Alcohol in Ireland

Time for Action

A SURVEY OF IRISH ATTITUDES

Alcohol in Ireland
Time for Action

A Survey of Irish Attitudes

Alcohol Action Ireland would like to acknowledge the generous support of the Health Services Executive for their contribution towards the publication of this report.

Alcohol Action Ireland 2006

Alcohol Action Ireland Committee Members 2005-2006

Ms Marion Rackard,	Chairperson.
Dr. Declan Bedford,	Vice-Chairperson and Faculty of Public Health Medicine Royal College of Physicians.
Ms Norah Gibbons,	Treasurer and Director of Advocacy, Barnardos.
Dr Joe Barry,	Irish Medical Organisation.
Mr John Mc Cormack,	Irish Cancer Society.
Ms Catherine Brogan,	Assistant Director of Mental Health and Addiction, HSE
Ms Anna O'Neill,	The Association for Health Promotion in Ireland
Mr Padraic Naughton,	CEO, Pioneer Total Abstinence Association
Mr Tony Jordan	Irish Association of Alcohol & Addiction Counsellors
Ms Olive Butler	South Meath Action Group
Gerry Hickey	Psychotherapist
Jimmy Connolly	

AAI
Mezzanine Floor,
Stewarts Sports Centre,
Waterstown Avenue,
Palmerstown,
Dublin 20.
Email: info@alcoholactionireland.ie
Tel: 01 6426950

Contents

Executive Summary	1
Introduction	3
Background	5
Methodology	6
Results	7
Discussion	19
Recommendations	25
References	26
Appendix	27
Survey	28

Alcohol Action Ireland

Executive Summary

This report has been commissioned by AAI, in order to determine the views of the Irish public in relation to a wide range of alcohol policy measures. The findings confirm that most people are aware of our problem with alcohol and accept that tackling the problem will involve a change in our cultural attitude towards and acceptance of alcohol misuse and drunkenness. Only a small minority (26%) of people believe that the government is doing enough to tackle the problem.

The key findings of the survey are;

- 82% of people believe that our current alcohol consumption levels are a problem and 85% feel that our cultural attitude to alcohol needs to change.
- Anecdotally we know that most families in Ireland have some experience with problem or dependent drinkers – the survey reveals that 66% of Irish people know someone with a problem.
- Significant numbers of people (44%) have been injured, harassed or intimidated as a result of someone's use of alcohol.
- The majority of people (51%) believe the Government is not doing enough to address alcohol problems and 85% believe an agency should be set up to specifically tackle alcohol -related problems.
- The potential support for the Government to introduce effective control measures, in relation to alcohol have been either underestimated or ignored. For example a majority of respondents (54%) would support an increase in taxation if it was specifically put to initiatives that led to a reduction in alcohol-related harm.
- 60% believe that A/E staff should be able to refer patients with persistent alcohol -related problems.
- Over two thirds of people (71%) believe that alcohol advertising should only be permitted after 9pm and less than one third (29%) are opposed to an outright ban on alcohol advertising.
- Nearly 90% support the introduction of random breath testing for drink driving.
- Over 70% believe that proposals to allow alcohol to be sold by phone/internet, as per the 'cafe bar legislation', would make it easier for under 18s to buy alcohol.
- A majority (57%) of Irish people have been concerned about someone's use of alcohol.

The Irish pattern of drinking large quantities of alcohol at one sitting inevitably leads to a wide variety of alcohol related harms and it is therefore unsurprising that almost half (44%) of all people have been injured, harassed or intimidated by someone's use of alcohol.

Tackling the problem will inevitably involve a wide range of policy changes and interventions at both the individual level and the wider population level. The findings suggest that there would be widespread public support for the Government if more effective measures were taken to lessen the harm caused by alcohol to the health and social well-being of Irish people.

There are a number of measures that could be introduced to bring about change in our alcohol consumption levels and consequent levels of harm. AAI believes that we should establish a structure or body that will operate at national and regional level to implement the recommendations of the Strategic Task Force on Alcohol. This body would then be responsible for drawing up a National Alcohol Strategy similar to the National Drugs Strategy. This would set out specific actions, targets and deadlines for the achievement of those targets. The body would also oversee the implementation of these recommendations and provide resources at a regional and community level.

In addition we should;

- Reduce the number of outlets selling alcohol and reduce the opening hours.
- Ensure that any system of Random Breath Testing introduced here will be highly visible, well publicised and most importantly well resourced.
- Introduce statutory regulations on advertising and marketing of alcohol products restricting alcohol advertising to after 9pm.
- Provide the necessary resources to allow the Gardai enforce all existing laws on serving alcohol to underage and intoxicated people, opening and closing hours, and public drunkenness.
- Use taxation as a means of reducing demand for alcohol by increasing prices in line with inflation. The taxation system could also be used as a way of promoting low alcohol or no alcohol alternatives through a reduction of tax on these products.
- Provide Early Intervention programmes in all social, health and justice services to ensure that all those working in such settings would be in a position to detect high risk drinking in individuals at an early stage and provide the appropriate response.

"Drinking is a personal act and an individual responsibility, it is also a behaviour shaped by our society, for which that society as a whole has a responsibility".

Dr. Gro Harlem Brundtland, Former Director General of the World Health Organization

Our Alcohol Problem

The World Health Organisation's (WHO) European Charter on Alcohol states "All people have the right to a family, community and working life protected from accidents, violence and other negative consequences of alcohol". The Irish Government signed this charter. Unfortunately in Ireland today few can say they have never been affected by the negative consequences of alcohol.

We have witnessed in Ireland a 41% increase in the per capita consumption of alcohol during the 1990s.[1] Consumption increased from 7.0 litres per capita in 1970 to one of the highest levels in Europe at 14.5 litres per capita in 2001, according to the WHO. Research by Eurostat[2], the EU statistical agency, shows that Irish people are twice as likely to be regular drinkers of alcohol compared with the European average. Their research shows that 50% of Irish women aged 15 to 24 are regular drinkers, compared with the EU average of 19%. In Italy the figure is just 5%. In the same age category, 53% of Irish men are regular drinkers, compared with the EU average of 33%. This figure increases to 80% for men in the 25 to 34 age group, compared with an EU average of 36%. The second highest figure is the Netherlands at 55%. Across all age categories, 51% of Irish people are regular drinkers of alcohol, followed by 44% of British people and 43% of Danes. The EU average is 25%, while the Italians have the lowest rate at just 12%.

However per capita alcohol consumption estimates do not tell the full story about actual drinking in the population, it is important also to take account of drinking patterns. Different drinking patterns give rise to very different outcomes in different countries. It is generally accepted that the level of alcohol-related harm experienced in a society is linked to the rate and pattern of alcohol consumption. With the dramatic increase in alcohol consumption, alcohol-related harm has become an important health and social problem. Alcohol-related harm spans a broad range of problems from increased mortality rates to social harms such as being kept awake at night or intimidated by drinkers.

The pattern of drinking among many Irish people has been described as 'bingeing' or drinking large amounts of alcohol over a short time period. Research carried out in 2002[3] (Ramstedt and Hope 2002) found that many Irish drinkers reported high drinking levels and risky drinking habits. The Ramstedt and Hope report also found that the drinking habits of Irish drinkers are associated with many experiences of harmful consequences. It found that on average, Irish drinkers reported twice as many problems as the European Comparative Alcohol Study (ECAS) average. The overall finding was that adverse consequences, which are more commonly associated with single heavy drinking occasions, were more common in Ireland, e.g. fights, accidents and regrettable conduct, whereas more long term problems like health ailments were less common than in the other countries studied.

[1] Department of Health and Children, Strategic Task Force on Alcohol Second report 2004

[2] Eurostat – Health statistics - Key data on health 2002

[3] Ramstedt, M and Hope, A. (2002). Drinking and drinking related harm in a European comparative perspective.

[4] Health Promotion Unit, (2003) Statistics of alcohol-related harm

Alcohol is the third largest risk factor for ill-health being more important than high cholesterol levels and obesity (World Health Organization 2002). According to the Health Promotion Unit of the Department of Health[4] other effects of our high consumption levels include;

- Road accidents - alcohol intake is a factor in 40% of all fatal road accidents in Ireland and in 30% of all road accidents.
- Crime - 48% of all criminal offences are alcohol-related. This includes 88% of public order offences, 48% of offences against the person and 54% of all criminal damage offences. Over the period from 1996 to 2004, public order offences increased from 16,384 to 51,099.
- Pressure on health services - One in four (25%) of those attending hospital A & E (Casualty) departments have an alcohol-related injury/illness. 30% of all male patients and 8% of female patients in an Irish general hospital were found to have an underlying and unidentified alcohol abuse or dependency problem.
- Marital problems - 34% of those seeking legal advice due to marital breakdown cite alcohol as the main cause of their marital problems.
- Economic costs - The economic cost of alcohol-related problems in Ireland was €2.65 billion in 2003. This represents 2.6% of GNP and a 12% increase from 2001. This figure included the costs of healthcare, accidents, crime, absenteeism, transfer payments and lost taxes. It represents 60% of the total revenue from alcohol to the Exchequer for that year.
- 35% of sexually active teenagers say alcohol is a factor in their engaging in sex. Sexually transmitted infections have increased by 165% in the last decade, with 8,900 cases reported in 2000 alone.
- There has been a 370% increase in intoxication in public places by underage drinkers since 1996.
- 26% of male and 11% of female first admissions to psychiatric services are for alcohol-related conditions

Background

Alcohol Action Ireland is a non-governmental organisation formed in response to the dramatic rise in levels of alcohol-related harm. Our objective is to call for the protection of the health, well-being and quality of life of Irish citizens through the adoption of policies and strategies that have been proven to effectively tackle alcohol-related harm.

We believe that alcohol-related harm is at unacceptable levels and that specific action needs to be taken to reduce this harm now. Although everyone has a role in reducing this harm, a particular responsibility rests with the government to implement policy changes which will reduce and protect the quality of life of all citizens.

In pursuit of our objectives Alcohol Action Ireland commissioned Millward Brown IMS to carry out a survey of attitudes to alcohol consumption and to the possible policy changes required to reduce alcohol-related harm. In particular we wished to assess the level and range of the problem and the public attitude to measures which could bring about change in our society in relation to alcohol consumption.

METHODOLOGY

This report presents the findings from an Omnibus Survey carried out by Millward Brown IMS Limited. The Millward Brown IMS Omnibus Survey is designed to be representative of the adult population aged 15 and over living in the Republic of Ireland. This particular survey focussed on respondents aged 18+. Within the overall sample, provision is made for discrete, but comparably representative, samples of men and women.

Details of this particular report are as follows:

SAMPLE TYPE:	All Adults18+
SAMPLE SIZE:	1093
FIELDWORK:	20th Oct- 3rd Nov 2005

Each Omnibus survey is based on a totally new sample of 1200 adults, with interviews conducted in 60 randomly selected sampling areas throughout Ireland. The sample is quota controlled by sex, status, age, social class, region and area to ensure representation of the adult population.

Fieldwork was conducted by interviewers who are fully trained and experienced in the area of market research. Quality controls of the highest standard are imposed at all levels of the research, including a 10% quality control check of completed interviews.

RESPONDENTS

Gender and age distribution of sample

Total	1093	100%
Male	536	49%
Female	557	51%

Those surveyed represented all age categories, social classes and geographical locations in the country. 60% of those surveyed came from urban areas while the remaining 40% were from rural areas.

Alcohol Action Ireland

	Total	GENDER		AGE				SOCIAL CLASS		AREA		REGION			
	Total 1093	**MALE** (A) 536	**FEMALE** (B) 557	**18-24** (C) 157	**25-34** (D) 240	**35+** (E) 696	**65+** (F) 168	**ABC1** (G) 406	**C2DEF** (H) 687	**URBAN** (I) 655	**RURAL** 438	**DUB** 336	**ROL** 259	**MUN** 298	**CON/ULSR** 200
GENDER															
MALE	536 49%	536 100%B	- -	76 48%	122 51%	339 49%	78 46%	208 51%	328 48%	312 48%	224 51%	158 47%	128 50%	152 51%	98 49%
FEMALE	557 51%	- -	557 100%A	82 52%	119 49%	357 51%	90 54%	198 49%	359 52%	343 52%	214 49%	178 53%	131 50%	146 49%	102 51%
AGE															
18-24	157 14%	76 14%	82 15%	157 100%DE	- -	- -	- -	74 18%G	84 12%	106 16%I	51 12%	68 20%	28 11%	36 12%	26 13%
25-34	240 22%	122 23%	119 21%	- -	240 100%CE	- -	- -	88 22%	152 22%	169 26%I	71 16%	96 28%	57 22%	53 18%	34 17%
35+	696 64%	339 63%	357 64%	- -	- -	696 100%CD	168 100%	244 60%	451 66%	380 58%	315 72%H	173 51%	174 67%	210 70%	139 70%
35-49	288 26%	141 26%	147 26%	- -	- -	288 41%CD	- -	124 31%G	163 24%	168 26%	120 27%	81 24%	72 28%	84 28%	52 26%
50-64	240 22%	120 22%	120 21%	- -	- -	240 34%CD	- -	85 21%	155 23%	131 20%	109 25%	63 19%	60 23%	69 23%	48 24%
65+	168 15%	78 15%	90 16%	- -	- -	168 24%CD	168 100%	35 9%	133 19%F	81 12%	87 20%H	29 9%	42 16%	57 19%	40 20%
SOCIAL CLASS															
ABC1	406 37%	208 39%	198 36%	74 47%E	88 37%	244 35%	35 21%	406 100%G	- -	287 44%I	119 27%	149 44%	85 33%	109 37%	63 31%
C2DEF	687 63%	328 61%	359 64%	84 53%	152 63%	451 65%C	133 79%	- -	687 100%F	368 56%	319 73%H	187 56%	173 67%	189 63%	137 69%

Proportions/Means: Columns Tested (5% risk level) - A/B - C/D/E - F/G - H/I - J/K - L/M/N/O - * small base

In pursuit of our objectives Alcohol Action Ireland commissioned Millward Brown IMS to carry out a survey of attitudes to the alcohol consumption and to the possible policy changes required to reduce alcohol-related harm. In particular we wished to assess the level and range of the problem and the public attitude to measures which could bring about change in our society in relation to alcohol consumption.

Our alcohol problem

Whether current level of alcohol consumption in Ireland is a problem

Agree	82%	Disagree	7%
Neither Agree nor Disagree	11%		

It is clear that the vast majority of respondents (82%) recognise that our current level of alcohol consumption is a problem. A greater proportion of women (88%) acknowledge the problem than men (77%) and the response is age-related. 69% of those under 25 and 79% of those in the 25 – 34 age group agree that our current level of consumption is a problem; while acceptance of the problem rises to 87% among the over 35s.

		GENDER		AGE				SOCIAL CLASS		AREA		REGION			
	Total	**MALE** (A)	**FEMALE** (B)	**18-24** (C)	**25-34** (D)	**35+** (E)	**65+** (F)	**ABC1** (G)	**C2DEF** (H)	**URBAN** (I)	**RURAL**	**DUB**	**ROL**	**MUN**	**CON/ULSR**
Base (nw) Base (wt Effective Base	1082 1093 1058	523 536 511	559 557 547	160 157 157	235 240 232	687 696 670	145 168 144	389 406 380	693 687 679	652 655 639	430 438 419	334 336 327	270 259 264	283 298 277	195 200 191
Agree	901 82%	413 77%	488 88%A	109 69%	190 79%C	602 87%CD	154 92%	337 83%	565 82%	548 84%	353 81%	289 86%	216 84%	245 82%	150 75%
Neither agree nor disagree	115 11%	75 14%B	41 7%	25 16%E	30 12%	60 9%	11 6%	40 10%	75 11%	63 10%	52 12%	18 5%	30 12%	33 11%	34 17%
Disagree	75 7%	48 9%B	27 5%	22 14%E	20 8%E	32 5%	3 2%	29 7%	46 7%	43 7%	32 7%	28 8%	12 5%	19 6%	16 8%
Don't know /No reply	2 *	1 *	1 *	1 1%	- -	1 *	- -	- -	2 *	1 *	1 *	1 *	- -	1 *	- -

Whether attitude towards alcohol consumption/behaviour should change

Agree	85%	Disagree	4%
Neither Agree nor Disagree 11%			

A similar majority (85%) believe that there is a cultural attitude towards drinking and the behaviour that goes with it which needs to change. Again the belief is more prevalent among women (88%) but is still accepted by a substantial majority of males (81%). 76% of the under 25s accept that our behaviour around alcohol needs to change.

		GENDER		AGE				SOCIAL CLASS		AREA		REGION			
	Total	MALE (A)	FEMALE (B)	18-24 (C)	25-34 (D)	35+ (E)	65+ (F)	ABC1 (G)	C2DEF (H)	URBAN (I)	RURAL	DUB	ROL	MUN	CON/ULSR
Base (nw) Base (wt) Effective Base	1082 1093 1058	523 536 511	559 557 547	160 157 157	235 240 232	687 696 670	145 168 144	389 406 380	693 687 679	652 655 639	430 438 419	334 336 327	270 259 264	283 298 277	195 200 191
Agree	924 85%	436 81%	488 88%A	120 76%	196 82%	608 87%CD	149 89%	353 87%	571 83%	553 84%	371 85%	292 87%	221 85%	250 84%	162 89%
Neither agree nor disagree	120 11%	69 13%	52 9%	22 14%	34 14%E	64 9%	13 8%	40 10%	80 12%	74 11%	46 11%	31 9%	29 11%	33 11%	28 14%
Disagree	47 4%	31 6%B	16 3%	14 9%DE	10 4%	23 3%	6 4%	13 3%	34 5%	27 4%	20 5%	13 4%	9 4%	15 5%	10 5%
Don't know /No reply	2 *	1 *	1 *	1 1%	- -	1 *	- -	- -	2 *	1 *	1 *	1 *	- -	1 *	- -

Personally know anyone who has a problem with alcohol consumption

Yes	66%	No	34%

The extent of problem alcohol use is a difficult area to assess given the range of possible problems. However it is significant that 66% of respondents personally know someone who has a problem with alcohol consumption. The response to this question varies very little across age and gender; slightly fewer women (64%) and greater numbers in the 35+ age group (69%) know someone with a problem.

		GENDER		AGE				SOCIAL CLASS		AREA		REGION			
	Total	MALE (A)	FEMALE (B)	18-24 (C)	25-34 (D)	35+ (E)	65+ (F)	ABC1 (G)	C2DEF (H)	URBAN (I)	RURAL	DUB	ROL	MUN	CON/ULSR
Base (nw) Base (wt) Effective Base	1082 1093 1058	523 536 511	559 557 547	160 157 157	235 240 232	687 696 670	145 168 144	389 406 380	693 687 679	652 655 639	430 438 419	334 336 327	270 259 264	283 298 277	195 200 191
Yes	720 66%	361 67%	359 64%	79 50%	163 68%C	478 69%C	109 65%	269 66%	451 66%	425 65%	295 67%	197 59%	181 70%	215 72%	127 63%
No	373 34%	175 33%	198 36%	78 50%DE	78 32%	217 31%	59 35%	137 34%	236 34%	230 35%	143 33%	139 41%	77 30%	84 28%	73 37%

Government Action

Whether government is doing enough to address alcohol problems

Agree	26%	Disagree	51%
Neither Agree nor Disagree	23%	DK	2%

Just over half of all people believe that the government are not doing enough to address the problems caused by alcohol use and only 26% believe that they are, the remaining 23% are undecided. The response is generally consistent over age groups and gender although 30% of the under 25s believe that the government is doing enough to address the problem.

		GENDER		AGE				SOCIAL CLASS		AREA		REGION			
	Total	MALE (A)	FEMALE (B)	18-24 (C)	25-34 (D)	35+ (E)	65+ (F)	ABC1 (G)	C2DEF (H)	URBAN (I)	RURAL	DUB	ROL	MUN	CON/ULSR
Base (nw) Base (wt) Effective Base	1082 1093 1058	523 536 511	559 557 547	160 157 157	235 240 232	687 696 670	145 168 144	389 406 380	693 687 679	652 655 639	430 438 419	334 336 327	270 259 264	283 298 277	195 200 191
Agree	289 26%	138 26%	151 27%	47 30%	75 31%E	167 24%	40 24%	108 27%	181 26%	160 24%	129 29%	99 29%	64 25%	56 19%	70 35%
Neither agree nor disagree	248 23%	136 25%	113 20%	46 29%E	53 22%	149 21%	35 21%	84 21%	165 24%	151 23%	98 22%	72 21%	44 17%	83 28%	49 24%
Disagree	554 51%	262 49%	292 52%	63 40%	112 47%	378 54%CD	93 56%	215 53%	339 49%	343 52%	211 48%	165 49%	150 58%	158 53%	81 41%
Don't know /No reply	2 *	1 *	1 *	1 1%	- -	1 *	- -	- -	2 *	1 *	1 *	1 *	- -	1 *	- -

Whether government should invest in an agency which specifically tackles alcohol related problems

Yes	85%	No	15%

Looking at solutions to the problem it is significant that 85% of respondents believe that the government should invest in an agency which specifically tackles alcohol related problems. 15% oppose the proposal and the response is consistent among men and women.

		GENDER		AGE				SOCIAL CLASS		AREA		REGION			
	Total	MALE (A)	FEMALE (B)	18-24 (C)	25-34 (D)	35+ (E)	65+ (F)	ABC1 (G)	C2DEF (H)	URBAN (I)	RURAL	DUB	ROL	MUN	CON/ULSR
Base (nw) Base (wt) Effective Base	1082 1093 1058	523 536 511	559 557 547	160 157 157	235 240 232	687 696 670	145 168 144	389 406 380	693 687 679	652 655 639	430 438 419	334 336 327	270 259 264	283 298 277	195 200 191
Yes	930 85%	449 84%	481 86%	128 82%	199 83%	603 87%	145 86%	351 86%	579 84%	558 85%	372 85%	289 86%	214 82%	256 86%	171 86%
No	163 15%	87 16%	76 14%	29 18%	41 17%	93 13%	23 14%	55 14%	108 16%	97 15%	66 15%	47 14%	45 18%	43 14%	28 14%

Would you accept an increase in excise duty/tax on alcohol

Agree	26%	Disagree	51%
Neither Agree nor Disagree	23%	DK	2%

There is very strong evidence for the effectiveness of policies that seek to reduce the harm done by alcohol, including taxation increases and managing the physical availability of alcohol (limiting hours and days of sale and raising the minimum drinking age). Taxation increases are never popular actions by government so it is significant that a majority (54%) of respondents would accept an increase in taxation if it was specifically put to initiatives that led to a reduction in alcohol related harm. Support for this proposal comes from all age groups with as high as 58% of the over 35s supporting it - the lowest level of support comes from the under 25s (39%)

		GENDER		AGE				SOCIAL CLASS		AREA		REGION			
	Total	**MALE** (A)	**FEMALE** (B)	**18-24** (C)	**25-34** (D)	**35+** (E)	**65+** (F)	**ABC1** (G)	**C2DEF** (H)	**URBAN** (I)	**RURAL**	**DUB**	**ROL**	**MUN**	**CON/ULSR**
Base (nw)	1082	523	559	160	235	687	145	389	693	652	430	334	270	283	195
Base (wt)	1093	536	557	157	240	696	168	406	687	655	438	336	259	298	200
Effective Base	1058	511	547	157	232	670	144	380	679	639	419	327	264	277	191
Yes	588 54%	262 49%	326 59%A	62 39%	120 50%C	406 58%CD	107 64%	225 55%	364 53%	331 51%	257 59%H	193 58%	148 57%	138 46%	108 54%
No	505 46%	274 51%B	231 41%	96 61%DE	120 50%E	289 42%	61 36%	182 45%	323 47%	324 49%I	181 41%	143 42%	111 43%	160 54%	92 46%

Social Harms

Ever been concerned about anyone's use of alcohol

Yes	57%	No	43%

One question asks how many have ever been concerned about someone's problem alcohol use which suggests a closer relationship with the person who has a problem. Over half of all respondents (57%) have been concerned about someone's alcohol use and again the response varies little between men and women. 61% of those in the 35 – 49 age group have been concerned about someone's alcohol use.

		GENDER		AGE				SOCIAL CLASS		AREA		REGION			
	Total	MALE (A)	FEMALE (B)	18-24 (C)	25-34 (D)	35+ (E)	65+ (F)	ABC1 (G)	C2DEF (H)	URBAN (I)	RURAL	DUB	ROL	MUN	CON/ULSR
Base (nw)	1082	523	559	160	235	687	145	389	693	652	430	334	270	283	195
Base (wt)	1093	536	557	157	240	696	168	406	687	655	438	336	259	298	200
Effective Base	1058	511	547	157	232	670	144	380	679	639	419	327	264	277	191
Yes	619	310	309	68	138	413	92	233	386	370	249	176	172	173	98
	57%	58%	55%	43%	57%C	59%C	55%	57%	56%	56%	57%	52%	67%	58%	49%
No	474	226	248	90	102	282	76	173	301	286	189	160	87	126	102
	43%	42%	45%	57%DE	43%	41%	45%	43%	44%	44%	43%	48%	33%	42%	51%

Whether ever injured, harassed or intimidated by your own/someone else's use of alcohol

Yes	44%	No	56%

Most people experience more positive than negative outcomes when drinking, however, problem alcohol use increases the risk of a range of social harms. Harms done by someone else's drinking range from social nuisances such as being kept awake at night or being harassed in a social setting through more serious consequences such as marital problems, child abuse, crime, violence and homicide. In response to this question almost half of respondents (44%) said that they had experienced some level of harm from alcohol use with the under 25s (39%) and over 65s (35%) experiencing least harm.

		GENDER		AGE				SOCIAL CLASS		AREA		REGION			
	Total	MALE (A)	FEMALE (B)	18-24 (C)	25-34 (D)	35+ (E)	65+ (F)	ABC1 (G)	C2DEF (H)	URBAN (I)	RURAL	DUB	ROL	MUN	CON/ULSR
Base (nw)	1082	523	559	160	235	687	145	389	693	652	430	334	270	283	195
Base (wt)	1093	536	557	157	240	696	168	406	687	655	438	336	259	298	200
Effective Base	1058	511	547	157	232	670	144	380	679	639	419	327	264	277	191
Yes	486	249	238	62	118	306	58	189	297	310	176	162	145	92	87
	44%	46%	43%	39%	49%	44%	35%	46%	43%	47%I	40%	48%	56%	31%	43%
No	607	288	320	96	122	390	110	218	390	345	262	175	113	206	113
	56%	54%	57%	61%	51%	56%	65%	54%	57%	53%	60%H	52%	44%	69%	57%

Treatment/ Intervention

Whether in favour/against health professionals asking questions to identify drinking problems at an early stage

Strongly in favour	76%	Strongly against	3%
Neither in favour or against	21%	DK	1%

Primary care health workers such as physicians, nurses, community health workers as well as the many therapists in private practice are in a unique position to identify and intervene with patients whose drinking is hazardous or harmful to their health. There is extensive evidence that brief interventions, are very effective in reducing harmful alcohol consumption.

In response to this question very few people are against health professionals asking the questions that may help them to identify a problem. The majority (76%) are in favour, only 3% oppose the proposal and a minority (21%) are neutral on the issue. Greater numbers of young respondents (31%) are neither for nor against and greater numbers of the 50-64 age group (83%) are strongly in favour of such an intervention.

		GENDER		AGE				SOCIAL CLASS		AREA		REGION			
	Total	MALE (A)	FEMALE (B)	18-24 (C)	25-34 (D)	35+ (E)	65+ (F)	ABC1 (G)	C2DEF (H)	URBAN (I)	RURAL	DUB	ROL	MUN	CON/ULSR
Base (nw) Base (wt) Effective Base	1082 1093 1058	523 536 511	559 557 547	160 157 157	235 240 232	687 696 670	145 168 144	389 406 380	693 687 679	652 655 639	430 438 419	334 336 327	270 259 264	283 298 277	195 200 191
Strongly in favour	826 76%	392 73%	434 78%	101 64%	165 69%	560 81%CD	135 80%	316 78%	510 74%	497 76%	329 75%	259 77%	178 69%	241 81%	148 74%
Neither in favour nor against	231 21%	126 24%	105 19%	49 31%E	62 26%E	120 17%	30 18%	79 19%	152 22%	139 21%	93 21%	66 20%	71 28%	46 16%	47 24%
Strongly against	31 3%	15 3%	16 3%	5 3%	12 5%E	13 2%	3 2%	9 2%	22 3%	17 3%	14 3%	9 3%	10 4%	9 3%	3 2%
Don't know /No reply	5 *	3 1%	2 *	3 2%DE	- -	2 *	- -	2 *	3 *	3 *	2 *	2 1%	- -	2 1%	1 *

Should A & E have a service to refer patients with persistent alcohol-related problems?

Should be able to refer	61%
Should not be responsibility of A & E	37% DK 2% DK 2%

Accident and Emergency departments frequently report repeat usage of their services by people who are regular hazardous drinkers. Repeat usage of A & E departments can be an indicator of a problem. 61% of respondents believe that the A & E department should be in a position to refer such patients to some support service but 37% believe that this should not be the responsibility of the Accident and Emergency department.

		GENDER		AGE				SOCIAL CLASS		AREA		REGION			
	Total	MALE (A)	FEMALE (B)	18-24 (C)	25-34 (D)	35+ (E)	65+ (F)	ABC1 (G)	C2DEF (H)	URBAN (I)	RURAL	DUB	ROL	MUN	CON/ULSR
Base (nw) Base (wt) Effective Base	1082 1093 1058	523 536 511	559 557 547	160 157 157	235 240 232	687 696 670	145 168 144	389 406 380	693 687 679	652 655 639	430 438 419	334 336 327	270 259 264	283 298 277	195 200 191
Should be able to refer patients	668 61%	317 59%	350 63%	93 59%	146 61%	429 62%	96 57%	238 59%	429 62%	401 61%	267 61%	214 64%	155 60%	175 59%	124 62%
Should not be the responsibility of A&E Dept	406 37%	207 39%	199 36%	61 39%	91 38%	253 36%	62 37%	163 40%	242 35%	245 37%	161 7%	120 36%	104 40%	108 36%	74 37%
Don't know /No reply	20 2%	12 2%	8 1%	4 2%	3 1%	14 2%	10 6%	5 1%	15 2%	9 1%	11 2%	3 1%	- -	16 5%	2 1%

Drink Driving

Are you in favour of the full nationwide introduction of random breath testing

Yes	87%	(Landsdowne was 83%/8%)
No	13%	

Random Breath Testing, where the police can test any driver at any location, has been shown to be one of the most effective policies in terms of reducing the number of road fatalities in the countries where it operates. A clear majority - 87% of respondents support its introduction and 13% oppose it. The response is relatively consistent over the age groups with a lower rate of approval amongst the under 35s (84%) and a higher rate amongst over 35s (89%). It is worth noting that support for random breath testing is strong (84%) even among rural dwellers who generally have fewer transport options when socialising outside the home.

		GENDER		AGE				SOCIAL CLASS		AREA		REGION			
	Total	MALE (A)	FEMALE (B)	18-24 (C)	25-34 (D)	35+ (E)	65+ (F)	ABC1 (G)	C2DEF (H)	URBAN (I)	RURAL	DUB	ROL	MUN	CON/ULSR
Base (nw) Base (wt) Effective Base	1082 1093 1058	523 536 511	559 557 547	160 157 157	235 240 232	687 696 670	145 168 144	389 406 380	693 687 679	652 655 639	430 438 419	334 336 327	270 259 264	283 298 277	195 200 191
Yes	956 87%	454 85%	502 90%A	132 84%	201 84%	622 89%D	159 95%	367 90%G	589 86%	587 90%I	369 84%	312 93%	234 90%	242 81%	168 84%
No	138 13%	83 15%B	55 10%	25 16%	39 16%E	73 11%	9 5%	40 10%	98 14%F	68 10%	69 16%H	24 7%	25 10%	56 19%	32 16%

Enforcement

Do you believe that the Gardaí have enough resources to enforce the law: summary

Sales of alcohol to minors	Yes 24%	No 74%	DK 2%
Opening Hours	Yes 33%	No 65%	DK 2%
Drink Driving	Yes 27%	No 72%	DK 2%

Having introduced legislation to tackle key problems in society such as drink driving and underage drinking, it is vital that this is accompanied by adequate enforcement of the legislation. A majority of respondents do not believe that there is adequate enforcement of three key elements of alcohol policy and that the Gardaí do not have the resources to ensure that legislation is adhered to. 74% believe that the Gardai need more resources to ensure that the law governing sales of alcohol to minors is enforced while 24% believe that they have enough resources. The response for drink driving is similar 72% feel they do not have enough resources while 27% believe that they do. 65% of respondents believe that the Gardai do not have sufficient resources to the policing of opening hours is and 33% believe that they do.

	Base (wt)	YES	NO	DON'T KNOW/NO REPLY
Sales of alcohol to minors	1093	265 24%	806 74%	22 2%
Opening hours	1093	362 33%	708 65%	24 2%
Drink driving	1093	290 27%	785 72%	18 2%

Sales of alcohol to minors

		GENDER		AGE				SOCIAL CLASS		AREA		REGION			
	Total	MALE (A)	FEMALE (B)	18-24 (C)	25-34 (D)	35+ (E)	65+ (F)	ABC1 (G)	C2DEF (H)	URBAN (I)	RURAL	DUB	ROL	MUN	CON/ULSR
Base (nw) Base (wt) Effective Base	1082 1093 1058	523 536 511	559 557 547	160 157 157	235 240 232	687 696 670	145 168 144	389 406 380	693 687 679	652 655 639	430 438 419	334 336 327	270 259 264	283 298 277	195 200 191
Yes	265 24%	138 26%	127 23%	56 35%DE	61 25%	148 21%	32 19%	88 22%	177 26%	163 25%	102 23%	102 30%	68 26%	56 19%	39 19%
No	806 74%	389 73%	418 75%	97 62%	176 73%C	534 77%C	129 77%	311 77%	495 72%	473 72%	334 76%	231 69%	190 73%	224 75%	161 81%
Don't know /no reply	22 2%	10 2%	13 2%	5 3%	3 1%	14 2%	7 4%	8 2%	15 2%	19 3%I	3 1%	3 1%	1 *	19 6%	- -

Opening Hours

		GENDER		AGE				SOCIAL CLASS		AREA		REGION			
	Total	MALE (A)	FEMALE (B)	18-24 (C)	25-34 (D)	35+ (E)	65+ (F)	ABC1 (G)	C2DEF (H)	URBAN (I)	RURAL	DUB	ROL	MUN	CON/ULSR
Base (nw) Base (wt) Effective Base	1082 1093 1058	523 536 511	559 557 547	160 157 157	235 240 232	687 696 670	145 168 144	389 406 380	693 687 679	652 655 639	430 438 419	334 336 327	270 259 264	283 298 277	195 200 191
Yes	362 33%	189 35%	173 31%	67 42%E	80 33%	215 31%	48 29%	128 32%	233 34%	210 32%	152 35%	121 36%	98 38%	84 28%	59 30%
No	708 65%	340 63%	368 66%	85 54%	156 65%C	467 67%C	116 69%	274 67%	434 63%	426 65%	281 64%	211 63%	157 61%	199 67%	141 70%
Don't know /no reply	24 2%	7 1%	17 3%	6 4%	4 2%	14 2%	4 3%	4 1%	20 3%F	19 3%I	5 1%	5 1%	4 1%	15 5%	- -

Drink Driving

		GENDER		AGE				SOCIAL CLASS		AREA		REGION			
	Total	MALE (A)	FEMALE (B)	18-24 (C)	25-34 (D)	35+ (E)	65+ (F)	ABC1 (G)	C2DEF (H)	URBAN (I)	RURAL	DUB	ROL	MUN	CON/ULSR
Base (nw) Base (wt) Effective Base	1082 1093 1058	523 536 511	559 557 547	160 157 157	235 240 232	687 696 670	145 168 144	389 406 380	693 687 679	652 655 639	430 438 419	334 336 327	270 259 264	283 298 277	195 200 191
Yes	290 27%	156 29%	135 24%	52 33%E	65 27%	172 25%	33 20%	105 26%	185 27%	181 28%	109 25%	119 35%	63 24%	65 22%	43 21%
No	785 72%	373 70%	412 74%	101 64%	175 73%	509 73%C	130 77%	297 73%	488 71%	458 70%	327 75%	214 64%	195 75%	220 74%	157 79%
Don't know /no reply	18 2%	7 1%	11 2%	4 2%D	- -	15 2%D	5 3%	4 1%	14 2%	16 2%I	2 *	4 1%	1 *	14 5%	- -

Advertising

Agree or disagree that alcohol advertising should only be permitted after 9pm

Agree	71%	Disagree	9%
Neither agree nor disagree	19%	DK	1%

Research has shown that restricting the volume and content of advertisements for alcohol products is likely to reduce harm. Advertisements have a particular impact in promoting a more positive attitude to drinking amongst young people. 71% of people agree with the idea that alcohol advertising only be permitted after 9pm and only 9% oppose the idea with the remainder undecided. Again support for this measure is lowest among the under 25s and highest among women (75%).

		GENDER		AGE				SOCIAL CLASS		AREA		REGION			
	Total	MALE (A)	FEMALE (B)	18-24 (C)	25-34 (D)	35+ (E)	65+ (F)	ABC1 (G)	C2DEF (H)	URBAN (I)	RURAL	DUB	ROL	MUN	CON/ULSR
Base (nw) Base (wt) Effective Base	1082 1093 1058	523 536 511	559 557 547	160 157 157	235 240 232	687 696 670	145 168 144	389 406 380	693 687 679	652 655 639	430 438 419	334 336 327	270 259 264	283 298 277	195 200 191
Agree	780 71%	362 67%	418 75%A	95 61%	176 73%C	509 73%C	126 75%	296 73%	484 70%	476 73%	304 69%	238 71%	177 68%	219 73%	146 73%
Neither agree nor disagree	211 19%	116 22%	95 17%	37 24%	42 17%	131 19%	31 18%	73 18%	137 20%	117 18%	94 21%	59 18%	52 20%	54 18%	46 23%
Disagree	100 9%	58 11%	42 8%	24 15%E	23 9%	53 8%	12 7%	36 9%	64 9%	61 9%	38 9%	38 11%	30 12%	25 8%	7 4%
Don't know /No reply	3 *	1 *	2 *	1 1%	- -	2 *	- -	1 *	2 *	1 *	2 *	1 *	- -	1 *	1 *

Agree or disagree that there should be an outright ban on all forms of alcohol advertising

Agree	44%	Disagree	29%
Neither agree nor disagree	26%	DK	1%

Support for an outright ban on alcohol advertising is lower at 44%. There was much greater support from women (50%) than men (38%) to this proposal. Again there is a wide variation across age groups with 57% of over 65s supporting it and only 27% of under 25s.

		GENDER		AGE				SOCIAL CLASS		AREA		REGION			
	Total	MALE (A)	FEMALE (B)	18-24 (C)	25-34 (D)	35+ (E)	65+ (F)	ABC1 (G)	C2DEF (H)	URBAN (I)	RURAL	DUB	ROL	MUN	CON/ULSR
Base (nw) Base (wt) Effective Base	1082 1093 1058	523 536 511	559 557 547	160 157 157	235 240 232	687 696 670	145 168 144	389 406 380	693 687 679	652 655 639	430 438 419	334 336 327	270 259 264	283 298 277	195 200 191
Agree	484 44%	204 38%	280 50%A	42 27%	98 41%C	344 49%CD	97 57%	169 42%	315 46%	268 41%	216 49%H	152 45%	105 41%	123 41%	104 52%
Neither agree nor disagree	287 26%	159 30%B	128 23%	43 27%	66 27%	179 26%	45 27%	97 24%	190 28%	178 27%	109 25%	81 24%	78 30%	72 24%	57 28%
Disagree	319 29%	172 32%B	147 26%	71 45%DE	77 32%E	172 25%	26 16%	140 35%G	179 26%	207 32%I	112 26%	102 30%	76 29%	103 34%	39 19%
Don't know /No reply	3 *	1 *	2 *	2 1%	- -	1 *	- -	- -	3 *	2 *	1 *	2 1%	- -	1 *	- -

Whether sponsorship of sports by the alcohol industry should be brought to an end

Agree	39%	Disagree	35%
Neither agree nor disagree	26%	DK	0%

Almost 40% of respondents agree with the idea of ending the sponsorship of sports by the alcohol industry. However 35% oppose it and a further 26% are undecided. 45% of women and 43% of the over 35s support the proposal.

		GENDER		AGE				SOCIAL CLASS		AREA		REGION			
	Total	MALE (A)	FEMALE (B)	18-24 (C)	25-34 (D)	35+ (E)	65+ (F)	ABC1 (G)	C2DEF (H)	URBAN (I)	RURAL	DUB	ROL	MUN	CON/ULSR
Base (nw) Base (wt) Effective Base	1082 1093 1058	523 536 511	559 557 547	160 157 157	235 240 232	687 696 670	145 168 144	389 406 380	693 687 679	652 655 639	430 438 419	334 336 327	270 259 264	283 298 277	195 200 191
Agree	428 39%	176 33%	252 45%A	43 27%	88 37%	297 43%C	86 51%	145 36%	283 41%	254 39%	174 40%	152 45%	92 35%	97 32%	87 44%
Neither agree nor disagree	282 26%	137 26%	145 26%	37 23%	66 27%	180 26%	44 26%	106 26%	176 26%	171 26%	112 26%	80 24%	72 28%	68 23%	62 31%
Disagree	381 35%	222 41%B	160 29%	77 49%DE	86 36%	218 31%	38 23%	155 38%	226 33%	230 35%	152 35%	103 31%	95 37%	133 45%	50 25%
Don't know /No reply	2 *	1 *	1 *	1 1%	- -	1 *	- -	- -	2 *	1 *	1 *	1 *	- -	1 *	- -

Whether agree that a new licence to allow alcohol to be sold via the phone/internet would make it easier for under 18's to buy alcohol

Agree	71%	Disagree	15%
Neither agree nor disagree	13%	DK	0%

One of the measures contained in the proposed 'Café Bars' legislation provided for a new licence which facilitated distance sales of alcohol. 71% of respondents believe that this will make it easier for under 18s to buy alcohol and only 15% believe that it will not, the remainder are undecided.

		GENDER		AGE				SOCIAL CLASS		AREA		REGION			
	Total	MALE (A)	FEMALE (B)	18-24 (C)	25-34 (D)	35+ (E)	65+ (F)	ABC1 (G)	C2DEF (H)	URBAN (I)	RURAL	DUB	ROL	MUN	CON/ULSR
Base (nw) Base (wt) Effective Base	1082 1093 1058	523 536 511	559 557 547	160 157 157	235 240 232	687 696 670	145 168 144	389 406 380	693 687 679	652 655 639	430 438 419	334 336 327	270 259 264	283 298 277	195 200 191
Agree	781 71%	365 68%	416 75%A	102 65%	174 72%	505 73%	119 71%	291 72%	490 71%	480 73%	301 69%	233 69%	170 66%	248 83%	130 65%
Neither agree nor disagree	146 13%	85 16%B	61 11%	30 19%E	29 12%	87 13%	27 16%	50 12%	96 14%	74 11%	72 16%H	37 11%	41 16%	35 12%	33 16%
Disagree	164 15%	86 16%	79 14%	25 16%	37 16%	102 15%	22 13%	66 16%	99 14%	100 15%	64 15%	65 19%	48 19%	14 15%	37 18%
Don't know/ No reply	2 *	1 *	1 *	1 1%	- -	1 *	- -	- -	2 *	1 *	1 *	1 *	- -	1 *	- -

Discussion

Alcohol is deeply rooted in our culture - it can be enjoyable but it can also do great harm to families and communities. The findings in this survey confirm that the vast majority of Irish people know that we have a serious problem with alcohol and that tackling it will involve a change in our cultural attitude towards and acceptance of alcohol misuse and drunkenness. This alcohol problem touches families and communities throughout the country and the survey shows that over half of all respondents have been concerned about someone's drinking.

According to the report of the Strategic Task Force on Alcohol (2004) reducing the problem will inevitably involve a wide range of policy changes and interventions at both the individual level and the wider population level. It is significant therefore that there is widespread (82%) acceptance of the problem and strong support from members of the public for measures which are likely to tackle the problem.

Government Action

A majority of people (51%) do not believe that the government is doing enough to address the alcohol issue. In order to adequately deal with a problem that is deep-rooted and wide-ranging we need an effective response from Government. AAI is calling for a National Alcohol Strategy which would set out specific actions, targets and deadlines for the achievement of those targets. We would also like to see a body set up to oversee the implementation of these recommendations and provide resources at a regional and community level.

The government first took steps to deal with the issue when it established the Strategic Task Force on Alcohol in 2002. The Task Force brought together the experts in the field and published two reports containing a number of evidence-based recommendations - however over a year after the publication of the STFA's second report very little if any progress has been made towards implementing its recommendations.

Changing our approach to alcohol is a quality of life issue. We need to move, through widespread public debate and political action, towards becoming a society that does not make excuses for people who are drinking too much and causing harm in our homes, workplaces, hospitals and on our roads. Reducing our overall level of consumption will reduce the level of harm that alcohol can cause to individuals and society.

The AAI survey shows that a clear majority (85%) of people are in favour of setting up a body with the resources to implement measures which tackle our national alcohol problem and reduce alcohol-related harms. The report of the Strategic Task Force on Alcohol identifies the measures that are effective and evidence based and provides us with the blueprint for action.

Alcohol policy measures - Taxation

In any society the health and well-being of its people should outweigh the commercial interests of industry in this case the alcohol, hospitality and tourism sectors, unfortunately this is not always the case.

A majority (54%) of the respondents to this survey accept that addressing the alcohol problem may mean making hard choices and are prepared to accept an increase in taxation if it was put towards an initiative that will tackle alcohol-related harm. Devoting a proportion of the revenue collected from alcohol taxation towards funding initiatives which respond to the health, social, and economic harms resulting from alcohol misuse (hypothecation), has been shown to reduce the level of alcohol-related harm.[5]

Funding allocations for prevention and treatment initiatives should reflect the high levels of revenue generated by the sale of alcohol products as well as the burden of alcohol-related harm on the community. In this context, the Government should allocate a portion of the revenue collected from tax on all alcohol products to help address the damage to the community arising from alcohol misuse. Alternatively, prevention and treatment programs could be funded from a small increase in alcohol taxation which is identified as dedicated for this purpose.

Throughout Europe the effects of changes in alcohol prices have been extensively studied. Almost all of the studies have shown that a rise in the price of alcoholic beverages leads to a fall in alcohol consumption, and a decrease in price generally leads to a rise in alcohol consumption. This has been shown both with regard to overall alcohol consumption and the consumption of different types of drink. Raising alcohol taxes as a policy measure is a particularly effective mechanism in targeting young people and the harms done by alcohol.

According to the Tax Strategy Group in the Department of Finance "The excise duty on beer and wine has remained unchanged since the Budget of January 1994 while that on cider and spirits was increased in Budgets 2002 and 2003 respectively"[6]. The report of the Strategy Group states that unless excises are increased periodically, their value as a percentage of the selling price and their real value declines, particularly in the case of alcohols, where trade price increases happen regularly. Currently, alcohol taxes provide little incentive for young people to choose lower alcohol or non-alcoholic products.

In Australia in 1977 only two brands of low alcohol beer were sold and they accounted for a very small section of the market. However, by 1996 low alcohol beer accounted for 18% of all beer and 10% of all alcohol sold. [7] The motivation in the change to low alcohol beer is thought to have been a combination of price concerns and strict enforcement of drink driving legislation leading to concern about staying below the legal driving blood alcohol concentration (BAC) level. All beer products in Australia currently enjoy an excise-free threshold of 1.15% alcohol content. This means that no excise duty is paid on the first 1.15% of the alcohol content in the beer product. Therefore the lower the alcohol content of the beer, the greater the value of this concession.

The second report of the Strategic Task Force on Alcohol (September 2004) has recommended that excise duty on alcohol be increased 'with a view to reducing overall consumption and related harm'. The report outlines the extensive research evidence linking price to consumption and states that increases in excise duty can lead to a reduction in consumption. This is highlighted in Ireland by the reduction in the consumption of cider (-11.3%) and spirits (- 20.1%) following increases in excise in 2002 and 2003 respectively. Further evidence of the effectiveness of taxation as a policy measure which can impact on consumption can be seen from the increase on excise for Alcopops in the 2003 Budget. Since then we have seen a substantial reduction in sales of alcopops - by 13% in 2003 and a further reduction in 2004 of 25%.

International research has been carried out into the different effects of alcohol price changes on different groups of consumers and the relationship between alcohol prices and alcohol problems. These kinds of studies strongly indicate that heavy and dependent drinkers are very responsive to alcohol price increases and that price increases have a significant effect in reducing youthful drinking. [8]

If the government were to increase the taxation on alcohol products many consumers would pay in proportion to how much they drink, and the bulk of the tax increases would be paid by the relatively small percentage of drinkers who consume most alcohol. These same drinkers, not surprisingly, are responsible for the highest concentration of alcohol-related problems and societal costs. Higher taxes would force them to bear a greater share of the costs for the problems they cause and help discourage some excessive alcohol consumption.

[5] Alcohol and Other Drugs Council of Australia, (1999) Drugs, money and governments, 1997-1998, Alcohol and Other Drugs Council of Australia, Canberra
[6] Tax Strategy Group Report 18/2004, Department of Finance
[7] Catalano, P., Stockwell, T. et al (2001) Trends in Per Capita Alcohol Consumption in Australia, 1990/91–1998/9 National Alcohol Indicators 2005 National Alcohol Indicators, Project Bulletin no. 4. Perth: National Drug Research Institute, Curtin University of Technology. In Addiction, 100 , 891–896.
[8] Babor et al (2003) Alcohol – No Ordinary Commodity. London; Oxford University Press

Social Harms

According to a recent report [9] (Anderson and Baumberg 2006) social harms from other people's drinking are common. The report points out that less severe consequences (such as being kept awake at night by drunk people) are more commonly experienced than more serious consequences such as being harassed, insulted or afraid of drunk people in public areas. The AAI survey finds that a significant number of people (44%) report that they have been injured, harassed or intimidated by someone's use of alcohol. Garda statistics help to quantify the scale of this problem in Ireland with 18,010 proceedings commenced in 2004 for threatening, abusive or insulting behaviour. [10]

The Anderson and Baumberg report points out that a small proportion of the population are harmed repeatedly. According to their report younger people, women, those who report a higher annual alcohol intake and get drunk more frequently, being more likely to have received harm from someone else's drinking. The AAI survey finds that a higher proportion (61%) of those who know someone with an alcohol problem have been injured, harassed or intimidated.

Treatment and Brief Intervention

Alcohol misuse includes much more than alcohol dependence. It is generally estimated that alcohol dependence affects between 3% and 5% in Europe but hazardous and harmful drinking can affect as much as 40% of the population.

It is often thought that treatment is only for those who are addicted to alcohol. In fact, treatment and interventions can address problem alcohol use along a spectrum which ranges from potentially problematic use through use that involves some alcohol-related harm to full-blown addiction. At any point along this spectrum, it is possible to intervene in a way that reduces existing harm and prevents further harm. It is also recognised that offering readily accessible information/education, support and counselling to Problem drinkers and their families from designated community based Alcohol Counselling Services offering a variety of services provides an opportunity to individuals friends and families to explore, reflect and decide on possible ways of reducing the harm caused by alcohol with the professional support and assistance of trained addiction counsellors. This type of service is particularly valuable to family members who require much support in coping with the chaos and confusion of a problem drinking relative.

General Practitioners, Primary Care health workers and therapists in both public and private practice are in a unique position to identify and intervene with patients whose drinking is risky or potentially harmful to their health. They may also play a critical role in helping people with alcohol dependence enter Residential Treatment or the aforementioned Community based Alcohol Counselling services. A specialist training programme regarding problem drinking for all these professionals is advised to ensure synchronicity of approach. There is extensive evidence that brief interventions, which generally involve advice from a physician or a health care worker, particularly when delivered in settings such as emergency departments are very effective in reducing harmful alcohol consumption. However despite their possible role in addressing problems or potential problems very few Irish health care settings are in a position to offer such interventions.

Brief interventions have proven to be effective and have become increasingly useful in the management of individuals with hazardous and harmful drinking. They can fill a gap between prevention efforts and intensive treatment for persons who have become dependent on alcohol. Brief interventions are low in cost and have proven to be effective across the spectrum of alcohol problems, though not effective in treating alcohol dependence.

A systematic review of 23 studies found evidence that brief interventions resulted in fewer car crashes and related injuries, falls, suicide attempts, domestic violence, assaults and child abuse, alcohol-related injuries and injury emergency visits, hospitalizations and deaths, with reductions ranging from 27% to 65%[11]

[9] Anderson, P. and Baumberg, B. (2006). Alcohol in Europe. London: Institute of Alcohol Studies.

[10] An Garda Siochana Annual Report 2004

[11] Anderson and Baumberg (2006) Alcohol in Europe.

A recent study revealed that over one-quarter of patients in attendance at the A & E were related to alcohol. This was mainly as a result of the patient's own drinking but in some instances was caused by a third party. Almost one third of those who attended Accident and Emergency departments for an alcohol related injury had attended 3-4 times within the past year.[12] This indicates that healthcare workers in Accident and Emergency departments are in a unique position to intervene and refer problem drinkers to the appropriate services, where such services exist.

Drink Driving

We all know that alcohol has a big effect on the way people drive. It is responsible for a large proportion of the 399 people killed on our roads last year. Numerous well publicized road safety campaigns have resulted in a high level of awareness and strong public support for measures to combat the carnage on our roads, however it has not resulted in changed behaviour or fewer road accidents .
The Alcohol Action Ireland survey mirrors the results of several previous studies all of which identify an acceptance of the need for change in relation to the enforcement of our drink driving laws. The EU survey – SARTRE 111 "Making our Drivers and Roads Safer", published in 2004, showed that there is considerable public support among Irish people for policy change which will result in increased safety and over 80% of Irish drivers support greater enforcement of the drink driving legislation.

This supports the findings of an earlier study (Lansdowne Market Research 2002) which found that 83% of people believe that there has been an increase in alcohol-related problems and would support changes in alcohol policy particularly in relation to drinking and driving - specifically the introduction of random breath testing with enforcement and testing all year round. 67% support the lowering of the BAC to 0.5g/l. Those arrested for drink driving offences may need their alcohol consumption and its negative side effects challenged. Those in Garda custody are ideally placed for intervention and referral of problem drinkers to the appropriate services could be considered, where such services exist.

Enforcement

Evidence from several countries has demonstrated that random breath testing, where the police are authorized to stop any driver at any time and at any place for a test, has led to dramatic improvements in road safety. Ireland has one of the lowest levels of alcohol controls in the EU, only 4% of Irish drivers report being checked once for alcohol in the last three years. The Alcohol Action Ireland survey finds that a clear majority of people (72%) believe that the Gardai do not have the resources to enforce the law on drinking and driving.

Traditionally, law enforcement directed at drinking-driving was designed to catch offenders, on the assumption that this will prevent or deter people from driving after drinking. There is now a growing understanding that increasing the perceived probability or likelihood of being caught for drinking-driving proves to be a greater deterrent. That is why it is important for enforcement strategies to increase the perceived risk of being caught in order to deter drunk driving rather than make large numbers of arrests.

The Head of the Gardai Traffic Bureau recently said that he believes that high visibility and intercept enforcement points can play a pivotal role in creating a compliance culture in the area of road traffic legislation generally. It is essential that an enforcement policy is in place which will encourage such compliance as it is impossible for Gardai to detect every drunk driver on the road.

Random breath testing is an important component of a general deterrence programme, in that it is usual for drunk-drivers to believe that their driving is not obviously impaired. Random breath testing forces drivers to accept that they may be detected, even if they are not driving badly.

[12] Hope A et al (2005) Alcohol and Injuries in the Accident and Emergency Department. Dublin Department of Health and Children

A significant minority of people continue to drink and drive and Gardaí arrested 1,867 people for being over the limit during their six-week anti-drink driving operation over Christmas 2005, compared to 1,622 people in 2004. Despite these arrests however the conviction rate in Ireland has been falling steadily from a high of 66% (5,756) in 1998, to a low of 27% (3,060) in 2003.[13] As a comparison the annual number of convictions for driving with excess alcohol in New Zealand (a country with a similar sized population) has averaged approximately 21,500 since 2000.

On 4 April 2004, the European Commission published a Recommendation to the Member States on how to improve their enforcement policies. EU countries were asked to apply in a national enforcement plan what is known to be best practice in the enforcement of speed, alcohol and seat belt legislation. Measures to be included for drink driving include the application of random breath testing with alcohol screening devices and the use of evidential breath test devices (showing if the alcohol limit was exceeded). By April 2007, the Commission will evaluate whether or not enforcement policies have improved sufficiently. If this is not the case, the Commission says it will propose more binding legislation, i.e. a Directive.

Advertising

Alcohol marketing plays a significant role in young people's decisions to drink and in how they drink. International studies have established that alcohol advertising can have detrimental effects on vulnerable viewers. Those most at risk are more responsive to alcohol advertisements. Therefore, every effort must be made to protect vulnerable populations from exposure to media messages that promote alcohol.[14] We believe that the first step towards doing this is a ban on alcohol advertising before 9pm – a measure that receives widespread support in this survey.

Recent research on brain imaging has found that teenagers with alcohol use disorders showed greater brain response to alcohol advertisements. The highest degree of brain response was in young people who consumed more drinks per month and reported greater desires to drink.[15] Exposure to alcohol advertising (TV, radio, magazines, and billboards) was associated with greater alcohol use; also youth in markets with greater amounts of alcohol advertising drank more than those with less exposure to advertising.[16]

The Oireachtas Committee on Health recently recommended…"A complete ban to 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 Strategic Task Force on Alcohol says that it is necessary to: "Ensure the proposed legislation to reduce the exposure of children to alcohol advertising, sponsorship and promotions is enacted without delay."

We currently have a multi-tiered system of voluntary regulation whereby different bodies operate different codes. The view of those operating the codes is that there is a high level of compliance, however there is a huge gap between advertisements that are deemed acceptable by the codes and the perception that young people have of the advertisements.

In 2001 the Department of Health & Children carried out a study which asked teenagers their opinions of a range of existing alcohol advertisements in order to assess the impact of alcohol advertising on teenagers.[17] The study, funded by the Department of Health, found that young people (12-17yrs) were strongly attracted to alcohol advertisements and this played a role in their beliefs, expectations and knowledge about alcohol use and for some (especially girls) a source of encouragement to drink.

The study also found that the main messages teenagers got from the advertisements were that alcohol use helps to attract the opposite sex and that the use of alcohol leads to friendship, fun and social success. The study revealed that teenagers believe that alcohol advertisements use humour in a way that is particularly appealing to their age group. The way the characters dress, the games that are associated with alcohol, and the music used all have a particular attraction to teenagers.

This is in spite of a code which states that advertisements "…should not imply that drinking can contribute to social or business success" and …"should not suggest that any drink can contribute towards sexual success or make the drinker more attractive to the opposite sex by word or allusion" and "…should not feature characters, motifs, colours or styles that are likely to appeal particularly to minors".

Because advertising uses association, suggestion and symbolism to convey messages it is very difficult to prove that an advertisement has infringed the code. It follows that advertisements which show alcohol use by attractive young people in social settings will have the effect of suggesting that alcohol contributes to social and sexual success.

AAI believe that restricting the volume and content of advertisements for alcohol products is likely to reduce harm. Self-regulation of commercial communications by the alcohol industry does not have a good track record for being effective. The purpose of self-regulation is to reduce the harm done by alcohol, in particular among young people – so its success or failure should be measured by its impact on drinking and harm. Ireland has had voluntary regulation for over 20 years and it has clearly had no impact on the level of alcohol related harm. Our level of consumption of alcohol and our level of associated harms have risen steadily over the past 20 years.

One of the key difficulties with self regulatory codes is that while most codes govern the content of the advertisements, it is the volume and cumulative impact of these advertisements that is most important in encouraging young people to regard alcohol as an essential part of a successful social and increasingly, sexually active life.

Furthermore international research has consistently shown that the interpretation of these provisions varies depending on whether the review is being conducted by an industry appointed body, representatives of the public or the specific target audience involved. [18] For example, an Australian study reported that representatives of the general public found a large sample of advertisements in violation of the relevant voluntary code, while the industry review board did not.

Most advertising code committees can only recommend withdrawal of the advertisement in the event of breaches of the code. In general it takes a few months before the advertising Code Committees rule on a complaint and in many cases the campaign concerned has been completed when the Committee gives its verdict.

Serious questions must be asked about whether it serves the public interest to allow promotion of products that have considerable adverse impact on public health. Instead, we tend to focus our energy on refining the codes and introducing monitoring bodies to police the codes. A successful mix of marketing promotions means that the advertising in the media to which the codes are applied can be restricted to association of the brand with images, lifestyles and events that are attractive and relevant to target audiences, particularly the young.

At European level, both the WHO and the EU, have made commitments to protecting young people from the pressures to drink which include the issue of alcohol promotions and advertising. The EU adopted a Council Recommendation in June 2001, signed by Ireland and all the member states, on the drinking of alcohol by children and young people. It recommends that member states "Ensure that alcoholic beverages are not designed or promoted to appeal to children or adolescents".

Ireland also signed up to the WHO Ministerial Declaration on Young People and Alcohol in February 2001 which calls on member states to "Minimise the pressures on young people to drink, especially in relation to alcohol promotions, free distributions, advertising, sponsorship and availability, with particular emphasis on special events".

13 CSO Principal Statistics 2005
14 Journal of Public Health Policy 2005, Volume 26, Number 3.
15 Tapert et al., 2003, Arch. Gen. Psychiat
16 Snyder et al. 2006 Arch Ped Adol Med
17 Dring, C and Hope, A (2001) The Impact of Alcohol Advertising on Teenagers in. Ireland. Dublin: Health Promotion Unit, Department of Health & Children
18 Anderson, P. and Baumberg, B. (2006) Alcohol in Europe. London: Institute of Alcohol Studies

Recommendations

As a general principle the policies implemented by government should be based on evidence of effectiveness – only policies that have been proven to be effective should become part of a government strategy to tackle alcohol misuse.

As a first step in tackling alcohol problems the Government should put resources into ensuring that there is adequate enforcement of the existing laws aimed at tackling misuse of alcohol. In addition the Government should take immediate steps to;

Establish a structure that will operate at national and regional level to implement the recommendations of the Strategic Task Force on Alcohol.

Reduce the number of outlets selling alcohol and reduce the opening hours.

Introduce a highly visible, well publicised and well resourced system of Random Breath Testing.

Introduce statutory regulations on advertising and marketing of alcohol products restricting alcohol advertising to after 9pm.

Provide the necessary resources to allow the Gardai enforce all existing laws on serving alcohol to underage and intoxicated people, opening and closing hours, and public drunkenness.

Use taxation as a means of reducing demand for alcohol by increasing prices in line with inflation. The taxation system could also be used as a way of promoting low alcohol or no alcohol alternatives through a reduction of tax on these products.

Provide Early Intervention programmes in all social, health and justice services to ensure that all those working in such settings would be in a position to detect high risk drinking in individuals at an early stage and provide the appropriate response.

References

Anderson, P. and Baumberg, B. (2006). Alcohol in Europe. London: Institute of Alcohol Studies.

An Garda Siochana Annual Report 2004

Babor T, et al (2003) Alcohol – No Ordinary Commodity. London; Oxford University Press

CSO Principal Statistics 2005

Department of Health and Children (2004), Strategic Task Force on Alcohol, Second report.

Health Promotion Unit, 2003 Statistics of alcohol-related harm.

Dring, C and Hope, A (2001) The Impact of Alcohol Advertising on Teenagers in Ireland. Dublin: Health Promotion Unit, Department of Health & Children

Journal of Public Health Policy 2005, Volume 26, Number 3.

Ramstedt, M and Hope, A. (2002). Drinking and drinking related harm in a European comparative perspective.

Snyder L; Milici F; et al (2006) Effects of Alcohol Advertising Exposure on Drinking Among Youth. Arch Pediatr Adolesc Med, Jan 2006; 160: 18 - 24.

Tapert S; Cheung E et al (2003) Neural Response to Alcohol Stimuli in Adolescents With Alcohol Use Disorder Arch Gen Psychiatry; 60: 727-735.

Tax Strategy Group Report 18/2004, Department of Finance Appendix 1

WHO European Charter on Alcohol

Ethical Principles and Goals

In furtherance of the European Alcohol Action Plan, the Paris conference calls on all Member States to draw up comprehensive alcohol policies and implement programmes that give expression, as appropriate in their differing cultures and social, legal and economic environments, to the following ethical principles and goals, on the understanding that this document does not confer legal rights.

1. All people have the right to a family, community and working life protected from accidents, violence and other negative consequences of alcohol consumption.

2. All people have the right to valid impartial information and education, starting early in life, on the consequences of alcohol consumption on health, the family and society.

3. All children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages.

4. All people with hazardous or harmful alcohol consumption and members of their families have the right to accessible treatment and care.

5. All people who do not wish to consume alcohol, or who cannot do so for health or other reasons, have the right to be safeguarded from pressures to drink and be supported in their non-drinking behaviour.

Ask all Adults Aged 18+

Good morning/afternoon. I am.....................from Millward Brown IMS Limited.
We are carrying out a survey and i would be grateful for your help in answering some questions.

Q.1 Do you agree or disagree that the current level of alcohol consumption in Ireland is a problem?
PROBE TO PRECODES SINGLE CODE ONLY

- Agree.. 1
- Neither agree nor disagree........................ 2
- Disagree..3

Q.2 Do you agree or disagree that our attitude towards drinking alcohol and the behaviour that goes with it should change?
PROBE TO PRECODES SINGLE CODE ONLY

- Agree.. 1
- Neither agree nor disagree........................ 2
- Disagree..3

Q.3 Do you personally know anyone who has a problem with their level of alcohol consumption?
SINGLE CODE ONLY

- Yes... 1
- No... 2

Q.4 Have you ever been concerned by someone else's or your own use of alcohol?
SINGLE CODE ONLY

- Yes... 1
- No... 2

Q.5 Have you or anyone close to you been injured, harassed or intimidated by your own or someone else's use of alcohol?
SINGLE CODE ONLY

- Yes... 1
- No... 2

Q.6 Would you be in favour or not of health and other professionals asking questions to identify problem drinking at an early stage in settings where a person show signs of alcohol related harm?
PROBE TO PRECODES SINGLE CODE ONLY

- Strongly in favour..................................... 1
- Neither in favour nor against..................... 2
- Strongly against.. 3

Q.7 in your view should hospital A & E departments have a specific service in place to refer patients with persistent alcohol-related problems or do you think that this should not the responsibility of the A&E department?
CODE ONLY

- Should be able to refer patients.. 1
- Should not be the responsibility of A&E department.. 2

Q.8 Are you in favour of full nationwide introduction of random breath testing to detect drunk-drivers?
SINGLE CODE ONLY

- Yes... 1
- No... 2

Q.9 Do you believe that the Gardai have enough resources to enforce the law regarding....?
SINGLE CODE ONLY

	Yes	No
• Sales of alcohol to minors	1	2
• Opening hours	1	2
• Drink - Driving	1	2

Q.10 Do you agree or disagree that the government is doing enough to address alcohol problems in Ireland?
PROBE TO PRECODES SINGLE CODE ONLY

- Agree.. 1
- Neither agree nor disagree........................ 2
- Disagree..3

Q.11 Do you think that the government should establish and invest in an agency with specific responsibility for tackling the alcohol related problem in Ireland?
SINGLE CODE ONLY

- Yes... 1
- No.. 2

Q.12 Would you accept an increase in excise duty or tax on alcohol if it was specifically put towards an initiative that led to a reduction in alcohol related harm?
SINGLE CODE ONLY

- Yes... 1
- No.. 2

Q.13 Would you agree or disagree that alcohol advertising should only be permitted after 9pm when children's peak viewing time is over?
PROBE TO PRECODES SINGLE CODE ONLY

- Agree.. 1
- Neither agree nor disagree........................ 2
- Disagree..3

Q.14 Would you agree or disagree that there should be an outright ban on all forms of alcohol advertising as a way to reduce the pressure on people to drink?
PROBE TO PRECODES SINGLE CODE ONLY

- Agree.. 1
- Neither agree nor disagree........................ 2
- Disagree..3

Q.15 Would you agree or disagree that sponsorship of sports by the alcohol industry should be brought to an end?
PROBE TO PRECODES SINGLE CODE ONLY

- Agree.. 1
- Neither agree nor disagree........................ 2
- Disagree..3

Q.16 Would you agree or disagree that a new license to allow alcohol to be ordered by phone or internet and delivered to home addresses would make it easier for under-18's to purchase alcohol?
PROBE TO PRECODES SINGLE CODE ONLY

- Agree.. 1
- Neither agree nor disagree........................ 2
- Disagree..3