young people. The disappearance of duty free, the enormous growth in tourism and the increase in those engaged in the workplace were all factors.

Interestingly, if one looks at the levels of consumption in Europe, one finds that there are six or seven other countries (including Spain, Germany and France) all within a few drinks per year of each other in terms of the overall level of consumption. So we're not entirely unusual as a modern society in relation to consumption of alcohol, as some commentators might suggest, although I as I have already pointed out we are witnessing too many of the side effects of excess. Why is this?

And this is a key question and it's one, which has only recently started to be asked in this whole debate. I say this because it's too easy to attribute all the ills of society to alcohol abuse and unfortunately, in adopting this approach we really will not get at the underlying factors which are so relevant in trying to find solutions to the difficulties we are experiencing.

Undoubtedly, a significant level of abuse is driven by the enormous changes which we have witnessed within our society over the past 20 years or so. We have to consider what might have been described as the traditional controlling influences - the likes of parents for example, who are continually having to contend with enormous pressures within the family circle. The huge changes in the levels of influence traditionally held by the likes of the Church, the Gardai, Teachers and authority in general.

Then, we also have to look at the enormous influence which commercial communication, particularly radio and TV has had on us over the past 20 / 30 years. Surely we have to accept that some of the images we see regularly on TV screens and the values (or rather lack of) presented to us are influencing young people on a regular basis. Take this a stage further and one might question the role and influence which technology has to play in influencing the thinking particularly of young people. I recently saw a description of a computer game, which had liberal doses of physical and sexual violence, all part of the challenge to achieve the ultimate goal. We can just ponder at the lasting impression and effect on attitudes, which something like this leaves on the mind of a young impressionable person.

On top of this we have rapidly caught up with the trends and styles of other parts of the world in a very short period of time. An enormous amount of this has been for our benefit but as a society I don't believe we have managed to be sufficiently selective in choosing the influences which impact on us for the better. And with the effect of the so-called global village, it probably is naive of me to suggest that we could have been.

Add this to the pressures which people encounter in their every day lives nowadays - within the family, the workplace (and even getting to and from it!), the influence of the consumer society which we have embraced and the constant anxiety for what might be described as "instant gratification". The effect is that these can drive people, and especially many younger people up to and beyond the normal boundaries.

You will have gathered from this that our society is encountering enormous pressures and what this suggests to me more than ever is that alcohol abuse is more a symptom of some of the difficulties and pressures which people are facing today rather than a cause. I am not suggesting at all that this is always the case but what it indicates is that there is more need than ever to try to tackle it on those terms. Added to this is the frightening impact of illicit drugs on our society and the dilemma faced by those trying to deal with such problems in differentiating between the two or indeed trying to cope with both.

Please don't get me wrong. In making these comments I am not suggesting that stringent efforts should not be undertaken to deal with our major problems of alcohol abuse.

But this effort must be undertaken on a concerted basis and it must be effective and be seen to be so. Right now the noises we see and hear about alcohol abuse pitches different groups against each other. We have the health, legal and competition forces all apparently pulling in different directions. Indeed this was reflected in the recently published report of the Commission on Liquor Licensing where it emphasised the need for the development of a new alcohol strategy with an overall Government approach implemented under the Department of An Taoiseach and involving all relevant Departments. We, in the industry would heartily support such an approach.

It would be fair to say that there are as many theories about how to tackle abuse, as there are variants of drink products.

In the first instance there is a huge need to focus and highlight the role of personal responsibility in the whole area of abuse as well as parental control directed towards solving the issue of underage drinking. The industry is glad to see that more and more the need to direct attention at the area of personal responsibility has been emphasised in recent times. In this area our belief is that there is particular scope to explore innovative and targeted educational approaches. We recognise that they can only form part of an overall approach and won't necessarily solve the problems of today. They will help but most importantly they will set down the groundwork for those in years ahead.

I would have to say that we do have concerns that some of the proposals will not really get at the root of the problem but are more about being seen to be doing something. I would like to touch on just two of these.

One theory regularly put forward is that availability of alcohol products should be reduced by pushing prices upwards through tax - mainly, excise duty on beers, wines and spirits. This is based on the theory that the more drunk overall, the more problems there will be. Control total volume - by price - it is argued, and there will be fewer problems of highly excessive drinking. However we have to bear in mind that we already have one of the highest tax regimes in Europe on beer, wine and spirits. And indeed we should note that as an industry we are already seeing the graph for total consumption move in the opposite direction as demographics and the individual economic pressures are beginning to kick in.

We hear too that the advertising and promotion of alcohol products has had a huge bearing on the increases in consumption particularly amongst young people. We hear of the enormous amounts of money spent on advertising and sponsorship and as a consequence this is put forward as reason for increased consumption and abuse. Our evidence is that the effect of advertising and promotion on overall consumption cannot be easily quantified because most of it is brand advertising and competitive by nature. Advertising or promotion generally involves one company competing against another for a market and for every winner there is also a loser. It certainly tries to make a consumer change his behavior very slightly by just buying a different brand. Indeed there is strong evidence to substantiate this view.

One such view was expressed only a short few years ago by the US National Institute of Alcohol Abuse and Alcoholism in its 10th special Report to the US Congress on Alcohol and Health where it stated *"the overall conclusion drawn from econometric research is that alcohol advertising has little, if any, effect on total levels of alcohol consumption and related problems"*. We must remember too, of course, that advertising and promotion in Ireland is also highly regulated

Having said that I can assure you the industry does take seriously its social responsibilities with regard to the consumption of alcohol and, as I said already it wants to play a full and active part in trying to deal with the issue. We have to remember that the industry is a highly regulated one and all of us involved must on the one hand abide by the laws under which we operate and on the other if we do not, then the law must be effectively enforced.

I should say also that apart from dealing with this problem on a concerted industry basis, individual companies too have their own Corporate Social responsibility programmes, which focus on this key area.

It is fair to say that all companies, for example, have their own comprehensive codes of practice dealing with how they market and promote their products. I know that within companies there are processes in place aimed at ensuring that products and the marketing approaches used do not encourage abuse. Indeed many also either have programmes in place or in development aimed at discouraging abuse.

In saying this, I must state quite emphatically that companies do not in any way target those who are under the legal drinking age through their marketing efforts. We recognise that young people can be exposed to these. This is the case with all forms of marketing communications but the codes fully recognise this and insist that the images and activities should in no way encourage young people to consume or abuse their products.

Overall, the industry has to play a proactive role in this whole area. Indeed, this approach has been in place for many years and the intent is that it will do so in a more intensive way in the future. Interestingly, in the early 80's the industry was heavily involved in developing a self-regulatory approach to advertising and promotion, which in broad terms has served us well since then.

In the late 1980's the Drinks Industry Group established a Social Aspects of Alcohol Committee which developed and implemented programmes aimed at encouraging a more sensible approach to alcohol consumption.

For example it implemented a range of advertising campaigns aimed at drink driving. In addition it was involved in the development of an educational video aimed particularly at young people which highlighted the dangers of drinking and driving.

It developed and implemented, in conjunction with the Department of Health and CERT, a Responsible Server of Alcohol training programme. This has now been developed further and is being rolled out across the retail trade.

More recently it accepted there were some shortcomings in the way the self-regulatory process surrounding alcohol advertising was applied. For example an advertisement which might be in breach of the code of the Advertising Standards Authority of Ireland (ASA) could have appeared for a period of time pending receipt of a complaint, and its consideration and judgement by that body's complaints committee.

In other words the damage an advertisement might be perceived to be doing will be well and truly done while that process was in train.

I am glad to say that through the Association of Advertisers in Ireland and the Institute of Advertising Practitioners in Ireland a new organisation called Central Copy Clearance Ireland (CCCI) has been established to vet all advertising materials prior to publication. This works with advertisers and their agents from concept stage through to finished product to ensure (as much as is feasible) that an advertisement complies with the ASA Code.

All of the drinks companies have agreed to participate (and fund) this new organisation. Most importantly all of the Media Owners - that is Radio, Television, Cinema, Posters and print media have agreed not to accept an advertisement unless it has received the stamp of approval from Central Copy Clearance Ireland. This quite unique approach will, I believe, go a long way towards reducing the incidence of complaint or concern about the content of alcohol advertisements in the future. last year. And, of course, the facility to complain to the ASA still remains.

Finally, over the past two years it became increasingly obvious to us in the industry that because of the increased level of abuse which we are seeing in our Society there was a need to establish a dedicated and independent resource to deal with these issues in a more intensive way.

Consequently the industry took the initiative in establishing the new social responsibility organisation, MEAS which came into being last November. Although funded by the industry it was agreed that this would operate most effectively at arms length and I know that its Chief Executive, Fionnuala Sheehan will amplify this most readily when she addresses you shortly.

In conclusion, Chairman, Deputies and Senators can I say again on behalf of the industry that we appreciate the opportunity to discuss this issue with you today. We trust that following this meeting you will conclude that we do approach our business in a highly responsible way and that we are anxious to work with all parties in trying to deal with this critical issue facing society today.

Thank you

JOINT COMMITTEE ON HEALTH AND CHILDREN

**SUBMISSION ON ALCOHOL CONSUMPTION
AND YOUNG PEOPLE**

MATURE ENJOYMENT OF ALCOHOL IN SOCIETY LIMITED

**Fionnuala Sheehan
Chief Executive Officer**

14 May, 2003

ALCOHOL CONSUMPTION AND YOUNG PEOPLE

Introduction

MEAS is the working title of the organisation I represent. It is the acronym for Mature Enjoyment of Alcohol in Society Limited. Meas, the Irish word for respect, encapsulates a core value of the organisation.....that alcohol must be respected, and when we consume it, we must respect ourselves, and respect others.

MEAS was established in August, 2002 by the principal sectoral stakeholders, as a separate, operationally independent company, with no commercial purpose, to enable more effective and fuller delivery of the drinks industry's social responsibility obligations. The organisation has been operational since January, 2003.

MEAS's vision of Irish society is one which I am sure we all share....a society where alcohol is consumed sensibly, responsibly, and appropriately and where alcohol related harm is minimised.

Alcohol has played a central role in all human cultures since about 4,000BC. It is my personal view that alcohol is neither intrinsically bad nor intrinsically good. It has the potential to be either, however, depending on how it is used. Used in moderation it can contribute to the enjoyment of individuals and benefit society. The opposite occurs when it is abused. And it is the abuse - not the use - of alcohol, which is the cause of great concern in Ireland today.

Background and Context

Against a back-drop of unprecedented economic and social change in this country in the recent past, (the implications of which, I believe, are not yet fully understood) there is evidence of patterns of alcohol consumption which MEAS, and, I believe, all present here share a concern for. Of particular concern is the growth in binge drinking and a culture of drinking to get drunk amongst young people. Also, the increasing consumption of alcohol amongst minors, much of which occurs in unsupervised settings. I acknowledge there is widespread concern about drinks marketing and communication in Ireland, particularly in relation to young people, and I will refer to this issue later on. A final area of concern is, what has been, the cultural acceptance in Ireland of drink driving - though that appears now to be a greater issue amongst those in the older age bracket.

Role of MEAS - General

MEAS's work has a drinks industry, internal focus on the one hand, and a complementary, Government and external agency focus on the other. This reflects our mission which is to:

- Promote and support social responsibility within the drinks industry, and,
- In co-operation with Government and other appropriate bodies, to promote the sensible consumption of alcohol amongst consumers,

in order to reduce alcohol abuse and related harm.

3.2 Corporate social responsibility is not a new phenomenon. Today it is perhaps most evident in the area of environmental protection. In establishing and supporting MEAS, its member companies have, explicitly, signed up to the belief that this implies that they have social obligations to the entire community as well as to customers. (MEAS's Vision, Mission, and Values Statement is attached at Appendix 1). MEAS will:

- promote the highest ethical standards within the drinks industry,
- will not condone any misuse or abuse of alcohol, and
- will support and promote industry social responsibility through the initiatives and actions outlined in Section 4.

The three areas identified by MEAS for particular attention are:

- underage drinking
- The culture of drinking to get drunk, and
- drink driving

4. Initiatives Promoted by MEAS in Support of Industry Social Responsibility and Sensible Consumption of Alcohol

4.1 *Rigorous and comprehensive Statutory and Self Regulatory framework*

4.1.1 MEAS has taken responsibility for the administration of the **Drinks Industry self regulatory Code** which is concerned with the individual alcoholic beverage and the way it is promoted, packaged and served. It is in the process of reviewing and strengthening that Code, in consultation with the industry and other appropriate bodies, to make it as rigorous as possible and relevant to the changing norms and patterns of Irish society. Particular focus is being given to products appealing to young people.

4.1.2 I anticipate incorporation into the Drinks Industry Code of the following:

- (i) Relevant House Rules being finalised by the trade organisations in consultation with the Gardai; and
- (ii) a linkage with the Framework for a College Alcohol Policy document, particularly the section concerned with marketing, promotion and sponsorship.

4.1.3 I anticipate that the revised Code and the **Copy Clearance Company**, (details at Appendix 2) recently established with the support of the advertising industry, and with, I understand, the support of the Minister for Health and Children, will be pillars on which a more effective and rigorous industry self-regulatory system will rest.

4.1.4 Industry sponsorship of sport has attracted considerable attention in recent times. I do not advocate a banning of such sponsorship, yet I have serious concerns about the apparent dependence of clubs and societies around the country on industry sponsorship.

4.1.5 I would like to see the industry fund a programme to train coaches and sporting mentors of young people on the communication of responsible alcohol consumption messages to the minors who hold them in high esteem.

4.2 *Responsible Serving and Trading of Alcohol*

- 4.2.1 With the recent involvement of CERT as coordinator and guarantor of quality - the programme for Responsible Serving of Alcohol (RSA) - which is supported by MEAS and industry organisations and the Department of Health and Children, will be delivered more fully to servers in hotels and clubs, as well as in bars up and down the country. It has been agreed with CERT that the RSA will be incorporated into any new hospitality programmes, and existing programmes when they come up for review. I see the integration of the RSA in hospitality programmes, and the development of additional modes of delivery of elements of the programme, as the most effective short to medium term strategy for equipping servers with the necessary knowledge and ' skills.

The Committee may wish to note that a key component of the RSA is 'How to prevent alcohol sales to under 18s' and 'How to refuse to serve alcohol to intoxicated customers'.

- 4.2.2 A recent development in the off-licensed trade is NOffLA's **Responsible Trading in the Community** programme. Programme accreditation is available to the off-licensee who satisfactorily completes both the knowledge and practical parts of the programme, the latter involving unscheduled checking of the practice to request routinely proof of age.

4.3 *Designated Driver Programme*

- 4.3.1 A Designated Driver Programme, supported by MEAS and industry suppliers of non alcoholic beverages, will be delivered from selected licensed premises later this year, and will complement National Safety Council and Garda initiatives to address drink driving. This programme, modelled on a similar programme launched by the Drinks Industry Group in 2001, will include additional features, e.g. the provision of non alcoholic beverages to designated drivers.

4.4 *Engagement of Young People - especially those in positions of leadership - in the alcohol debate*

AAA I believe it is critically important to engage young people in the debate on alcohol. Hence, MEAS's support of the Union of Students of Ireland in the delivery to their student peers of the first phase of the Respect Alcohol, Respect Yourself messages on the risks they take when they drink excessively.

- 4.4.2 'Respect Alcohol, Respect Yourself highlights the risks run by young people when they drink excessively and features eye-catching posters with various wordplays on the dangers of alcohol abuse Blunt wording warns of accidental injury, short and long term health problems, violence, anti-social behaviour or becoming a victim of crime.

4.5 *Identify Messages, Media and Credible Sources to Communicate with Minors on Alcohol Abuse*

4.5.1 Research is being commissioned by MEAS to identify the messages, media, and credible sources to communicate effectively with minors on the issue of alcohol. Particular care is being taken to ensure that our approach is ethical, that our methodology is sound, and that the output will be as effective as possible. To the best of my knowledge this is the first such exercise conducted in Ireland.

4.6 *Parental Responsibility- Alcohol in Universal Parenting Context*

4.6.1 Parents have the greatest influence over the drinking habits of their children, and that influence begins long before the child begins to use alcohol.

4.6.2 Research tells us that some young people develop healthy attitudes to drinking in spite of all the abuse around them because

- they have healthy self esteem,
- they are able to make decisions,
- they understand that some rules are necessary
- they know something about the value of money
- they are busy with interesting lives
- they come from families who drink in moderation, or, who are open about their problems

4.6.3 MEAS is working with experts to develop resource materials to help parents in relation to these issues, and to show them the linkages with the school based Social, Personal, and Health Education Programme (SPHE). MEAS will seek to work in partnership with relevant groups to develop and locate this initiative within any broader, universal parenting initiatives that may emerge.

4.7 *Information for the Consumer to Support Sensible Drinking in the Context of a Public Information Campaign*

4.7.1 The incorporation of Responsibility Messages on brand packaging and advertising media will be considered by MEAS in collaboration with the industry, as will the incorporation of unit drink information on alcoholic beverage containers. For such initiatives to have value, however, they would need to be located within a broader, Government supported, public information campaign on sensible drinking guidelines and drinking behaviour.

4.8 *A Strategic Context for Sensible Drinking and Call for New Form of Active Partnership*

4.8.1 MEAS believes that sensible drinking can fit into a strategy for healthy living generally, and must be viewed within an overall strategy that views the individual as being * responsible for their health generally and not only for their drinking behaviour.

4.8.2 In order to help the individual in this context, we require a new form of active partnership between the individual, the community within which the individual lives, studies or works, the range of Government Departments which can and should be involved, though in a joined up way, Government, and the Drinks Industry. This

approach is urgently needed if real solutions are to be found. The exercise of greater social responsibility by the drinks industry, while helpful in this regard, will not be a panacea, and will not, on its own secure sensible drinking, nor should Government, communities, or individuals expect it to do so.

Best Practice - Active Partnerships

Drawing from best practice in similar cultural settings, MEAS will actively promote use of successful models of partnership, such as the Manchester City Centre Safe initiative. A clearly articulated, medium term strategic plan has been developed to deliver on the initiative.. A holistic and integrated approach has been adopted and the initiative is supported by active partnerships involving the drinks industry, police, transport providers, and the media. A particularly interesting feature is the incorporation of the social norms approach to modify behaviour.

Need for Balanced Approach

The creation of an environment conducive to sensible drinking must, I believe, balance personal responsibility, industry self-regulation, and Government regulation and enforcement. MEAS will work with the industry to support it in playing its part, and will be a willing partner to Government and other relevant bodies. Initiatives supported by MEAS and the drinks industry have already been outlined.

Key areas within the domain of Government are:

	Recommendation	Rationale
1	The enforcement of existing Licensing laws, including the enforcement of the severe penalties for publicans who knowingly and/or repeatedly serve underage drinkers.	To ensure continued compliance with the law and assist in the controlling of underage drinking.
2	Severe punishment of the underage drinker, or the adults who engage in secondary purchasing of alcohol for minors, or those who develop and use counterfeit identification cards..	To ensure greater personal responsibility, parental responsibility, and to bring greater balance to the weight of legislation.
3	Engagement in promotions of alcohol designed to promote excessive alcohol consumption to be a factor in licence renewal.	To prevent excessive alcohol consumption, particularly among price sensitive customers.
4	The provision of a Public Services Card incorporating age and photo identification to all citizens (MEAS's recent submission to the REACH Unit is attached at Appendix 3).	This is a practical solution to a need for identification required by a wide range of public service providers, as well as the sellers and servers of alcohol.
5	The provision of education and information in a manner that enables all young Irish people to be effective individuals and responsible citizens in the Ireland of the 21 st century.	In addition to the well documented minority groups under-represented in our educational system, there is an emerging minority group, - boys and young men, which was identified recently in a review of the international educational environment. Does this phenomenon contribute to the phenomenon of high suicide amongst young males in Ireland?
6	The availability of attractive alternatives to young people,	To provide young people with choice, beyond the pub and club
7	The availability of quality, community-based, youth-focused recreational facilities. Planners to ensure provision in the planning and refurbishment of estates of such facilities	To postpone age of experimentation with alcohol by minors. To foster community spirit.

	Recommendation	Rationale
8	The availability of after-school, childcare facilities.	To ensure children of primary school-going age are supervised and engaged in enriching activity while parents are working.
9	Specific incentives to be made available to encourage optimisation of existing State resources to improve provision of the aforementioned facilities. One possible source of funding of incentives is the Equal Opportunities Childcare Fund. A good example of how this can be done is the Milford Afterschool Facility, Castletroy, Co. Limerick.	Many State funded facilities (e.g. schools) are utilised sub-optimally.
10	Higher education institutions to be supported in provision of life-skills programme which would be embedded in students' academic programmes. The recommendations of the Commission on Liquor Licensing re. the SPHE Programme are also relevant here.	To assist students in making effectively the transition from second to third level.
11	The appointment of a National Coordinator for a Health Promoting Colleges network.	The number of young people attending higher education in Ireland has tripled in the last 15 years. Health and Counselling services are very poorly resourced, and health promotion, where it exists, is sporadic.
12	Extension of fiscal incentives to encourage on campus accommodation of higher education students.	There is potential synergy here for meeting the need for good affordable accommodation and the need to provide students in their first years away from home with secure, supervised accommodation. 5% of Irish students live in college residents, as compared with 25 % in the United Kingdom.
13	Education of key public servants and personnel, e.g. Gardai, teachers, nurses and doctors in the use and misuse of alcohol	To equip those in contact with young people who may be abusing alcohol.
14	Allow limited discretion to the publican to refuse admission, notwithstanding the provisions of the Equal Status Act, 2000	To assist the publican in the controlling of underage drinking.
15	There is a lack of research based evidence in the following areas - the extent of public order offending and the link between (a) alcohol consumption, (b) illicit drugs, and public disorder, and also the link between presentation to Accident and Emergency Departments and (a) excessive alcohol consumption, (b) illicit drug use, and (c) both.	To support the evidence base, to inform decision making on measures to be undertaken and to evaluate the effectiveness of such measures.
16.	Research is needed into the implications of recent societal change in Ireland, and Irish youth culture.	Ireland has experienced unprecedented economic and social change in the last 15 years - the implications of the social change has been insufficiently researched.
17	Establishment of a representative body to develop a coherent national alcohol policy.	To ensure coherence of policy which affects a wide range of stakeholders.

4.10.3 I return to the role of the individual. Personal responsibility, in particular, appears not to rate in the current discussion of solutions to our alcohol problems. Some of the recommendations above seek to address this area.

4.10.4 It is interesting to note that in a recent survey of key opinion leaders in 8 European countries, including Ireland, that far less blame is attributed to the individual who drinks for the negative impacts of alcohol by Irish Opinion Leaders, than by their equivalents in the other European countries.....Also, it has seemed, that for some time, there was no obvious legal consequence for the individual who was drunk in public in Ireland. I find it disturbing that our criminal system accepts pleas of drunkenness in criminal cases, as either an excuse for crime, or as grounds for mitigation of sentence. This situation, surely, must change.

5. Conclusion

5.1 The problem of alcohol abuse is complex. There is no quick-fix or easy solution.

5.2 It is important that:

- the solutions identified to tackle our alcohol problems are informed by good analysis of our changed society and supported by solid, reliable, data,
- are located within a strategy for healthy living generally,
- involve a comprehensive policy mix
- are implemented in an integrated way via an active partnership between the individual, Government, relevant Government bodies, the community, and the drinks industry, if they are to be effective.

Otherwise, we risk knee jerk responses, of a "window dressing" nature, and will surely fail to find real solutions to this very serious problem.

5.3 In conclusion, Chairman, Deputies and Senators,! would like to thank you for the opportunity to introduce MEAS to you, to discuss this most important issue of alcohol consumption and young people, to outline some initiatives underway, and suggested actions to contribute to the solution.



The Licensed Vintners Association

Submission to

Joint Committee on Health and Children

on

Alcohol Consumption and Young People

24th April 2003

1. Introduction

The Licensed Vintners Association is the representative body of the on-licensed drinks trade in the greater Dublin area. It is one of the longest-established trade associations in the country, with an unbroken tradition stretching back to its establishment in 1817. Today, it has some 750 members, representing some 95 per cent of Dublin publicans. Combined, these publicans account for over one-third of the alcohol sold in licensed premises in the Republic of Ireland.

The LVA welcomes this opportunity to present its views on alcohol consumption and young people to the Joint Committee on Health and Children. We recognise that it is both an extremely important and topical subject at present.

2. LVA Representatives:

Mr. Kevin Towey, Chairman
Mr. Deny Kealy, Vice-Chairman
Mr. Donall O'Keeffe, Chief Executive

3. Background

From an international perspective, the LVA endorses the World Health Organisation Declaration on Young People and Alcohol, 2001. The guiding principles and goals contained in this Declaration provide a useful framework and process to address this significant issue at a strategic level.

From a national level, it must be recognised that the licensed trade is, undoubtedly, one of the most highly regulated businesses in the country. We strongly contend that the pub is the most controlled environment in which to consume alcohol.

At Dublin level, the LVA wishes to point out that our members are fully committed to upholding the law, and are both extremely responsible and professional in terms of attitudes to legal compliance. Conversations with senior Gardai in the Dublin Metropolitan Area will endorse this view.

Furthermore, we can confirm that we are pro-active and committed to being part of the solution to issues about the misuse and abuse of alcohol among young people. Proof of our commitment to being good corporate and community citizens can be evidenced by the LVA's involvement on three different working groups of the Gardai on various issues, the proactive and ongoing development of the Responsible Server of Alcohol Programme for the Licensed Trade, and ongoing heavy investment in infrastructure and staff training to ensure staff and customer safety.

It is recognised that young people are getting access to alcohol. However, we can confirm that people in the 13 - 17 age bracket are not knowingly being served in Dublin pubs. There is no commercial advantage to underage drinking in the Dublin market.

Industry-wide, Dublin publicans have been to the fore in the establishment of ME AS (Mature Enjoyment of Alcohol in Society). MEAS's mission is to:

- Promote and support social responsibility within the drinks industry
In cooperation with Government and other appropriate bodies, to promote the sensible consumption of alcohol amongst consumers in order to reduce alcohol abuse and related harm.

Finally, it must be remembered that our publicans are parents and have families themselves. As concerned parents, they are committed to ensuring the responsible use of alcohol among young people and in Irish society generally.

4. Contextual Points to Note:

- Hundreds of thousands of people enjoy a social drink in this country every week.
- There are almost 100,000 people employed in the brewing, distilling, distribution and retailing of alcohol in Ireland.
- Responsible consumption of alcohol provides real social, economic and fiscal benefits.
- Concerns should not centre around alcohol itself, but rather on its misuse and abuse.
- Alcohol abuse is a society-wide problem, and so cannot be tackled by simplistic, one dimensional approaches. Thus solutions must be constructed within a broad, societal context.

5. Trends and Developments of Importance

Socio-economic developments since mid -1990's have had an enormous impact on the nature of alcohol consumption among young people. While it is a complex area, contributing factors have included

- rise in disposable income among young people
- some focus on alcohol advertising
- lessening of parental control
- absence, over a long period, of a focussed educational policy dealing with alcohol abuse.
- peer pressure among young people

There has been considerable media coverage of the 41 per cent increase in alcohol consumption in Ireland over the 1990's. However no recognition has been given to the main contributing factors, including:

- 22 per cent increase in the population in the 20-64 age group, (1991-2001).
- The increase in Irish GDP to the EU average.
- Higher disposable incomes.
- Higher levels of tourism.
- Higher levels of female participation in the workforce.

Dramatic changes in drinking patterns of young people have emerged as a result of these forces. From a publican's point of view the development of greatest concern is the trend that young people are drinking at home, in parks, on benches etc. before entering public premises.

The 2002 'Changes in Consumption of Alcohol in Ireland, A Barometer Report', showed a very significant growth in the numbers of people drinking at home at least on a weekly basis, with some 24 per cent of all adults doing so now compared to 16 per cent just five years ago. This increase has been particularly sharp in the 18-24 age bracket, with one-quarter of them stating that they drank at home at least once a week.

When combined with the provisions of the Equal Status Act that ensures 18 year olds have access to pubs, this trend towards drinking before going to the pub has made the control of alcohol consumption and the management of licensed premises much more difficult.

Young people's attitudes have also altered dramatically over the past decade. Previously, young people wanted to have a few drinks and 'the craic'. Nowadays, young people are drinking with the express aim of getting as drunk as possible.

Some independent quotes from the February 2003 edition of Drinks Industry Ireland are instructive in this regard. These quotes are taken from a Round Table Discussion with 18-20 year olds in Dublin.

"You're just sitting there and the next thing you know everybody is really drunk. That's what makes a good night out in my opinion".

"My parents say 'don't get drunk' - but that's why I'm going out. They'll say 'drink and have a few and you'll enjoy yourself, I say, 'No - I want to get really smashed, that's why I have had six cans already. That's the whole point. That's the fun bit".

An unrecognised and under-researched complicating factor in the socialising patterns of young people today is the combination of drink and drugs. This combination is significant in terms of explaining heightened aggression and tension.

These attitudes are also combined with the lessening of personal responsibility, with young people giving themselves the freedom, and absolving themselves of the consequences, of getting totally drunk on a regular basis.

The importance of peer pressure must be recognised in its particular context of youth drinking. ,

In addition, there have been dramatic and generally unrecognised changes in the alcohol marketing and distribution channels in Ireland over the past decade. The principal developments are highlighted in the following two tables.

Alcohol Marketing Channels in Ireland 1990-2001

(% Market Share)		
Beer	1990	2001
On-trade	92 %	81%
Off-trade	8%	19%
Total Volume	4.5m hl	5.7m hi
Spirits	1992	2001
On-trade	62%	54%
Off-trade	38%	46%
Total Volume	1.8m Cases	2.7m Cases
Wine	1990	2001
Licensed Pubs	15%	15%
Other	85%	85%
Total Volume	1.5m Cases	5.0m Cases

Sources: Irish Brewers Association; Wine & Spirits Association.

Alcohol Channel Growth Rates in Ireland

Beer	1990-2001
Overall market	+24%
On-trade	+10%
Off-trade	+196%)
Spirits	1992-2001
Overall Market	+50%
On-trade	+30%
Off-trade	+196%
Wine	1990-2001
Overall Market	+233%o

The key point here is the rapid development of the off-licence market position in the retailing of canned beer and spirits in particular. They are essentially the drinks of choice of young males and females respectively. This has direct implications for the control and responsible consumption of alcohol among young people today.

6. LVA Proposals and Recommendations

In the spirit of our commitment to contribute to the responsible consumption of alcohol in Irish society, and to demonstrate our pro-active approach, we wish to outline a series of proposals and recommendations which we feel would substantially contribute to managing alcohol consumption among young people.

Recommendations

Rationale

- | | |
|--|--|
| (a) Rapid introduction of a <u>free, mandatory</u> age and identification card for 18-25 year olds. Such cards should obviously be tamper-proof, easily and widely available, and include a disclaimer that such cards do not give the holder rights to admission or service in licensed premises. | Allows both publicans and Gardai to quickly and objectively verify age.

This measure is supported by the Gardai, the Commission on Liquor Licensing, the Strategic Task Force on Alcohol, MEAS, parents and teachers. |
| (b) Allow publicans legal discretion to refuse admission and service to under 23's notwithstanding the provisions of the Equal Status Act. This would not be applied on an industry-wide mandatory basis, but on a house-by-house basis at the publican's discretion. | Enhances the ability of publicans to control underage drinking.

In context, it is interesting to note that the motor insurance industry can structure premiums on age grounds. |
| (c) Promotions of alcohol should not be designed to promote excessive alcohol consumption. | To prevent excessive alcohol consumption, particularly among price-sensitive younger consumers. |
| (d) Finalisation and implementation of the Publicans' Code of Practice (see Appendix 1 for latest draft). | This Code of Practice is being drawn up together with the Gardai and other relevant parties in the drinks trade. |
| (e) The perpetrator of underage drinking, or adults who engage in secondary purchasing of alcohol for minors, should be severely punished. | To ensure greater individual responsibility with regard to underage drinking and to bring greater balance to the weight of legislation in this regard. |

Cont'd...	
(f) Enforcement of the severe penalties for publicans who knowingly and/or repeatedly are involved in serving underage drinkers.	To ensure continued compliance with the law.
(g) Development and implementation of a focussed educational programme to influence and inform people on responsible consumption of alcohol.	To facilitate better understanding on the responsible consumption of alcohol and full comprehension of the consequences of its abuse and misuse.

The LVA, and Dublin publicans, are committed to the responsible consumption of alcohol in Irish society. In this regard we are committed to the long-term future of our industry. We will continue to uphold the law of the land and are here proposing positive initiatives to help manage the issues surrounding alcohol abuse and young people.

As indicated in the introduction, and worth re-emphasising again, publicans are only one element of the drinks industry. The issues surrounding young people and alcohol abuse are society wide. Accordingly the solution must be strategic and integrative in its approach, involving all relevant government departments, the drinks industry, parents and the individuals themselves. To this end, we particularly welcome the recommendation of the Commission on Liquor Licensing on developing a National Alcohol Strategy. However, while recognising that publicans have a key role to play in issues about alcohol and young people, we also strongly emphasise the role of parents in this area and note that young people themselves must take greater responsibility, and be more accountable, for their own actions. All concerned elements of Irish society must be involved in the solution to this pressing issue.

APPENDICES

Appendix 1: Code of Practice

HOUSERULES

For the safety and security of our patrons and employees, and in accordance with our legal obligations and rights, the following House Rules apply:

1. Intoxicated persons will not be served on these premises.
2. Excessive purchasing of alcohol or binge drinking will not be permitted.
3. Identification documents may be required for non-regulars. The Garda Age Card is the only acceptable proof of age.
4. Management reserve the right to refuse service to people who have caused trouble previously.
5. The management reserve the right to refuse to admit any group of five or more who are non-regulars and not known to bar staff. Groups of five or more that form within the premises may be required without explanation to leave the premises.
6. Neat or appropriate dress is essential at all times.
7. Use of non prescribed drugs or being under the influence of same on these premises is strictly prohibited.
8. Anti-social or threatening behaviour will not be tolerated, including intimidation, arguing, pushing, screaming, shouting, swearing, spilling drinks, causing a nuisance or annoyance to others or being drunk and disorderly.
9. Immoral or indecent conduct or behaviour will not be permitted. Aggressive or rude behaviour is strictly prohibited.
10. Dancing is not permitted unless there is a designated space for this to occur. Where dancing is permitted, drinking and smoking are not allowed on the dance floor.
11. Proper footwear must be worn at all times and in all parts of the premises.
12. Persons under 18, when admitted, must be accompanied by and kept under the strict supervision of a responsible adult at all times.
13. Staff instructions must be adhered to.

This licensed premises supports the principles of equality and the above rules will be exercised in a non-discriminatory manner. Following a caution, failure to comply with any of the above criteria could result in offenders being requested to leave, removed and/or barred from the premises.



Presentation to Joint Oireachtas Committee

on

Health and Children

24th April 2003

Alcohol Abuse

Yes We Can Change

VFI DELEGATES:

MR JOE BROWNE, PRESIDENT

MR VAL HANLEY, CHAIRMAN, LEGISLATION SUB COMMITTEE

MR TADG O'SULLIVAN, CHIEF EXECUTIVE

Alcohol has been enjoyed in Ireland since ancient times. The responsible consumption of alcohol is recognised throughout the world as being beneficial, healthy and sociable. Almost 100,000 people are engaged or employed in the brewing, distilling, distribution and retail of alcohol. It has been used to slake a thirst, propose a toast, commiserate in times of sorrow and to celebrate the happy occasion. There are many real benefits, social, economic, fiscal and health, as recognised by no less a body than the World Health Organisation.

Unfortunately, most of the focus *on* alcohol in recent years, and in particular in recent months, has been of the negative kind. The focus has been on the misuse and abuse, particularly by the young, often with the support, active or passive, of their parents and elder siblings. Inevitably, when alcohol is abused by youngsters, society and those with responsibility for the youngsters find an easy scapegoat by blaming not the youngster or the person who procured the alcohol for them, but the alcohol itself, or indeed the publican's trade. I was recently challenged by a lady because - while she and her husband were returning home at 2 am — they found their 13 year old daughter drunk by the side of the road. She ignored the fact that the child was out at 2 am - had obtained alcohol in a friend's house - was clearly not under parental control - all these were irrelevant. It was the fault of the publican, the trade and the alcohol.

We also have abuse of alcohol by the not so young, particularly late teens and early twenties, who simply drink too much too quickly, to get drunk, not to enjoy the product. The Prime Time programme last November showed violence, drunkenness and alcohol abuse at an outrageous level. Nowhere in that programme was there any question of responsibility for their own actions by these not so young. A few weeks later, a similar programme on UTV showed exactly the same problems in Belfast and across Northern Ireland. Last month, the same problems were experienced in Manchester and Newcastle, particularly since the advent of the new licensing regime there. Anybody who watches Sky TV showing youngsters, mostly British, on holiday in Ibiza and Greece and other such resorts, show that their main focus was to drink, not for fun or for social life, but to get drunk as quickly as possible.

We must recognise that society has changed, youngsters are now maturing much earlier, becoming more independent, more confident. For a variety of reasons they have more disposable income and have thrown off the shackles of parental control much earlier. They are becoming sexually active much younger and it is no surprise that they are experimenting with alcohol at a much younger age.

It has been suggested that the increase in alcohol abuse can be traced to the increase in pub opening hours under the 2000 Act. Yet, the increase in consumption and in abuse has been taking place now since 1991, nine years before the introduction of the 2000 Act. Following the introduction of the new hours in 2000, there was actually no increase in either beer or spirits consumption in 2001, and a fall in 2002. These years did see a significant increase in wine consumption, but we would argue that wine is not the drink of choice of those abusing alcohol.

We saw a 40% increase in consumption from 1991 to 2000. But there was a 28% increase in the population of drinking age in that period, and the number of visitors to Ireland increased from 3 million to 6.2 million.

In common with our sister organisation the LVA, the VFI believes that the licensed trade has a responsibility to help to tackle alcohol abuse. We cannot do it alone, we need the support of particularly the legislators, the Government, the Gardai and of course the parents where the youngsters are concerned. The trade has taken its own steps and will continue to do so. We have recently launched, with the co-operation of the Department of Health, the Responsible Serving of Alcohol Programme designed to educate, to inform and to train publicans and their staff to be responsible in the sale of alcohol, to recognise abuse and to recognise those likely to abuse, and to head off problems before they actually begin.

Unfortunately, we are getting mixed signals from the Government. One Department works with us on the Responsible Server Programme, while another Department and other Government agencies cry out for extending the number of licensed outlets and the availability of alcohol. Indeed we have the demand that every cafe and coffee shop in Ireland should have a liquor license. We have 13,000 licenses in this country for a population of less than 4 million. That is the heaviest concentration of licensed premises anywhere in the world. Do we really need more licenses? Let us recognise that we already have too many outlets for alcohol in this State. Let us not learn the dreadful lessons of other jurisdictions that dramatically increased the availability of alcohol through more licences.

So what do we need?

We need a mandatory ID Card / Age Card. We need to ensure that those who forge or falsify an Age Card, or who use such a card to dupe a licensee, on or off, into procuring alcohol, should be held responsible for that action. We believe that those underage who consume alcohol should be held responsible, not as happens now, where a publican can be closed for up to a month, and a teenager is merely ticked off and sent on his merry way. Where a parent buys or supplies alcohol to a child, it is now the licensee who is charged. That is neither justice nor just.

We welcome the recommendations of the Liquor Licensing Commission with regard to the prevention and control of drunkenness, violence and violent or threatening behaviour, and would urge the Oireachtas to restore to the licensed trade the right to protect itself, its family and its customers.

On the issue of violence, it is clear that we need more Gardai on the beat and on the street, especially at the hours of greatest need. The presence of Gardai on the street will undoubtedly have a major impact on the reduction of violence.

Many pubs used an over 21s policy or an over 23s policy to ensure that they were not conned by youngsters under 18. That has now been made illegal. That freedom should be returned.

Where a licensee engages in deep discounting or price promotions designed to encourage binge drinking or excessive consumption, they should face challenges to the renewal of their licence.

We believe the licensed trade has played its part, is playing its part and will continue to play its part in tackling the problem. We have succeeded in preventing the introduction into the market of many products, which clearly were designed for youngsters. We must however recognise that there is no single quick fix. If there is genuine co-operation and combined effort, and some recognition of personal responsibility, whether that be by the children or by their parents, as well as by the licensed trade, we can succeed. To be honest, we must succeed.

And finally, in regard to the violence that we see on our streets, it makes little sense to blame the licensed trade or alcohol where somebody uses a knife or other similar weapon they have carried with them as they go out to socialise. There is no pub that I know of that sells knives or other weapons. These are earned as a result of premeditation.

There is no denying the existence of the problem of abuse. We believe it is the culture, not the product that creates the problem.

Thousands enjoy - few abuse.

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