AlcoholAction Ireland

Review of the Evaluation of the National Drug Strategy "Reducing Harm, Supporting Recovery 2017-2025"

About us

Alcohol Action Ireland (AAI) was established in 2003 and is the national independent advocate for reducing alcohol harm. We campaign for the burden of alcohol harm to be lifted from the individual, community and State, and have a strong track record in campaigning, advocacy, research and information provision.

Our work involves providing information on alcohol-related issues, creating awareness of alcohol-related harm and offering policy solutions with the potential to reduce that harm, with a particular emphasis on the implementation of the Public Health (Alcohol) Act 2018. Our overarching goal is to achieve a reduction in consumption of alcohol and the consequent health and social harms which alcohol causes in society.

Alcohol Action Ireland directors:

- Pat Cahill, former President ASTI (Company Secretary)
- Aidan Connaughton, Chartered accountant, former partner and head of risk, Grant Thornton
- Paddy Creedon, Recovery Advocate
- Dr Eoin Fogarty, Consultant in Emergency and Retrieval Medicine
- Michael Foy, Head of Finance, Commission for Communications Regulation
- Prof Jo-Hanna Ivers, Associate Professor, Addiction: Public Health & Primary Care, Trinity College Dublin
- Prof Frank Murray (Chair) Consultant in Hepatology & Gastroenterology. M.B., B.Ch. B.A.O., M.D., F.R.C.P.I., F.R.C.P. (Ed)
- Dr Mary T. O'Mahony, Consultant in Public Health Medicine & Medical Officer of Health, Department of Public Health, Public Health Area D (Cork & Kerry)
- Dr Catriona O'Toole, Associate Professor/Senior Lecturer Psychology of Education, Maynooth University
- Dr Bobby Smyth (Vice Chair), Consultant Child & Adolescent Psychiatrist

Patron: Prof. Geoffrey Shannon

Alcohol Action Ireland is a registered Irish charity
Registered charity number: 20052713
Company number: 378738
CHY: 15342

Introduction

Alcohol Action Ireland appreciated the opportunity to engage with the consultation reviewing and evaluating the National Drug and Alcohol Strategy - Reducing Harm, Supporting Recovery 2017-2025 (NDS).

The overarching goal of the evaluation was to determine how effectively the NDS delivered a health-led, whole-of-government response to drug and alcohol use and to inform the development of the next iteration of the NDS by identifying accomplishments, areas for improvement, and future recommendations.
To this end, AAI has the following observations to make on the Grant Thornton evaluation of the National Drug Strategy.

Review of relevant sections on monitoring, evaluation, and data collection

AAI wholeheartedly agrees with the evaluation that monitoring frameworks have been underutilised and the need for more robust outcome evaluation. In part, AAI believes this is the result of insufficient data collection as well as the discontinuation of the National Drug and Alcohol Surveys (NDAS).

The evaluation correctly identified the importance of the NDAS and how the surveys yielded critical data for monitoring drug and alcohol policy progress and informing evidence-based interventions in Ireland. It is disappointing that the reasoning for the discontinuation of the NDAS was human and financial resource constrains. The detailed information on drug and alcohol use in the NDAS was invaluable to researchers and stakeholders in the drug and alcohol sectors. Moreover, information gathered from the NDAS was far superior to that collected in Healthy Ireland Surveys.

The OECD estimates that for Ireland the costs of alcohol harm are of the order of about 1.9% of GDP[1] which tallies with research cited by the World Health Organisation that in high income countries alcohol harm amounts to up 2.5% of GDP.[2] That would equate to approximately €9.6bn-€12bn annually. Therefore, to discontinue the NDAS for cost reasons beggars belief.

The evaluation claims that embedding drug and alcohol related questions within a broader health survey (Healthy Ireland Survey) aligns with Ireland's health-led drug policy, enabling analysis of drug use within the wider context of health behaviours. AAI does not agree with the evaluation's contention, especially its failure to recognise the impact on alcohol, and AAI feels the loss of the NDAS has set back the ability of the health service, researchers, and stakeholders to engage and analyse alcohol and drug use and harm in Ireland.

Furthermore, current data is bereft of essential information such as detailed data on alcohol deaths. There is no coronial death data for alcohol available since 2017 when the NDS was first initiated. Moreover, it is notable that illegal drug deaths have been collated every year of the NDS, with the most recent publication in September of last year including data from 2021. Alcohol poisoning deaths are included only in an appendix to that publication.[3]

While there is some limited data on alcohol poisonings, these tragic deaths only make up a small fraction of overall alcohol deaths. It should be noted that these alcohol poisonings were not even included in the evaluation though they account for around 15% of drug poisoning deaths. This implies a hierarchy of deaths and points to the anomalous position of alcohol which despite being Ireland's largest drug problem has low visibility in the strategy.

AAI agrees with the evaluation's recommendation that more investment is necessary in monitoring, evaluation, and research systems – especially in terms of interdepartmental data linkage. Alcohol crosses several government departments, not least health, justice, children, and finance, therefore interdepartmental engagement and data sharing is essential for the delivery of evidence-based policy and accountability.

In some ways the evaluation is marked by what is not there as much as what is there. Throughout the document there is no mention of the issue of children growing up with alcohol harm in the home or children harmed during pregnancy and who have Foetal Alcohol Spectrum Disorder (FASD). This was surprising given such issues were raised during the consultations and also featured in the mid-term review of the NDS.

In Ireland, an estimated 1 in 6 young people suffer the impacts of alcohol-related harms at home, while 15 babies are born every day with FASD. Therefore, the area of Hidden Harm – the impact of problematic alcohol use by parents and care-givers on the developmental needs and safety and wellbeing of children and young people: pregnancy, infancy and early childhood; middle childhood and adolescence – must be strategic priorities and actions for the next NDS.

Review of relevant sections on rehabilitation and recovery

The review rightly highlights obstacles to rehabilitation and recovery. It identifies barriers such as regional disparities in service availability, stigma, fragmented care pathways, and limited support for individuals with dual diagnoses. However, one of the most persistent barriers to rehabilitation and recovery for those with an alcohol use disorder is a lack of service capacity.

For example, 73% of the population consume alcohol and just over 7% use illegal drugs.[4] Approximately 15% of the population has an Alcohol Use Disorder (AUD), 570,000 people, with 90,000 at a severe level. However, in 2023, only 8,164 alcohol cases[5] were treated compared with 13,104 cases[6] of illegal drug treatment cases, despite the overwhelming prevalence of AUD in Ireland compared with drug use.

AAI supports the recommendation to further integrate alcohol treatment services, including the national rollout of integrated community alcohol treatment services. However, it is essential that services are properly resourced and staffed so they can deal with the demand which exists across the State.

Review of relevant sections on prevention

The evaluation recognises that concerns exist in relation to the adequacy of prevention efforts, inequitable access to services, and the impact of stigma on families and communities. The future focus is welcome in terms of the development of a more integrated, equitable, and outcomes-focused NDS, especially in relation to embedding trauma-informed and gender-responsive care, and reforming governance structures to enhance accountability.

The request for clearer policy direction on alcohol is welcome, as is the call for alcohol to be either integrated into the NDS or developed into a dedicated strategy. However, there is a general failure in the evaluation to recognise the different approaches needed for prevention in terms of alcohol and illegal drugs. Alcohol is Ireland's largest problem drug, a fact which is complicated by the fact it is legal. It is the drug most frequently used by Irish people and is most commonly the first substance used by children.[7] Alcohol is so deeply entrenched in our lives that it is easy to discount the health and social damage caused or exacerbated by drinking alcohol.[8]

Therefore, what works for illegal drugs does not necessarily work for alcohol. Indeed, we know what works for alcohol in terms of preventing and reducing the damage that it causes to individuals, families, society and the economy. That is, population level measures to reduce overall consumption, with a particular focus on protecting children and young people from early alcohol harm and exposure to alcohol marketing.

The policy measures to achieve this are clear – they are the World Health Organisation's 'Best Buys' to reduce alcohol harm. These include controls on pricing, marketing and availability as well as ground-breaking measures on health information labelling on alcohol products including cancer warnings.

Review of relevant recommendations

AAI believe the evaluation has made some strong suggestions. In particular, the call for formal mechanisms for interdepartmental collaboration and a standing interdepartmental group is extremely important. Indeed, such measures are longstanding AAI policy.

Similarly, enhanced focus on recovery and prevention is crucial, but there needs to be an acknowledgment of the differences in dealing a ubiquitous legal drug like alcohol and all the harms that entails by comparison to dealing with not so readily available, but equally harmful, illegal drug use. This is why the new NDS either needs to fully integrate alcohol within its remit, or the Department of Health needs to develop an independent national alcohol strategy to run in parallel with an NDS.

The evaluation acknowledges that properly detailed and regular collection of data is essential for monitoring, evaluation, and supporting evidence-based policy and accountability. To this end, the NDAS must be recommenced, and investment must continue and be increased, where necessary, in order to support the work done by the Health Research Board (HRB) and other agencies on alcohol harm.

Additionally, improvements in the collection of AUD data across the HSE must be delivered. Currently, Hospital In-Patient Enquiry (HIPE) data records alcohol-related discharges that were either wholly attributable to alcohol (alcohol is a necessary cause for these conditions to manifest) or partially attributable (conditions where alcohol may be one of a range of causative factors). However, the data does not record broader patient related data, but just inpatient events.

It is important that the collection of AUD data is improved so organisations like the HRB can determine more accurately the impact of AUD on acute hospital services and how many times patients are admitted for the same condition. An analysis of the HRB Overview Series paper entitled, 'Alcohol consumption, alcohol-related harm and alcohol policy in Ireland', indicates that with improved data collection an epidemiological analysis of disease could be achieved.

Furthermore, it is also essential that the HSE begin detailed collection of alcohol-related Emergency Department (ED) and outpatient data. Using HIPE data in how it is currently collected to assess the burden of alcohol use on acute hospital services can lead to an underestimation of the real impact of alcohol.

Conclusion

There can be no denying that alcohol was an afterthought in the NDS as well as the evaluation. The NDS was almost exclusively illegal drugs focused, and this was then replicated in the evaluation with very little reference to the interplay between drugs and alcohol. This must change in any future strategy and alcohol must be treated with the seriousness it merits, or else it must be given a bespoke strategy to work in tandem with a new NDS.

Nevertheless, AAI wholeheartedly support the call to strengthen the integration of alcohol within the NDS by clearly defining roles, responsibilities, and service provisions for the prevention, treatment, and recovery of alcohol-related harm, including the national rollout of integrated community alcohol treatment services. The evaluation recommends:

- Assign a named lead within the Department of Health and HSE with responsibility for coordinating alcohol-related actions and inter-agency collaboration.
- Align messaging with national frameworks such as Sláintecare and the Public Health (Alcohol) Act to ensure coherence.
- Ensure inclusion of alcohol-related care in all dual-diagnosis and integrated care initiatives.
- Many stakeholders felt that the NDS lacked clarity and strategic direction regarding alcohol addiction, and that this gap undermined efforts to address substance-related harm holistically.

These are all very worthwhile suggestions which AAI supports, but we believe there is also an urgent need for a cross-governmental approach to alcohol given the many departments who have an input into alcohol policy. The current system has led to seriously incoherent alcohol policy with many decisions taken by government working against the overall aim to reduce alcohol consumption and harm.

Most recently we have seen Department of Health policy – alcohol health information labelling – being delayed as a result of pressure from the Department of Finance, the Department of Enterprise, Tourism, and Employment, and the Department of Foreign Affairs and Trade. Similarly, we have proposed policy from the Department of Justice to extend licencing hours, which will increase alcohol consumption, working against Department of Health policy to reduce alcohol consumption.

To this end, AAI believes there is an urgent need for an office with responsibility for alcohol within the Department of Health to drive such recommendations and take control for alcohol policy. Addressing alcohol harm is currently spread across a number of government bodies. This spread of resources and the lack of a dedicated staffing complement within one office/unit dilutes progress for a robust strategic response to reducing Ireland's alcohol harm burden, now and into the future. It also gives space for vested interests to exploit and to stymie a coherent response.

Ireland has previously developed successful strategies to other public health concerns such as road safety and smoking. There is much from those strategies that can be applied to addressing the harms from alcohol, such as the establishment of the Office for Tobacco Control which, according to Micheál Martin, "meant we could hire people to do research. It gave us capacity to deal with the issue."

It is in this context that there is an urgent need to establish an office for alcohol harm reduction, which would take the lead on developing the coherent policy response that is required. Ideally this would include: licensing, marketing controls, strategic development of alcohol services, education/prevention programming, commissioning of relevant data monitoring and evaluation of policy.

The structure and staffing complement of the office would be a decision for the minister of the day. It would be advisable, however, that a national alcohol office should be a standalone structure with a dedicated budget, a director and a national clinical alcohol advisor. As well as these two positions, it would require a research analyst and a cross-departmental liaison officer so it is envisaged that the office would be made up of 4 staff members.

The budget for staffing and associated campaigning and outreach is estimated at approximately €1.5m annually. The office would be directly accountable to the Minister for Health and should have a strategic plan for up to five years, outlining how it will take the lead on coordinating all aspects of alcohol harm in Ireland, carry out research and have input into legislative and policy issues relating to the sale and licensing of alcohol.

References

[1] https://www.oecd.org/en/publications/preventing-harmful-alcohol-use_6e4b4ffb-en.html

[2] https://iris.who.int/bitstream/handle/10665/374284/9789240082793-eng.pdf?sequence=1

[3] https://www.drugsandalcohol.ie/41601/22/HRB_%20Drug_Poisoning_Deaths_Statlink.pdf

[4] Mongan D, Millar SR, and Galvin B (2021) The 2019–20 Irish National Drug and Alcohol Survey: Main findings. Dublin: Health Research Board. Available at: https://www.drugsandalcohol.ie/34287/1/HRB_Irish_National_Drug_and_Alcohol_Survey_2019_20.pdf

[5] HRB StatLink Series 19 National Drug Treatment Reporting System 2023 Alcohol Treatment Demand Derek O'Neill, Siobhán Ní Luasa, Suzi Lyons and Anne Marie Carew Available at: https://www.drugsandalcohol.ie/41144/1/Alcohol_Treatment_2023_Bulletin.pdf

[6] HRB StatLink Series 18 National Drug Treatment Reporting System 2023 Drug Treatment Demand Tiina Lynch, Ita Condron, Suzi Lyons and Anne Marie Carew Available at: https://www.hrb.ie/wp-content/uploads/2024/06/Drug_Treatment_2023_Bulletin.pdf

[7] https://www.hrb.ie/wp-content/uploads/2024/06/HRB_Overview_Series_12.pdf

[8] https://www.hrb.ie/wp-content/uploads/2024/06/HRB_Overview_Series_12.pdf

Alcohol Action Ireland,
Coleraine House,
Coleraine Street,
Dublin 7,
D07 E8XF

alcoholireland.ie
admin@alcoholactionireland.ie
@AlcoholIreland