

IMO Position Paper Alcohol and Young People

September 2013

Irish Medical Organisation

10 Fitzwilliam Place Dublin 2

Tel: (01) 6767 273 Fax: (01) 6612 758 Email: imo@imo.ie Website: www.imo.ie



Mission Statement

The role of the IMO is to **represent** doctors

in Ireland and to **provide** them with all relevant services.

It is committed to the **development** of a caring,

efficient and effective Health Service.



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Alcohol is directly associated with over 60 acute and chronic conditions ranging from accidents and assaults to mental health problems, cardiovascular disease, liver cirrhosis and certain cancers. The overall cost to Irish society of problem alcohol use including health care costs, the cost of crime, premature death and mortality, and accidents and absenteeism at work, is estimated at €3.7billion. Alcohol consumption rates in Ireland are amongst the highest in Europe and consumption patterns amongst our young people are of particular concern. A range of measures are needed in order to change Ireland's relationship with alcohol and to reduce the burden of problem alcohol use on future generations. The IMO has clear policy in relation to the sale and promotion of alcohol to young people and is calling above all for the introduction of a minimum pricing structure for the sale of alcohol in Ireland as well as a total ban on all advertising and promotion.

The Burden of Alcohol in Ireland

Alcohol is associated with more than 60 acute and chronic health disorders ranging from accidents and assaults to mental health problems, cardiovascular disease, liver cirrhosis and certain cancers. While chronic conditions more often affect older people, acute conditions are more prevalent amongst younger people.¹

- A recent study shows that up to 10% of cancer in men and 3% of cancer in women may be attributable to alcohol consumption.²
- In a study of attendance at accident and emergency departments 2003-2004, 28% of injuries were related to alcohol consumption, of which, almost half (45%) were in the 18-29 year old age-group.³ 61% of those presenting with alcohol related injuries had consumed 12 or more drinks.
- Alcohol is considered to be a contributory factor in accidental death and suicide. Recent research found that 36.5% of road fatalities are alcohol-related with highest rates among 19-34 year olds⁴ and 56% of suicides tested positive for alcohol, rising to 93% of suicides under 30 years of age.⁵
- Consuming alcohol during pregnancy increases the risk of Foetal Alcohol Spectrum Disorder yet 63% of women report drinking alcohol during pregnancy with 7% drinking 6 or more units per week.⁶
- Alcohol is also related to unsafe sex, drunkenness, public disorder and interpersonal problems.

The cost to the health care system of alcohol related illness in 2007 is estimated at \in 1.2 billion while the overall cost to Irish society of problem alcohol use is estimated at \in 3.7 billion including health care costs, crime, costs of premature death and premature mortality and accidents and absenteeism at work.⁷

¹ Mongan D, Reynolds S, Fanagan S and Long J, Health-related consequences of problem alcohol use. Overview 6 Dublin: Health Research Board 2007: 45-46

² Schutze M. Et al Alcohol attributable burden of incidence of cancer in Eight European Countries based on results from Prospective Cohort Study. BMJ; 2011; 342: d1584 in Clarke N. Et al. A report on the Excess Burden of Cancer Among Men in the Republic of Ireland, Centre for Men's Health, Institute of Technology Carlow; 2013 for the Irish Cancer Society

³ Hope A, Gill A, Costello G, Sheehan J, Brazil E and Reid V, Alcohol and injuries in the accident and emergency department - a national perspective. *Dublin: Department of Health and Children 2005*: 15-17

⁴ HSE 2006, Alcohol in Fatal Road Crashes in Ireland in 2003...p3

⁵ Bedford D, O'Farrell A. and Howell F. Blood Alcohol Levels in Persons who Died from Accidents and Suicides. Ir Med Jr 2006: 99(3):80-83.

⁶ Barry S, Kearney A, Lawlor A McNamee E and Barry J (2006) The Coombe Women's Hospital Study of Alcohol, smoking and illicit drug use, 1988-2005. Dublin : Coombe Women's Hospital

⁷ Byrne S. Costs to Society of Problem Alcohol Use in Ireland 2010 Dublin: Health Service Executive



	€million	% of total costs
Cost to the health care system of alcohol related illnesses	€1,200	32
Cost of alcohol related suicides	167	5
Cost of alcohol related road deaths	526	14
Cost of alcohol related crime	€1,189	32
Cost of output lost due to alcohol related absence fom work	220	9
Cost of alcohol related accidents at work	197	5
Cost of alcohol related premature mortality	110	3
Total	€3,719	100

Source: Byrne S. Costs to Society of Problem Alcohol Use in Ireland 2010: HSE

In Ireland in 2011, 11.6 litres of alcohol were consumed per capita (aged 15 years +).⁸ While consumption has fallen slightly since peaking at 14.3 litres per capita in 2001, Ireland ranks among the highest consumers of alcohol in Europe. Consumption patterns among young people are of particular concern.

According to the HBSC Study 2010, 52% of 15-17 year olds. 16% of 12-14 year olds and 4% of 10-11 year olds report having been "really drunk" while over a third of 15-17 year olds reported being drunk in the last 30 days.⁹



Percentage of boys who report having been 'really drunk'

⁸ OECD Health Data 2013

⁹ Kelly C, Gavin G, Molcho M and Nic Gabhainn S. The Irish Health Behaviour in School-aged Children (HBSC) Study 2010 Health Promotion Research Centre NUIG and DOHC 2012





Percentage of girls who report having been 'really drunk'

Source: Kelly C, Gavin G, Molcho M and Nic Gabhainn S. The Irish Health Behaviour in School-aged Children (HBSC) Study 2010 Health Promotion Research Centre NUIG and DOHC 2012

A range of measures are needed in order to change Ireland's relationship with alcohol and to reduce the burden of problem alcohol use on future generations. In Ireland there is a direct link between alcohol-related harm and the volume and pattern of alcohol consumed.¹⁰ A number of measures have been identified that can reduce consumption of alcohol in Ireland particularly by young people and harmful drinkers:

Minimum Pricing Structure for Alcohol Products

In Ireland the alcohol has become increasingly more affordable. Despite high excise duties affordability of alcohol fell by 50% between 1996 and 2004.¹¹ In particular, alcohol off-trade prices have decreased dramatically compared with on-trade prices¹² and off-licence consumption now represents 60% of total alcohol consumption in Ireland.¹³ It is now possible for a woman to drink her low-risk weekly limit of alcohol for just €6.30 while a man can drink his low-risk limit for less than €8.50.¹⁴ For the majority of 16-21 year olds who receive over €20 per week in pocket money¹⁵, alcohol is too easily affordable.

In economics the law of demand states that when the price of a commodity rises, demand for that commodity falls. Even for potentially addictive substances such as alcohol, tobacco or illicit drugs this rule has been found to hold.¹⁶ As alcohol related harm is linked to excessive alcohol consumption, alcohol pricing policies therefore offer an opportunity to reduce alcohol related harm.

¹⁰ Steering Group Report on a National Substance Misuse Strategy, Dublin: Dept of Health 2012

¹¹ Rabinovich L, Brutscher P, de Vries H, Tiessen J, Clift J and Reding A. The affordability of alcoholic beverages in the European Union. Understanding the link between alcohol affordability, consumption and harms, Cambridge, UK: RAND Europe. 2009

¹² Rabinovich L. Hunt P. Staetsky L. Goshev S. Nolte E. Pedersen J and Tiefensee. Further Study on the affordability of alcoholic beverages in the EU. A focus on excise duty pass-through, on- and off-trade sales, price promotions and pricing regulations Cambridge UK: RAND Europe 2012

¹³ Foley A. The Drinks Market Performance in 2012, Prepared for the Drinks Industry Group of Ireland Dublin : DCU Business School 2013

¹⁴ Alcohol Action Ireland, Minimum Pricing, http://alcoholireland.ie/campaigns/minimum-pricing/

¹⁵ Behaviour and Attitudes (2010) Have We Bottled It? Survey commissioned by Alcohol Action Ireland downloaded from http://alcoholireland.ie/ have-we-bottled-it-alcohol-marketing-and-young-people/key-findings/

¹⁶ Rabinovich I. Et al 2012

Minimum pricing policies introduce a minimum price per unit of alcohol under which alcohol cannot be sold. Minimum pricing is considered more effective than an increase in excise duty which can be circumvented by absorbing the tax increase and easier to implement than a ban on below cost selling.¹⁷

Under a minimum pricing structure, the price per unit becomes more expensive particularly affecting demand by younger binge drinkers and excessive harmful drinkers who are most likely to purchase cheaper alcohol, thus minimum pricing can reduce alcohol-related harm without necessarily penalising moderate drinkers.¹⁸

Analyses from Canada where minimum pricing has been in place in some Provinces for decades concludes that a 10% rise in average minimum alcohol prices is associated with a reduction of 32% in death wholly due to alcohol, a 9% in chronic and acute alcohol related hospitalisations and a 3.4% reduction in total consumption.¹⁹

Further analyses of the alcohol consumption and expenditure patterns in Ireland together with health data and data on crime is needed to set a minimum price that sufficiently reduce consumption and alcohol related harm.²⁰

Scotland is pressing ahead with a minimum price of 50p per unit of alcohol following confirmation that such pricing policies are not affected by EU competition law. Currently a cross-border Health Impact Assessment is underway as part of developing a legislative basis for minimum alcohol pricing for Ireland and Northern Ireland. This is due be completed in 2014.

 The IMO is also calling on the Department of Health to continue work with counterparts in Northern Ireland and Scotland to introduce of a minimum price structure for alcohol, based on grams of alcohol.

Health Levy

Excluding VAT and Excise, €4.6bn was spent on alcohol in Ireland in 2011 yet the alcohol industry has no obligation to contribute to the full economic cost of alcohol-related harm.

• The IMO is calling on the Government to introduce a health levy on alcohol manufacturers in order contribute to the healthcare costs of alcohol related harm.

Alcohol Advertising and Promotion

The alcohol industry spends millions on advertising and promotion because it works. Essentially alcohol marketing increases brand awareness and it increases sales. Young people are particularly susceptible to alcohol promotion. Mass media advertising, sports and events sponsorship, merchandising, internet presence, electronic communications and point-of-sale marketing constantly bombard younger generations with messages promoting drinking as a social norm.

In Ireland in 2010 the drinks industry spent over €44m on advertising²¹ and are the major sponsors of festivals and sporting events, investing a further €25m in sponsorship.²² Voluntary advertising standards and the commercial communications code include restrictions on the content and time of alcohol advertisements on television and radio,

¹⁷ Hunt P. Rabinovich L. Baumberg B, Preliminary Assessment of economic impacts of alcohol pricing policy options in the UK, Rand Europe technical Report Sponsored by the UK Home Office...

¹⁸ Dyer O. Minimum alcohol pricing delivers health benefits without penalising moderate drinkers, finds analysis BMJ 2013; 346:f2939

¹⁹ Dyer O. 2013

²⁰ Alcohol Action Ireland, The Facts, What is Minimum Pricing? Downloaded from http://alcoholireland.ie/minimum-pricing-campaign/your-questions/

²¹ Irish Marketing Journal (April 2011, vol.37, no.4) quoted from http://alcoholireland.ie/have-we-bottled-it-alcohol-marketing-and-young-people/how-does-it-work/

²² John Trainor, MD of Onside, a sponsorship consultancy, quoted in the Irish Marketing Journal (April 2011, vol.37, no.4) quoted from http://alcoholireland.ie/have-we-bottled-it-alcohol-marketing-and-young-people/how-does-it-work/



however they have failed to protect young people from commercial influence. Research commissioned by Alcohol Action Ireland found that among 16-21 year olds, alcohol ads represented 5 out of 10 of their favourite ads, almost all had owned some form of alcohol branded merchandise and among 16-17 year olds a third had seen an ad or a pop-up ad on their social networking page.²³

Longitudinal studies show that the volume of alcohol advertising and media exposure increases the likelihood that young people will start drinking, increases the amount of alcohol young people consume and increases the amount of alcohol young people consume on any one occasion.²⁴ Studies have also shown that an increase in expenditure on alcohol advertising is associated with an increase in alcohol related harm among young people and likewise a total ban on alcohol advertising reduces alcohol related harm.

A ban on alcohol sponsorship of sport has been debated recently on a number of occasions in the Oireachtas but because of fears over alternative funding there is a danger that this recommendation is shelved. However fears are unfounded, when a ban on tobacco sponsorship was introduced sponsorship of sports organisations simply shifted to non-tobacco sources. Sports organisations need not rely on alcohol sponsorship and can simply seek alternative sponsorship from manufacturers and suppliers of non-alcoholic goods and services. In France where a ban on alcohol sponsorship has been in place since 1991 sport has not suffered and major events such as the Tour de France and the French Open are held each year without alcohol sponsorship.

- The IMO believe that the only way to ensure that young people are not exposed to alcohol marketing is to introduce a complete ban on alcohol advertising and promotion including:
 - All forms of mass media advertising including print, broadcast and digital media, billboard advertising and cinema commercials;
 - o alcohol sponsorship of sporting activities and sporting organisations;
 - o the promotion or sponsorship of concerts by alcohol companies;
 - o product placements in movies, tv programmes and music videos;
 - o merchandising;
 - o all point of sale promotions including price promotions.

Alcohol Availability

Limiting the availability of alcohol can also contribute to a reduction in alcohol consumption.

In Ireland, under the Intoxicating Liquor Act 1988, as amended, it is an offence to sell or supply alcohol to minors, and under the Intoxicating Liquor Act 2008 the offence is now punishable by a €5,000 fine and compulsory closure for 2-7 days for a first offence and 7-30 days for a second or subsequent offence. However, results from the most recent EPSAD survey show that 84% of 15-16 year old school students in Ireland found it fairly easy or easy to obtain alcohol, 37% had purchased alcohol in a licensed premise and 26% had purchased alcohol off-premise for their own consumption.²⁵ It is also illegal for third parties to supply or distribute alcohol to minors although it is legal for a minor to consume alcohol in a private residence with the consent of a parent or guardian. 25% of Irish 16 year olds said that older siblings or friends bought alcohol for them and 16% reported that they were given alcohol by their parents.²⁶ There is anecdotal that minors may also be purchasing alcohol on line for delivery to a residence.²⁷

²³ Behaviour and Attitudes (2010) Have We Bottled It? Survey commissioned by Alcohol Action Ireland downloaded from http://alcoholireland.ie/ have-we-bottled-it-alcohol-marketing-and-young-people/key-findings/

²⁴ Anderson, P. The impact of Alcohol Advertising: ELSA project report on the evidence to strengthen regulation to protect young people. Utrecht:National Foundation for Alcohol Prevention A report Prepared for the European Commission 2007

²⁵ Hibell B et al, The 2011 ESPAD Report, Substance Use Among Students in 36 European Countries, The Swedish Council for Information on Alcohol and other Drugs (CAN) Stockholm 2012

²⁶ The 2007 EPSAD Report quoted in Steering Group Report on a National Substance Misuse Strategy, Dublin: Dept of Health 2012

²⁷ Steering Group Report on a National Substance Misuse Strategy, Dublin: Dept of Health 2012



• The IMO is calling for closer monitoring of alcohol sales to minors and the introduction of a traceability mechanism to be put in place so that all alcohol sold to underage persons can be traced.

In recent years, while the number of publican licences issued has fallen, the number of outlets selling alcohol off-licence has increased.

	Publican On-Licences	Spirits Off-Licences	Wine Only Off-Licences
2011	8523	1722	3405
2001	11272	792	1284

Source: Revenue Commissioners

Section 9 of the Intoxicating Liquor Act 2008 provides for the structural separation of alcohol sales from other groceries. Broadly alcohol must be confined to a part of the off-licence premises which is structurally separate from the remainder of the premises by a means of a of a wall or similar barrier, accessible by means of a door, gate, turnstile or similar, where the public do not have to pass through in order to obtain access to the remainder of the premises, and in which none of the non-licensed business is carried on except the sale of any non-alcoholic beverages. Alcohol may only be paid for at a counter in this section of the premises. Alternatively alcohol other than wine is confined to a part of the premises whereby alcohol cannot be purchased by means of self-service. ²⁸

Rather than enacting Section 9, a voluntary code of practice is in place where retailers have committed to the structural separation of alcohol "as far as possible" however, even the Minister for Justice has admitted this is not working.²⁹

• The IMO is calling on the Minister for Justice, Equality and Defence to commence Section 9 (structural separation) of the Intoxicating Liquor Act 2008.

National Substance Misuse strategy

In February 2012, the Department of Health published the Steering Group Report on a National Substance Misuse Strategy. Many of the above recommendations are included under the Supply Pillar of the Report. The Report also makes a number of recommendations under the pillars of Prevention, Treatment and Rehabilitation, and Research and Information and is aligned with the National Drugs Strategy 2009-2016.

• The IMO calls on the Government to approve an implementation plan with timelines for all recommendations of the National Substance Misuse Strategy.

All Island Alcohol Policy

Implementing policy and regulations at national level does little to prevent and may even encourage cross-border purchasing of alcohol. In order for alcohol policy to be effective it is necessary to ensure that alcohol policy is aligned both North and South of the border.

• The IMO urges the Government to make moves to harmonise alcohol policy in the Republic of Ireland and Northern Ireland.

²⁸ http://www.irishstatutebook.ie/2008/en/act/pub/0017/sec0009.html#sec9

²⁹ Alcohol Action Ireland, Government must act now to ensure the proper separation of alcohol in retail outlets, May 2012 downloaded from http://alcoholireland.ie/newsletter/government-must-act-now-to-ensure-the-proper-separation-of-alcohol-in-retail-outlets/



Summary of Recommendations

Minimum Alcohol Pricing

• The IMO is also calling on the Department of Health to continue work with counterparts in Northern Ireland and Scotland to introduce of a minimum price structure for alcohol, based on grams of alcohol.

Health Levy

• The IMO is calling on the Government to introduce a health levy on alcohol manufacturers in order contribute to the healthcare costs of alcohol related harm.

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Alcohol Availability

- The IMO is calling for closer monitoring of alcohol sales to minors and the introduction of a traceability mechanism to be put in place so that all alcohol sold to underage persons can be traced.
- The IMO is calling on the Minister for Justice, Equality and Defence to commence Section 9 (structural separation) of the Intoxicating Liquor Act 2008.

National Substance Misuse strategy

• The IMO calls on the Government to approve an implementation plan with timelines for all recommendations of the National Substance Misuse Strategy.

All Island Alcohol Policy

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Position Papers published by the Irish Medical Organisation are available on www.imo.ie

Alcohol and Young People	Sept 2013	Disability, Ages (0-18 years)	Nov 2007
The Doctor as Advocate	Apr 2013	Co-Location and Acute Hospital Beds	July 2007
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Child Health	Oct 2012	Medical Schools	Aug 2006
The Market Model of Healthcare – Caveat Emptor	Apr 2012	Obesity	Apr 2006
Health Inequalities	Mar 2012	Care of the Elderly	Jan 2006
Doctor Patient Confidentiality	Apr 2011	Health Service Funding	Mar 2005
Mental Health Services	Nov 2010	Acute Hospital Bed Capacity	Mar 2005
Universal Health Coverage	Apr 2010	Medical Card Eligibility	Mar 2005
Suicide Prevention	Sep 2008	Road Safety	Mar 2005
Lifestyle and Chronic Disease	Sep 2008	Accident & Emergency	Mar 2005
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