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Tuarascáil maidir le Mí-Úsáid Alcóil agus Drugaí Eile

Eanáir 2012

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Joint Committee on Health and Children

Report on The Misuse of Alcohol and Other Drugs

January 2012

PR Number (A12/0050**)** **31/HHCN/003**

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Foreword by the Chairman of the Joint Committee on Health and Children, Jerry Buttimer TD.

Ireland's approach to public health policy in relation to the abuse of alcohol and drugs has evolved over the last few decades largely due to the weight of scientific and medical based research.

The abuse of alcohol and other drugs, but particularly that of alcohol, has contributed to a wide range of health, social and behavioural problems across a wide spectrum of Irish society. Every village, town, city and county of Ireland has been impacted by the negative effects of alcohol and drug misuse.

As parliamentarians, there is a clear onus on us to influence Government in their role as policymakers, in the area of promotion and protection of public health. There is absolutely no doubt that the misuse of alcohol and drugs is one of the biggest challenges facing society today, not just from a health perspective, but from an economic and social perspective too.

According to the Department of Health, the cost to Irish society of alcohol related problems is currently in excess of €3.5 billion a year, and this figure solely relates to alcohol. Alcohol abuse is also estimated to be a contributory factor in over 50% of all suicides in Ireland every year. Added to the cost to the Exchequer of the misuse of other drugs, we can see exactly the economic and societal challenges facing the country, particularly in the current economic climate.

The Joint Committee on Health and Children has prepared this report as the Minister of State with responsibility for Primary Care, Roisin Shorthall, TD., prepares to publish the report of the National Substance Misuse Strategy Steering Group. We hope that both the Steering Group's report and this report by the Joint Committee will help formulate a major overhaul of public legislation in the area of alcohol and drug misuse going forward.

In relation to alcohol abuse, there has been widespread debate on the issue of minimum pricing, particularly given the proliferation of availability of low cost selling of alcohol, the increase in outlets selling low cost alcohol, and the practice of retailers using alcohol as a "loss leader" to attract customers into supermarkets and shops, which has been the subject of much public comment.

While the Joint Committee on Health and Children is unanimously opposed to the widespread proliferation of low cost alcohol, there remains a divergence of views on minimum pricing. The majority of the Joint Committee's membership support the Government's recently announced decision to introduce minimum pricing for alcoholic drinks, with the minority of members supporting as an alternative, an increase in alcohol taxation with the extra revenue generated to be ring-fenced for preventative education and the provision of alcohol addiction services.

In our report, the Joint Committee has made thirteen recommendations, which include but are not limited to, increased resources for preventative education and addiction services, the cessation of VAT refunds for low cost selling of alcohol, alcohol advertising, importation of drugs, and the extension of the medical card scheme to cover addiction services, as well as reducing the number of outlets selling alcohol.

We believe that our intensive scrutiny of this subject over the last number of months, culminating in the publication of this report, will assist Government in their objectives of overhauling the public health system when it comes to the misuse of alcohol and drugs.

I would like to record our appreciation to the many different interest groups who made both oral and written submissions to the Joint Committee in its preparation of

this report. I would also like to acknowledge the contribution of both the Library and Research Service and the staff of the Committee Secretariat in the Houses of the Oireachtas for their assistance in its compilation. I would also like to record my appreciation to all members of the Joint Committee for their commitment and contributions to the production of this report.

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Jerry Buttimer, T.D.,
Chairman,
Joint Committee on Health and Children.
19th January 2012.

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Executive Summary

Following the establishment of the Joint Committee in June of last year, its Members decided that an early priority would be to examine the misuse of alcohol and drugs. Accordingly, they invited a wide range of stakeholders, including Minister of State Shortall, to discuss this issue with them. Those discussions have informed the committee's view that a significant change in Irish culture with regard to the misuse of alcohol is required.

This report therefore sets the view of the stakeholders and the committee in the context of an examination of data and research relating to the prevalence of alcohol and drug misuse in Ireland. It provides statistics of substance misuse in the general population as well as in high risk groups.

As mentioned above, it incorporates the Joint Committee's deliberations and meetings with a wide range of stakeholders during late 2011.

The report is divided into four parts:

i. drug misuse and high risk groups;
ii. misuse of alcohol;
iii. alcohol related harm; social and economic consequences; and
iv. interventions to tackle alcohol and drug misuse.

The Joint Committee's recommendations are:

1. **that the Government consider how a programme of new, preventative, educational initiatives, aimed at the public in general, could be devised and implemented. The aim of this programme would be to highlight the implications and dangers of alcohol and drug misuse, and to influence the prevailing cultural attitudes, particularly in relation to the use of alcohol.**

2. **that the majority of the members of the Committee support the Government's recently announced decision to introduce minimum pricing in respect of alcoholic drinks in a forthcoming public health bill. However, there was a divergence of views within the committee on this matter with a minority supporting, as an alternative, an increase in either**

or both alcohol expenditure taxes (with the additional revenue generated being ring-fenced for preventative education and the provision of alcohol addiction services).

3. **that the Government end VAT refunds on below-cost sales of alcohol.**

4. **that the Government explore the option of a ban on all retail advertising relating to the discounting of alcoholic products, a ban on the advertisement of alcoholic products on television before 9PM, and any advertisement of alcohol products on social networking websites (these bans to be given legislative standing).**

5. **that legislation be introduced criminalising the importation of cannabis seeds.**

6. **that the Misuse of Drugs legislation be amended to include stricter controls on the importation and prescribing of benzodiazepines.**[1]

7. **that there be renewed emphasis on the implementation by the HSE of the four tier model as recommended by the National Drug Rehabilitation Implementation Committee (NDRIC), as well as on the aims and objectives of the National Drugs Strategy 2009-2016.**

8. **that funding under the medical card should cover rehabilitation treatment for alcohol addiction.**

9. **that youth work and peer support be considered by policymakers as an integral part of any strategy aiming to divert children away from substance misuse.**

10. **that the Committee are extremely concerned about the proliferation of outlets which sell alcoholic products and the presentation of such products therein. The Committee recommends that legislation be**

[1] Benzodiazepines are a type of medication known as tranquilizers. Familiar names include Valium and Xanax.

introduced which would ban the presentation and sale of alcoholic products alongside groceries, confectionary and fuel.

11. **Consideration should be given to an outright ban on the sale of alcohol in certain outlets.**

12. **that the Government prohibit the practice of retail deliveries of alcoholic products directly to consumers' homes.**

13. **that the Committee recommends:**
    - **that more monies should be allocated to drug rehabilitation services;**
    - **that there should be a significant increase in the number of dedicated inpatient detoxification beds;**
    - **a reduction in waiting times to access drug services across the country.**
    - **that Voluntary Codes of Practice in the retail industry pertaining to the sale of alcohol be abolished and replaced by statutory codes.**

Introduction

The Oireachtas Joint Committee on Health and Children was established by Order of Dáil Éireann on the 8th of June 2011 and by Order of Seanad Éireann on the 16th of June 2011.

The committee invited the following stakeholders to attend:

- Advertising Standards Authority of Ireland
- Aislinn Adolescent Addiction Centre Treatment Centre and Family Respite Unit;
- Alcohol Action Ireland;
- Alcohol Beverage Federation of Ireland (ABFI);
- Alcohol Marketing Communications Monitoring Body;
- Ballymun Youth Action Project;
- College of Psychiatry;
- Fellowship House;
- Fetal Alcohol Spectrum Disorders (FASD) Ireland
- Health Service Executive;
- Irish International;
- Mater Hospital, Dublin;
- Mature Enjoyment of Alcohol in Society Limited (MEAS)
- Merchant's Quay Project;
- Ms Roisin Shortall, TD., Minister of State at the Department of Health and Children
- National Advisory Committee on Drugs (NACD);
- National Off-Licence Association (NOffLA)
- Renewal Women's Re
- Retail Ireland;
- RothCo
- Rutland Centre;
- Spunout.ie;
- Tabor lodge Addiction & Housing Services Ltd;

- Tabor Lodge Addiction Treatment Centre;
- The Base;
- Vintner's Federation of Ireland (VFI).

This report is primarily based on published research on the issue of alcohol and drug misuse and includes extracts from the stakeholder's comments to the committee, as well as references to the transcripts of the Committee's meetings.

The paper is structured as follows:

1. Drug misuse and high risk groups;
2. Misuse of alcohol;
3. Alcohol-related harm, social and economic consequences; and
4. Interventions to tackle alcohol and drugs misuse.

The over-arching aim of this report is to highlight the prevalence of alcohol and other drugs in society and to emphasise the misuse of alcohol in particular, this being the most commonly used drug - what some have called the 'national drug.'

The report hopes to bring about a change in attitudes towards the misuse of alcohol by illustrating the huge personal and economic costs caused by hazardous drinking.

It is the Committee's belief that there is no single measure which will solve the problem of alcohol misuse. Rather, a package of measures is needed to change our attitudes towards, and behaviour regarding, the consumption of alcohol.

The Committee is aware that alcohol consumption per capita is an indicator for alcohol-related harm in any country. Noting the lower levels of total alcohol consumption per capita in 1960's Ireland, the Committee wishes to see the implementation of measures which will bring about a significant reduction in the overall consumption of alcohol per capita in the coming years.

Part 1- Drug misuse and high risk groups

The Drug Treatment Centre Board defines drug misuse as:

> "…the illegal or illicit drug taking or alcohol consumption which leads a person to experience social, psychological, physical or legal problems related to intoxication or regular excessive consumption and/or dependence. Drug misuse is therefore drug taking which causes harm to the individual, their significant others or the wider community. By definition those requiring drug treatment are drug misusers."[2]

The inclusion of alcohol in the definition above is notable and consistent with the National Drugs Strategy (interim) 2009-2016. Previous drug strategies omitted the inclusion of alcohol. However, the rise in alcohol consumption and associated harmful behaviour has lead to a widespread belief that misuse of alcohol is as much of a problem (if not more so) than use of illicit drugs. In the same vein this report includes alcohol in the overall term 'drug misuse.'

Butler (2009) notes that until the 1970's the World Health Organisation (WHO) promoted the 'disease model' of alcoholism, whereby alcohol was seen as a substance which was harmless to all but a small section of drinkers. The WHO abandoned this approach for an evidence-based 'public health' model which sees alcohol as a drug that is harmful to all consumers.[3] At a Committee meeting on 15th December 2011, **Senator John Crown** stated that:

> "Alcohol is an intrinsically dangerous cancer-causing addictive drug. It is intrinsically dangerous and is not related to patterns of excess. A person who takes any alcohol runs the risk of becoming an addict and increases the risk of getting certain illnesses."

[2] http://www.addictionireland.ie/faq/article.asp?FID=58&T=F, 3 http://www.nacd.ie/publications/NACDPolydrugUseBulletin5.pdf

[3] Butler, S. (2009). *Obstacles to the Implementation of an Integrated National Alcohol Policy in Ireland: Nannies, Neo-liberals and Joined-Up Government*. Accessed on 11th January 2012 at http://www.tara.tcd.ie/jspui/bitstream/2262/56347/1/Obstacles%20to%20the%20Implementation%20of%20an%20Integrated%20National%20Alcohol%20Policy%20in%20Ireland-%20Nannies,%20Neo-Liberals%20and%20Joined-Up%20Government.pdf

Policy which is underpinned by the public health model tries to reduce alcohol-related harm by targeting the population as whole, rather than just problem drinkers.[4]

Ms Breda Cahill, general manager of the Aislinn Adolescent Addiction Centre, in her presentation to the Committee on 8th September 2011 pointed out that:

> "…alcohol continues to be the primary drug and the drug of relapse. This fact is often forgotten or not addressed by society."

At the same meeting, Mr. Ruairí McKiernan, founder of Spunout.ie, an online resource for young people, illustrated the problematic nature of alcohol in the context of young people when he stated that:

> "Alcohol is very much a gateway drug towards other illegal drugs …the average age for introduction to alcohol has decreased from the age of 16 to 14."

The gravity of this issue was underlined by **Deputy Eamonn Maloney** when, at a Committee meeting on 15th September 2011, he said:

> "When do we hear somebody involved in Irish politics or medicine stand up and say that alcohol is the national drug? When do we hear such people use the phrase alcohol and other drugs?"

Alcohol is the most pervasive drug in Irish society and its availability has been cited as a concern by **Minister of State for Health, Deputy Roisin Shortall**, at a Committee meeting on 22nd September 2011:

> "In tackling this problem, the other key area is the explosion in the number of outlets for alcohol. One can buy alcohol in every corner shop and every filling station. The big concern about that is that alcohol is displayed along with the sweets, biscuits, bread or milk and it normalises the idea of alcohol as a product. Alcohol is not a normal product for sale in a supermarket like food, milk, minerals or whatever. It is a potentially dangerous product and for that reason, it needs to be treated differently to other products. It was a retrograde step to liberalise the licensing laws in the way we did, which opened up the question of availability. Availability is a key aspect, not only in terms of normalising our attitude to alcohol but also in terms of making it much more accessible to young people."

[4] Ibid.

The National Youth Council of Ireland (NYCI) argue that The Liquor Licensing Act 2000 was a key development in the proliferation of off-licenses in Ireland. According to the NYCI, the Act led to a huge growth in off-licenses, particularly in supermarkets, petrol stations and convenience stores. The NYCI state that there was a 161% increase in the number of off-licences between 1998 and 2010 and a 19% decrease in the number of pub licences during this same period.[5]

The next section of this paper looks at the prevalence of other commonly used drugs in Ireland.

1.1 Prevalence of drug use in Ireland

This section draws on qualitative and quantitative studies which examine the prevalence of drug misuse within Ireland. The National Advisory Committee on Drugs (NACD) define prevalence as:[6]

"…the proportion of a population who has used a drug over a particular time period."

In general population surveys, prevalence is measured by asking respondents in a representative sample drawn from the population to recall their use of drugs. The three most widely used recall periods are: lifetime (ever used a drug), last year (used a drug in the last twelve months), and last month (used a drug in the last 30 days). Drug prevalence surveys take place in Ireland every three to four years. Surveys which deal exclusively with, or include questions on drug use, are the:

- All Ireland Drug Prevalence Survey[7];
- Survey of Lifestyles, Attitudes and Nutrition (SLÁN) Health Survey;
- Health Behaviour in School-aged Children (HBSC); and
- European School Survey Project on Alcohol and other Drugs (ESPAD).

While these surveys measure drug consumption in different ways, all of them find that drug misuse is prevalent in the general population and not just a problem affecting a certain strata of society. One in four people in Ireland used an illicit drug at some

[5] NYCI.(2011). NYCI Pre-Budget Submission 2012. Accessed on 18th January 2012 at http://www.youth.ie/sites/youth.ie/files/NYCI%20Pre-Budget%20Submission%202012%20Final.pdf

[7] (2010/2011–not published until 2012)

point in their life and one in five used cannabis.[8] The 2007 SLÁN survey found that 6% of respondents reported that they had used an illegal drug in the year prior to the survey.

Recent and current levels of illegal drug use were mainly stable in Ireland between 2006/7 and 2010/11, though lifetime use of illegal drugs rose from 24% to 27%.[9] The most commonly used illegal drug, used in the previous month, was cannabis (2.8%). Of all drugs in Table 1 alcohol was the most commonly used in the previous month (71%), followed by tobacco (28%), and other opiates (14.2%), which includes many over-the-counter drugs such as Nurofen Plus, and Panadeine. A relatively small proportion of drug users by comparison reported using Cocaine (0.5%) or Heroin (0.1%), in the previous month.

In a very recent update, on 9th January 2012, the Irish Times (in a 2-day in-depth report) pointed out that the number of heroin users in Ireland is the highest in the EU and that deaths as a result of methadone are on the increase here.[10]

Table1: Prevalence of drug use in Ireland (%) in the previous month, by age 2010/2011

Drug type	15-24	25-34	35-44	45-54	55-64	Total
Any illegal drug*	5.8	4.9	2.3	1.7	0.3	3.2
Cannabis	**5.4**	**4**	**1.9**	**1.7**	**0.3**	**2.8**
Heroin	0	0	0.1	0.2	0	0.1
Methadone	0	0.2	0.2	0.3	0.1	0.2
Other opiates**	**12.5**	**15.4**	**15.9**	**15.5**	**9.8**	**14.2**
Cocaine (including crack)	0.5	1.3	0.1	0.3	0	0.5
Crack	0	0	0	0	0	0
Cocaine Powder	0.5	1.3	0.1	0.3	0	0.5
Amphetamines	0.1	0	0	0.2	0	0.1
Ecstasy	0.2	0	0	0.1	0	0.1
LSD	0	0.1	0	0	0	0

[8] All Ireland Drug Prevalence Survey 2007 & National Advisory Committee on Drugs and Drug and Alcohol Information and Research Unit.

[9] http://www.nacd.ie/news/launch_event22112011.html

[10] http://www.irishtimes.com/newspaper/features/2012/0109/1224310001769.html

Magic Mushrooms	0	0	0	0.2	0	0
Solvents	0.1	0	0	0.2	0	0.1
Poppers	0	0	0.3	0.1	0	0.1
Sedatives or tranquilisers	0.5	1.4	2.8	3.8	6.6	2.8
Anti-depressants	1.6	2.8	5.6	6.2	4.5	4.1
Tobacco	**29.2**	**33.5**	**28.6**	**28.1**	**22**	**28.3**
Alcohol	**65.9**	**74.5**	**72.1**	**71.4**	**66.8**	**70.6**

Source: NACD (2011)

1.2 Representation of drug users in treatment

Table 2 shows data taken from the National Drug Treatment Reporting System (NDTRS) 2011 publication.[11] The HRB write that the proportion of new cases entering drug treatment (an indicator of recent trends in problem drug use as well as treatment availability) was 42% (n= 3,270) in 2010, slightly above the European average of 40% in 2008.

The table shows the main problem drugs used by those presenting for treatment in 2010.

Opiates are the most common problem drug, with 57% of those receiving treatment using this drug. This is followed by cannabis (25%), cocaine (9%) and benzodiazepines (4%).

Other drugs are reported by a smaller proportion of those presenting for treatment, such as amphetamines and ecstasy, among others. Many users reported having problems with additional drugs. Cannabis, alcohol, cocaine, and benzodiazepines were the most commonly reported additional problem drugs between 2005 and 2010. Of these, alcohol was the fastest growing additional substance, increasing by 78% from 2005-2010.[12]

[11] HRB. (2011). Trends in treated problem drug use in Ireland 2005-2010. Accessed on 16th January 2012 at http://www.hrb.ie/uploads/tx_hrbpublications/HRB_Trend_Series_12_Trends_in_treated_problem_drug_use_in_Ireland_2005_to_2010_01.pdf

[12] Ibid.

In 2010 there were a total of 2,026 drug users in treatment who reported alcohol as an additional problem substance. Data from the NDTRS (2009) shows that there were 7,940 cases of treatment for alcohol use in 2008.[13]

Table 2: Main problem drug used by those entering treatment in 2010

Drug used	Number	Percentage
Opiates	4300	56.6
Cannabis	1893	24.9
Cocaine	698	9.2
Benzodiazepines	292	3.8
Other	275	3.6
Amphetamines	56	0.7
Ecstasy	48	0.6
Volatile inhalants	31	0.4
Total	7593	100

Source: HRB (2011)

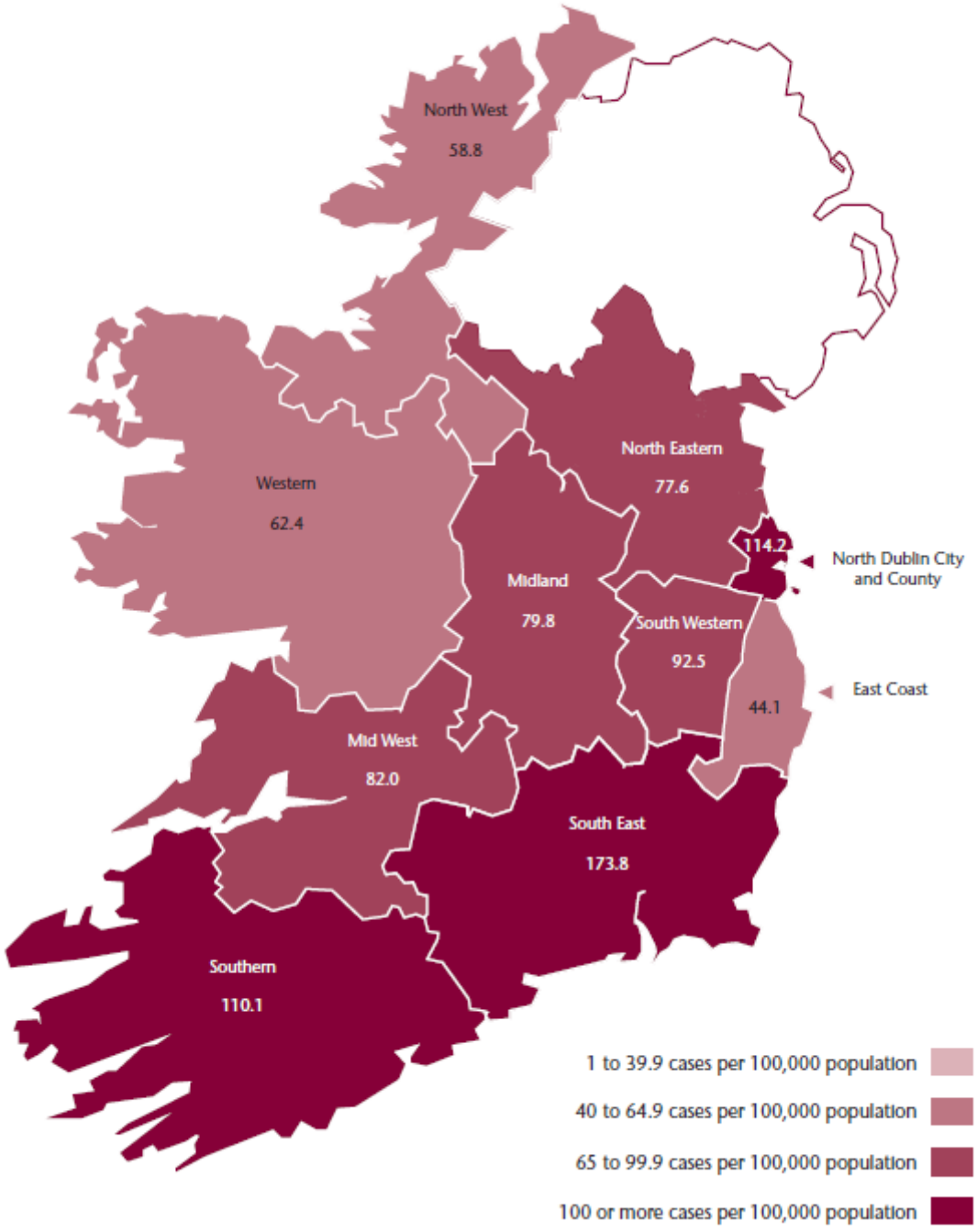
The map included overleaf (figure 1) is taken from the National Drug Treatment Reporting System (NDTRS) 2011 publication.[14]

The map shows that the incidence of those being treated for problem drug use is highest in regional drug task force areas in the south, where there are more than 100 cases per 100,000 of population. The incidence of those receiving treatment for problem drug use is lowest in regional drug task force areas in the North West of the country, at 45 cases per 100,000 of population.

[13] HRB. (2009). Treated problem alcohol use in Ireland: 2008 figures from the National Drug Treatment Reporting System. Accessed on 16th January 2012 at http://www.hrb.ie/health-information-in-house-research/alcohol-drugs/publications/adru-publication/publications//505/

[14] http://www.hrb.ie/uploads/tx_hrbpublications/HRB_Trend_Series_12_Trends_in_treated_problem_drug_use_in_Ireland_2005_to_2010_01.pdf

Figure 1: Average annual incidence of <u>treated</u> problem drug use per 100,000 15–64-year-olds, by regional drugs task force area of residence (NDTRS 2008–2010)



This section shows that cannabis is the most commonly used illegal drug in Ireland and is the second most commonly reported drug problem among those in treatment for drug use.

The importation of cannabis seeds into Ireland was raised by **Deputy Denis Naughton** at a Committee meeting on 22nd September 2011. Deputy Naughton urged the Minister of State for Health to:

> "…examine the possibility of banning the importation and sale of cannabis seeds? In her contribution, she mentioned the grow houses that have been found in my constituency and elsewhere, yet we still have not banned imports or the sale of cannabis seeds. The United States has introduced such a ban, yet we are turning a blind eye to it."

There is also a growing use of benzodiazepines in Ireland. This issue was raised by the Minister of State for Health as well as some members of the Committee. During a Committee meeting on September 22nd 2011, **Senator David Cullinane** commented on the problem of benzodiazepine drugs being sold on the black market. The Senator said:

> "Between 2003 and 2008, the annual number of treated cases reporting benzo as a problem substance increased by just over 63%, from 1,050 to 1,719. Moreover, the number of cases in which benzo was reported as the main problem substance increased by 120%, from 76 in 2003 to 167 in 2008. A more shocking figure is that between 1998 and 2007, benzos were implicated in 649 deaths by poisoning."

Minister of State Shortall, in relation to this issue, has stated that she has requested that the HSE carry out an examination of the prescribing patterns for benzodiazepines.

While this section concentrated on the prevalence of drug use among the general population, the next section will look at the prevalence of drug use among high risk groups.

1.3 Prevalence of drug use among high risk groups

While drug use is prevalent in the general population it is more common among certain groups, such as:[15]

- Early school leavers (ESL);
- Lesbian, gay, bisexual and transgender community;
- Travellers; and
- Young people.

Early school leavers

[15] EMCDDA. (2010). Ireland: New Developments, Trends and in-depth information on selected issues. Accessed on 29th October 2010 at http://www.emcdda.europa.eu/html.cfm/index142449EN.html

Eurostat define an early school leaver as a person whose highest level of education attained is lower secondary or below and who did not receive either formal or non-formal education in the previous four weeks. In Ireland the Education (Welfare) Act 2000 provides that the minimum school leaving age is 16 years or the completion of three years post-primary education, whichever is later.[16]

A recent study by Haase and Pratschke (2010) looked at the risk and protection factors for substance use among young people.[17] Table 3 shows some results from their study.

In summary, their study found that early school leavers, compared to school attending students, were between 1.5 and 2.5 times more likely to smoke cigarettes, up to 1.2 times more likely to drink alcohol, between 2.4 and 4.4. times more likely to use cannabis and between 3.7 and 14.4 times more likely to use other drugs. This data shows that early school leavers are significantly more likely to use drugs than students remaining in school.

Table 3: Comparison between Early School Leavers and those attending school in use of drugs (%)

Substance	Lifetime		Past year		Past month	
	Early-school Leavers	**School-Attending Students**	**Early School Leavers**	**School-Attending Students**	**Early School-Leavers**	**School-Attending Students**
Tobacco	81.6	53.3	73.7	38.3	68.9	27.1
Alcohol	89.8	86.7	84.3	78.1	65.6	56.4
Cannabis	57.0	24.2	43.0	14.5	33.6	7.6
Other drugs	40.9	11.1	25.9	6.1	11.5	0.8

Source: Haase and Pratschke (2010)

The National Drugs Strategy (2009-2016) contains four actions, under the pillar of prevention, to target early school leaving:[18]

[16] http://www.drugsandalcohol.ie/12388/1/DCRGA_Strategy_2009-2016.pdf
[17] Haase, T. and Pratschke, J. (2010). Risk and Protection Factors for Substance Use Among young People. National Advisory Committee on Drugs. Accessed on 29th November 2010 at http://www.nacd.ie/publications/RiskYoungPeopleSchool.pdf
[18] http://www.drugsandalcohol.ie/12388/1/DCRGA_Strategy_2009-2016.pdf

- **DEIS Action Plan** – incorporates the School Completion Programme. The Department of Education has also developed a Traveller Education Strategy, which targets ESL among the travelling community;
- **National Educational Welfare Board** – set up in 2002 to encourage young people to stay in school or training. The board works with schools as well as families;
- **National Educational Psychological Service** (NEPS) and **Youth Encounter Project Schools**: These are not specifically included in the NDS but are listed as an action in that document. Both NEPS and the Youth Encounter Project Schools target children at risk;
- **Home School Community Liaison Scheme** (HSCL) which was designed to involve parents in their children's education, is given additional resources under the NDS.

Many youth organisations advocate the use of peer support programmes which educate young people about substance misuse and allow them to pass on this information to their peers. Such an approach seeks to positively use the strength of peer influence among this cohort.[19]

Lesbian, gay, bisexual and transgender community (LGBT)

A 2009 study commissioned by the Gay and Lesbian Equality Network and BeLonG To Youth Services found that LGBT individuals, aged 16 to 62, often use alcohol and illicit drugs to cope with stress. The study found that 41% had CAGE scores indicating problem drinking, 17.3% took medication prescribed by a doctor or psychiatrist, 12.3% took prescription drugs (without advice of a doctor or medical worker) and 10% took illegal drugs.[20] It is difficult to make a direct comparison with the general population on these figures and the authors admit this as a limitation of

[19] Fitzgibbon, G. (No year). 'Engaging the power of youth' – Youth Peer Education and Youth Peer Mentoring in Kerry. Accessed on 16th January 2012 at http://www.cokerryed.ie/Youthwork/Engaging_The_Power_of_Youth_Peer_Education_Report_Final.pdf

[20] Mayock, P. Bryan, A., Carr, N., Kitching, K.(2009). Supporting LGBT Lives: A Study of the Mental Health and Well-Being of Lesbian, Gay, Bisexual and Transgender People. Accessed on 18th January 2012 at www.glen.ie/.../432630f4-fb63-469f-b614-f6f60df44995.PDF

their study. However, the study does indicate that the LGBT community are 'self-medicating' as a coping mechanism in response to stress.

Members of the travelling community

Cannabis, sedatives, tranquilisers, and anti-depressants are the most commonly used drugs (not including alcohol and tobacco) among travellers.[21] However, according to agency workers, alcohol is the main concern and is misused by both male and female travellers.[22] These agency workers say that this mirrors the misuse of alcohol in wider Irish society. As travellers have difficulty being served in licensed premises, they often drink at home or on the halting site, which leads to drinking greater quantities.[23]

Young people

A survey by UNICEF Ireland (2011)[24] found that 35% of the young people surveyed said that they had taken drugs. Furthermore, 28% of respondents were currently taking drugs at the time of the survey.[25]

Use of illegal drugs is most common among people aged 15-34 yrs.[26] Comparison between the All Ireland Drug Prevalence Survey, ESPAD and HBSC shows that the proportion of young adults (15-34 yrs) who report using an illegal drug in the past year has increased from 10% in 2002/3 to 12% in 2006/7. However, ESPAD surveys show that the proportion of 15-16 year old school children who reported use of any illicit drug at some point in their life fell by 18% from 2003 (40%) to 2007 (22%) across ESPAD countries.[27] This fall was roughly 14% in Ireland and the UK. The reasons behind the decrease are unknown but consistent across ESPAD countries.[28]

A European Commission (2011) survey carried out in May 2011[29] found that Irish teenagers were more likely than their counterparts in the EU to take 'legal highs'. It was also easier for Irish teenagers to access drugs such as heroin and cocaine than it

[21] Van Hout, MC. (2009). Substance Misuse in the Traveller Community: A Regional Needs Assessment. Accessed on 1st December 2011 at http://www.drugsandalcohol.ie/11507/1/WRDTF_Traveller_needs_assessment.pdf
[22] Ibid.
[23] Ibid.
[24] UNICEF. (2011). Changing the Future: Experiencing adolescence in contemporary Ireland.
[25] Ibid.
[26] ESPAD. (2009). Fourth European School Survey Project on Alcohol and Other Drugs (ESPAD). http://www.espad.org/espad-reports
[27] Ibid.
[28] Ibid.
[29] European Commission. (2011). Youth attitudes on drugs: Eurobarometer. Accessed on 16th December 2011 at http://ec.europa.eu/public_opinion/archives/flash_arch_344_330_en.htm#330

was for teenagers in most other EU countries. Irish teenager's access to alcohol, however, matched the European average.[30] The UNICEF Ireland (2011) survey found that 77% of all respondents drank alcohol and 48% of these had their first drink before they were 16 years old and 85% had their first drink before the legal age limit of 18.[31] This section looked at drug misuse in the general Irish population and amongst high risk groups. As research shows that alcohol is by far the most commonly used drug, both in the general population and in high risk groups, the following section looks specifically at the misuse of alcohol and how Ireland compares with other countries.

[30] Ibid.
[31] Ibid.

Part 2 - Misuse of alcohol

This section looks at the level of alcohol misuse in Irish society beginning with an overall view of alcohol consumption per capita. The section shows that Ireland's total consumption of alcohol increased dramatically since 1960. Although Ireland's overall consumption of alcohol has declined in recent years, it remains among the highest in the OECD and Irish drinkers have the highest rate of binge drinking in the EU27.
It should be noted, however, that Ireland also has a large proportion of those who abstain from alcohol. The most recent Eurobarometer report found that 24% of Irish people did not drink any alcoholic beverage in the past 12 months. This matches the EU27 average for alcohol abstinence but is lower than countries such as Italy (42% abstention).

2.1 Consumption of Alcohol in the General Population

Hope and Butler (2010)[32] examine the changes in alcohol consumption over a twenty-year period. The report shows that alcohol consumption increased by 30% from 1990 to its peak in 2001. Consumption then declined in 2003 by 6% and remained stable until 2008 when it declined further.[33]
Figure 2 shows the trend in alcohol consumption in Ireland from 1960 to 2009.[34] The chart shows that consumption increased from 4.9 litres per capita in 1960 to 11.3 litres in 2009, an increase of 231%. The likely consumption per capita would be even higher, when those who abstain are taken into consideration.

[32] Hope, A. and Butler, S. (2010). Changes in consumption and harms, yet little policy progress: Trends in alcohol consumption, harms and policy: Ireland 1990-2010.
[33] Ibid.
[34] OECD (2011) Health Data. http://stats.oecd.org/Index.aspx?DataSetCode=HEALTH_LVNG

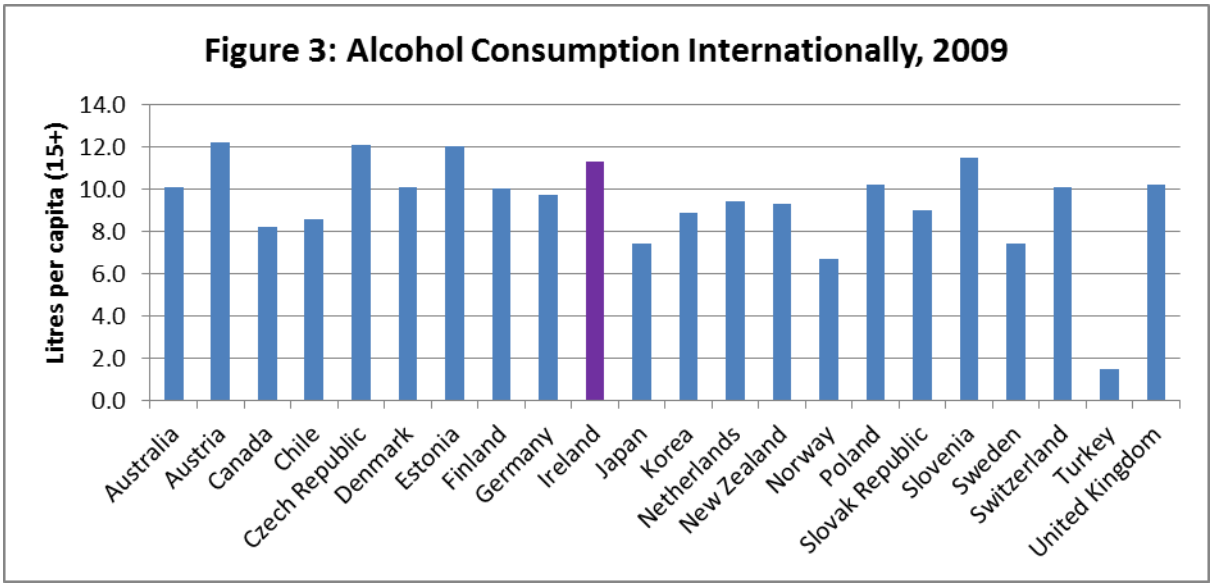
A recent report by the WHO (2011) shows that alcohol per capita consumption of alcohol is higher in countries with higher incomes (an exception being the Eastern Mediterranean).[35]

Figure 3 (over) compares alcohol consumption in Ireland with other countries across the OECD for which there is recent data. While Ireland's overall consumption of alcohol declined in recent years, Ireland's consumption is still higher than most other countries, specifically the UK, Switzerland, Germany, Canada and Australia among others. Overall alcohol consumption is lower in Ireland than in Austria, Czech Republic, Estonia, and Slovenia.

Per capita consumption of alcohol is a good indicator of alcohol-related harm, which increases with consumption (more on alcohol related harm in part 3 of this report).[36]

[35] World Health Organisation. (2005). Global status report on alcohol and health. Accessed on 17th Jnaury 2012 at http://www.who.int/substance_abuse/publications/global_alcohol_report/msbgsruprofiles.pdf

[36] HRB. (2009). HRB Overview Series: Social consequences of harmful use of alcohol in Ireland. Accessed on 17th January 2012 at http://www.hrb.ie/uploads/tx_hrbpublications/HRBOverview_9.pdf



2.2 Hazardous and binge drinking

Hazardous drinking is defined by the World Health Organisation (WHO) as alcohol consumption which leads to the risk of physical and/or psychological harm. Hazardous drinking has also been defined as drinking which exceeds the recommended limits of 21 units per week for men and 14 units per week for women.

Binge drinking is more likely, than moderate drinking, to result in injury, accidents and crime.[37] WHO defines binge drinking as having 5 drinks or more on at least one occasion.

An EU study published in 2010 looked at attitudes towards alcohol across EU countries.[38]

Table 4 shows that Irish people drink less frequently than the EU average and are more likely, than the EU average, to drink 2-3 times a week, once a week, or 2-3 times a month.

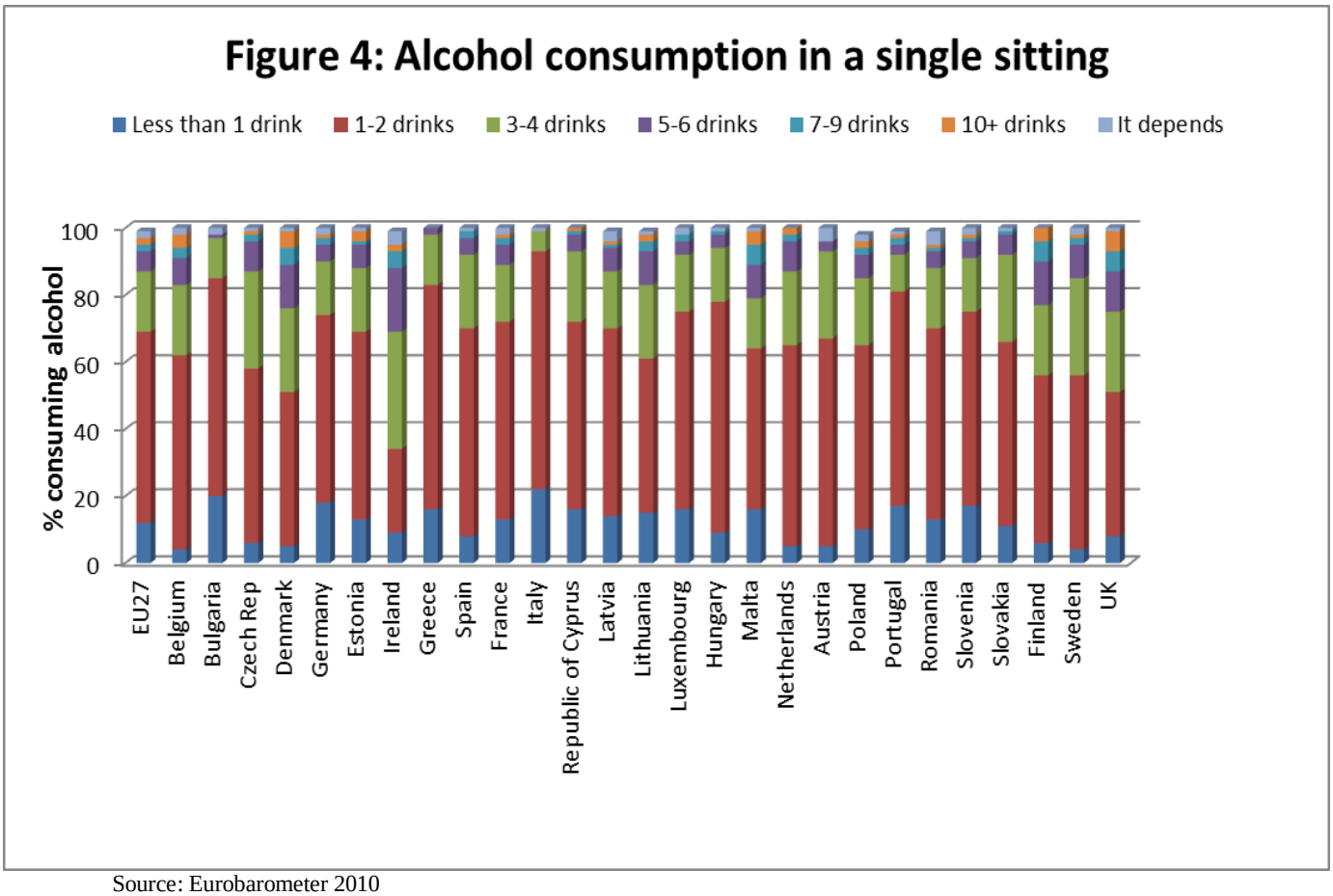
[37] Byrne, S. (2010) Costs to Society of Problem Alcohol Use in Ireland. Dublin: HSE.
[38] European Commisson. (2010). EU citizens' attitudes towards alcohol http://ec.europa.eu/health/alcohol/docs/ebs_331_en.pdf

Table 4: Frequency of alcohol consumption

	Daily	4-5 times a week	2-3 times a week	Once a week	2-3 times a month	Once	Don't remember/Refusal (spontaneous)
EU27	14	9	23	26	16	11	1
Ireland	3	4	27	36	17	11	2

Figure 4 compares Ireland with the rest of the EU27 in terms of consumption in a single sitting.

The chart shows that the majority of Irish people (69%) do not typically binge drink (i.e. have five or more drinks) when they consume alcohol. However 26% of Irish people usually binge drink, with 19% drinking between 5-6 drinks and 5% drinking 7-9 drinks in a single sitting. This compares with an EU27 average of 10% of drinkers who typically binge drink when they consume alcohol, 6% who drink 5-6 drinks and 2% who drink 7-9 drinks in a single sitting.



Source: Eurobarometer 2010

The Eurobarometer (2010) study also asked participants how often they binge drink and found that the frequency of binge drinking is highest in Ireland (44%), Romania (39%), Germany and Austria (both 36%). It is also high in the UK, Spain and Greece (all 34%).

Another characteristic of Irish drinking culture, as noted by Byrne (2010) is that most drinking takes place in pubs, clubs and public places and is typically taken without food, unlike in France and Southern Europe.

However, this traditional public form of drinking has shown signs of change in recent years.

Senator Colm Burke, at a committee meeting on the 14th December 2011, commented on the increase in drinking at home which has taken place in Ireland over the years:

> "I have previously stated at committee meetings that one of the big changes that has occurred in Ireland over the past five years is the move away from drinking outside the home to drinking in the home. This has been caused by the growth of the off-licence industry and the availability of alcohol for purchase in local supermarkets and garages. While we have impacted on the drink driving problem, we have, in so doing, created another problem. Other European countries, wherein there are no traditional pubs, also have problems in terms of alcoholism. This may be as a result of drinking at home."

Mr. Pádraig Cribben of the VFI provided statistics to the Committee on 10th November 2011.

> "Six years ago the breakdown of alcohol consumption in Ireland was 70% in the on-trade, pubs, and 30% in the off-trade, supermarkets and off-licences. Today the breakdown is 45% and 55%. There are many reasons for this, including lifestyle changes, legislation directed at the on-trade, general economic circumstances and disposable income. The single biggest factor, however, was the abolition of the groceries order that allowed supermarkets, in particular, to sell alcohol at prices at which publicans could not dream of buying it."

Overall, hazardous and harmful drinking patterns, such as drinking to intoxication and binge drinking is reportedly on the rise globally among adolescents and young

adults.[39] Irish young people and teenagers are more likely than their European counterparts to binge drink.[40] The next section of the report looks at alcohol-related harm.

[39] World Health Organisation. (2005). Global status report on alcohol and health.
[40] Byrne, S. (2010). Costs to Society of Problem Alcohol Use in Ireland. Dublin: HSE.

Part 3 – Alcohol related harm, social and economic consequences

This section looks at the social and economic impacts of alcohol misuse. Mongan et al. (2009) writes that alcohol-related harm is not confined to a minority of heavy drinkers, but includes the majority of low-to-medium volume drinkers who binge drink occasionally. Likewise Byrne (2010) writes that dependent drinkers only account for a small share of the total cost of alcohol to society.

As already stated, the total consumption of alcohol per capita in a country is a good indicator of the prevalence of alcohol-related harm in that country.

As shown earlier in this report, Ireland has one of the highest per capita rates of alcohol consumption in the world and drinkers here are more likely to binge drink than any other country in the EU27.

Alcohol misuse puts pressure on the health and justice systems, and has economic consequences in terms of reduced productivity. Alcohol can also have harmful consequences for the families and children of those who misuse alcohol.

3.1 Social Consequences of alcohol misuse

This sub-section draws from the 2009 HRB report *Social consequences of harmful use of alcohol in Ireland*. That report identified harmful consequences in the areas of family life, education and employment, and alcohol related crime in Ireland. The report looked at four national drinking surveys (2002-2006) and found that men were twice as likely as women to experience social harms such as fights and problems to home/work life and friendships.

Prevalence of at least one of these harms was greater for those who engaged in weekly hazardous drinking. In addition, over one in four of those surveyed experienced harms from other people's drinking.

Family

Alcohol misuse affects the family unit in a number of ways. For example, excessive drinking can cause stress between spouses and may result in physical abuse. A study by the Economic and Social research Institute (ESRI) showed that alcohol was a

factor in one third of physical abuse cases against spouses.[41] Other Irish studies have found that alcohol is a factor in up to 70% of domestic violence cases.[42]

Alcohol misuse is also linked to the physical abuse of children. A recent report by Alcohol Forum[43] entitled *Hidden Realities: Children's Exposure to Risks from Drinking in Ireland*, found that alcohol misuse was mentioned in 36% of cases as a reason for child protection concerns.

In addition, The National Advisory Committee on Drugs is conducting research into *Parental Substance Misuse and the Impact on Children: Consequences, Outcomes and Response*.[44]

Education

Alcohol negatively impacts on a student's education in two ways: through direct impacts on the student through their own drinking and indirectly through parental drinking. Each of these will be looked at separately.

Harmful impacts through direct drinking

As already shown, alcohol misuse is associated with early school leaving. However, alcohol misuse can also have negative consequences for those who remain in the education system. For instance research finds that alcohol has negative effects on the learning and memory of adolescents.[45] A recent study found that access to alcohol negatively impacted college students' test scores.[46]

In addition, alcohol is sometimes used by young people who are anxious or depressed and therefore inhibits the young person's development of proper coping strategies.[47]

The effect of alcohol misuse on students therefore is wide-ranging.

Harmful impacts through parental drinking

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41 http://www.esri.ie/news_events/press_releases_archive/2005/domestic_abuse_of_women_a/index.xml

42 Byrne, S. (2010). Costs to Society of Problem Alcohol Use in Ireland. Dublin: HSE.

43 Alcohol Forum. (2011). Hidden Realities: Children's Exposure to Risks from Parental Drinking in Ireland. Accessed on 17th January 2012 at http://www.drugsandalcohol.ie/16250/

44 http://www.nacd.ie/programme/index.html

45 HRB.(2009). *HRB Overview Series: Social consequences of harmful use of alcohol in Ireland.*

46 IZA (2011). Discussion paper series. *Alcohol and student performance: estimating the effect of legal access*. Accessed on 30th December 2011 at http://ftp.iza.org/dp5525.pdf

47 http://alcoholireland.ie/alcohol-policy/alcohol-children-and-young-people-do-we-need-be-concerned/

Alcohol consumption which takes place during pregnancy can result in a range of disorders affecting the foetus, which are collectively known as Fetal Alcohol Spectrum Disorder (FASD). Learning difficulties are associated with FASD. The degree to which these disorders manifest vary from full presentation of Fetal Alcohol Syndrome (FAS) to a range of partial FAS, birth defects and neuro-developmental disorders. Many of these disorders go undiagnosed as only some manifest themselves in a physical way.
Signs of fetal alcohol syndrome may include: [48]

- Distinctive facial features;
- Slow physical growth before and after birth;
- Vision or hearing problems;
- Poor coordination;
- Delayed mental development;
- Abnormal behaviour, such as a short attention span, hyperactivity, poor impulse control, extreme nervousness and anxiety;
- Heart defects.

There is currently no data available for the incidence of FAS or FASD in Ireland. The Health Research Board (HRB) (using the U.S. rate of 0.2 - 2.0 per cent of 1,000 live births) estimate that between 15 and 150 children, born in 2008, have FAS and up to 676 are affected by FASD.[49]

The European Commission held an informal meeting on 8th December 2011 to address alcohol related foetal damage. Options for long-term action identified ensuring that knowledge of FASD is part of the training of health professionals.[50] Parental drinking can affect education in other ways also. An unstable and sometimes chaotic home life has adverse consequences on the educational outcomes of children

[48] http://www.mayoclinic.com/health/fetal-alcohol-syndrome/DS00184/DSECTION=symptoms
[49] Alcohol Forum. (2011). Hidden Realities: Children's Exposure to Risks from Parental Drinking in Ireland.
[50] http://ec.europa.eu/health/alcohol/docs/ev_20111117_mi_en.pdf

living in those homes. An Irish survey published in 2009 entitled *Keeping it in the family*[51] looked at the impacts of parental drinking. Four per cent of those who participated in this study reported that their schooling suffered as a result of their parent's drinking.

Anti-social behaviour

A recent study commissioned by Alcohol Action Ireland found that 9% of people surveyed reported that they or a family member were assaulted by someone under the influence of alcohol in the past year. The same study found that 21% said they had been kept awake at night or disturbed because of other people's drinking and 12% of people had been verbally abused because of someone else's drinking.[52]

3.2 Economic costs associated with alcohol misuse

Byrne (2010) examined the costs incurred by society as a result of harmful drinking.[53] Table 5 is taken from this report and estimates the costs of problem alcohol use in Ireland, based on 2007 data.

[51] Alcohol Action Ireland. (2009). Keeping it in the Family. Accessed on 17th January 2012 at http://alcoholireland.ie/wp-content/uploads/2009/02/keepingitinthefamilysurvey2009.pdf

[52] http://alcoholireland.ie/2011/15th-november-2011-new-findings-alcohol-related-harm-and-crime/

[53] Health Service Executive. (2010). *Costs to Society of Problem Alcohol Use in Ireland*

Table 5: Estimates of costs to society caused by misuse of alcohol

	€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 accidents	526	14
Cost of alcohol related crime	1,189	32
Cost of output lost due to alcohol related absence from work	330	9
Cost of alcohol related accidents at work	197	5
Cost of alcohol related premature mortality	110	3
Total	3,719	100

Source: Byrne (2010)

The principal costs faced by society, as identified in this report, are in the areas of: health care, crime and lost output due to alcohol related absences. Each of these will now be looked at separately.

Health costs, mental illness and suicide

The most common alcohol conditions related to alcohol consumption are: alcohol dependence, alcoholic psychosis, ethanol toxicity, and alcoholic liver cirrhosis.[54] The Health Research Board (HRB) compiles data on hospital discharges for alcohol related illnesses and alcohol related mortality. A report by the HRB (2011) shows that more than half of all cases treated for substance misuse between 2005 and 2010 were treated for alcohol as a main problem substance.[55] Hope (2008) shows that up to 30% of admissions to Accident and Emergency are alcohol related.

Alcohol is also associated with mental illness and suicide. The percentage of psychiatric inpatients, suffering from alcohol disorders, doubled between 1971 and 2006[56] and 56% of suicides examined by Bedford (2006) had alcohol in their blood at the time of their deaths.[57] Problem alcohol use is the fourth most common reason for admission to psychiatric units.[58]

Byrne (2010) estimates that the total cost of alcohol misuse to the public health system is €1.2BN which breaks down into €500m hospital inpatient care, €574m on GP and allied services and €104m on mental health services.[59]

Costs of road accidents

Figure 5 shows the number of alcohol related road deaths in Ireland from 1990-2006. These figures are an indicator because they are deaths which occurred between 9pm-4am, the hours most associated with drink driving. The chart shows that alcohol related road deaths peaked in 1990 at 181, fell to their lowest in 2003 at 105, before rising to 140 in 2006.

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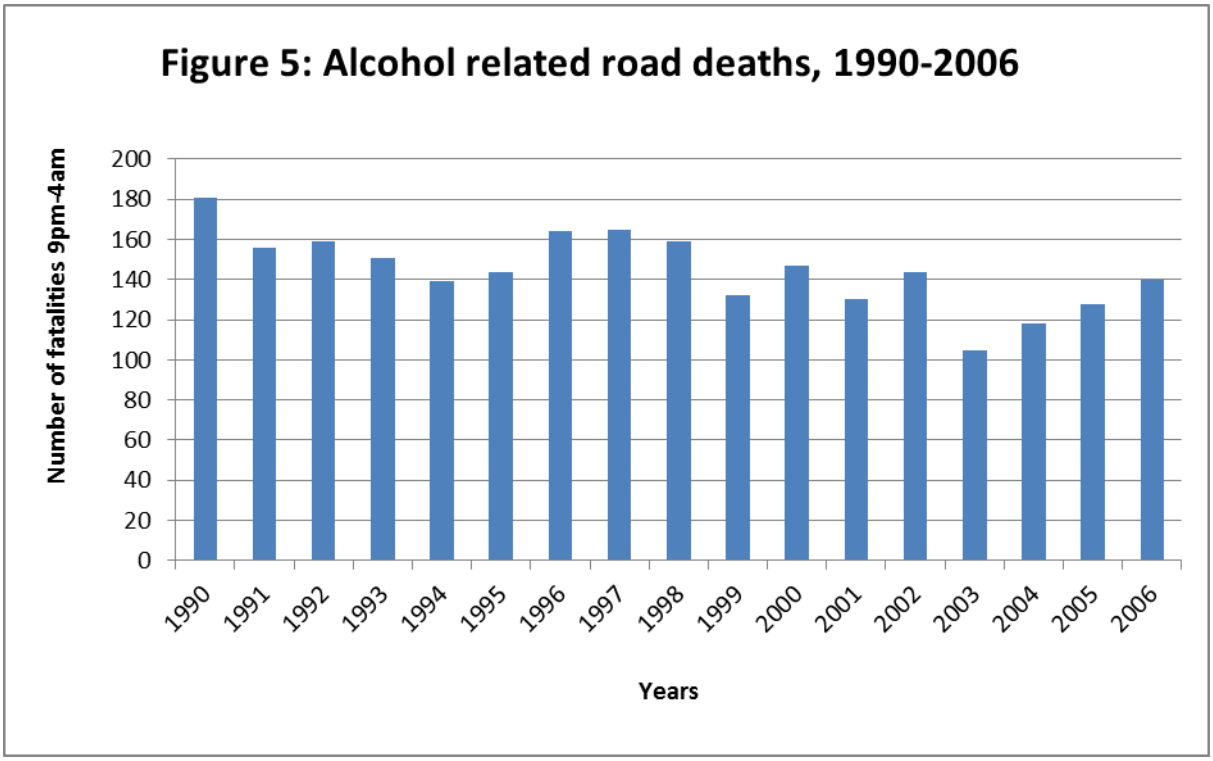
[54] Byrne, S. (2010). Costs to Society of Problem Alcohol Use in Ireland. Dublin: HSE.
[55] Health Research Board. (2011). Treated problem alcohol use in Ireland 2005 to 2010. Accessed on 8th December 2011 at http://www.hrb.ie/uploads/tx_hrbpublications/Treated_problem_alcohol_use_in_Ireland_2005_to_2010_-_HRB_Trends_Series_11.pdf
[56] Byrne,S. (2010). Costs to Society of Problem Alcohol Use in Ireland. Accessed 3rd January 2012 at http://alcoholireland.ie/wp-content/uploads/2009/04/costs-to-society-of-problem-alcohol-use-in-ireland-hse-2010.pdf
[57] Ibid.
[58] Ibid.
[59] Ibid.

In recent years road fatalities have continued to fall, reaching an all time low in 2011. However, there are no recent figures on how many of these deaths were alcohol related.

Goodbody Economic Consultants have estimated the cost of each road fatality to be €3 million. Using these figures, for 2006 alone, the cost of alcohol related road deaths would be €420 million.



Source: HSE (2008)

The costs of alcohol related crime

As already shown, alcohol misuse is linked to a range of crimes such as assaults and public disorder offences. Alcohol is also associated with theft and burglaries. There were 284,641 alcohol related offences (drunkenness, public order and assaults) from 2003-2007.[60]

Data from the Garda PULSE (Police Using Leading Systems Effectively) system were analysed and presented by Mongan *et al* (2009) on the extent of alcohol-related crime in Ireland. PULSE has the facility to record whether alcohol is involved in a crime but the authors note that this information is not routinely recorded. As such, Mongan et al. (2009) limited their analysis to crimes in which alcohol was definitely involved, e.g.

[60] Mongan *et al.* (2009). *Social consequences of harmful use of alcohol in Ireland*, Health Research Board Overview Series.

drunkenness and drink-driving offences, and crimes which commonly have alcohol as a contributory factor, e.g. assaults and public order offences.
Mongan et al (2009) conclude that analysis of PULSE data indicates that alcohol and crime are closely linked. Byrne (2010) estimates the total cost of alcohol related crime at €1.19BN.

Costs associated with lost output and reduced productivity as a result of alcohol misuse

Byrne (2010) describes the ways in which alcohol misuse can negatively impact work performance. Negative effects include: difficulty concentrating, accidents and errors of judgment, and poor attendance. Byrne (2010) notes that long term heavy drinking is likely to lead to unemployment and early retirement.

Part 4 - Interventions to tackle alcohol and drugs misuse

This section looks at ways of tackling alcohol and drugs misuse. As availability is a key issue in tackling the use of substances, this section treats alcohol and illicit drugs separately.

4.1 Policy response

Hope and Butler (2010) note that from 1990-2010, there have been ten committees/groups tasked with bringing forward recommendations on alcohol issues. Fifteen reports have been produced but few of the recommendations have been implemented.

In response to a PQ[61] about the availability of cheap alcohol in Ireland, **the Minister for Health, Deputy James Reilly,** said that the health promotion services of the HSE are undertaking key activities nationally to address the issue of alcohol misuse. These are listed as follows:

Education –

- SPHE alcohol and drug awareness training for teachers/staff and parents;
- the development of a substance use policy; and
- the current development of materials for young people on alcohol by HSE staff and representatives from a variety of organisations.

Community setting –

- *Putting the Pieces Together* programme - targets youth between the ages of 10 to 18 years, as well as parents for the purpose of tackling substance use in the community;
- *Strengthening Families* programme - that is an evidence based parenting skills, children's life skills and family life skills training programme aimed at preventing and reducing alcohol and drug misuse;

[61] PQ dated 29th November 2011, number 37467/11

- a community training programme that provides scheduled and on-demand training to community groups on alcohol awareness;
- a social marketing programme made up of national media campaigns using information websites such as *www.drugs.ie*, *www.yourdrinking.ie* and *www.healthpromotion.ie* – along with regional awareness raising events such as Drug Awareness week;
- club projects that are developed on a partnership basis for the purpose of working with the owners and staff of licensed premises to identify and address issues arising from alcohol and drug misuse in their venues and local areas.

Health –

- the HSE is developing a Brief Interventions/Skills health training programme for HSE staff to include a module for addressing alcohol-related risk behaviours;
- A report on the work of "Towards a Framework for Implementing Evidence Based Alcohol Interventions" and the results of a feasibility test for screening and brief interventions in four hospital emergency departments was completed in July 2011;
- the HSE has provided funding to a number of organisations in 2011, such as Alcohol Action Ireland, the Coombe Hospital, Crosscare, GAA, Northwest Alcohol Forum, Trinity College, and No Name clubs for various initiatives, activities and research in the area of alcohol and drugs misuse.

In September 2011 **Minister of State for Health, Deputy Róisín Shortall,** said she was in favour of introducing minimum pricing for alcohol sold in supermarkets and other shops, in an attempt to curb the below cost selling of alcohol and related consumption by young people.[62]

The Government have recently agreed to include minimum pricing in a public health bill in 2012 which will double the price of the cheapest cans of lager and add €4 to the price of own-brand vodka.[63] However, in an interview on RTÉ radio, the Chairman of the Competition Authority cautioned against the use of minimum pricing on the

[62] http://www.irishtimes.com/newspaper/ireland/2011/0923/1224304579071.html
[63] Irish Examiner. (2012). Minimum alcohol price plan praised. Accessed on 9th January 2012 at http://www.examiner.ie/ireland/minimum-alcohol-price-plan-praised-179419.html

grounds of both effectiveness and possible legal problems but suggested that it remained open to government to use taxation as a tool in reducing the demand for alcohol.[64] [65]

In 2009, the then Government established a steering group for a National Substance Misuse Strategy, which has yet to report its findings. It is chaired by the chief medical officer of the Department of Health and representatives of different Departments, agencies and interests in this area. In the interim, the drugs policy element of this strategy has already been published as the National Drugs Strategy 2009-16.

In a presentation to the Committee on 22nd September 2011, **Minister of State for Health Deputy Róisín Shortall** said that:

> "The overall strategic objective of the National Drugs Strategy 2009-16 is to tackle the harm caused to individuals and society by the misuse of drugs through a concerted focus on the five pillars on which we address this problem, that is, supply reduction, prevention, treatment, rehabilitation and research… Progress at a national level is reviewed through the oversight forum on drugs, which I chair, and drugs task forces play a key role at regional and local level. I emphasise the need for all parties to the strategy to renew their commitment to the achievement of the key objectives set out in the strategy."

4.2 Marketing of alcohol

The effect of advertising on consumption of alcohol

Research has found that alcohol advertising shapes young people's expectations about alcohol use which can result in intentions to drink as well as actual drinking.[66] Studies show that alcohol advertising communicates the message that alcohol is related to

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[64] RTÉ Morning Ireland interview on the 11th of January, 2012 available at: http://www.rte.ie/news/av/2012/0110/media-3162939.html
Reference was made by the Chairperson to a previous case (minimum pricing of tobacco products): http://www.rte.ie/news/2010/0304/cigarettes.html

[65] For a more comprehensive discussion of minimum pricing, please see the Oireachtas Library & Research Service (2009) Spotlight on Alcohol Consumption here: http://www.oireachtas.ie/parliament/media/housesoftheoireachtas/libraryresearch/spotlights/alcohol.pdf

[66] ELSA. (2007). The Impact of Alcohol Advertising: ELSA project report on the evidence to strengthen regulation to protect young people. Accessed on 5th January 2012 at http://www.dhs.de/fileadmin/user_upload/pdf/AMMIE/ELSA_4_the_impact_of_advertising.pdf

sociability, physical attractiveness, masculinity, romance, relaxation and adventure.[67] Young people are particularly drawn to adverts which are humorous.[68]

Research by Booth et al. (2008)[69], as cited in an Oireachtas Library & Research Service *Spotlight*, conducted a meta-analysis of 132 studies and found evidence of a small but consistent effect of advertising on consumption of alcohol, particularly among young people. The evidence suggested that exposure to advertising affect the age at which young people start to drink, the amount they drink and their patterns of drinking. This finding was supported by primary research, conducted by Snyder et al. (2006), who concluded that alcohol advertising contributes to greater drinking among youths.

Grube and Waiters (2005), cited by Ludbrook (2004), found that attempts to restrict marketing, which rely primarily on voluntary codes, are not effective in reducing the misuse of alcohol. Babor et al. (2003) and Anderson et al. (2009) also argue that while the provision of information and education is important for raising awareness and imparting knowledge, health promotion campaigns are ineffective against more widespread alcohol advertising in the mass media.

In relation to the potentially misleading images which advertisements promote, **Deputy Robert Dowds** in a Committee meeting on 17th November 2011 commented that:

> "Advertisements are not supposed to depict people as drinking on their own or out of their minds on alcohol. Perhaps these types of activity should be depicted because they occur in real life as a result of drinking."

Regulation of advertising

The European Economic and Social Committee (2009) cited the marketing of alcohol as a factor in the use of alcohol by children and adolescents and recommended that

[67] Ibid.
[68] Ibid.
[69] http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/Publichealth/Healthimprovement/Alcoholmisuse/DH_4001740

this exposure be reduced.[70] The EESC (2009) urged the Commission to acknowledge the WHO European Charter on Alcohol, particularly the ethical principle that children have the right to grow up in an environment which is protected from the ill effects of alcohol consumption or, where possible, the promotion of alcoholic beverages.

The European Commission Committee on National Alcohol Policy and Action met on 17th November 2011 and agreed that further work need to be done at member state level to reduce alcohol related harm, particularly among young people but also other target groups.[71]

Voluntary codes of practice in Ireland

A number of codes regulating the advertising of alcohol exist in Ireland.[72]
On 1st January 2006 a voluntary code of practice took effect for all alcohol advertisements. The voluntary code was agreed by DIGI in co-operation with the Department of Health and Children, Association of Advertisers in Ireland, the Institute of Advertising Practitioners in Ireland and members of various media for advertisements.
Adherence to this code is overseen by the Alcohol Marketing Communications Monitoring Body. In addition, Central Copy Clearance Ireland, reviews all alcohol advertisements and provides them with a stamp of approval, if they are deemed to be compliant with voluntary codes.
A voluntary code of practice is also in place on the display and sale of alcohol-products in mixed trading premises, which is subject to annual review by the Minister for Justice and Equality. Responsible Retailing of Alcohol in Ireland ("RRAI") were established in 2009 to implement this voluntary code of practice.[73] The code includes commitments to ensure that alcohol is displayed in areas of the shop which customers would not have to pass through. The code also provides that in-store advertising of

[70] The European Economic and Social Committee. (2009). How to make the EU strategy on alcohol related harm sustainable, long term and multisectoral. Rapporteur Ms. Van Turnhout (now Senator Van Turnhout).
[71] http://ec.europa.eu/health/alcohol/docs/ev_20111117_mi_en.pdf
[72] More information on these codes is available at http://www.dohc.ie/publications/pdf/alcohol_codes_practice.pdf?direct=1

[73] The code of practice can be found here: http://www.rrai.ie/_fileupload/RRAI_Code_of_Practise.pdf

alcohol products will be confined to areas where alcohol is sold and not put on shop windows.

The third Annual Compliance Report was sent to the **Minister for Justice and Equality, Deputy Alan Shatter**, on 30th September 2011. The report revealed a compliance rate of 95% in the supermarket sector and 79% in the convenience-store sector.

Ms Fionnuala Sheehan of MEAS made a presentation to the Committee on 1st September 2011, in which she highlighted difficulties, associated with the voluntary 'responsible retailing of alcohol in Ireland code' introduced in 2008:

> "The problem with a voluntary code is that it cannot deal with an issue like price because it will come into conflict with competition law."

Ms Sheehan argues that the existence of several codes leads to confusion among retailers and the public. MEAS calls for the introduction of a single comprehensive co-regulatory code with stronger sanctions, which would be enshrined in legislation. Co-regulation is a type of regulation where the regulatory role is shared between the Government and an industry body. Whether such an arrangement was underpinned by legislation or voluntary, would depend on the individual case.

Mr. Pádraig Cribben of the Vintners Federation of Ireland recommends that section 9 of the Intoxicating Liquor Act 2008 be commenced. This section provides for the separation of the sale of alcohol from the sale of food. Mr.Cribben criticised the RRAI voluntary code which has an in-built 'get out clause', which is that retailers will separate the sale of alcohol from other food and products "as far as possible."

Some commentators have claimed that the drinks industry has too much influence on the drafting of voluntary codes and regulation of alcohol advertising. **Senator Van Turnhout**, in a committee meeting on 8th September 2011, noted that:

> "While in 2003 draft legislation to regulate the exposure of children to alcohol advertising received Cabinet approval, following a change in Minister for Health and Children a voluntary code for such regulation was put in place…the voluntary code mirrors exactly the proposals put forward by the drinks industry, including the grammatical errors put forward in the proposal."

The Irish College of Psychiatrists claim that efforts made by the Social Partners of the Sustaining Progress working group in 2006 to restrict advertising of alcohol until after 9pm were opposed by some in the alcohol industry as well as the Department of Health and Children.[74]

While some may argue that the drinks lobby has had too much influence on how the State treats alcohol, Butler (2009) argues that there is some support among the public for a *laissez faire* approach:

> "…popular support for public health policy on alcohol is at best equivocal, it can reasonably be concluded that the refusal of the State to introduce alcohol control policies has a democratic basis and is not just reflective of the inordinate lobbying capacity of the drinks industry."

The authors of the ELSA (2007) report observe that although many countries allow the self-regulation of alcohol marketing, there is no scientific evidence to show that this is effective in regulating the content of alcohol advertising. Those in favour of self-regulation argue that it is more efficient, cost-effective and likely to result in compliance than State interference. Another argument supporting self-regulation is that those in the drinks industry have the technical expertise to develop appropriate rules.[75]

Deputy Eamonn Maloney stated during a Committee meeting on 15th December 2011 that he would like to see an outright ban on the sale of alcohol in supermarkets.

4.3 Pricing of alcohol

From 1996-2004, affordability of alcohol increased across the EU.[76] Eighty-four per cent of this increased affordability was driven by increases in income, while 16% was driven by changes in alcohol prices.[77]

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[74] The Irish College of Psychiatrists. (2008). 'Calling time on alcohol advertising and sponsorship in Ireland.' Accessed on 19th December 2011 at http://www.irishpsychiatry.ie/Libraries/External_Affairs/Calling_Time_on_Alcohol_Advertising_and_sponsorship_in_Ireland.sflb.ashx

[75] ELSA. (2007). The Impact of Alcohol Advertising: ELSA project report on the evidence to strengthen regulation to protect young people. Accessed on 5th January 2012 at http://www.dhs.de/fileadmin/user_upload/pdf/AMMIE/ELSA_4_the_impact_of_advertising.pdf

[76] RAND Europe.(2009). The affordability of alcoholic beverages in the European Union http://ec.europa.eu/health/ph_determinants/life_style/alcohol/documents/alcohol_rand_en.pdf

Ireland was among the countries where affordability was driven by increases in (real) disposable income.

Ms Evelyn Jones of the National Off-Licence Association (NOffLA), made a presentation to the Joint Committee on Health and Children on 1st December 2011. NOffLA was established in 1991 and represents independent specialist off-licences across Ireland. In her presentation, Ms Jones said that recent legislation had unintended consequences which resulted in cheaper alcohol:

> "…deregulation of off-licences in Ireland, which has seen a relaxation of licence transfers and a proliferation of ill-trained, non-specialist retailers in convenience stores, petrol stations and supermarkets; the repeal of the groceries order in March 2006 has had a profound impact on the sale of cheap alcohol because it has allowed the re-introduction of below-cost selling of alcohol…The irresponsible promotion and sale of cheap alcohol is being used as a driver of footfall into supermarkets, petrol stations and convenience stores and that is ultimately making the survival of many small, family-owned off-licences impossible."

Ms Jones identified the following measures to remedy this situation:

- tackle branded drinks sold at below cost; and
- stop the situation whereby retailers are allowed to reclaim VAT on products which they sell below cost.

The **Chairman of the Joint Committee on Health and Children, Deputy Jerry Buttimer** also called for an end to VAT refunds on below cost sales:

> "The taxation system should not be an obstruction to Government policy objectives – it should facilitate the attainment of Government's policy aims."

In a press release dated 2nd December 2011, Youth Work Ireland called for the refund of VAT on below cost sales of alcohol to cease and the money to be ring fenced and invested in Youth Facilities.[78]

In his presentation to the Committee, Mr. Pádraig Cribben recommended that there be a minimum pricing of alcohol, based on the content of the product. Increasing excise duty, Cribben argued, would not deal with retailers selling alcohol at below cost price.

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[77] Ibid.

[78] http://www.youthworkireland.ie/site/wp-content/uploads/2010/08/alcohol_vat.pdf

What is minimum pricing?

Under minimum pricing the cost of alcohol is based on the number of units it contains, the lowest price is then set at which an alcohol product can be sold.[79] The more units a product contains, the higher the price will be. A recent survey carried out in 2010 by Irish market research firm Behaviour & Attitudes found that two out of three Irish adults back a minimum price for alcohol.[80] The same survey found that 81% of those surveyed supported a ban on all alcohol advertising on TV and radio until after 9pm.[81]

Effectiveness of minimum pricing of alcohol

The effectiveness of minimum pricing is examined by Mongan (2009), who reports that across-the-board price increases covering all alcohol products in the on-trade and off-trade can have a significant impact on reducing alcohol-related consumption and harm and leads to relatively large reductions in mean consumption.[82] Minimum pricing which just targets certain products, however, leads to smaller changes in consumption.[83] Mongan (2009) found that minimum pricing tends to affect hazardous drinkers more than moderate drinkers and is therefore seen as a good policy option. Research by Rabinovich et al. (2009) found a negative relationship between price and alcohol consumption, i.e. the higher the price of alcohol the less alcohol is consumed on average. Purshouse et al. (2009), as cited in the L&RS *Spotlight* (2009), also forecast that as the minimum price threshold increases, positive changes will occur in relation to levels of health, crime and workplace harm. The authors argue that an increase in the minimum price will lead to a range of reductions, as set out in Table 6 (in respect of Scotland).

[79] http://alcoholireland.ie/alcohol-facts/minimum-pricing-gettting-the-facts-right/
[80] http://alcoholireland.ie/2010/two-out-of-three-irish-adults-back-minimum-pricing-for-alcohol-survey-reveals/
[81] Ibid.
[82] http://www.drugsandalcohol.ie/12168/
[83] Ibid.

Table 6: Projected changes in consumption in Scotland in accordance with different minimum prices per unit

Minimum price per unit	% change in consumption
25p	-0.2
30p	-0.5
35p	-1.3
40p	-2.7
45p	-4.7
50p	-7.2
55p	-10
60p	-12.9
65p	-15.9
70p	-18.9

Source: Purshouse et al. (2009), as cited in L&RS Spotlight (2009)

Purshouse et al. (2009) calculated the likely impact on alcohol-related harm resulting from an increase in the price of alcohol. Table 7 (over) illustrates these calculations.

Table 7: Estimated impact on alcohol related harm with a rise in the minimum price of alcohol

Impact	Reductions with changes in price threshold
Alcohol related hospital admissions and deaths	-3,600 admissions per annum for a 40p threshold compared to -8,900 per annum for a 50p threshold
Alcohol related crimes	-1,100 per annum for a 40p threshold compared to - 4,200 offences per annum for a 50p threshold
Health related harms	For the 50p minimum price, alcohol-related hospital admissions at full effect are estimated to reduce by 13.5% whilst alcohol-related crimes reduce by 1.5%.
Absenteeism from work	A minimum price of 40p is estimated to reduce days absent from work by approximately 12,000 per annum, whereas for 50p the reduction is estimated at almost 35,000
Unemployment due to alcohol problems	For a 40p threshold, 800 avoided cases of unemployment are estimated per annum. For 50p the figure is 1,700.

Source: Purshouse et al.(2009) as cited in Oireachtas L&RS *Spotlight* (2009).

Arguments against minimum pricing

The Competition Authority[84] in a report to the Government Alcohol Advisory Group in 2008 advised against the introduction of minimum pricing, which they argued would be a retrograde step that would give the manufacturers and sellers of alcohol the freedom to fix their prices. The report states:

> "Any attempt to ban below-cost selling, however one tries to define it, will simply allow breweries and wholesalers to set prices across all retail outlets. It would be a victory for the vested interests in the alcohol industry as the profits

[84] Competition Authority. (2008). Government Alcohol Advisory Group: Submission from the Competition Authority. Accessed on 11th January 2012 at http://www.tca.ie/images/uploaded/documents/S_08_001%20Alcohol%20Advisory%20Group.pdf

from the sale of alcohol would be given special protective status under the law. Protected margins encourage greater sales promotions via advertising and other non-price competitive tools. Making the sale of alcohol more profitable is not a good way of discouraging its consumption."

Instead of minimum pricing, the Competition Authority recommends that the Government use taxation, particularly excise duty, as a means of reducing overall consumption. This would have the added benefit of generating revenue for the State.

The Government of Scotland are planning to introduce a minimum price for alcohol in a new Bill. However, the Law Society of Scotland have said that this Bill will be challenged in the courts on the grounds that it contravenes EU free trade legislation. Also, some analysts are concerned that introducing minimum pricing in Scotland will result in some shoppers travelling across the border to England.[85]

Research has found that there are different levels of sensitivity among groups of people to changes in the price of alcohol. For instance, price increases via excise duties on alcohol beverages can be particularly effective in reducing youth drinking. However, the effect of increased prices on the heaviest drinkers is unclear (Cnossen, 2007). Cnossen (2007) argues that there is a need to balance the reduction in harmful consumption through excise taxation against the loss in revenue and benefits of moderate or low risk consumption. In this regard, Cnossen (2007) states that excise duty should be complemented by regulatory measures targeted at specific problem groups such as young drinkers and those dependent on alcohol.

In research commissioned by DIGI,[86] which compared Irish excise duty to that of other European countries, it was found that excise duty in Ireland was comparatively high. Table 8 shows these findings.

[85] http://www.guardian.co.uk/society/2011/nov/01/scotland-ministers-minimum-pricing-alcohol

[86] Drinks Industry Group of Ireland (DIGI). (2011). International Comparisons of Irish Alcohol Taxation within the European Union in 2011. http://www.drinksindustry.ie/easyedit/files/Alcohol%20Taxation%20EU%20Comparison%20JULY%202011.pdf

Table 8: Ireland's levels of excise compared with the EU27

Category	Position
Wine	Third highest in EU27
Beer	Fourth highest in EU27
Spirits	Third highest in EU27
Composite indicator	Fourth highest in EU27

Source: Drinks Industry Group of Ireland (DIGI) 2011

The Alcohol Beverage Federation of Ireland (ABFI) made a presentation to the Committee on 10th November 2011. The ABFI is the umbrella organisation for drinks industry manufacturers and suppliers in Ireland.

Addressing the Committee, Ms Kathryn D'Arcy said:

> "…it is overly simplistic to cite price as the key driver of alcohol misuse. According to many studies, a young person's attitude to alcohol is formed by his or her peers, parents and culture rather than price alone."

Ms D'Arcy also noted that, according to the European Commission, setting a minimum price could be contrary to the EU internal market rules. Both Ms D'Arcy of ABFI and Mr. Padraig Cribben of the Vintners Federation of Ireland drew attention, in their presentations, to the groceries order in 2005:

Ms D'Arcy's point was that:

> "In 2005 the drinks industry vocally opposed the decision taken by the then Government to abolish the ban on below cost selling in the grocery sector. We recommended at the time that an exception be made for alcohol, as it was our belief such a move would lead to alcohol being used as a loss leader to drive greater footfall."

Mr Cribben's position was that:

> "When consideration was being given to the repeal of the groceries order, numerous representations were made to the then Government to exclude alcohol from its considerations. The consequences that have ensued from that decision were pointed to in advance but ignored. What have the supermarkets done? They are using alcohol as a loss leader and footfall driver."

This section shows that there are a range of interventions which may lead to a reduction in the misuse of alcohol. Most policy responses focus on price, restrictions to availability of alcohol and regulation of alcohol advertising. These are particularly effective in reducing the alcohol consumption of young people, a key risk group in the misuse of alcohol. Those who are alcohol dependent are likely to be less sensitive to changes in price or availability.

In researching the most effective ways of combating the misuse of alcohol among children and young people, the idea of an integrated and multi-faceted approach is supported by Velleman (2009). Velleman stresses the importance of effective parenting programmes, enforcement of laws relating to underage purchasing, and altering community and cultural norms so that drunken behaviour is not tolerated.

4.4 Rehabilitation of drug users

Rehabilitation is one of the five pillars of the National Drugs Strategy (2009-2016). This section will concentrate on the rehabilitation of drug users in Ireland. Statistics on attendance at drug treatment centres in Ireland were provided in part 1 of the report. The report now takes a more in-depth look at the treatment available in Ireland.

On 15th September 2011 the Committee met with a number of stakeholders, active in the area of drug rehabilitation, to discuss challenges that they faced and the problem of illicit drug use in general. Dr. Fiona Weldon of the Rutland Centre drew the committee's attention to changes in HSE policy in regards to medical card holders. Dr. Weldon said:

> "In the current year, however, we have not treated any public patients because of changes in HSE policy. We are concerned that the loss of access to our residential care programmes reduces the chances of successful recovery for many. This constitutes a serious loss of service for public patients, the centre and the wider public good."

Dr. Weldon argues that treatment for alcohol addiction should qualify for funding under the medical card scheme, which would be in keeping with the treatment pillar

of the 2009 Drugs Strategy. In a written submission to the Committee[87], Dr. Weldon said that the Rutland centre are receiving on average 15 calls per week from medical card holders looking for treatment, yet in 2011 they had treated no medical card holders because treatment was not covered. This compares to the treatment of 47 medical card holders in 2005 at the centre.

Mr. Tony Geoghegan of Merchants Quay also presented to the Committee on 15th September 2011 and argued that investment in drug rehabilitation makes economic sense. Mr. Geoghegan cited a British study which found that every £1 spent on drug treatment saved the State £9 in policing and prison costs, health care, social welfare and family supports.

Mr. Geoghegan listed the barriers to service provision for those with drug problems as follows:

- **Waiting lists** – waiting lists are as long as 12 months in some parts of the country.
- **Detoxification** – there are 20,000 opiate users in the country and 10,000 of these are in treatment. However, there are only 50 dedicated inpatient detoxification beds available.
- **Rehabilitation** - there is a lack of abstinence-based day and residential rehabilitation services. The HSE estimate that a further 262 beds will be needed to account for the numbers who use drugs.
- **Rehabilitation of Offenders Act** – convictions such as possession incurred when someone was using drugs prevent them from securing employment when they are rehabilitated.

Doyle and Ivanovic (2010) wrote a National Drugs Rehabilitation Framework Document[88] for the National Drugs Rehabilitation Implementation Committee (NDRIC), which was published in 2010. The aim of the document is to provide

[87] Submitted in advance of the Joint Committee meeting on 15th September 2011.
[88] Doyle, J. and Ivanovic, J. (2010). *National Drugs Rehabilitation Framework Document*. National Drugs Rehabilitation Implementation Committee. Dublin: Health Services Executive. Accessed on 9th January 2012 at

> "A framework through which service providers will ensure that individuals affected by drug misuse are offered a range of integrated options tailored to meet their needs and create for them an individual rehabilitation pathway."

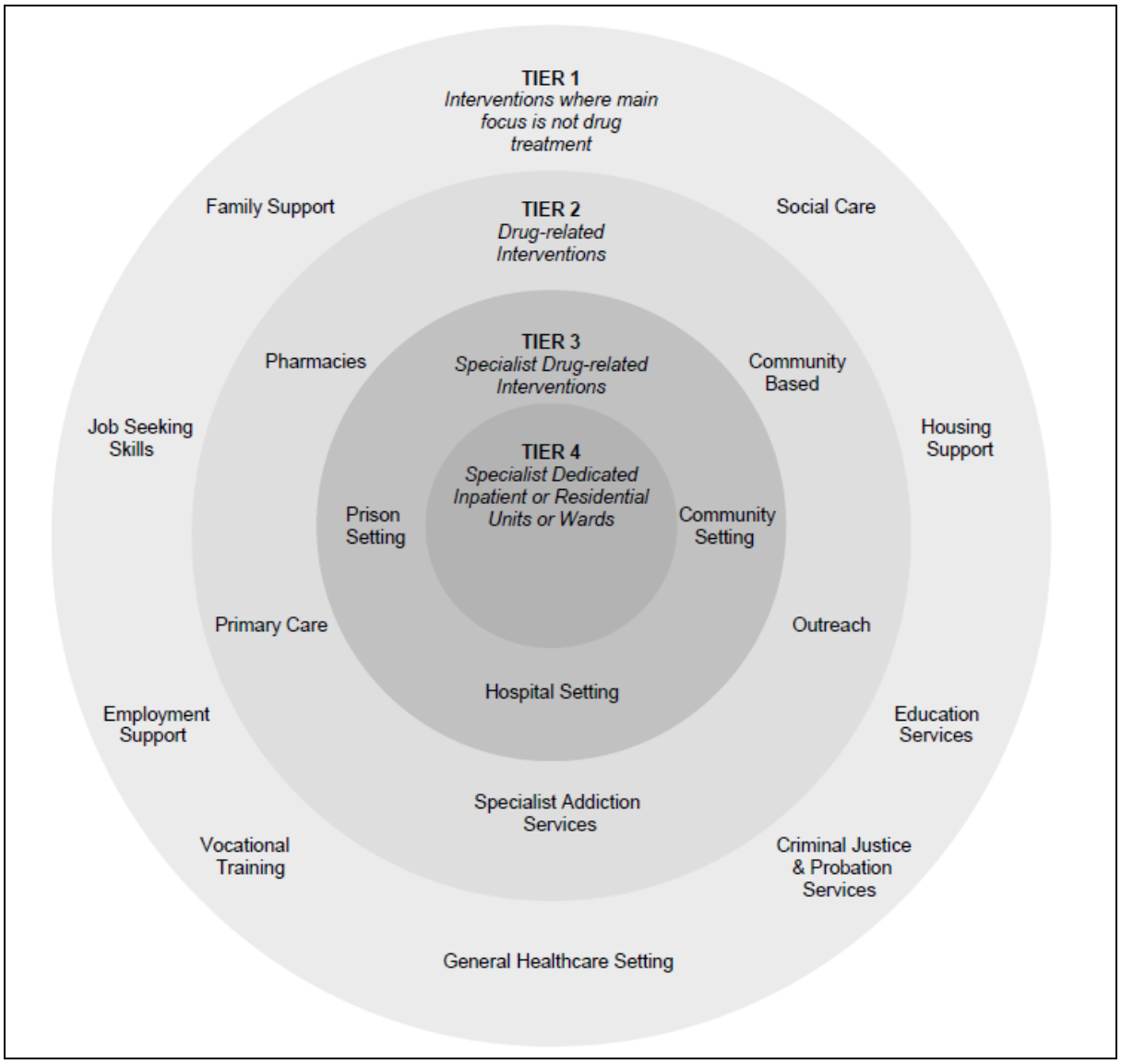
It is recommended by the NDRIC that rehabilitation take place within a four tier model of service delivery. The four tier model works on the principle that the needs of those affected by substance misuse are different and they may require access to services across a number of tiers, such as provision of information and advice (tier 1) specialist drug treatment services e.g. needle exchange (tier 2), counselling (tier 3) or inpatient treatment (tier 4). One organisation may be able to provide a range of services across a number of tiers.[89] The framework advocates an integrated model of rehabilitation supports, with stronger inter-agency links so that drug users can progress through different services.

Figure 6 is taken from the NDRIC (2010) report and describes what the four tier model would involve for the service user.

http://www.hse.ie/eng/services/Publications/services/SocialInclusion/National%20Drugs%20Rehabilitation%20Framework.pdf

[89] Ibid.

Figure 6: The Four Tier Model



In September 2011 **Minister of State for Health, Deputy Róisín Shortall** said*:*

> "A review of the methadone treatment protocol, entitled *The Introduction of the Opioid Treatment Protocol*, was published in December 2010. The review made a number of recommendations for improving services in the following areas: more involvement of GPs, more clients per GP and the placing of maximum emphasis on moving clients towards recovery, which I hope will be the hallmark of our approach to the drugs problem in the coming years; more opportunities for detoxification with appropriate follow-up; addressing service provision outside the main urban areas; use of drugs other than methadone, such as suboxone; and opiate substitute prescribing in Garda stations. I support these

recommendations and will be following up with the HSE in regard to expediting their implementation."

The Minister of State also stated that there was now a focus to expand methadone provision services outside of Dublin.

"The major focus recently has been on increasing the availability of (methadone) services outside Dublin. Over the past 18 months, additional services have been put in place in Limerick, Tralee, Cork, Waterford, Kilkenny, Wexford and Dundalk. Further services are planned for Drogheda and the midlands. Enhanced detoxification facilities have also come on stream recently in counties Carlow, Kilkenny, Cork and Limerick."

Appendix 1

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Appendix 2

List of Groups who Presented to the Committee

Spunout.ie
Aislinn Adolescent Addiction Treatment Centre and Family Respite Unit
Rutland Centre
The Base
Merchants Quay Project
Ms Roisin Shortall, TD., Minister of State at the Department of Health
National Advisory Committee on Drugs
Tabor Lodge Addiction & Housing Services Ltd
Tabor Lodge Addiction Treatment Centre
Fellowship House
Renewal
Alcohol Action Ireland
Alcohol Beverage Federation of Ireland
Vintner's Federation of Ireland
Alcohol Marketing Communications Monitoring Body
Advertising Standards Authority of Ireland
RothCo
Irish International
National Off-Licence Association
Mature Enjoyment of Alcohol in Society Limited
Health Service Executive
College of Psychiatry
Fetal Alcohol Spectrum Disorders Ireland
Retail Ireland
Ballymun Youth Action Project

The transcripts of these meetings and the presentations by the organisations are available on the Committee web page at

http://debates.oireachtas.ie/committees/2011/HE.asp
and
http://www.oireachtas.ie/parliament/oireachtasbusiness/committees_list/health-and-children/submissionsandpresentations/

Appendix 3

Members of Joint Committee on Health and Children

DEPUTIES

		
Jerry Buttimer TD CHAIRMAN (Fine Gael)	**Catherine Byrne TD (Fine Gael)**	**Michael Colreavy TD (Sinn Féin)**
		
Ciara Conway TD VICE CHAIR (Labour)	**Regina Doherty TD (Fine Gael)**	**Robert Dowds TD (Labour)**

		
Peter Fitzpatrick TD (Fine Gael)	**Seamus Healy TD (Independent - WUAG)**	**Derek Keating TD (Fine Gael)**
		
Billy Kelleher TD (Fianna Fáil)	**Eamonn Maloney TD (Labour)**	**Charlie McConalogue TD (Fianna Fáil)**
		
Mattie McGrath TD (Independent)	**Denis Naughten TD (Independent)**	**Caoimhghín Ó Caoláin TD (Sinn Féin)**

Senators

		
Senator Colm Burke (Fine Gael)	**Senator John Crown (Independent)**	**Senator David Cullinane (Sinn Féin)**
		
Senator John Gilroy (Labour)	**Senator Imelda Henry (Fine Gael)**	**Senator Marc MacSharry (Fianna Fáil)**
		
Senator Jillian Van Turnhout (Independent)		

Appendix 4

Terms of Reference

a. Functions of the Committee – derived from Standing Orders [DSO 82A; SSO 70A]

(1) The Select Committee shall consider and report to the Dáil on—

(a) such aspects of the expenditure, administration and policy of the relevant Government Department or Departments and associated public bodies as the Committee may select, and

(b) European Union matters within the remit of the relevant Department or Departments.

(2) The Select Committee may be joined with a Select Committee appointed by Seanad Éireann to form a Joint Committee for the purposes of the functions set out below, other than at paragraph (3), and to report thereon to both Houses of the Oireachtas.

(3) Without prejudice to the generality of paragraph (1), the Select Committee shall consider, in respect of the relevant Department or Departments, such—

(a) Bills,

(b) proposals contained in any motion, including any motion within the meaning of Standing Order 164,

(c) Estimates for Public Services, and

(d) other matters

as shall be referred to the Select Committee by the Dáil, and

(e) Annual Output Statements, and

(f) such Value for Money and Policy Reviews as the Select Committee may select.

(4) The Joint Committee may consider the following matters in respect of the relevant Department or Departments and associated public bodies, and report thereon to both Houses of the Oireachtas:

(a) matters of policy for which the Minister is officially responsible,

(b) public affairs administered by the Department,

(c) policy issues arising from Value for Money and Policy Reviews conducted or commissioned by the Department,

(d) Government policy in respect of bodies under the aegis of the Department,

(e) policy issues concerning bodies which are partly or wholly funded by the State or which are established or appointed by a member of the Government or the Oireachtas,

(f) the general scheme or draft heads of any Bill published by the Minister,

(*g*) statutory instruments, including those laid or laid in draft before either House or both Houses and those made under the European Communities Acts 1972 to 2009,

(*h*) strategy statements laid before either or both Houses of the Oireachtas pursuant to the Public Service Management Act 1997,

(*i*) annual reports or annual reports and accounts, required by law, and laid before either or both Houses of the Oireachtas, of the Department or bodies referred to in paragraph (4)(*d*) and (*e*) and the overall operational results, statements of strategy and corporate plans of such bodies, and

(*j*) such other matters as may be referred to it by the Dáil and/or Seanad from time to time.

(5) Without prejudice to the generality of paragraph (1), the Joint Committee shall consider, in respect of the relevant Department or Departments—

(a) EU draft legislative acts standing referred to the Select Committee under Standing Order 105, including the compliance of such acts with the principle of subsidiarity,

(b) other proposals for EU legislation and related policy issues, including programmes and guidelines prepared by the European Commission as a basis of possible legislative action,

(c) non-legislative documents published by any EU institution in relation to EU policy matters, and

(d) matters listed for consideration on the agenda for meetings of the relevant EU Council of Ministers and the outcome of such meetings.

(6) A sub-Committee stands established in respect of each Department within the remit of the Select Committee to consider the matters outlined in paragraph (3), and the following arrangements apply to such sub-Committees:

(*a*) the matters outlined in paragraph (3) which require referral to the Select Committee by the Dáil may be referred directly to such sub-Committees, and

(*b*) each such sub-Committee has the powers defined in Standing Order 83(1) and (2) and may report directly to the Dáil, including by way of Message under Standing Order 87.

(7) The Chairman of the Joint Committee, who shall be a member of Dáil Éireann, shall also be the Chairman of the Select Committee and of any sub-Committee or Committees standing established in respect of the Select Committee.

(8) The following may attend meetings of the Select or Joint Committee, for the purposes of the functions set out in paragraph (5) and may take part in proceedings without having a right to vote or to move motions and amendments:

(*a*) Members of the European Parliament elected from constituencies in Ireland, including Northern Ireland,

(*b*) Members of the Irish delegation to the Parliamentary Assembly of the Council of Europe, and

(*c*) at the invitation of the Committee, other Members of the European Parliament.

b. Scope and Context of Activities of Committees (as derived from Standing Orders [DSO 82; SSO 70]

(1) The Joint Committee may only consider such matters, engage in such activities, exercise such powers and discharge such functions as are specifically authorised under its orders of reference and under Standing Orders.

(2) Such matters, activities, powers and functions shall be relevant to, and shall arise only in the context of, the preparation of a report to the Dáil and/or Seanad.

(3) It shall be an instruction to all Select Committees to which Bills are referred that they shall ensure that not more than two Select Committees shall meet to consider a Bill on any given day, unless the Dáil, after due notice given by the Chairman of the Select Committee, waives this instruction on motion made by the Taoiseach pursuant to Dáil Standing Order 26. The Chairmen of Select Committees shall have responsibility for compliance with this instruction.

(4) The Joint Committee shall not consider any matter which is being considered, or of which notice has been given of a proposal to consider, by the Committee of Public Accounts pursuant to Dáil Standing Order 163 and/or the Comptroller and Auditor General (Amendment) Act 1993.

(5) The Joint Committee shall refrain from inquiring into in public session or publishing confidential information regarding any matter if so requested, for stated reasons given in writing, by—

(a) a member of the Government or a Minister of State, or

(b) the principal office-holder of a body under the aegis of a Department or which is partly or wholly funded by the State or established or appointed by a member of the Government or by the Oireachtas:

Provided that the Chairman may appeal any such request made to the Ceann Comhairle / Cathaoirleach whose decision shall be final.

BAILE ÁTHA CLIATH
ARNA FHOILSIÚ AG OIFIG AN tSOLÁTHAIR
Le ceannach díreach ón
OIFIG DHÍOLTA FOILSEACHÁN RIALTAIS,
TEACH SUN ALLIANCE, SRÁID THEACH LAIGHEAN, BAILE ÁTHA CLIATH 2,
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