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FAO Fiona Conroy and Sinead Carson

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Re: Mid term review of National Drugs Strategy – Reducing Harm, Supporting Recovery

Dear Fiona

Please find attached a submission from Alcohol Action Ireland in relation to the mid-term review of the National Drugs Strategy.

If you have any queries, please do not hesitate to contact me.

Yours sincerely

Dr. Sheila Gilheany, CEO Alcohol Action Ireland

Alcohol Action Ireland: Directors Carol Fawsitt (Chair), Solicitor, Prof Joe Barry MSc, MD, FRCPI, FFPHM, Public Health Specialist, Dr Declan Bedford, Specialist in Public Health Medicine and former Acting Director of Public Health, HSE, Catherine Brogan, Mental Health Ireland, Pat Cahill, former President ASTI, James Doorley, Deputy Director, National Youth Council of Ireland, Michael Foy, Head of Finance, Commission for Communications Regulation, Prof Frank Murray, Consultant in Hepatology & Gastroenterology. M.B., B.Ch. B.A.O., M.D., F.R.C.P.I., F.R.C.P. (Ed), Dr Mary O'Mahony, Specialist in Public Health Medicine and Medical Officer of Health, HSE South, Dr Colin O'Driscoll – Clinical Lead, HSE Mid-West Addiction Services, Dr Bobby Smyth, Consultant Child & Adolescent Psychiatrist Tadhg Young, Senior Vice President, Chief Operations Officer, State Street Global Services

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Reducing Harm, Supporting Recovery

A health-led response to drug and alcohol use in Ireland 2017-2025

Mid-term Review

Observations from Alcohol Action Ireland (AAI) the national independent advocate for reducing alcohol harm.

How well is the strategy delivering on its goals?

Goals:

1. Promote and protect health and well-being

- Our view at this mid-term point of the strategy is that insufficient progress is being made on the objectives of goal 1 to promote healthier lifestyles and prevent the use of alcohol at a young age, Alcohol Action Ireland (AAI) would like to see significant, dedicated funding for a programme of campaigns to promote public awareness of alcohol-related harm across a range of audiences. With the alcohol industry – producers and retailers - spending an estimated €115m on marketing in Ireland alone each year, it is incumbent on government to attempt to offset industry messaging with clear and unambiguous health messages. This would support several of the actions set out under Goal 1, such as those set out in sections 1.1.1, 1.1.2, 1.2.4, 1.3.9.

2. Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery

- Without a person-centred, trauma-informed care treatment services strategy insufficient progress can be made. There is clear need for highly trained, addiction counsellors and addiction focused psychotherapists across all tiers of services. In

addition, all residential services should be monitored and inspected by HIQA. This would support actions 2.1.13, 2.1.16, 2.1.17.

- A clinical lead for overseeing the concept of ‘dual diagnosis’, i.e. people with an addiction and a mental health need must be appointed without delay. Recent research on residential treatment suggests that better outcomes are experienced when mental health treatment is integrated into residential treatment.¹ This would fulfil action 2.1.24.
- Alcohol care teams, prevalent across acute hospitals in England, should be introduced in Ireland. If operational here, they will reduce acute hospital admissions, readmissions and mortality, improve the quality and efficiency of alcohol care and take a holistic approach to alcohol harm and health.² Posts are also required in maternity hospitals to assist pregnant women with alcohol cessation during pregnancy – in line with posts created for smoking cessation. This will support many of the actions set out in section 2.1.20.

3. Address the harms of drug markets and reduce access to drugs for harmful use

- Addressing the issue of illegal drugs in Ireland appears to capture the majority of time and energy of the implementation of the national strategy. As has been stipulated by the World Health Organization, AAI would like to see prevention and treatment interventions to individuals and families at risk of, or affected by, alcohol-use disorders and associated conditions sufficiently strengthened and funded in a way that is commensurate with the magnitude of the public health problems caused by harmful use of alcohol.
- The Global Burden of Diseases study (2016) estimates 2,790 annual alcohol related deaths; 56 per 100,000.

4. Support participation of individuals, families and communities

- Children have a right to a childhood free from alcohol harm. In order to achieve this right, the State has an obligation to protect children in their developing environment from the impact of alcohol-related harms including raising awareness of problem parental alcohol use and tackling the pervasive nature alcohol marketing in children’s everyday lives.

¹ The effectiveness of residential treatment services for individuals with substance use disorders: A systematic review. *Drug Alcohol Depend.* 2019 Aug 1; 201:227-235. doi: 10.1016/j.drugalcdep.2019.03.031.

² Alcohol care teams: where are we now? Moriarty KJ. *Frontline Gastroenterology* 2019;0:1–10. doi:10.1136/flgastro-2019-101241

- For children who do live with problem parental substance use, as stated in the national strategy - a coordinated response to the needs of children in families where substances are misused is needed to help to protect these children from harm. AAI believes a whole-of-government approach is needed to address this issue that affects at least 600,000 children and adults in Ireland. This will support actions set out in section 1.3.9.

5. Develop sound and comprehensive evidence-informed policies and actions

- Alcohol harm affects many aspects of life in Ireland and so has implications for multiple government departments. There is a need for timely and better data collection on alcohol harm across many state agencies and bodies, e.g: Coroners, Tusla, the Gardai and all health services – including mental health and emergency medicine.
- The full and coherent implementation of the suite of measures set out in the PHAA will likely result in the reduction in alcohol use. Such an outcome will contribute to the advancement of multiple policy goals set out in key government plans and strategies. Partial and/or delayed implementation will prove ineffective.

Are there specific areas/ priorities that the strategy should focus on for period 2021-2025?

- Addressing alcohol issues requires a co-ordinated ‘whole-of-government’ approach. To date government policy on alcohol has been subsumed into policies around other issues – e.g. the national drugs strategy. The scale of the societal problem around alcohol is such that it now needs a dedicated resource to drive change. In terms of a specific focus for alcohol during the life of this strategy, AAI believes that priority should be given to implementing the Public Health Alcohol Act, addressing the harms to children as a result of problem parental alcohol use and addressing the issue of the mental health needs of people who seek treatment for alcohol.

Are there ways in which the structures for the delivery of the strategy could be improved/ strengthened?

- As research about the inception and development of the national strategy has highlighted, there is an issue in how the oversight and monitoring committee operates. For example, there is a lack of detail in the terms of reference, specifically with decisions on membership, succession planning, responsibility for and scope of agenda setting and monitoring of shorter-term actions and outcomes from meetings.³
- AAI would urge greater transparency in relation to oversight and monitoring of the strategy. A recent FoI request on the minutes of the Oversight Committee highlighted that issues of alcohol harm were not discussed. There must be experienced representatives for public health alcohol policy at the table of oversight, who can contribute a wide range of national and international experience and learning on effective alcohol policy development.

³ <https://harmreductionjournal.biomedcentral.com/articles/10.1186/s12954-019-0348-9>