

Election asks:

Public health approach to alcohol

Alcohol harm costs high-income countries like Ireland 2.5% of GDP - €12bn annually - according to the World Health Organisation. 1,500 hospital beds are in use daily due to alcohol harm; almost one million people have grown up with a problem drinker in the home; 600,000 people are classified as having alcohol use disorder and 37% of driver fatalities with a toxicology result available had a positive toxicology for alcohol.

Given the cost of alcohol to the state as well as individuals, families and communities it is imperative that government implements evidence-based policies. The World Health Organisation recommends that alcohol policy's 'best buys' are controls on price, marketing and availability. Ireland needs government to commit to this approach, which puts public health at the core of policy in relation to alcohol.



1

Align alcohol excise duties (Dept of Finance) and Minimum Unit Price (Dept of Health) with consumer price index annually.



2

Carry out a health impact assessment of any proposed changes in licensing laws (Dept of Justice)



3

Protect children from the pervasive marketing of alcohol, especially online, where children are targeted and profiled. Research shows marketing increases likelihood of early and heavier drinking (Dept of Health and Dept of Media)



4

Invest in trauma-informed state services for all affected by alcohol harm, including children impacted by the adverse childhood experience (ACE) of parental problem alcohol use. Currently very low numbers access support compared to the scale of need. (Dept of Health and Dept of Children)



5

Establish a dedicated Office for Alcohol Harm Reduction in Dept of Health, which would co-ordinate all policy matters in relation to alcohol - licensing, marketing, development of services, commissioning of relevant data plus monitoring and evaluation of policy - in one place.

Budget 2025: Recommendations

Fiscal measures

Affordability

AAI recommends that the government increase excise duties by at least 15% to bring them back to their 2014 levels and, going forward, that alcohol excise duties should be automatically linked to the Consumer Price Index.

Alcohol industry levy

Give consideration to developing a new 'polluter pays' alcohol levy system with funding raised to be ringfenced for alcohol harm reduction strategies.

Minimum unit pricing uprating

MUP should have a mechanism for automatic uprating with inflation, otherwise it will lose its public health value. There is also scope to consider that any such increase could be constructed as a levy with the income going to government to pay for alcohol harm reduction as opposed to profit to retailers.

Other recommendations

Treatment services

Funding must be provided to the HSE to develop its own treatment services that are trauma-informed, holistic and widely available at the time of need. A target of increasing alcohol services by 20% each year for five years should be set. €20 million annual cost.

Provide funding for Alcohol Care Teams within all major hospitals and linked to community services. Such teams are a proven cost-effective approach to providing much needed interventions for people with entrenched problem alcohol use. As a first step, provide €350,000 annually to Beaumont Hospital to develop a pilot programme.

Adverse childhood experience

Dedicated funding must be provided to HSE and Tusla to give the national Hidden Harm framework - that recognises the adverse childhood experience of growing up with parental problem substance use - momentum and urgency.

Youth mental health

An immediate top-up of funding, separate to the existing budgetary allocation, of €25m should be provided for further implementing Sharing the Vision.

Separate funding of no less than €25m should be provided immediately for resourcing organisations in the community and voluntary sector that provide mental health supports and general youth support services, as these are key to prevention and early intervention.