ALCOHOL ACTION IRELAND

SUBMISSION

Contribution to the review of 'Connecting for Life'

September 2024

AlcoholAction Ireland

Alcohol Action Ireland (AAI) was established in 2003 and 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 campaigning, advocacy, research and information provision.

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.

AAI contributed to the development of 'Connecting for Life' and we are very pleased to provide input to the review of the policy.

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Introduction

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.[i] 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.[ii]

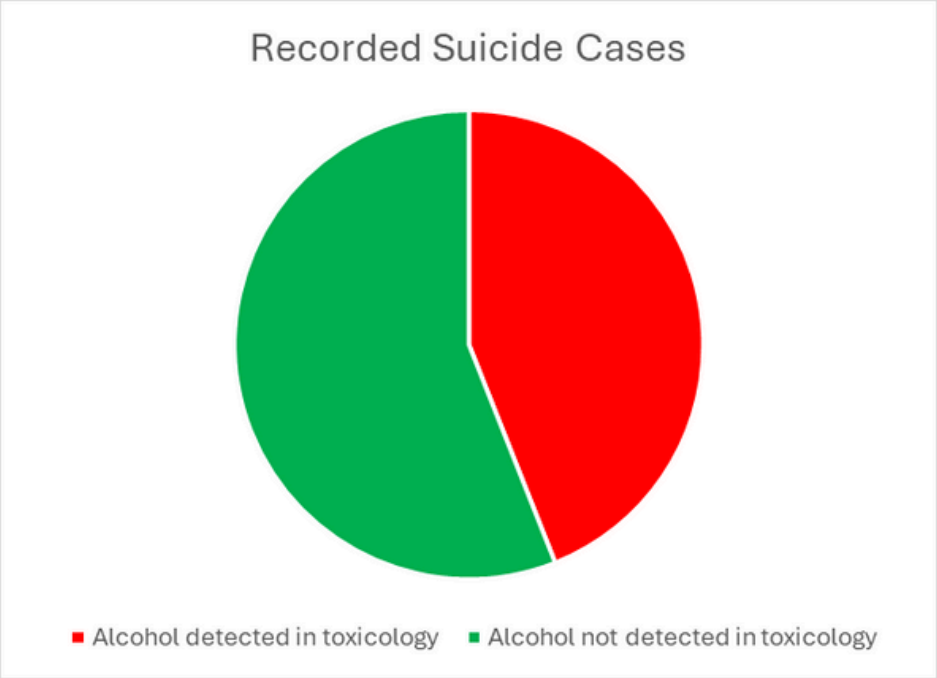
Alcohol has long been linked with poor mental health, including both self-harm and suicide.[iii] Research on alcohol has shown how its consumption can play a variety of negative roles in relation to mental health. Not least, alcohol can be a contributory factor to mental health distress, it can be an exacerbator of existing mental health difficulties, while mental health difficulties can be a maintaining factor for alcohol consumption.

Furthermore, alcohol has a ripple effect which can also affect the mental health of those in the ecosystem of the consumer, especially children.[iv] Moreover, alcohol has been one factor that has been shown time and time again to increase the risk of suicidal behaviours and the implications of drinking alcohol is an extremely important consideration in any suicide reduction strategy.[v]

In this submission AAI seeks to lay out the interconnection between alcohol, mental health difficulties, self-harm, and suicide. We will also outline the solutions we believe are needed to address the role alcohol plays in mental health difficulties, self-harm, and suicide and to ensure that fewer lives are lost through suicide, and so communities and individuals are empowered to improve their mental health and wellbeing.

Alcohol, suicide, and self-harm

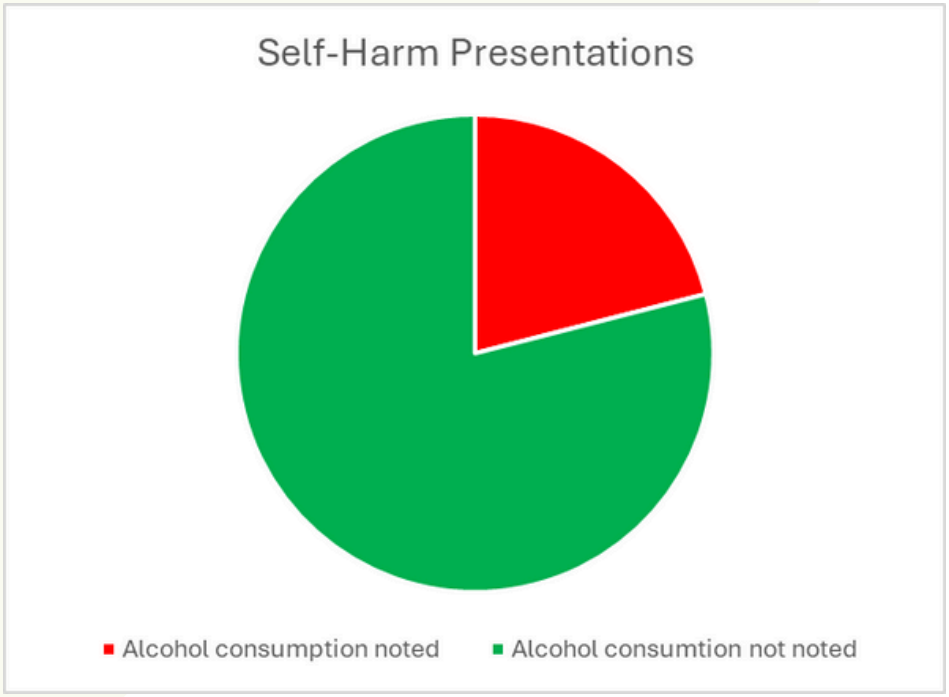
Alcohol is significant risk factor for suicide, as recognised by the World Health Organisation.[i] Globally, alcohol was associated with 27% of suicides and self-harm incidents in 2019, while in Ireland, alcohol was found to be associated with one-third of self-harm hospital presentations in 2020.[ii] Research by Larkin et al., which analysed suicide cases in Cork from September 2008 to June 2012, found that alcohol was detected in the toxicology of 44 percent out of 307 suicide cases.[iii]



If the percentage from the Larkin study is applied to 449 recorded suicides in 2021,[iv] it could be estimated that alcohol may have played a part in almost 200 of these tragic deaths. The same study also found alcohol was noted in the case notes in 21 percent out of 8,145 self-harm presentations.

Furthermore, 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.[v] 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.

Therefore, it is little wonder that the World Health Organisation (WHO) advocates for governments to use the full suite of policy tools available to implement alcohol reduction strategies as a suicide prevention measure.[vi]



The role of alcohol reduction strategies

According to the WHO, alcohol and other substance use disorders are found in 25−50 percent of all suicides, and they estimate that every fifth suicide would not occur if alcohol was not consumed in the population.[i]

Given the link between alcohol and suicide, it is little wonder that alcohol reduction strategies have advanced as an important preventive measure. Three of the most important measures, based on the WHO 'best buys' to reduce alcohol harm, are controls on pricing, marketing, and availability.

Existing government policy is to reduce alcohol consumption to 9.1 litres per capita, a target set in 2013 to be achieved by 2020.[ii] The main policy instrument for this, as outlined in the Department of Health's substance use strategy Reducing Harm, Supporting Recovery,[iii] is the Public Health (Alcohol) Act 2018[iv] which contains a number of measures based on the 'best buys'. However, in 2024, Ireland is still 10 percent above this modest consumption reduction target and AAI considers there is still some way to go to deliver alcohol reduction strategies that can ensure we reach the government's own reduction target.

Pricing

The price and affordability of alcohol influence levels of alcohol consumption, and the more affordable alcohol is, the more is consumed.[v] National and international expert groups including the Commission on Taxation and Welfare, the OECD and the World Health Organisation have pointed to the powerful role that alcohol taxation can have in reducing alcohol related harm as well as the public health burden from alcohol.[vi]

However, as all of these bodies have highlighted, in order for alcohol taxes to be an effective harm reduction strategy, they

need to keep pace with inflation. There are jurisdictions throughout the world which take this approach. However, Ireland is not one of them. Over the past decade there has been no change in alcohol excise duty rates and the proportion of the price of alcohol due to taxation has decreased.[vii] In addition, Minimum Unit Pricing (MUP) rates for Ireland, which were set over a decade ago, but not implemented until 2022, have been eroded by inflationary pressures.[viii]

The net result is that shop-bought alcohol today is around the same price that it was 20 years ago, with the introduction of Minimum Unit Pricing in 2022 only bringing it back to 2003 levels.[ix] As of 2023 alcohol was 67% more affordable than in 2003, and alcohol bought in the on-trade was 14% more affordable than it was two decades ago.[x]

More worryingly, the OECD has found that alcohol in Ireland is the second most affordable within OECD members and has the highest level of affordability for young people aged 16-24 years.[xi] This flies in the face of the policy of reducing alcohol consumption as a means of reducing self-harm and suicide.

RECOMMENDATION

The application of MUP and the imposition of excise duties reflect the specific harmful nature of alcohol. Therefore, AAI recommends these two measures are further used to tackle alcohol affordability as a means of reducing alcohol related harm, and by extension self-harm and suicide. This can be done by linking levels to the Consumer Price Index so that they retain their public health value.

Availability

Availability refers to how accessible or easy it is to obtain alcohol for an individual, a community, or the population as a whole.[xii] Limiting alcohol availability is another powerful measure in reducing alcohol related harm as well as the public health burden from alcohol.

Current legislation in Ireland limits 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.[xiii]

However, there are currently moves afoot to increase the availability of alcohol in the form of the Sale of Alcohol Bill (2022). This legislation aims to streamline the liquor licensing process, extend opening hours and increase the numbers of venues selling alcohol, all of which will increase alcohol availability and therefore likely increase alcohol consumption and the associated harms to public health. This is in direct conflict with the aims of the Public Health (Alcohol) Act 2018.

We know from research that the more alcohol is available, the more is consumed, and the more alcohol is consumed, the greater the risk of hazardous and harmful drinking and associated alcohol-related harms, including self-harm and suicide.[xiv]

RECOMMENDATION

AAI recommends that a health impact assessment is carried out, and published, on the Sale of Alcohol Bill (2022) and the implications that any proposed changes in licencing laws will have on increased levels of alcohol-related harm.

Alcohol advertising seeks to recruit new drinkers and increase sales among existing consumers of alcohol.[i] Because children and young people are particularly susceptible to alcohol advertising, it is important that they are protected as much as possible from alcohol marketing and advertising. Equally important is to consider the impact of alcohol marketing on heavy drinkers and those in recovery.

Impact of alcohol marketing on children

Research collated by the Institute for Alcohol Studies shows that exposure of children and young people to alcohol marketing is a key influencer on their decision to drink, that it leads to drinking at an earlier age, and to more harmful drinking.[ii]

It was for this reason that the Public Health (Alcohol) Act 2018 (PHAA) contained a number of components to restrict alcohol advertising, with a particular emphasis on protecting young people, and thereby reducing alcohol harm. However, the Act has still not been fully implemented with important measures on reducing alcohol advertising and controls on alcohol advertising content still not in operation. Furthermore, in recent years we have witnessed Alcohol Free/0.0 products, with identical branding to their alcohol master brands, being used to advertise in spaces restricted under the PHAA – totally undermining the intent of the legislation.

Many leading alcohol producers now have alcohol-free and low-alcohol variants, beverages known in different countries around the world as no, low, zero, alcohol free or non-alcoholic drinks or simply NoLos. Of significant concern are those products which share similar branding to their regular-strength counterparts, as they further normalise a culture of alcohol consumption and blur potential conflicts of interest in developing public health policies.[iii]

Whilst Alcohol Free/0.0 products in themselves are not harmful, the use of surrogate marketing or brand-sharing in the promotion of alcohol-free and low-alcohol products certainly is. Such advertising occurs whereby alcohol-free and low-alcohol products use the core branding features of a regular-strength product – such as the advertising of the product name alongside 0.0 in order to circumvent advertising restrictions under the Public Health Alcohol Act (PHAA).

These products are becoming increasingly visible in settings where alcohol is not allowed to be marketed such as 0.0 products not being displayed separately to normal goods in retail outlets, advertising of 0.0 products on and around the field of play in sports stadiums, near schools, on public transport, and on TV and broadcast channels during the day.

Furthermore, the area of online advertising and marketing of alcohol has not been properly addressed by the PHHA or by the draft Online Safety Code produced by Coimisiún na Meán. According to the World Health Organisation (WHO)'s latest digital marketing report, the invasion of children and young people's digital social spaces by companies promoting alcohol consumption normalises a drinking culture from a very young age, placing them especially at risk of harm.[iv]

Because of loose regulation of alcohol advertising, young people are being targeted and recruited by an alcohol industry which is increasingly using online platforms to aggressively market its addictive products to young people, and thereby contributing to alcohol harm.[v]

These are serious issues which must be urgently addressed given the role that alcohol marketing plays in encouraging children and young people to drink, to drink at an earlier age, to engage in more harmful drinking, and thereby contributing to an increase in alcohol harm.

Impact of alcohol marketing on those in recovery

As highlighted by Alcohol Focus in its recent submission to the government in Scotland:[vi]

- People with or in recovery from an alcohol problem are at increased risk from alcohol marketing, as they experience disproportionate harm from alcohol use and have increased susceptibility to alcohol marketing.
- Alcohol marketers explicitly target people who drink heavily, so that they are regularly exposed to alcohol marketing.
- Alcohol marketing fosters positive alcohol-related feelings and emotions and triggers alcohol cravings, which may translate into effects on alcohol consumption in these groups.
- People in recovery highlight marketing as being an environmental trigger that threatens their recovery. It impacts their ability to live and thrive in their communities and intrudes into their homes and private spaces.

RECOMMENDATIONS

1. The Public Health (Alcohol) Act should be fully implemented so that all measures relating to alcohol marketing are in force.

2.AAI recommends that Alcohol-Free/0.0 products should be treated the same as their alcoholic equivalents regarding their placement in supermarkets and general advertisements. This means they should not be given preferential treatment or positioning that may undermine public health efforts.

3.AAI recommends that that the Online Safety Code explicitly state that alcohol advertisements should not be seen by children and that there is proactive monitoring of what is happening in the online space by Coimisiún na Meán, including the collection of data on who is being targeted by alcohol advertisements.

The role of services and treatment

Alcohol use has long been linked with poor mental health, including both self-harm and suicide, and reducing alcohol use is recognised by the WHO as an important element in preventing suicide. One of the most common problems associated with suicide is alcohol use disorder (AUD).[i] Therefore, adequate, prompt and accessible services and treatment for those with an AUD is key to reducing self-harm and suicide.

Over 60 percent of those who drink have harmful drinking patterns, and around 15 percent of the population has an AUD. Studies by the Health Research Board (HRB) have found that 578,000 people in Ireland show evidence of an AUD, with 90,000 of those at a severe level.[ii]

International evidence suggests that at any one time, 10 percent of those in need may seek treatment. In 2023 a total of 8,163 cases were treated for problem alcohol use, with the majority of those seeking treatment for the first time classified as alcohol dependent.[iii] These figures are staggeringly low for a country where so many people are drinking problematically.

Clearly, given the scale of the problem, alcohol treatment is not getting the resources required for a problem that contributes to significant levels of self-harm and suicide. Therefore, improved quality of care is the key to reducing suicides that arise because of alcohol.

Recommendation

1. AAI recommends the implementation of a levy on alcohol sales to fund a continuum of care for individuals with alcohol use disorder.

2. AAI recommends funding for the HSE to develop its own treatment services that are trauma-informed, holistic and widely available at the time of need, and which deliver the same suite of services already available in the private healthcare sector.

Dual Diagnosis

Dual Diagnosis (DD) is defined by the HSE as 'the co-morbid disorders due to substance use and/ or addictive behaviours along with the presence of mental disorder(s)'.[i] The disorders of substance use include disorders of alcohol use.

It is clear from research that many people seeking help for addiction problems also present with complex needs and are struggling with anxiety and/ or depression or other serious mental health problems.[ii] Evidence indicates that 30-50 percent of people with severe mental illness have co-existing substance misuse problems, and the same study outlined that 85 percent of those attending an alcohol service had reported suffering from a psychiatric disorder in the previous year.[iii]

Indeed, those with DD are at increased risk of suicide compared to those with only substance-use or mental disorders.[iv]
Dual Diagnosis is well known to be associated with poor outcomes due to the absence of, or limited level of services to cater to the complex needs of those with DD.[v] However, it is hoped this will now change following the publication of the HSE Model of Care for Dual Diagnosis developed by the National Working Group under the National Clinical Programme for Dual Diagnosis and endorsed by the College of Psychiatrists of Ireland.

RECOMMENDATION
AAI recommends that the HSE moves swiftly to implement the Model of Care for Dual Diagnosis

Adverse Childhood Experiences

Growing up in a home with parental problem alcohol use (PPAU) has been recognised internationally as an adverse childhood experience for over 20 years, and the consequential physical and mental difficulties of this are well researched.[i]

At least 200,000 children in Ireland are currently living with the trauma of parental problem alcohol use while recent research[ii] indicates that a quarter of adults in Ireland grew up with alcohol harm in the home and are living with its legacy, sometimes experiencing lasting difficulties with emotional, mental, and physical health. Yet, despite these large numbers, Adverse Childhood Experience (ACE) remains a deeply hidden aspect of Ireland's relationship with alcohol. The impact of PPAU can cause children and young people to develop significant mental health problems[iii], and thereby contribute to self-harm and suicide.

If the impact of ACEs are not dealt with, they can lead to mental health issues such as depression and/or anxiety. Such emotions can also lead to behaviours such as problem substance use, eating disorders, self-harm, and suicide. Despite all the evidence, mental health professionals know little about this hidden harm and don't tend to ask people in their services about it.[iv]

RECOMMENDATION

AAI recommends support for the 'Silent Voices' advocacy initiative to highlight the hidden harms of parental problem alcohol use and the implementation of the recommendations of the 'Silent Voices' policy document which includes areas such as a whole of government approach to the issue, comprehensive training for professionals in education, health and social services, specific support services for children regardless of whether their parent is in treatment, specific training for mental health professionals.

Drink driving and suicide

Alcohol impairment impacts road safety and drink driving is a major factor in road collisions and fatalities on the road. Recent analysis of coronial data (2015-2019) found that, where a toxicology result was available, more than one-third of road user fatalities in Ireland had been drinking prior to the incident.[i]

Suicide on the road network is a recognised suicide method. However, there is a dearth of research into road traffic suicides in Ireland. In the absence of national data, we can look towards international research. A systematic review into road traffic suicides, by Radun et al., revealed that alcohol was often a possible contributing factor to road suicides. [ii] Research from Australia analysing road traffic suicides found that drivers in confirmed driver suicides more often consumed alcohol prior to suicide than those who used other methods of suicide.[iii]

While Pompili et al., in their research on 'Car accidents as a method of suicide: A comprehensive overview', stated that evidence suggesting the existence of an association between single car accidents and suicide is not firm as yet, they called for further investigation of the topic to gain better understanding of the causes of single-vehicle car accidents and the necessary proposals for reducing their incidence.[iv]

RECOMMENDATION

AAI recommends a public health approach to road safety and for an examination of the extent to which drink driving and self-harm/suicidal behaviour overlap.

Conclusion

Alcohol use has long been linked with poor mental health, including both self-harm and suicide, and reducing alcohol use is recognised by the WHO as an important element in preventing suicide. Similarly, 'Connecting for Life: Ireland's National Strategy to Reduce Suicide 2015 – 2024' recognised reducing alcohol consumption as an essential element to the successful implementation of any suicide reduction strategy.

Given the risks outlined throughout this submission, AAI recommends the next suicide prevention strategy must reinforce the need for government to pursue alcohol reduction strategies as an effective means of reducing harm, self-harm, and suicide.

In particular, AAI would like to see three of the most important WHO 'best buys' used to reduce alcohol harm – that is, further controls on pricing, marketing and availability. AAI also believe the unmet needs for those with an Alcohol Use Disorder must be addressed as a matter of urgency. As it stands, there are 578,000 people with an AUD in the State, but only 8,163 cases were treated in 2023. Services for people with AUD must be improved and treatment places increased.

Given that it is more the norm that people with an alcohol problem will likely have a concurrent mental health difficulty, AAI want to see swift implementation of the HSE dual-diagnosis-model-of-care plan. Furthermore, as children exposed to Parental Problem Alcohol Use (PPAU) are three times more likely to consider suicide than the general population[i], AAI considers that measures, such as the committed implementation of the WHO 'best buys', must be taken to reduce Adverse Childhood Experiences (ACE).

In addition, AAI is also calling for the government to support the 'Silent Voices' initiative and implement a range of cross-departmental measures to address the multiple issues facing those impacted by alcohol harm in the home. Finally, AAI wishes to see a public health approach to road safety and for an examination of the extent to which drink driving and self-harm/suicidal behaviour overlap.

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