



ALCOHOL ACTION IRELAND

Submission

to the Healthy Ireland Framework
Public Consultation

**APRIL
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Website:
alcoholireland.ie

About us

Alcohol Action Ireland (AAI) is the national independent advocate for reducing alcohol harm. We campaign for the burden of alcohol harm to be lifted from the individual, community and State, and have a strong track record in effective advocacy, campaigning and policy research.

Our work involves providing information on alcohol-related issues, creating awareness of alcohol-related harm and offering policy solutions with the potential to reduce that harm, with a particular emphasis on the implementation of the Public Health (Alcohol) Act 2018. Our overarching goal is to achieve a reduction in consumption of alcohol and the consequent health and social harms which alcohol causes in society.

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Summary

Healthy Ireland, 'A Framework for Improved Health and Wellbeing 2013-2025', outlines that "a healthy population is essential to allow people to live their lives to their full potential, to create the right environment to sustain jobs, to help restore the economy and to look after the most vulnerable people in society.". [1] The document correctly identifies alcohol use as a significant contributing factor in this regard, given its role in a wide range of health and social harms.

Since the publication of Healthy Ireland 2013-2025, there have been some welcome improvements in relation to alcohol use. Ireland has shown considerable leadership in alcohol policy through its ground-breaking Public Health (Alcohol) Act 2018 which has played a considerable role in this area.

However, targets have also been missed, and new crises have emerged. Alcohol use in Ireland remains high with 71% of the population over the age of 15 being current drinkers, and risky and hazardous consumption being the norm rather than the exception.[2] Where young people are concerned, the situation has now reached crisis level, with consumption rates rising 12% in a decade, returning to levels not seen since the early 2000s.[3][4] This is of particular concern because, as Healthy Ireland 2013-2025 noted, alcohol use in Ireland represents a major and preventable driver of ill health, placing a substantial and growing burden on individuals, communities, society, the economy, and the health system.

Alcohol must be understood as a commercial determinant of health. Research identifies it as one of four harmful commodities, alongside tobacco, fossil fuels, and unhealthy foods, responsible for more than half of deaths in Ireland.[5] Yet alcohol and its impact is frequently underestimated despite international evidence suggesting it costs the State almost twice as much as tobacco. [6] The alcohol industry, through making its products affordable, convenient, and attractive, is a key driver of this burden, while evading responsibility for the harms it causes and successfully lobbying against implementation of settled alcohol policy.[7] The new Healthy Ireland Framework must recognise that when it comes to alcohol, the product and its producers are the problem, not people.

A healthy population is a major asset for society, and improving health and wellbeing must therefore remain a government priority. As Ireland's population grows and ages bringing increased pressure on treatment services, there is an increasing recognition that prevention of ill health is essential. Unfortunately, alcohol continues to undermine this ambition. This submission outlines the negative impact of alcohol on the health and wellbeing of people in Ireland, and on wider society and the economy.

This document further sets out what can be done to create a healthier Ireland by reducing alcohol-related harm and enabling healthier lifestyle choices across the population through prevention, equity, and cross-sectoral action on alcohol.

AAI recommends the new Healthy Ireland Framework should:

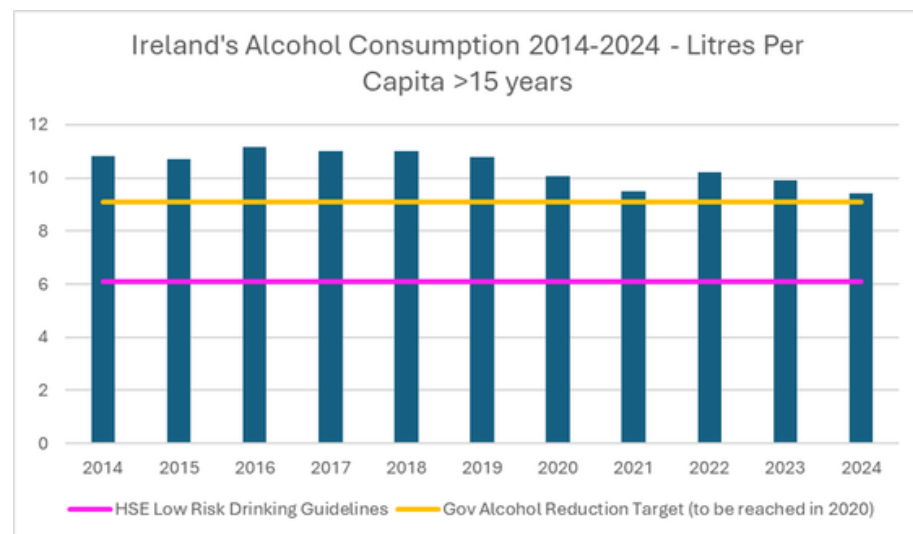
- Be structured around the commercial and social determinants of health;
- Set up structures to improve interdepartmental cohesion on addressing the commercial determinants of health; and,
- Include a new target of reducing alcohol consumption to 6.1 litres per capita to be achieved by:
 - increasing excise duties and Minimum Unit Pricing in line with inflation
 - introducing controls on sports and online marketing of alcohol
 - no increases in the availability of alcohol

Such actions will:

- Improve population health by reducing alcohol-related harm, including obesity and non-communicable diseases (NCDs);
- Reduce health inequalities by targeting harmful drinking patterns disproportionately affecting vulnerable groups;
- Protect public health by minimising exposure to alcohol-related harms;
- Enable healthy environments by reducing structural drivers of alcohol consumption and promote informed choice.

Alcohol consumption in Ireland

There is a high level of alcohol consumption across the population, at 9.4 litres per capita among those aged 15 years and over.[8] This is still above the government's modest reduction target of 9.1 litres per capita, which was set in 2013 to be achieved by 2020.[9] More concerningly, it is 35% above the level that would be expected if adult drinkers stayed within the current HSE lower-risk drinking guidelines. These guidelines are already acknowledged as comparatively high by international standards and are currently under review.



Ireland's alcohol consumption rate 2014-2024 in litres per capita (>15 years)[10] compared to the HSE's low risk drinking guidelines[11] and the government's own alcohol reduction target, set in 2013, to be achieved by 2020.[12]

Given that over a quarter of the population do not drink at all, the average level of consumption per drinker is considerably higher at 12.9 litres per capita.[13]



It's not only the volume of alcohol consumed that is concerning, but also the patterns of drinking. Studies indicate that more than one-half of those who drink are classified as hazardous drinkers.[14] Ireland has the second highest level of binge drinking across OECD countries.[15] This gives rise to a range of harms. Research from the Health Research Board found that those who are dependent on alcohol have a greater individual risk of experiencing each harm but the majority of the harms in the population are accounted for by drinkers who were not dependent on alcohol but who binge drink regularly.[16]

More concerning still, there are also extremely high levels of youth drinking with data showing a 12% increase in consumption over the last decade.[17] Young people aged 15-24 now constitute the largest alcohol-consuming age cohort in Ireland and are simultaneously the most prevalent hazardous drinkers and binge drinkers in the country. Furthermore, consumption amongst young people is now at a rate not seen since the early 2000s when youth drinking was at crisis levels.[18]

Such patterns of harm require careful consideration in terms of prevention and services if the Healthy Ireland Framework is to achieve its goals of:

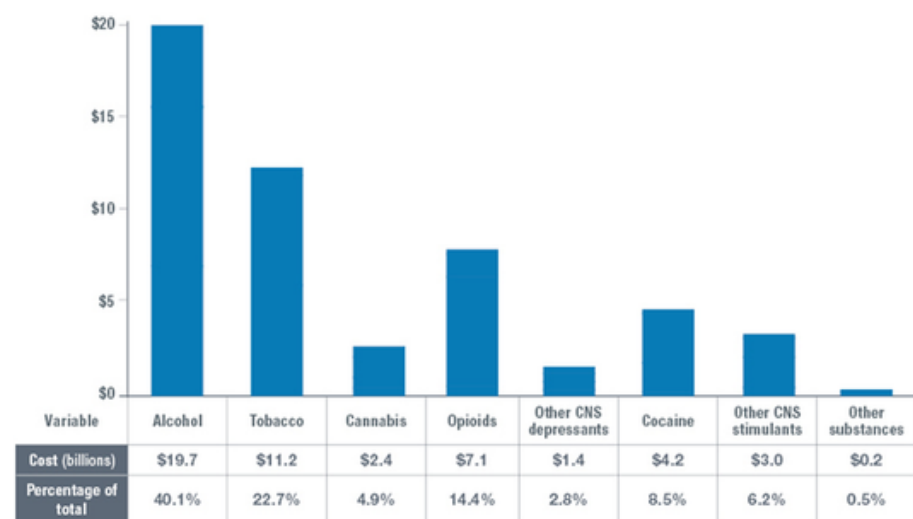
- Increasing the proportion of people who are healthy at all stages of life;
- Reducing health inequalities;
- Protecting the public from threats to health and wellbeing;
- Creating an environment where every individual and sector of society can play their part in achieving.

Alcohol, health and the health service

Alcohol as a commercial determinant of health

The Healthy Ireland Framework states, “The current health status of people living in Ireland, lifestyle trends and inequalities in health outcomes are leading us toward a future that is dangerously unhealthy and very likely unaffordable.” [19] While the framework also notes the impact of alcohol on public health, it does not see alcohol as a commercial determinant of health. In recent years a body of research has been emerging in relation to four harmful commodities which account for more than half of deaths in Ireland: tobacco, alcohol, fossil fuels, and unhealthy foods.[20]

Alcohol is often overlooked in discussions regarding poor health, especially in comparison to tobacco, but research indicates that alcohol constitutes a much heavier financial burden on people, the health service, and the taxpayer. International estimates suggest that alcohol costs the state almost twice as much as tobacco.[21][22] This is because of the additional significant impact of alcohol harm on others as well as the large fraction of the population who consume alcohol compared with tobacco. The costs of substance use in Canada[23] is illustrated below and given similar consumption patterns in both countries, is likely to be comparable for Ireland.



Substance Use Costs in Canada in 2020 [24]

Meanwhile, commercial actors such as the alcohol industry, through mechanisms that make their products affordable, hyper-convenient, and seductively attractive, are a key driver of ill health.[25] This situation is further

exacerbated as the industry evades paying for the wide range of harms its product causes. Such a situation led the WHO to state that when commercial actors, like the alcohol industry, are able to avoid the costs that arise from their health harming products, they undermine public health and wellbeing.[26]

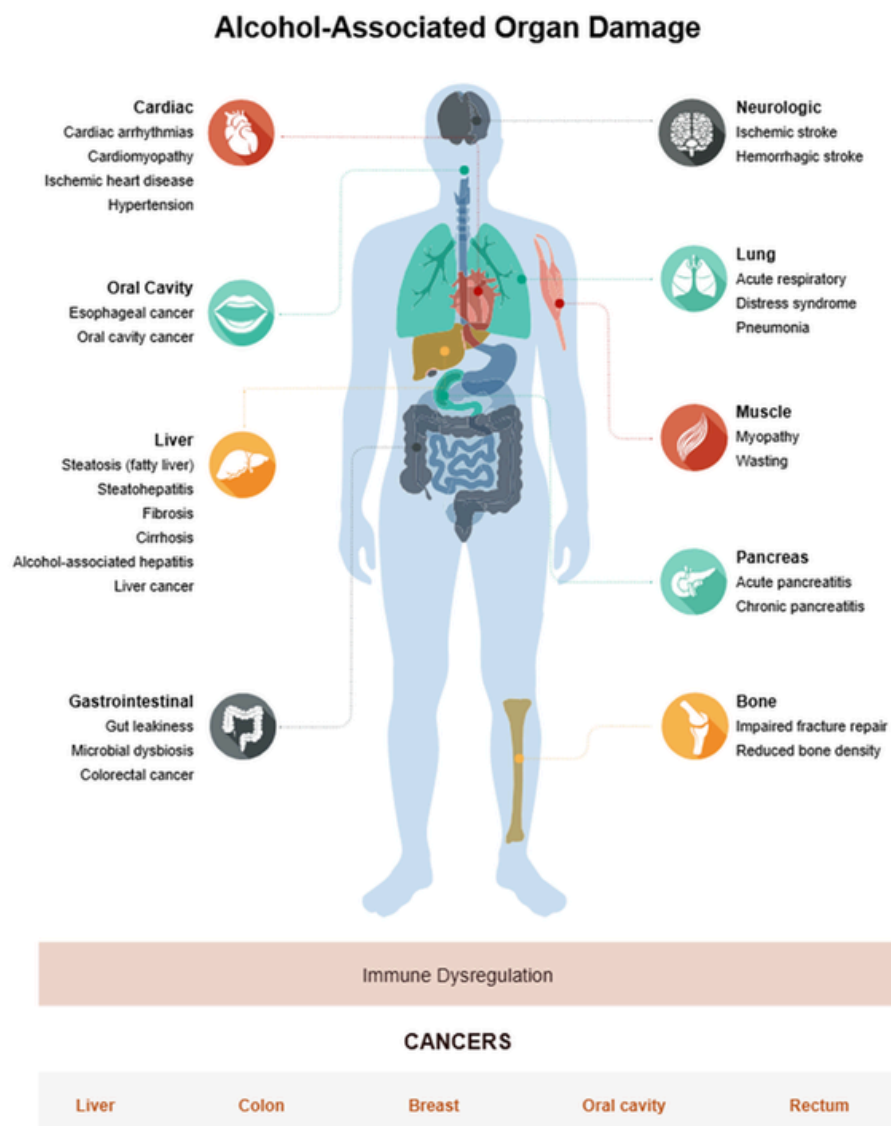
The new Healthy Ireland Framework must understand that the product is the problem, not people, if it is to achieve its aims. In Ireland, alcohol is responsible for four deaths a day, yet government ministers continue to meet with, and be lobbied by, the alcohol industry. This stands in stark contrast to the approach taken to smoking, where government acknowledges that tobacco – the product – is the problem, and refuses to engage with the tobacco industry.

Research from the Lancet argues that countries, like Ireland, now face an industrial epidemic, where commercial actors are responsible for the exposure of the Irish population to harmful commodities and commercial practices. [27] That research made it clear that the industrial epidemic is the product of a political-economic system that benefits commercial interests at the expense of the human right to health. [28] Until that fundamental tension is addressed, the Healthy Ireland Framework cannot achieve its vision of an Ireland “...where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone’s responsibility.”. [29]

Alcohol and health

Physical health

Alcohol use is the seventh leading risk factor for both deaths and disability-adjusted life years globally, and the leading risk factor among those aged 15-49 years.[30] Yet alcohol is a modifiable risk factor; reductions in alcohol consumption would lead to an associated reduction in the burden of disease, not only from conditions such as alcohol dependence and alcoholic liver disease, but also from commonly reported health conditions, including obesity, cardiovascular disease, and cancer.[31] Moreover, alcohol also contributes toxic effects on several organs, as well as poisoning, injuries, and impairments in behaviour.[32]

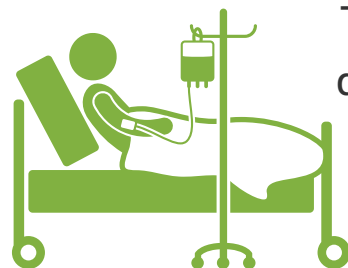


Alcohol Associated Organ Damage.[33]

As outlined previously, Ireland has a high level of alcohol consumption, and many Irish people engage in harmful drinking patterns. With such high levels of use, there is an equally high health impact because most alcohol-attributable conditions show a dose-response relationship with volume of alcohol use – the more alcohol consumed, the higher the risk of disease and harm.

- Cancer
 - Alcohol is a Group 1 carcinogen with a causal role in cancers of the oral cavity, pharynx, larynx, oesophagus (SCC), liver, colon, rectum, and breast, with probable links to stomach and pancreatic cancers.[34] Risk increases with consumption.
- Liver and Digestive System
 - Alcohol is a major contributor to liver disease, a leading global cause of death, and is causally linked to both acute and chronic pancreatitis.[35] Risk increases with consumption.
- Cardiovascular Disease
 - Chronic heavy drinking increases risk of stroke, hypertension, and other cardiovascular diseases.[36] Episodic heavy drinking also elevates risk, even in light to moderate drinkers. Risk increases with consumption.
- Injuries
 - Alcohol causally contributes to a wide range of injuries by impairing vision, reaction time, psychomotor function, and risk judgement.[37] Risk increases with consumption.
- Obesity
 - Research on Irish adults links harmful alcohol use to overweight and obesity, including elevated BMI and large waist circumference.[38] Binge drinking is also associated with abdominal obesity. Risk increases with consumption.

 **40,000**



The number of alcohol-related discharges from Irish hospitals each year [39]. That's as many people as live in Drogheda, Ireland's largest town.[40]

Mental health

Alcohol is no ordinary commodity; it is a depressant drug with significant health implications for those who use it, and it is a significant risk factor for suicide, as recognised by the World Health Organisation.[41] A psychotropic depressant of the central nervous system, alcohol promotes simultaneous changes in several neuronal pathways, exerting a profound neurological impact that leads to various behavioural and biological alterations.[42]

Alcohol has long been linked with poor mental health, including both self-harm and suicide.[43] Research has shown that alcohol consumption can affect mental health in multiple ways: it can be a contributory factor to mental health distress, an exacerbator of existing mental health difficulties, and mental health difficulties can in turn become a maintaining factor for continued alcohol consumption.

Globally, alcohol was associated with 27% of suicides and self-harm incidents in 2019, while in Ireland, alcohol was found to be a factor in nearly half of suicide cases[44] and one-third of self-harm hospital presentations in 2020.[45] A significant meta-analysis which examined the alcohol-suicide link in over 10 million people found that alcohol use was associated with a 94% increase in the risk of completed suicide.[46] The meta-analysis also found that a key risk factor for suicide was being a younger drinker, and the most consistent risk factor was a heavier pattern of drinking.

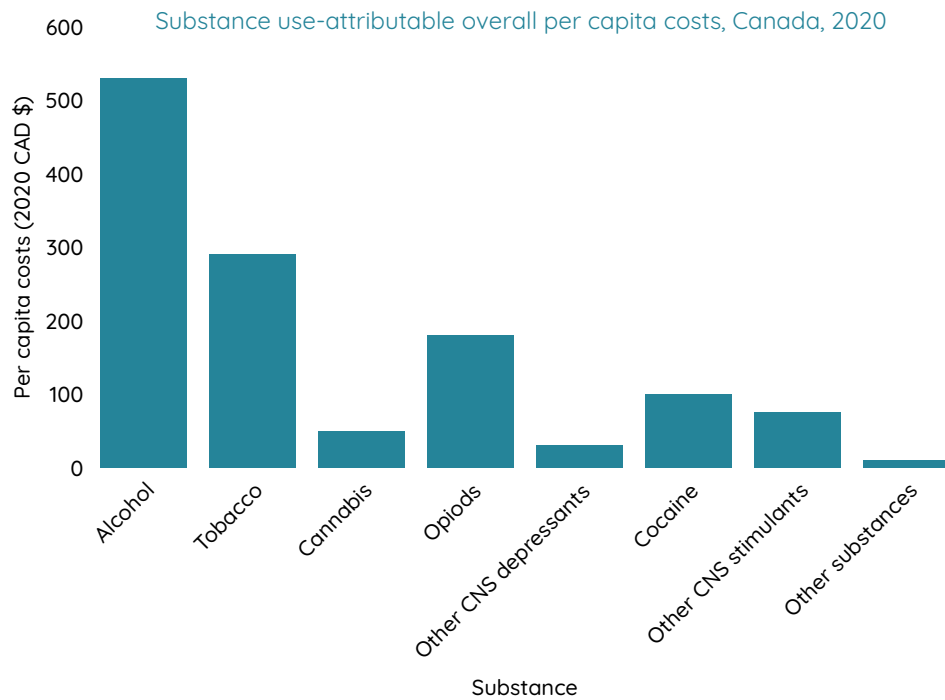
Furthermore, parental problem alcohol use (PPAU), a well-established Adverse Childhood Experience (ACE), can have serious, lifelong implications for mental health.[47][48] At least 1 in 6 young people in Ireland are affected by alcohol-related harm at home,[49] while 1 in 4 Irish people may have grown up in a household blighted by alcohol.[50] Living with PPAU significantly increases the risk of co-occurring ACEs, including mental health difficulties, compounding long-term psychological harm.[51] Ireland's persistently high levels of alcohol consumption mean this hidden crisis continues to grow, and with it mental health problems.

Therefore, it is little wonder that the WHO advocates for governments to use the full suite of policy tools available to implement alcohol reduction strategies as a suicide prevention measure.[52] It is therefore clear that alcohol use undermines two of the core goals of Healthy Ireland – an Ireland where everyone can enjoy physical and mental health, and wellbeing, to their full potential.

The social and economic impact of alcohol

The WHO estimates that for a high-income country such as Ireland, costs are likely to be at least 2.5% of GDP, or €14 billion per annum.[53] This does not include harm to others with issues such as FASD or PPAU. While data from Australia has found the costs of harm to others is equivalent to the cost of the harm to the individual drinker.[54]

Costs from alcohol far outstrip those of any other drug in Ireland as indicated by data from Canada which has similar alcohol, tobacco and drug consumption levels.[55]



Impact on the health system

Alcohol is not an ordinary commodity – it is a carcinogenic, psychoactive, dependence-producing drug with severe consequences for Ireland’s health system – and in 2012, 11% of the Department of Health budget was spent managing alcohol-related harms.[56]

Key statistics:

- 1 in 20 deaths in Ireland is caused by alcohol; [57]
- 1,500 hospital beds are occupied daily due to alcohol; [58]
- Alcohol causes liver disease and is responsible for 1 in 8 breast cancers;[59]
- Alcohol is involved in half of all suicides and 1 in 3 self-harm presentations. [60]

Alongside tobacco, fossil fuels, and unhealthy foods, alcohol is among four commodities responsible for over half of deaths in Ireland and at least a third of global deaths annually. [61]

It is essential that the Healthy Ireland Framework, and government as a whole, treats alcohol as a serious Commercial Determinant of Health, requiring structural policy reform, not merely individual behaviour change.

Impact on children

Parental problem alcohol use (PPAU) is a well-established Adverse Childhood Experience (ACE) with lifelong physical and mental health consequences.[62] As a result, PPAU directly undermines Healthy Ireland’s vision for children reaching their full potential.

The scale of the problem:

- At least 1 in 6 young people experience alcohol-related harm at home; [63]
- More than 200,000 children are estimated to be currently living with PPAU; [64]
- Up to 1 in 4 Irish adults may have grown up in a household affected by alcohol – this means that over 1.5 million people across all age ranges may have been affected by PPAU.[65][66]

Furthermore, PPAU also increases the risk of additional ACEs, including neglect, abuse, parental mental illness, and family breakdown.[67] Despite this, children’s voices remain largely absent from policy in the area. Therefore, a whole-of-government approach to alcohol policy must centre the child’s experience in relevant strategies and policy, including in the Healthy Ireland Framework.

Impact on the justice system

Alcohol is a major driver of crime in Ireland. As District Court President Justice Paul Kelly has observed, alcohol is implicated in the vast majority of public order offences, assaults, criminal damage, family law cases, and drink driving.[68]

Key facts:

- Alcohol is a risk factor for domestic, sexual, and gender-based violence;[69]
- Between 30–65% of assaults, disorderly conduct, and public order incidents are linked to alcohol; [70]
- OECD and WHO estimates suggest alcohol harm costs Ireland approximately €9.6–14 billion annually;[71][72]
- DoJ analysis indicates 29% of the costs of alcohol harm relate to crime – meaning alcohol-related crime may cost the Irish taxpayer in excess of €3.4 billion per year, almost equivalent to the entire DoJ 2025 budget. [73]

The evidence is consistent – more drinking leads to more violence. [74] Therefore, addressing alcohol harm requires structural policy intervention, through frameworks like Healthy Ireland.

Impact on road safety

Alcohol remains a serious threat to road safety in Ireland, with 2025 marking the worst year for road fatalities since 2014.

- 35% of driver fatalities (2016–2020) with toxicology results tested positive for alcohol; [75]
- European research shows drivers under the influence are 17.8 times more likely to cause a fatal accident; [76]
- 1 in 8 (almost 425,000) Irish drivers admitted to drink driving in 2024;
- Ireland has the lowest level of roadside breath test checkpoints in the EU;[77]
- Only 5,007 people were caught drink driving in 2024;[78]
- Drink drivers have a minuscule chance of being caught.[79]

Research consistently links longer licensing hours to increased drink driving, a key reason the HSE urged against extending pub trading hours under the Sale of Alcohol Bill.

The solution is the inclusion of proven WHO policy measures to reduce drink driving in frameworks such as Health Ireland.[80] Otherwise it cannot achieve its aim to “Protect the public from threats to health and wellbeing.”.[81]

Impact on business and the economy

Alcohol directly undermines Healthy Ireland's vision of a productive, thriving population, imposing significant costs on workers, employers, and the broader economy.

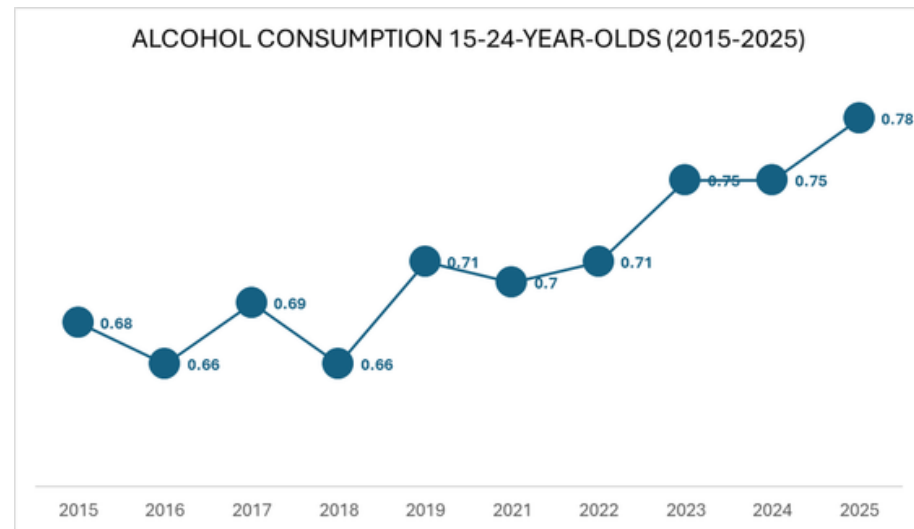
Consequences of alcohol on businesses and productivity are:

- Presenteeism, working below capacity due to hangovers or intoxication, accounts for 77% of total alcohol-related productivity loss; [82]
- Absenteeism, alcohol-related absences, cost an estimated €1.5 billion per year in Ireland according to an Ibec study from the early 2000s;[83]
- According to more modern research, costs from alcohol consumption can amount to an equivalent of 1.5–2.6% of GDP in high-income settings, meaning an annual loss of €8.5bn to the Irish economy;[84][85]
- Increased tardiness, early leaving, theft, and reduced workplace morale, amongst others; [86]
- A cyclical relationship between alcohol use and unemployment, each reinforcing the other; [87]
- Premature death and chronic disease disproportionately affecting working-age people, with peak alcohol-related mortality occurring during peak productive years. [88][89]

Alcohol contributes to over 200 health conditions and ranks as the fifth leading global risk factor for disease and disability.[90] The resulting impact on the workforce imposes substantial, preventable financial burdens on the State and wider economy.

Youth drinking

Despite Healthy Ireland's commitments to reducing alcohol consumption, no specific target was set for youth drinking, and the consequences are now visible in the data.



Alcohol consumption amongst 15–24-year-olds (2015–2025) as recorded by Healthy Ireland Survey's. NB. In 2019 Healthy Ireland data on alcohol was collected through the National Drug and Alcohol Survey, while in 2020 the Healthy Ireland Survey was cancelled due to Covid19. [91][92][93][94][95][96][97][98][99][100]

After a decline from the mid-2000s to mid-2010s, youth drinking has surged back to crisis levels:

- Consumption among 15-24-year-olds rose from 66% in 2018 [101] to 78% in 2025, [102] approaching the early 2000s peak of 82%, [103] when youth drinking was considered a national crisis;
- Young people are now the largest alcohol-consuming age group in Ireland; [104]
- 64% of young drinkers regularly binge drink; [105]
- 1 in 3 young drinkers has an Alcohol Use Disorder. [106]

Alcohol is the most commonly used substance among young people in Europe and is typically the first substance used by children in Ireland. Worryingly, when drinking begins at a young age, it is consistently associated with hazardous consumption patterns and significantly increases the risk of later dependency. [107]

The consequences of youth drinking extend across health, mental wellbeing, criminal justice, road safety, and economic productivity. A dedicated, evidence-based policy commitment to reducing youth drinking is long overdue and should form part of the new Healthy Ireland Framework.

The marketing and advertising of alcohol

Alcohol is one of the most heavily marketed products in the world with estimates on annual spending ranging from \$7.7bn to \$17.7bn.[108][109] In Ireland, the annual spend on marketing alcohol to the public was conservatively estimated to be €115m in 2021.

Despite the known and significant health implications associated with alcohol, its promotion is provided with advertising tax relief by government. Furthermore, the alcohol industry increasingly targets young people through social media influencers and targeted advertising. [110] So effective is this form of advertising that young teenagers report seeing near-equal volumes of alcohol ads from industry (36%) and influencers (38%).[111]

The consequences are stark:

- At least 50,000 children begin drinking every year in Ireland;[112]
- Youth alcohol consumption has increased by 12% over the last decade, with young people now the largest consuming age group in the state;[113]
- Early drinking is a known risk factor for heavy episodic drinking and later dependency;[114]
- Diageo is currently the fourth largest broadcast advertiser to children in Ireland.[115]

Ireland's Public Health (Alcohol) Act 2018 has some welcome restrictions on alcohol advertising which are designed to reduce children's exposure to alcohol marketing. However, these do not extend to the online space which is now a dominant channel for alcohol marketing. The 2025 report of the Online Health Taskforce,[116] and the associated report by the institute of Public Health,[117] on the digital marketing of health harming products to children in Ireland makes important recommendations in this area.

There is a need to progress this work urgently because protecting children and young people from alcohol marketing, particularly online, is essential to protecting the next generation from the health harms of alcohol.

NoLo's are not a public health solution

Many leading alcohol producers now market alcohol-free and low-alcohol variants, collectively known as NoLos, often using branding identical to their full-strength products. While the industry portrays these as a harm reduction

strategy, the WHO has found little evidence to support this claim.[118] On the contrary, the WHO has flagged potential harms, including the risk of misleading minors, pregnant women, abstainers, and those seeking to reduce consumption about actual ethanol content.

Using NoLo's to circumvent advertising protections

A striking divergence exists between how NoLo products are described publicly, as tools for moderation, and how they are presented in industry-facing publications, as tools to drive market growth and increase main brand sales.[119]

These products are now prominently visible in settings where alcohol advertising is restricted, including:

- On sports playing surfaces;
- Near schools and on public transport;
- On broadcast media during daytime hours

This exposure normalises alcohol-like products in environments previously protected from such promotion. Indeed, just as PHAA advertising restrictions came into force, zero-alcohol ads accounted for 25% of outdoor alcohol advertising spend in 2022,[120] despite NoLo products representing only around 2% of the market.[121] This disproportionate spend makes clear that NoLo advertising functions primarily as a vehicle for maintaining alcohol brand visibility, not promoting genuine alternatives.



Industry admissions

The alcohol industry has itself acknowledged the commercial intent behind this strategy. Marketers for Heineken 0.0 stated in a 2021 submission that advertising their non-alcoholic product had a beneficial effect on the Heineken main brand, compounding overall brand growth.[122] When advertisers openly admit that NoLo marketing boosts sales of core alcohol products, the public health implications are impossible to ignore.

Impact on children

Research of NoLo sponsorship reveals deeply concerning levels of brand recognition amongst children:

- Children as young as 11 demonstrated high alcohol brand recognition, with one participant noting, “I just saw the alcohol brand, I never really thought of the zeros”; [123]
- Children as young as 14 identified Guinness as the Six Nations sponsor; [124]
- Children and young people tend to categorise NoLo drinks as alcoholic beverages rather than soft drinks; [125]
- Australian research found that exposure to zero-alcohol advertising prompts adolescents to think about alcohol in similar ways to full-strength product advertising. [126]

Circumventing the law

Despite the PHAA explicitly restricting alcohol advertising on sports surfaces, the industry has used NoLo branding to circumvent these protections:

- Guinness displayed their logo, with 0.0 added, in the centre of the pitch during Ireland’s home Six Nations matches;
- Carlsberg displayed branding behind football goal lines during Ireland’s World Cup qualifiers with “0.0” tagged on; and,
- Forged Irish Stout 0.0 was prominently displayed during a high-profile Katie Taylor fight in May 2023 – a product not yet available on the market and still unavailable as of April 2026.[127]

Indeed, recent research found NoLo sales represented just 2% of total beer sales further undermining any public health justification.[128] Moreover, sport is a key strand of the alcohol industry’s advertising strategy, and the proliferation of NoLo branding in sporting contexts is not a concession to public health, but a calculated effort to preserve and expand market share in the face of tightening regulation.

When evidence shows children are being harmed, inaction is not neutrality – it is a policy choice. The new Healthy Ireland Framework must advocate against powerful alcohol corporations using sport to recruit the next generation of drinkers, one of the most trusted and youth-focused cultural spaces.

Alcohol availability and the alcohol harm paradox

Alcohol availability refers to how easily individuals or communities can obtain alcohol. There is a well-established bidirectional relationship between availability and consumption – greater availability drives greater consumption, which in turn drives greater harm. In Ireland, licencing legislation governs the availability of alcohol by restricting the number of outlets licenced to sell alcohol, limiting the hours of sale, setting a minimum purchase age, having minimum unit pricing, preventing sales to intoxicated people, and limiting drinking in public places. [129] However, the proposed Sale of Alcohol Bill (2022) risks undermining these protections by increasing availability. [130]

Research from the University of Sheffield and analysis from the HRB reveals Ireland has the third-highest number of pubs per capita in the world. Moreover, liberalisation of licencing laws in the early and mid-2000s, particularly the removal of restrictions on licence transfers and the abolition of below-cost selling restrictions, led to an explosion in the number licenced premises, especially off-licences. As a result, there is one liquor licence for every 345 people nationally, and 73% of the population live within 300 metres of a licensed premises.[131]

Of particular concern is the geographic distribution of these outlets. HRB geospatial analysis shows there are 4.5 licensed premises per 1,000 people in very disadvantaged areas, compared to just 2.2 per 1,000 in very affluent areas. [132] This is of concern because higher outlet density normalises alcohol consumption and is associated with increased rates of violence, assault, domestic violence, underage drinking, binge drinking, and drink-driving. [133]

This unequal distribution is further compounded by the alcohol harm paradox – the well-documented phenomenon whereby people from lower socioeconomic groups suffer disproportionately higher rates of alcohol-related illness despite consuming similar or lower amounts of alcohol than their more affluent counterparts.[134] [135] [136]

It is therefore essential that the Healthy Ireland Framework addresses not only alcohol as a health-harming product, but also the role that availability and geography play in driving alcohol-related harm across the population.

Strategic policy actions

Aligning the Healthy Ireland framework across Government

The Healthy Ireland Framework recognises that creating positive change in health and wellbeing requires the involvement of the whole community, the whole of Government, and all of society working in unison. This principle is nowhere more relevant than in addressing alcohol harm, which intersects with the responsibilities of multiple government departments and agencies.

While addressing alcohol harm sits primarily within the remit of the Department of Health, its reach extends far beyond it. For example, one of the most powerful mechanisms to reduce alcohol consumption and harms is through taxation, which is a function of the Department of Finance. Alcohol excise duties have not changed since 2014 so that their value has fallen in real terms by at least 15%, [137] undermining their public health impact. Licensing falls under the Department of Justice and there are strong pressures to increase late night trading hours as seen in proposals in the Sale of Alcohol Bill 2022.[138] However, any extension of licensing hours will inevitably increase alcohol harm and place additional human and financial pressures on the health service.

Similarly, the links between alcohol and road safety, mental health, workplace productivity, and domestic, sexual, and gender-based violence, particularly in relation to children, must be explicitly acknowledged, with departmental strategies aligned accordingly.

For too long, a siloed approach to alcohol policy across government has produced contradictory or incomplete responses, creating gaps that the alcohol industry has been quick to exploit. The new Healthy Ireland Framework must map alcohol's intersection with all relevant departments and agencies, and require that these bodies include alcohol harm reduction into their own strategies where appropriate. A coherent, cross-governmental approach will reduce pressure on the health service, generate significant savings on healthcare costs, and deliver substantial dividends to individuals, families, communities, and the wider State.

Controls on affordability, availability and advertising

In Ireland, four people lose their lives every day to alcohol [139] – the country's most harmful and most widely used drug. The outworking of this sees young people exposed to sophisticated alcohol marketing, with 50,000 children starting to drink every year; [140] while a quarter of the adult population carries the lasting impact of growing up in a home affected by alcohol harm. [141]

Furthermore, alcohol is a significant factor in crime, places serious strain on health services and workplace productivity, and is classified by the International Agency for Research on Cancer (IARC) as a Group 1 carcinogen.[142] And it costs the State an estimated €14 billion annually.[143] Taken together, these trends make alcohol consumption one of the most significant and preventable drivers of ill health in Ireland.

The World Health Organisation (WHO) identifies three priority “Best Buy” interventions for alcohol policy: pricing measures to regulate demand; protections against alcohol advertising; and restrictions on availability. Recent research published in the Lancet notes their rapid impact on public health, typically showing results within five years.[144] These evidence-based measures represent the most effective tools governments can deploy to reduce alcohol harm and decrease reliance on costly downstream treatment.

Price and affordability

Pricing is widely recognised as the single most effective measure to reduce alcohol harm. Yet alcohol affordability in Ireland increased considerably over the past two decades. Research from the University of Sheffield indicates that off-trade alcohol prices are comparable to those of 20 years ago, with Minimum Unit Pricing (MUP), introduced in 2022, only restoring prices to early-2000s levels. [145] By 2024, on-trade alcohol was 24% more affordable than in 2004, while off-trade affordability had increased by 84%.[146]

While MUP has shown positive early impacts, its effectiveness is being eroded by inflation. The rate was set in 2013 and not implemented until 2022, and its real value has continued to decline. To preserve the public health intent of targeting cheap, high-strength alcohol, the MUP threshold must be linked to inflation. Alcohol excise duties, which have not increased in a decade, must similarly be aligned with a consumer price index. Both measures are essential to meet the WHO Best Buys standard.

Promotion and advertising

The alcohol industry spends millions associating its products with sport, music, the arts, and social occasions, with the explicit purpose of normalising consumption and influencing when people start drinking, how often, and how much. The PHAA sought to curtail this, particularly marketing directed at

children. However, the industry has adapted through surrogate marketing and brand sharing, promoting zero-alcohol products using branding identical to full-strength counterparts, to circumvent these restrictions.

This practice has become widespread and has fundamentally undermined the intent of the PHAA. In 2022, zero-alcohol ads accounted for 25% of all outdoor alcohol advertising spend, despite these products representing approximately 2% of the beer market.[147] Even the Advertising Standards Authority of Ireland acknowledges that such advertising should not appear near schools or in children's media, yet it continues to do so.[148] Zero-alcohol campaigns function primarily to maintain the visibility of the alcohol master brand in spaces now legally protected from conventional alcohol advertising. Closing this loophole must be a legislative priority.

Availability

Alcohol availability, encompassing outlet density, trading hours, and online purchasing, is a critical determinant of consumption and harm. Data from the HRB shows that nearly three-quarters of people in Ireland live within 300 metres of a licensed premises, with higher density concentrated in more deprived areas. [149] This compounds the alcohol-harm paradox, whereby lower-income groups experience disproportionately greater harm despite lower reported consumption levels.

The evidence on trading hours is unambiguous. Research from Norway found that each additional hour of alcohol trading was associated with a 16% rise in violent crime, while Northern Ireland recorded a 17% increase in violence following licensing extensions in 2021.[150] Any proposed expansion of availability, including through the Sale of Alcohol Bill, must be subject to a Health Impact Assessment and a full evaluation of social and economic consequences, with particular regard to impacts on communities, workers, and public services. Legislative reform must prioritise public health and align with WHO guidance, rather than risk undermining the progress achieved under the PHAA.

Conclusion

Alcohol is not an ordinary commodity. It is a carcinogenic, psychoactive, dependence-producing drug that costs Irish society at least €14 billion annually, claims four lives every day, and undermines virtually every goal of the Healthy Ireland Framework – from physical and mental health, to safety and wellbeing, workplace productivity, and the sustainability of public services.

The evidence is unambiguous and consistent, more drinking leads to more harm, and less drinking leads to less harm. The solutions are equally clear. The WHO's "Best Buy" interventions, controls on pricing, advertising, and availability, are proven, effective, and must be fully implemented.

The new Healthy Ireland Framework represents a critical opportunity to tackle alcohol harm and simultaneously improve the health of the nation.

Therefore, it must:

- Recognise alcohol as a Commercial Determinant of Health, where the product is the problem, not people;
- Set a meaningful per capita consumption reduction target;
- Adopt a whole-of-government approach that aligns all relevant departments behind alcohol harm reduction;
- Protect children from alcohol marketing, including through NoLo surrogate advertising offline and online ; and,
- Ensure pricing, availability, and advertising policies reflect the true cost of alcohol to society and the economy.

Ireland has shown considerable leadership in alcohol policy through the Public Health (Alcohol) Act 2018. However, it is important to recognise that much more can be achieved. When evidence shows that people are being harmed, inaction is not neutrality, it is a policy choice. Ireland can and must do better.

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