

Where is the urgency?

Public Health(Alcohol) Act 2018

A review of progress on implementation.

DECEMBER 2022

Alcohol Action Ireland (AAI) is the national independent advocate working to reduce harm from alcohol.

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 public policy solutions with the potential to reduce that harm, with an emphasis on the implementation of the Public Health (Alcohol) Act.

AAI support the work of the HSE Alcohol Programme, informing strategic alcohol initiatives as an instrument of public health planning. AAI is a member of the Public Health Alcohol Research Group established by the Minister for Health in Ireland to advise on evaluation research.

We act as the secretariat to the Alcohol Health Alliance Ireland, as its co-founding member, and serve on the Board of Eurocare – European Alcohol Policy Alliance, Brussels.

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The Public Health (Alcohol) Act 2018 is a legislative framework designed to tackle Ireland's harmful relationship with alcohol and is the first time a public health approach has been taken in Ireland to legislation around alcohol.

Its purpose is to reduce annual per capita alcohol use by 20% over a sevenyear period, to 9.1 litres per capita over the age of 15 year - a goal originally set for 2020 and which was not achieved. It has a particular focus on protecting children and young people from alcohol harm.

It includes a suite of measures based on the World Health Organisation's 'best buys' to reduce alcohol harm. These include controls on pricing, marketing and availability as well as ground-breaking measures on health information labelling on alcohol products including cancer warnings. It was the most contested piece of legislation in the history of the State meeting trenchant opposition from the global alcohol industry but after more than three years of parliamentary debate it received cross party support and was signed into law in October 2018.

The Act was warmly welcomed by public health advocates world-wide and has frequently been highlighted internationally. This paper examines progress to date on implementation of the Act, looks at threats to its intent and at what can be learned from approaches to other public health issues including road safety, smoking and gambling.

It argues that there is a need for a State Office for Alcohol Harm Reduction which will take the lead on co-ordinating all aspects of alcohol regulation in Ireland including licensing, marketing and promotion, strategic development of treatment services, education/prevention programming, commissioning of relevant data, plus monitoring and evaluation of policy in this area. Such a comprehensive approach is needed if Ireland is to maintain progress on addressing alcohol harm and fundamentally shift our harmful relationship with this product.



Alcohol, a carcinogen and an addictive substance, is 'no ordinary commodity', and is responsible for a considerable burden of health, social and economic harm at individual, family and societal levels.

In 2019 Ireland had one of the highest rates of alcohol consumption in the world at 10.8 litres per capita. This is 80% above the global average and 19% above the Department of Health target of 9.1 litres per capita. During the pandemic there was a fall in alcohol consumption to 9.5 litres per capita but this was likely due to public health measures such as pub closures, and indications are that in 2022 consumption has rebounded to near prepandemic levels.

Such <u>data</u> when translated into everyday language indicates that annual alcohol use per drinker in 2021 was 235 cans of beer, plus 11 bottles of gin/vodka, plus 39 bottles of wine, plus 35 cans of cider.



In 2021, a Health Research Board <u>report</u> on alcohol consumption and harm, starkly outlined how the continuing high level of alcohol consumption in Ireland is affecting the nation's health and well-being.



This is despite laws, set out in the Public Health (Alcohol) Act 2018 (<u>PHAA</u>), seeking a 20% reduction in alcohol use across the whole of population.

As this paper will outline, even though alcohol-related harm costs the State an estimated €3.7 billion a year, four years on, even the modest measures within the PHAA still has not been implemented in full. There is also no indication of when restrictions on advertising content and the broadcast watershed for advertising will be introduced.

More recently, measures proposed under the <u>Sale of Alcohol Bill</u> will only cause further costs – both human and financial –and likely negate progress being made since the passage of the Public Health Alcohol Act.



PHAA is a particularly significant law because, for the first time in Ireland, legislation around alcohol was treated as a public health issue.

The legislation provides a number of evidence-based measures designed to reduce alcohol consumption at a population level. There is a particular emphasis on reducing harm to young people and children, who are most vulnerable to the negative consequences of alcohol consumption.

The Act proposes to achieve its objectives through the introduction of a number of measures including:

- minimum pricing of alcohol products;
- labelling of alcohol products and notices in licensed premises;
- prohibitions and restrictions on advertising and sponsorship;
- separation and visibility of alcohol products and advertisements for alcohol products in specified licensed premises;
- the regulation of the sale and supply of alcohol products in certain circumstances.

Implementation of the Act has been slow and industry and business groups continue to lobby against it nationally and internationally. This paper sets out each objective of the act and provides an update as to where it is at in terms of implementation, as well as providing some commentary around each measure.





Minimum unit pricing (MUP) for all products containing alcohol will be introduced and set at 10 cent per gram of alcohol in the product. Unlike a tax increase where a retailer can choose to absorb the increase in price, MUP will be compulsory across all alcohol products.

Commencement:

After a long period of delay, MUP became operational on 4 January 2022.

Commentary:

For many years, alcohol retailers, supported by alcohol producers, allowed for hyper-discounting of alcohol, fuelling alcohol use at high levels.

MUP targets the widespread availability of cheap, strong alcohol products across the retail sector.

Setting a minimum unit price for alcohol is one of the most effective ways of regulating the price of alcohol. Along with taxation through excise duties it is one of the <u>WHO's "best-buy"</u> policies to reduce the burden of alcohol-related harm. The WHO have summarised the international evidence for MUP across the 14 countries where it is in operation in a <u>report</u> published in 2022. The report notes that the direct evidence provides robust indications that minimum prices are effective in reducing alcohol consumption.

Within the UK, MUP has also been introduced in Scotland, Wales and Jersey and is under consideration in Northern Ireland with a public consultation launched in February 2022.



Modelling estimates indicate that across the heaviest drinkers/high risk users in Ireland there could be a 15.1% reduction of alcohol use, while across the wholeof-population an 8.8% reduction could potentially be achieved. Data from the HSE Environmental Service suggests that there is a high level of compliance with this measure. Of 296 planned inspections in the period January to May 2022, 98% of outlets were compliant.



All alcohol products to be sold in Ireland will be required to display: • A warning informing the public of the danger of alcohol consumption • A warning outlining the danger of alcohol consumption when pregnant • A warning informing the public of the direct link between alcohol and fatal cancers • The quantity in grams of alcohol contained in the container concerned • The calorie content in the container concerned • Details of a website, to be established and maintained by the Health Service Executive, providing public health information in relation to alcohol consumption.

Commencement:

Currently, there is no set date for commencement of this measure. The regulations setting out the detail for labelling of alcohol products were notified to the European Commission in June 2022 and are currently going through the EU TRIS process, a consultation period in advance of Ireland implementing health warning labels on alcohol products. As part of the process there was a 3-month period for <u>submissions</u> from stakeholders to the European Commission. Approximately 70% of the submissions were in favour of the proposals, while the rest came from the alcohol industry. Because a number of EU Member States issued opinions on this matter the standstill period has been extended to 22 December 2022. European Commission representatives have indicated during a European Parliament Committee on Agriculture and Rural Development meeting on 8 November 2022 that their evaluation had found the measures on health warnings to be proportionate and justified on public health grounds.

Commentary:

AAI strongly supports the Irish government's legislation on labelling of alcohol products, containing product information and health warnings both on-product and at alcohol licensed premises.



Research demonstrates that current public knowledge of the link between cancer and alcohol in Ireland is low. A Healthy Ireland <u>survey</u> found that only 19% _of Irish women are aware of the direct link between alcohol and breast cancer, despite being the most common type of cancer experienced by women in Ireland.

Consumers have the right to accurate health information so that they can make informed decisions about the risk of alcohol use and the impact to their health and wellbeing from the product they may purchase. AAI looks forward to progress within the EU TRIS process allowing Ireland to proceed with its labelling regulations after which the Minister for Health can finally commence this section of the legislation.





Alcohol products must be separated from other products in mixed retail outlets (e.g. supermarkets and grocery stores). Retailers must choose from one of three options: Store alcohol in an area of the store that is separated by a physical barrier; Store alcohol products in one or more closed storage units or cabinets; Store alcohol products in no more than three open storage units in the premises. This mean that alcohol products can no longer be displayed as routine grocery goods, and that children's exposure to alcohol in an everyday setting is limited.

Commencement:

This law is operational since 12th November 2020.

Commentary:

Restricting the ease of availability of, and access to, alcohol is a critical component of a public health approach to reducing alcohol use and the related harm.

The majority of alcohol purchased in Ireland is now accessed through shops and retail outlets, rather than in pubs and restaurants.

This section of PHAA replaces a previous, unsatisfactory industry led, voluntary code.

This area of the legislation is monitored and enforced by HSE Environmental Health Officers.

In a Parliamentary Question (46967/21) asked in 2021 about the level of inspections and compliance, it was indicated that of 817 premises inspected there was a compliance rate of 64%.



A study of premises in Cork was carried out by researchers from the School of Public Health at University College Cork. In this a sample of 92 (90 agreed) mixed trade retailers were visited in-person in May 2021. A follow-up visit of another round of 45 (33 agreed) mixed trade retailers was undertaken in July and August 2022 to assess compliance with the PHAA across these two time-periods.

The findings suggested that of businesses visited, 42% in the first visit and 94% in the follow-up visit (18 months later) were compliant with the requirements of structural separation of alcohol products. However, 27% of businesses surveyed did not give permission for a visit so it remains an open question as to the level of compliance.

Given the importance of this legislation it is essential that the HSE should have sufficient resources to carry out inspections to drive and maintain a high compliance rate.



Content of advertisements will be restricted to specific information about the nature of the product.
Advertisements must contain health warnings regarding alcohol consumption, including during pregnancy, and a link to a public health website.
Advertisements in cinemas will be limited to films classified as over 18s.
There will be a 9 p.m. broadcast watershed for advertisements on television and radio.
The marketing and advertising of alcohol in the print media will be restricted in relation to volume and type of publication.

PHAA also bans advertising of alcohol products: • In or near a school • In or near an early years service (e.g. early years crèche) • A park, open space or playground owned or maintained by a local authority • On public transport • In a train or bus station, and at a bus or Luas stop. The Act will also restrict the sale of children's clothing which promotes alcohol consumption or bears alcohol brands/products Furthermore, Section 15 of the Act prohibits advertising in sports grounds for events where the majority of competitors or participants are children or directly on a sports area for all events (e.g. on the actual pitch, the race track, tennis court, etc.). Alcohol sponsorship of other events aimed at children or where most of the participants are children is also be prohibited under Section 16.

Commencement:

From November 2019, alcohol advertising was prohibited outdoors near youthorientated environments (unless part of licensed or production premises), on public transport or at transport hubs, or at the cinema (unless the film has an 18+ classification or the advertising is part of licensed premises in the cinema). Children's clothing that promotes alcohol is also prohibited.

From November 2021, all alcohol advertising and promotion had to be removed

from the field of sport. Alcohol advertising at events predominantly held for children is prohibited and alcohol sponsorship of children events and notably, all racing motoring events, is prohibited.





Commentary:

It is very welcome that government has commenced the sections of the PHAA as outlined above. These measures aim to protect children from the ubiquitous presence of alcohol marketing in their lives. However, it must be noted that the most effective advertising restrictions- content of adverts and the broadcast watershed have yet to be implemented and there is no time-frame for either to come into force.

It also must be acknowledged that the very modest measures around sport and alcohol advertising are nowhere near the complete phasing out of alcohol sports sponsorship by 2016 which was recommended in the <u>2012 Steering Group</u> <u>Report on a National Substance Misuse Strategy</u>, the precursor report to the measures adopted in the PHAA.

Additionally, as AAI has been highlighting for some time, alcohol brands are undermining the spirit and intent of the PHAA by engaging in tactics known as <u>alibi marketing</u> and <u>brand sharing</u>.

These tactics – where either zero alcohol products with identical branding to their alcohol counterparts are advertised or features of the brand that are synonymous with it go against the spirit of the law and arguably are in contravention of the law itself.

AAI will continue to monitor this tactic and work with legislators to recognise the issue and determine what action needs to be taken in order to protect the objectives of the act. For example, if alcohol brands use this tactic to circumvent a proposed broadcast watershed, it will make a mockery of the legislation's intent to protect children – and indeed the wider population, from the mass marketing of a harmful product.



The Minister for health has the power to make regulations around: • The sale or supply of alcohol at a reduced price or free of charge to a certain target group • The sale or supply of alcohol at a reduced price to someone because they have already purchased a certain quantity of alcohol or another service • The sale or supply of alcohol during a limited time period (three days or less) that was less than the price charged for the same product the day before the offer was introduced • Promotion of a business or event in a way that is likely to encourage people to drink alcohol in a harmful manner.

Commencement

These PHAA regulations came into operation on 11 January 2021.

Commentary

The intention of these provisions is to prohibit promotions that encourage risky drinking i.e. those that encourage people to purchase or drink more than they intended or to drink faster than they intended. This is a small, but significant step in reinforcing the principle that alcohol is not an ordinary commodity.

However, it is apparent that there are significant breaches of this section with widespread advertising by licensed premises of offers such as 'bottomless brunches' -I.e. paying a set price and getting unlimited drinks for a defined period. Complaints have been made to the HSE but no data is available on the level of inspections in this area.



Requirement for written notice to the Executive for grant or renewal of license

The law states that:

An applicant seeking a license to sell alcohol must give one month's notice to the Health Service Executive before the license is granted or renewed.

Commencement

This Section was commenced in November 2021.

Commentary

This is a significant measure, insomuch as it provides the HSE a meaningful opportunity to reflect on the public health impact of granting further alcohol licensing in communities where alcohol availability is ubiquitous, and voice their concern to the granting, or renewal, of such licenses.

However, it should be noted that for meaningful commentary to be made there is a need for the availability of detailed data on issues around public health in a specific location – eg level of alcohol related hospital admissions, public disorder, assaults. Such data is not currently collated systematically.





Coherency in government policy

As we write this document, pre-legislative scrutiny will shortly commence in relation to the General Scheme of the Sale of Alcohol Bill.

AAI supports the modernisation and streamlining of the alcohol licensing process. We also welcome opportunities to enhance the night-life in Ireland. However, there is an underlying assumption in the Bill that in order to have a vibrant nightlife there must be additional provision for alcohol sales and there is very minimal consideration given to public health matters. As this paper reflects, there is still a long way to go in fully implementing the Public Health Alcohol Act. The question now is, will progress be stymied by the Sale of Alcohol Bill which currently includes measures to increase licensing hours?

In November 2022 the World Health Organisation released a comprehensive <u>report</u> reinforcing the public health considerations in relation to the sale of alcohol. The paper states that communities with more alcohol establishments tend to have higher rates of alcohol consumption, violent crime, sexually transmitted infections, suicides, alcohol-related hospitalisations and deaths and traffic crashes.

<u>Comprehensive</u> research from many jurisdictions demonstrates that changes in the number and density of licensed premises, as well as permitted trading hours, are associated with changes in the patterns of alcohol-related harms and evidence is growing for its impact on increasing chronic health harms. It would be shortsighted and somewhat naive to think that Ireland will be any different.

State Office for Alcohol Harm Reduction

The competing purposes of the PHAA and the Sale of Alcohol Bill illustrate the lack of coherency in government policy around alcohol. For this reason, Alcohol Action Ireland is advocating for a state-sponsored Office to take the lead in coordinating all actions around alcohol. This would have the effect of keeping the whole-of-government focus on this critical issue and limit the reach of the alcohol industry in delaying and obstructing public health alcohol policy.



Interestingly the government in November 2022 approved a Gambling Regulation Bill. As well as providing for restrictions on gambling advertising and a Social Impact Fund for research and treatment in this area there will be a Gambling Regulator Authority to enforce the advertising and sponsorship rules across all media and to examine the licensing laws.

Over the past three decades, Ireland, in common with countries right across the globe, has successfully introduced advertising bans and other restrictions on tobacco. The National Tobacco Free Ireland Programme has an overarching role across health and legal issues such as the provision of smoking cessation training, health promotion, research, compliance and enforcement. This has led to a significant fall in tobacco use with the Irish National Drug and Alcohol Survey published in 2021 noting that current smokers now only comprise 17% of the population. However the same survey indicates that 74% of the population consume alcohol and that 1 in 7 of the population has an alcohol use disorder.

Similarly, with the establishment of the Road Safety Authority in 2006 there has been a concerted effort to address road safety across multiple areas. This has seen road deaths fall from 396 in 2005 to 136 in 2021. Meanwhile alcohol accounts for around 1500 deaths annually.

These examples illustrate that it is possible to achieve a significant cultural change by having a strong and highly targeted government approach to the issue. with alcohol however, there is a lack of urgency in reducing alcohol use and comprehensively addressing alcohol harm.

There is an urgent need to establish a statutory office for Alcohol Harm Reduction, which will take the lead on co-ordinating all aspects of alcohol regulation in Ireland including licensing, marketing and promotion, strategic development of treatment services, education/prevention programming, commissioning of relevant data, plus monitoring and evaluation of policy in this area.

