



Strategic Plan 2025 - 2029



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A message from our Chairperson



Alcohol Action Ireland advocates to reduce alcohol harms in Ireland. The Public Health (Alcohol) Act 2018 represents landmark legislation to reduce these harms in Ireland, with a focus on alcohol control as a public health issue. The majority of the moderate measures in the Act are now implemented, and AAI played a key role in advocating for them.

As we look into the future, real challenges persist which must be addressed. There is little resource devoted to reducing alcohol harms. A Statutory Office/Authority to reduce alcohol harms, based within the Department of Health or of the Taoiseach, with a view to gathering and analysing data re alcohol harms, and developing proposals, policies and legislation to reduce those harms, would be a huge step forward.

The alcohol industry is fundamentally responsible for all alcohol harms. The cost to the State and Irish taxpayer is enormous, probably in excess of €12 billion per year. This financial cost must be transferred to the alcohol industry through a health levy. This would be socially just and support the activities of Government and an Alcohol Office.

Protecting children in Ireland is a fundamental principle of our society. This includes protection against FASD, parental problem alcohol use, and childhood alcohol consumption and intoxication. The numbers of people negatively affected by the harms are truly enormous, and are a call to us all to take urgent action.

Much has achieved in Ireland regarding reducing alcohol harms, and there is international recognition and respect for the Alcohol Act, especially Minimum Unit Pricing and cancer warning labels on alcohol products. However, much remains to be done, though, and AAI will continue to focus on that.

Professor Frank Murray

A message from our Chief Executive Officer



Alcohol Action Ireland has a vision of a society free from alcohol harm.

Our work is long-term in nature and is rooted in the public health approach of seeking population-wide reduction in alcohol consumption as well as advocating for the services which are needed for all who have been harmed by alcohol.

We are heartened by the achievements over the course of our previous five-year plan and thank all who worked with and supported us to bring about those successes which are showing fruit with a decrease in alcohol per capita consumption of 10% in that period.

However, much more remains to be done as demonstrated by multiple markers of alcohol harm including impacts in the home, pressures on health care systems, crime and loss of workplace productivity.

We know that solutions exist which can significantly address these issues. Our strategic plan for the period 2025-2029 lays out our goals and actions which we believe are essential to ensure government takes a comprehensive view of alcohol harm based on the international evidence.

These goals can only be achieved by working with multiple partners in Ireland and internationally. We look forward to working with all who share our vision of a society free from alcohol harm.

Dr Sheila Gilheany

Summary

Four people every day lose their lives to Ireland's most harmful, widely available drug, alcohol, while a quarter of the adult population live with the deeply traumatic legacy of growing up with alcohol harm in the home.

Children are bombarded with sophisticated alcohol marketing and 50,000 of them start to drink every year. Alcohol costs the state €12 billion annually but is feted as integral to our society. We need and must change the narrative around this drug and most importantly drastically reduce Ireland's alcohol consumption levels by at least 40%.

Alcohol Action Ireland is setting out its strategic plan for 2025-2029. We will advocate for government policies which will reduce alcohol consumption and provide services for those harmed by alcohol. We intend to focus on the actions which can bring about a sea-change in how our government and society understands and views alcohol.

We aim to dismantle the alcohol industry myths which currently dominate public discourse and policy making. We will show how alcohol is a commercial driver of ill health, poor productivity, carnage on our roads and violence in Ireland while also being a drain on the economy.

Our key goals in this period are:

- Establishment of a dedicated Government Office to reduce alcohol harms
- Requirement that the alcohol industry should pay for the costs of alcohol harms in Ireland
- Protection of all our children from alcohol harms
- Provision of comprehensive services to address the harms caused by alcohol
- Be the trusted, independent voice of alcohol policy and advocacy in Ireland

Our implementation plan over the next five years is centred around building partnerships to change the alcohol landscape and achieving sustainable funding for our organisation. Together we can move closer to our vision of a society free from alcohol harm.

What we do

Alcohol Action Ireland 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.

We are independent of the alcohol industry and accept no funding from any sector of it.



Who we are

Patron

Prof Geoffrey Shannon, Circuit Court Judge and former Special Rapporteur on Child Protection

Board

The Board of Alcohol Action Ireland provide oversight to its activities. Current members are:

- 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 Bobby Smyth (Vice Chair), Consultant Child & Adolescent Psychiatrist
- Pat Cahill, company secretary, former President ASTI
- Aidan Connaughton, Chartered accountant, former partner and head of risk, Grant Thornton
- Paddy Creedon, Recovery Advocate
- Michael Foy, Head of Finance, Commission for Communications Regulation
- Prof Jo-Hanna Ivers, Associate Professor, Addiction: Public Health & Primary Care, Trinity College Dublin
- 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 Colin O'Driscoll – Clinical Lead, HSE Mid-West Addiction Services

Executive team

- Dr Sheila Gilheany, Chief Executive Officer
- Conor Keane, Communications
- Eoin Ryan, Policy Research

Advisors

AAI has a number of initiatives with external advisors to guide its work in specific areas.

Silent Voices

An initiative which aims to highlight issues around parental problem alcohol use.

Silent Voices patrons:

- Fergal Keane OBE, Journalist and author.
- Ailbhe Smyth, academic and long-time activist on feminist, LGBTQ and other social issues

Silent Voices Advisory group members:

- Dr Judith Butler, lecturer and researcher in early childhood development and psychology at Munster Technological University Cork.
- Dr Colin O'Driscoll (AAI Board member)
- Marion Rackard - worked as an addiction counsellor and psychotherapist in a variety of areas within the HSE related to alcohol prevention, advocacy, treatment and trauma, for over thirty years. She brings lived experience to this initiative.
- Barbara Whelan - practised as a solicitor for 26 years. She brings lived experience to this initiative.

Voices of Recovery

An initiative which aims to harness the lived experience of people in recovery from alcohol harm to drive policy change.

The first 10 signatories of the Voices of Recovery charter are:

- Paddy Creedon - recovery advocate and AAI board member
- Danielle Hughes - recovery advocate and mental health support volunteer
- Val Ward - recovery advocate and recovery centre worker
- Mary Coughlan - recovery advocate and singer
- Frances Black - recovery advocate, singer and Senator
- Kenneth Egan - recovery advocate and Olympic medallist
- Shane McVicker - recovery advocate and musician
- Gary O'Heaire - recovery advocate and Chief Operations Officer at Tiglin Ireland
- Keith Cassidy - recovery advocate and clinic manager, Smarmore Castle
- Stephen Dansiger - recovery advocate and clinician

ALCOHOL ACTION | SILENT VOICES

#SILENT VOICES

Highlighting the harm caused by parental problem alcohol use and its impact across the lifespan



Voices of Recovery

Harnessing the lived experience of people in recovery from alcohol harm to drive policy change



Formation of Alcohol Action Ireland

Alcohol Action Ireland (AAI) was formed in 2003 as a key recommendation of the 2002 Strategic Task Force on Alcohol [1] [2] in response to historically high levels of alcohol consumption. Since that time, it has established a strong reputation as a trusted source of alcohol policy information for media, stakeholders and the public.

It has consistently advocated for a public health approach to alcohol as recommended by the World Health Organisation (WHO), [3] seeking to reduce population wide alcohol consumption by the proven methods of controls on price, marketing and availability. It has also worked to enhance trauma informed services and supports for all those harmed by alcohol.

It has worked closely with the Health Service Executive (HSE) in providing strategic direction to the alcohol programme particularly through advice on the development of the askaboutalcohol.ie website and in supporting the work of the Alcohol Programme which has provided significant funding to AAI.

In recent years, an important element of our work has been to open the door on some of the most hidden aspects of alcohol harm. Since 2019, our Silent Voices initiative has consistently highlighted issues arising from parental problem alcohol use and has advocated strongly for the measures needed to address this very traumatic Adverse Childhood Experience.

More recently our Voices of Recovery initiative, launched in 2023, is engaging in a programme of activities to ensure that the lived experiences of those in recovery from alcohol harm are included in policy making.

AAI was highly instrumental in the formulation and successful passage of the Public Health (Alcohol) Act 2018 (PHAA). The PHAA is a suite of measures including minimum unit pricing, restrictions on alcohol advertising, labelling of alcohol products and separation of alcohol products from regular groceries in shops.

The measures are relatively modest but have already made a welcome contribution to the reduction of alcohol harm in Ireland. The Act is complementary to the Government's strategy on drugs and alcohol, Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025.

Over the course of our last strategic plan, AAI has worked intensively to ensure the legislation's full implementation and has attained a considerable amount of success with 28 measures out of 31 either commenced or with a declared introduction date. This has been achieved in the face of ferocious opposition from the global alcohol industry.

Since passage of the PHAA, alcohol consumption per capita in Ireland has declined by 10% which contrasts with an increase of 3% in the UK over the same period. However, Ireland's current consumption level at 9.9 litres per capita is still some way off the government's target of 9.1 litres per capita.

Important measures in relation to the regulation of alcohol advertising content and advertising in publications have not been implemented. In addition, other measures are being undermined by issues around the use of zero-alcohol product marketing using identical features of the alcohol master brand.

Furthermore, there is a need for consideration of issues which were not addressed, such as digital marketing. As the Department of Health's drug and alcohol strategy is coming to an end in 2025, and a new government to be formed, it is an opportune time for AAI to consider its strategic direction over the period 2025-2029.

AAI has worked intensively to ensure the PHAA's full implementation and has attained a considerable amount of success which has been achieved in the face of ferocious opposition from the global alcohol industry

Alcohol in Ireland

While there has been an improvement in relation to population wide alcohol consumption, there are still many challenges.

Alcohol consumption per capita over the age of 15 years in 2023 was 9.9 litres per capita. Given that 30% of the population do not use alcohol at all, the average drinker consumes in one year,

284 cans of beer
+
12 bottles of spirits
+
43 bottles of wine
+
35 cans of cider

The modest government target, set in 2013, of reducing alcohol consumption to 9.1 litres per capita by 2020 has not been met. In fact, if all individuals who drink in Ireland consumed alcohol within the current HSE lower-risk drinking guidelines, alcohol consumption would be approximately 40% lower than at present.

It is not just the amount of alcohol which is consumed but also the associated drinking patterns.

- Ireland has the 8th highest level of heavy episodic drinking across OECD countries [4]
- Over half of all who consume alcohol do so in a hazardous way.
- 15% of the population-600,000 people- have an alcohol use disorder (AUD), with 90,000 at a severe level.
- Amongst young drinkers, aged 15-24 years, the level of AUD is an astonishing 37%, which challenges the industry narrative of a changed relationship with alcohol in the younger generation.[5]

The scale of the damage from alcohol in Ireland is staggering.

Just some of these harms include:

- Over 7% of the population may have a Foetal Alcohol Spectrum Disorder, (FASD)[6]
- One in six carers reported that children, for whom they had parental responsibility, experienced harm because of someone else's drinking.
- One quarter of the adult population has grown up with alcohol harm in the home.
- 1 in 7 workers are affected by a colleague's alcohol use with substantial implications for loss of workplace productivity, employee turnover, team morale, health and safety challenges
- More than half of the population have been affected by a stranger's drinking.[7]
- Multiple victims from alcohol related crime on the street and in the home

The recent reduction in Ireland's per capita alcohol consumption rate is to be welcomed. However, it cannot be used to distract the public, politicians, or the media from the task that still needs to be done to reduce alcohol harms, nor can successes be used to obfuscate the serious problems that still exist in relation to alcohol.

The alcohol industry has advocated for excise duty reductions and increased licensing hours – measures which would serve to increase alcohol consumption and its associated harms. We must resist these efforts, restating what needs to be done, and why.



Despite what the industry says, alcohol is still responsible for 5% of all deaths in Ireland.[8] In addition, 11% of the healthcare budget is being used for alcohol-related illnesses and injuries, with the length of stay for alcohol-related conditions almost double that of a non-alcohol-related condition (9.9 days compared with 5.7 days). In 2021, 5.2% of all hospital inpatient bed days were alcohol-related, meaning that such illness accounted for 177,230 bed days.[9] This is a huge and unsustainable burden on the overstretched health services in Ireland.

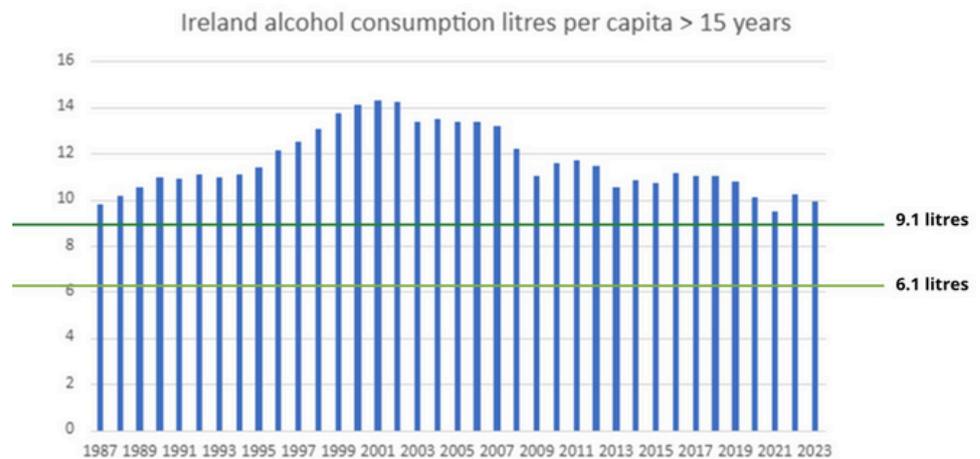
Despite what the industry says, alcohol continues to have a pernicious effect on the mental health of the population. Alcohol was detected in 44% out of 307 suicides in Cork from September 2008 to June 2012.[10]

Despite what the industry says, alcohol fuelled violence still blights our streets and our homes. The Health Research Board estimates that between 30% and 65% of assaults, disorderly conduct, public order, and other social code incidents are associated with alcohol-use.[11] Indeed, President of the District Court, Judge Paul Kelly, has stated that "If alcohol disappeared overnight, the courts could close down.".[12] Elaborating, he stated that alcohol "cuts across almost the entire range of offences; it's behind most public order, assaults and criminal damage, it's probably behind 80 per cent of family law, has a huge impact in childcare and, obviously, there's drunk driving.".[13]

Despite what the industry says, alcohol is by far the most widely used psychoactive substance in the workforce, with people having harmful consumption patterns that increase their risk of social, legal, medical, occupational, domestic and economic problems.[14] Alcohol affects workers in terms of mortality and morbidity, reduced productivity, presenteeism, and absenteeism. It impacts colleagues in terms of workload, and it impacts employers in terms of businesses losses and competitiveness.

Despite what the industry says, alcohol places an enormous burden on the State. Alcohol harm costs the exchequer €12 billion annually – working out at €3.63 per every standard drink consumed – which even after money raised by excise duties is taken into account results in a net loss of over €10 billion per annum, the bill for which is picked up by the ordinary taxpayer.[15] The opportunity cost of the billions of Euro paying for alcohol related harms is the ability of the State to pay for extra Gardaí on the streets, extra nurses and doctors in our hospitals, extra teachers and SNAs in our schools, building more houses, and a higher tax burden to pay for the impact of alcohol related harms, to name but a few.

And what the industry never says: Alcohol wreaks destruction on children in Ireland. Alcohol impacts children in a whole manner of ways – from those affected by foetal alcohol spectrum disorders to the 32% of children who grow up with at least one parent who is either a regular binge drinker or dependent on alcohol, to the 50,000 children who start drinking every year in Ireland.



9.1 litres - Current government target

6.1 litres - HSE consumption level for drinkers consuming within lower-risk drinking guidelines

Where next for alcohol policy in Ireland?

Ireland's current government strategy on alcohol is based on an important report[16] from 2012 which put forward the evidence for a public health approach to alcohol.

The recommendations from that report formed the basis of the Public Health (Alcohol) Act 2018. There has been significant progress in implementing the measures in the Act – a key goal of our last strategy. However, it should be noted that these measures were considerably watered down from the original recommendations and there are important areas which are not addressed at all in the current strategy, such as internet marketing of alcohol and alcohol related brain injury.

There is also the significant issue of conflicting approaches to alcohol across government. Currently the Department of Health sets health policy in relation to alcohol but critical elements such as licensing is a matter for the Department of Justice, and taxation a matter for the Department of Finance. In neither case is there any close interaction with the Department of Health.

Other departments such Enterprise and Agriculture have close relationships with the alcohol industry – for example industry is included in the development of strategy, participates in overseas trade delegations, is the beneficiary of funding through grants and has considerable access to policy makers.

In some areas there are important strategies which should include alcohol issues but do not. A prime example of this is the Third National Strategy on Domestic, Sexual and Gender-based violence which literally does not include the word alcohol despite copious evidence that alcohol is an accelerant of such violence.

There is also a shocking lack of focus in government on children and alcohol. A childhood damaged by alcohol whether from FASD, parental problem alcohol use or living in an alcohol marketing saturated environment can have lifelong implications for health, wellbeing and life prospects. Coupled with this, there is a huge impact on the economy, the costs of which mean less funding available to enhance childhood essential services such as health, education and facilities for sports and the arts.

The normalisation of alcohol is a blight on children's lives both now and into the future. Quite simply it is a children's rights issue. Ireland is a signatory to the United Nations Convention on the Rights of the Child. Yet from before birth and throughout childhood children are harmed by a product whose suppliers make enormous profits leaving individuals, families, communities and the state to pick up the tab.

Even within the Department of Health there is a concerning lack of resources in relation to alcohol with responsibility split between issues around illegal drugs and tobacco. Approximately, 70% of the population consume alcohol, 18% smoke and 7% use illegal drugs. [17] However, in 2023, 13104 cases[18] of illegal drug use were treated compared with 8164 alcohol cases[19], despite the overwhelming prevalence of AUD in Ireland compared with drug use.

There is a dedicated programme, Tobacco Free Ireland, to tackle smoking which works to specific targets and publishes annual reports to indicate progress. [20]. Alcohol health impacts occur across multiple areas including mental health, cancer, heart and liver disease yet there is no comparable focus on it despite alcohol likely costing Ireland twice as much as tobacco as indicated by data from Canada [21]. This lack of progress is sadly illustrated by the rate of alcohol-related liver disease increasing by 80% over the past two decades.

As the Department of Health's Drug and Alcohol strategy, Reducing Harm Supporting Recovery approaches its final year, it is not clear what structures are in place to develop alcohol policy. All of this adds up to utter incoherence when it comes to action around Ireland's most widely available and harmful drug.

A bold new approach is needed for government which prioritises the preventative actions needed to improve our health, and also puts in place the services needed to support those already harmed by alcohol.

A coherent, cross-government strategy must be developed to comprehensively address alcohol issues in Ireland. It is time for our leaders to face up to reality and put public interest, public health, and state finances ahead of private profit.

Our focus

AAI intends to focus on the actions which can bring about a sea-change in how our government and society understands and views alcohol.

We intend to dismantle the alcohol industry myths which currently dominate public discourse and policy making. We aim to show how alcohol is a commercial driver of ill health and violence in Ireland while also being a drain on the economy.

Given the scale of the problems in Ireland in relation to alcohol, prevention is key and we will strongly advocate for the necessary public health approach which will reduce the problems at their source by lowering alcohol consumption levels across the population using the World Health Organisation's 'best buys' of policies around pricing, marketing and availability.

We also recognise that there is a huge need for comprehensive, trauma informed supports, services and information to address the harms already caused by alcohol.

This must be paid for by the alcohol industry which makes enormous profit at the expense of individuals, families and the state. Alcohol harm

can be addressed and we intend to highlight the positive steps that have been taken in other jurisdictions and advocate for their adoption in Ireland and elsewhere.

In our new strategy for 2025-2029 we are setting out our mission, values, goals and actions which we believe can bring us closer to our vision of a society free from alcohol harm.



Given the scale of the problems in Ireland in relation to alcohol, prevention is key and we will strongly advocate for the necessary public health approach which will reduce the problems at their source

VISION

A society free from alcohol harms

MISSION

To advocate for government policies to reduce alcohol consumption and provide services for those harmed by alcohol

VALUES

- Empathy and compassion
 - Evidenced-based
 - Integrity
 - Transparency and honesty
 - Commitment to long-term well-being and public health
 - Working in partnership
-

GOALS

1. The establishment of a dedicated Government Office to reduce alcohol harms
2. The requirement that the alcohol industry should pay for the costs of alcohol harms in Ireland
3. Protection of all our children from alcohol harms
4. The provision of comprehensive services to address the harms caused by alcohol
5. To be the trusted, independent voice of alcohol policy and advocacy in Ireland

What are our planned actions for the next 5 years?

Goal 1

The establishment of a dedicated Government Office to reduce alcohol harms

It is critical that there is a coherent government approach to alcohol policy and for this reason we are advocating strongly for a dedicated Alcohol Office which should be funded through a levy on the alcohol industry.

The main roles/aims of such an Office would include:

1. Cohesive, across-Government approach to reducing alcohol harms with prevention at its core.
2. Evidence-based alcohol strategy and policy development
3. A new health-based target of alcohol consumption per capita should be set at 6.1 litres per capita
4. Data gathering and analysis regarding alcohol, its harms and the true financial cost to Ireland
5. Responsibility for alcohol advertising/marketing restrictions across all media
6. Full implementation of the Public Health (Alcohol) Act
7. Development of actions to levy the alcohol industry for the financial costs of alcohol harms
8. Development and coordination of services for victims of alcohol harms
9. Responsibility for alcohol licensing strategy
10. Responsibility for 3 yearly review of lower risk alcohol guidelines.

DEPT OF HEALTH	DEPT OF JUSTICE	DEPT OF MEDIA	DEPT OF CHILDREN
DEPT OF SOCIAL PROTECTION	Office for alcohol harm reduction 		DEPT OF THE ENVIRONMENT
DEPT OF EDUCATION			DEPT OF FINANCE
DEPT OF TRANSPORT	DEPT OF TOURISM	DEPT OF AGRICULTURE	DEPT OF ENTERPRISE

Goal 2

The requirement that the alcohol industry should pay for the costs of alcohol harms in Ireland

Alcohol harms in Ireland cost the state at least 10 times more than the contribution of alcohol to the Irish Exchequer in excise duties. In fact, the cost to the state per standard drink is €3.60 based on current estimates from the WHO of alcohol harm costs in health care, justice system and loss of workplace productivity. There is an opportunity here to link taxes and levies on alcohol to reducing alcohol harms.

The World Health Organisation, OECD, International Monetary Fund and World Bank agree that controls on alcohol pricing are the most effective measures in reducing alcohol consumption and its associated harms.

There is clear evidence of the success of pricing policies from countries like Lithuania[22] which have implemented such controls and have seen significant improvements in the health of their citizens.

In some jurisdictions such as New Zealand[23] there are levies on the alcohol industry which are ring-fenced to provide services to address the harms from alcohol. Ireland is currently introducing a similar levy system in relation to gambling.[24]

For alcohol tax and excise policies to maintain their public health value, they must be regularly increased in line with inflation. A good example is Australia, which automatically increases alcohol taxation twice annually in line with the consumer price index.[25]

Ireland has Minimum Unit Pricing and a system of excise duties on alcohol. However, there is no automatic uprating mechanism or linkages between the scale of the harm caused and the price paid for alcohol. We will seek to have such systems put in place.

There are also significant anomalies with the Irish State holding investments of the order of €42million in the alcohol industry. [26] This is in sharp contrast with other health harming industries such as tobacco, fossil fuels and the arms industry where the Ireland Strategic Investment Fund has excluded such investments.[27]

Likewise, there are major concerns in relation to the provision of grants and significant tax breaks such as on alcohol advertising. It is anomalous that the state is providing economic support to an industry which costs Ireland €12 billion annually. There is much to learn from other jurisdictions such as Norway which is divesting itself from both alcohol and gambling industry investments.[28]

Our advocacy in this area will include:

- Specific levy on alcohol industry ringfenced for harm reduction - Polluter pays principle .
- Link both Minimum Unit Price for alcohol and excise duties to inflation
- Link alcohol taxation and excise levels to pay the costs of alcohol harms to the Irish taxpayer
- Gathering and analysis of data in relation to affordability of alcohol
- Pursue the divestment of government investments in the alcohol industry
- End government support for the alcohol industry through grants and tax break

Alcohol: A drain on the Irish economy

Amount raised in excise duty on alcohol products: **€1.2bn**



Cost of harm caused by alcohol: **€12bn**

NET **€10.8bn loss**



Goal 3

Protection of all our children from alcohol harms

Children have a right to a childhood free from alcohol harm. Currently, children in Ireland are damaged by alcohol in many ways including:

- FASD
- Parental problem alcohol use leading to impact on family relationships and children's development
- Living in an alcohol marketing saturated environment, leading to tolerance and acceptance of alcohol harm
- Alcohol consumption and intoxication in childhood

All of these can have lifelong implications for health, wellbeing, premature death and opportunities in life. Coupled with this, there is a huge negative impact on the economy, the costs of which mean less funding available to enhance childhood essential services such as childcare, health, education and facilities for sports and the arts.

31.7%

of children have
at least one parent
who is either a binge
drinker or alcohol dependent



Foetal alcohol spectrum disorders (FASD)

Ireland has the third highest rate of FASD in the world[29] with estimates cited by the HSE of 2.8%-7.4%[30] of the population living with this lifelong condition. Economic costs in Ireland are likely to be substantial given the multiple impacts across health, education, social care and justice. The dearth of data is a powerful illustration of the lack of attention to this hugely problematic issue. Our actions will include:

- Advocate for a fully funded strategy which addresses the issues across, diagnosis, support for parents/carers, education, social services, justice systems
- Bring the issues to the multiple government departments and services which are impacted by FASD

240%



The rate of FASD in Ireland is almost two and a half times higher than in the WHO European region

Parental Problem Alcohol Use

Almost one-third (32%) of children in Ireland live with at least one parent who is either a regular binge drinker (27%) or dependent on alcohol (5%) and one in six carers (16%) reported that children for whom they had parental responsibility experienced harm as a result of someone else's drinking.[31] A quarter of the adult population (almost 1,000,000)[32] are living with the legacy of growing up with alcohol harm in the home.

Sadly, many children also often endure alcohol fuelled family violence. The lifetime economic costs in Ireland of such Adverse Childhood Experiences are estimated at 2% of GDP.[33] While there is a very welcome Hidden Harm Framework it requires momentum, urgency and funding. In fact, there is a need for a whole of government approach with an identifiable senior government official to advise, develop and plan appropriate services to address the multiple needs of the 1.2 million children and adults affected.

Our Silent Voices initiative will work towards highlighting the issues arising from specific alcohol harm. Full details of actions needed are given in our policy briefing in this area.[34] Our activities include:

- Highlight need for trauma informed services and early intervention strategies such as Operation Encompass – a data sharing protocol between police and schools.
- Recognition of the role of PPAU as a gateway to multiple other ACEs including domestic violence, sexual abuse, parental mental health difficulties, loss of a parent through death, imprisonment
- Advocate for services for adults who have been impacted growing up with alcohol harm in the home.
- Advocate for training for all professionals including GPs, social workers, psychologists, psychiatrists and other mental health workers to recognise this issue and its impacts across the lifespan.
- Advocate for training in third level teacher training modules on PPAU
- Working with academics, professional bodies and other advocacy groups to develop the evidence base in this area and ensuring that the voices of lived experience are included in advocacy.

Marketing/advertising of alcohol

At least 50,000 children start drinking every year in Ireland[35].

Commencing alcohol consumption as a child is the norm rather than the exception in Ireland. This is more likely to lead to heavy episodic (binge) drinking, and is also a risk factor for later alcohol dependence. Shockingly, children are being deliberately targeted by the global alcohol industry both in traditional advertising/marketing media and now also on social media[36].

In Ireland, Diageo, is the number four broadcast advertiser to children[37]. Given evidence from other jurisdictions there is every likelihood that children in Ireland are being digitally tracked and exposed to health harming alcohol marketing. A landmark report from the WHO–UNICEF–Lancet Commission on the Future Child[38] noted that children are subject to an additional level of harm from digital marketing and have the right to maintain a digital footprint that is free from targeted advertisements, especially for products they are legally ineligible to purchase.

While Ireland has made some modest restrictions on alcohol advertising these are being undermined by the prevalence of zero alcohol product marketing using identical branding to the master alcohol brand. It is clear that what is needed is a complete ban on all alcohol marketing as is the case for tobacco. This has been implemented successfully in countries such as Norway and Lithuania.

Our activities in this area will include

- A complete ban on all forms of alcohol marketing.
- Full implementation and evaluation of the Public Health (Alcohol) Act
- Closing loopholes regarding zero alcohol product marketing using identical branding,
- Complete ban on alcohol sports sponsorship

Goal 4

The provision of comprehensive services to address the harms caused by alcohol

Alcohol continues to inflict enormous harms in Irish society, much of it intergenerational. It is likely that at least one and a half million people in Ireland[39] are living with the direct impact of alcohol harm, whether from Alcohol Use Disorders, growing up with alcohol harm in the home, or being born with FASD. Many more experience harms from alcohol through its impact on their mental and physical health without having an AUD.

There is also an urgent need for early intervention strategies and the development of comprehensive services to reduce and address alcohol harm. It is important to recognise the role of trauma in many of these areas and to ensure the voices of lived experience of alcohol harms are heard and included in policy making.

We recognise the changing demographics in Ireland with 12% of our population now designated as non-Irish citizens (Census 2022[40]). Treatment services need to consider the cultural identity and attunement needed when addressing the alcohol harm experienced by this growing segment of our population.

Our Voices of Recovery initiative will advocate for a range of measures to address the stigma and harm from alcohol as outlined in our policy briefing in this area[41] and will work to ensure the voices of lived experience are included in policy making.

Our advocacy goals, specifically developed by people in long-term recovery from alcohol dependency include:

- Improved information, treatment and recovery services. There is a particular need to fully integrate addiction services and mental health services and ensure comprehensive funding as well as enhanced communications and more timely treatment pathways.
- Alcohol Care Teams within all major hospitals and linked to community services. Such teams are a proven cost-effective approach to providing much needed interventions for people with entrenched problem alcohol use.
- Enhanced training and education re addiction in third level modules
- Treatment interventions for drink driving offenders
- New initiatives including advertising that will reduce levels of shame and stigma
- Addressing alcohol harm in corporate environments
- On-going collection of data on Alcohol Use Disorder (AUD)
- The abolition of alcohol product placement 'custom and practices' by public officials and other high-profile individuals
- 24-hours-a-day alcohol helpline
- Removal of alcohol branding on all forms of transport
- Similar restrictions on alcohol-free/0.0 products as with mainstream alcohol products
- A ring-fenced levy on alcohol sales



18,877



The number of
people who were
hospitalised due to
alcohol-related
conditions in 2021

Goal 5

To be the trusted, independent voice in Ireland on alcohol policy and advocacy

Alcohol is a commercial driver of family violence, crime and disturbance on the streets and ill health. It has a huge negative impact on the state's finances. Yet there is a powerful misleading alcohol industry narrative of a risk-free product that is coupled to our national identity, essential to the economy and at the heart of every family occasion. It is interwoven into public life from sport to visits from international dignitaries.

It is a significant barrier to the achievement of at least 13 of the United Nations Sustainable Goals.[42] Through saturation marketing and well-oiled national and international lobbying efforts from vested interests, industry friendly views have become accepted in multiple policy making areas.

AAI will develop the evidence base and messaging to dismantle these myths, demonstrating the reality of alcohol harms, and in particular, how children are damaged at every stage by alcohol. We will highlight international best practice and propose the evidence-based solutions which can benefit individuals, families, communities, the environment and the economy. We will bring this to key organisations working across those core areas, as well as policy makers and the public.

Activities will include:

- Develop policy papers on multiple aspects of alcohol issues, such as domestic violence, impact on health care, workplace safety and productivity, consumption of alcohol/alcohol harm in corporate environments, environment, criminal justice system and the economy.



AAI will highlight international best practice and propose the evidence-based solutions which can benefit individuals, families, communities, the environment and the economy

- Examine the intersections of government strategies with alcohol issues. Seek to include alcohol considerations if not already there and highlight any inconsistencies with current government policy to reduce alcohol consumption. Respond to public consultations.
- Develop the research base by working with researchers nationally and internationally for example by examining alcohol industry actions and its impact on those harmed by alcohol.
- Develop AAI's Industry Watch activities. Link with national and international campaigns on the commercial determinants of health and highlight the similarities between other health harming industries such as tobacco, fossil fuels and highly processed foods.
- Develop the advocacy strategies to highlight these issues and their possible solutions including holding regular briefing sessions in the Oireachtas on key topics, approaching relevant Oireachtas Committees to share findings, seeking meetings with senior policy makers. Use PQs and Freedom of Information requests to hold government to account.
- Develop the innovative communications tools needed to ensure AAI's message reaches multiple audiences including press releases, opinion pieces, podcasts, social media campaigns, search engine optimisation. Develop relationships with key opinion makers.
- Carry out public polling of attitudes re alcohol issues. Use this to inform our advocacy strategies.
- Connect more directly with the public through social media campaigns with a view towards encouraging public to contact their public representatives with our messages
- Develop consistent, clear messages about industry 'red herrings' and have these messages adopted by like-minded organisations.
- Develop a wider range of voices to be heard in the media – e.g. youth representatives, clinical leaders, other professionals in areas such as education, therapy
- At all times, ensure the voices of lived experience are integrated with the evidence of alcohol harm

How will we achieve these goals?

Our implementation plan over the next five years is centred around building partnerships to change the alcohol landscape and achieving sustainable funding for our organisation.

At national and international level we aim to work with many stakeholders including the HSE, and bring our perspective and expertise to discussions. We aim to develop alliances with partners around key strategic areas such as domestic violence, internet marketing and sports sponsorship.

Funding

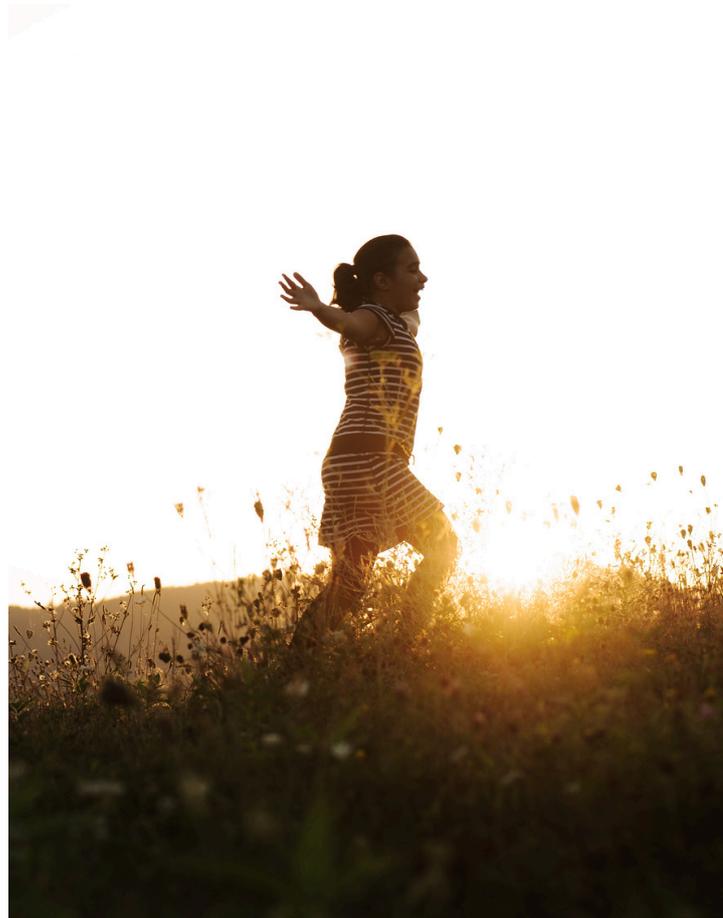
AAI's funding remains somewhat precarious and so limits the scope of what we can do. A key concern is how to achieve sustainability with consideration around funding falling into two key areas – core funding to sustain the work of AAI and funding for specific projects.

To address these concerns AAI will:

- Work closely with our funders to highlight the relevancy of our work to their core agendas
- Investigate additional sources of funding

Organisational Structure

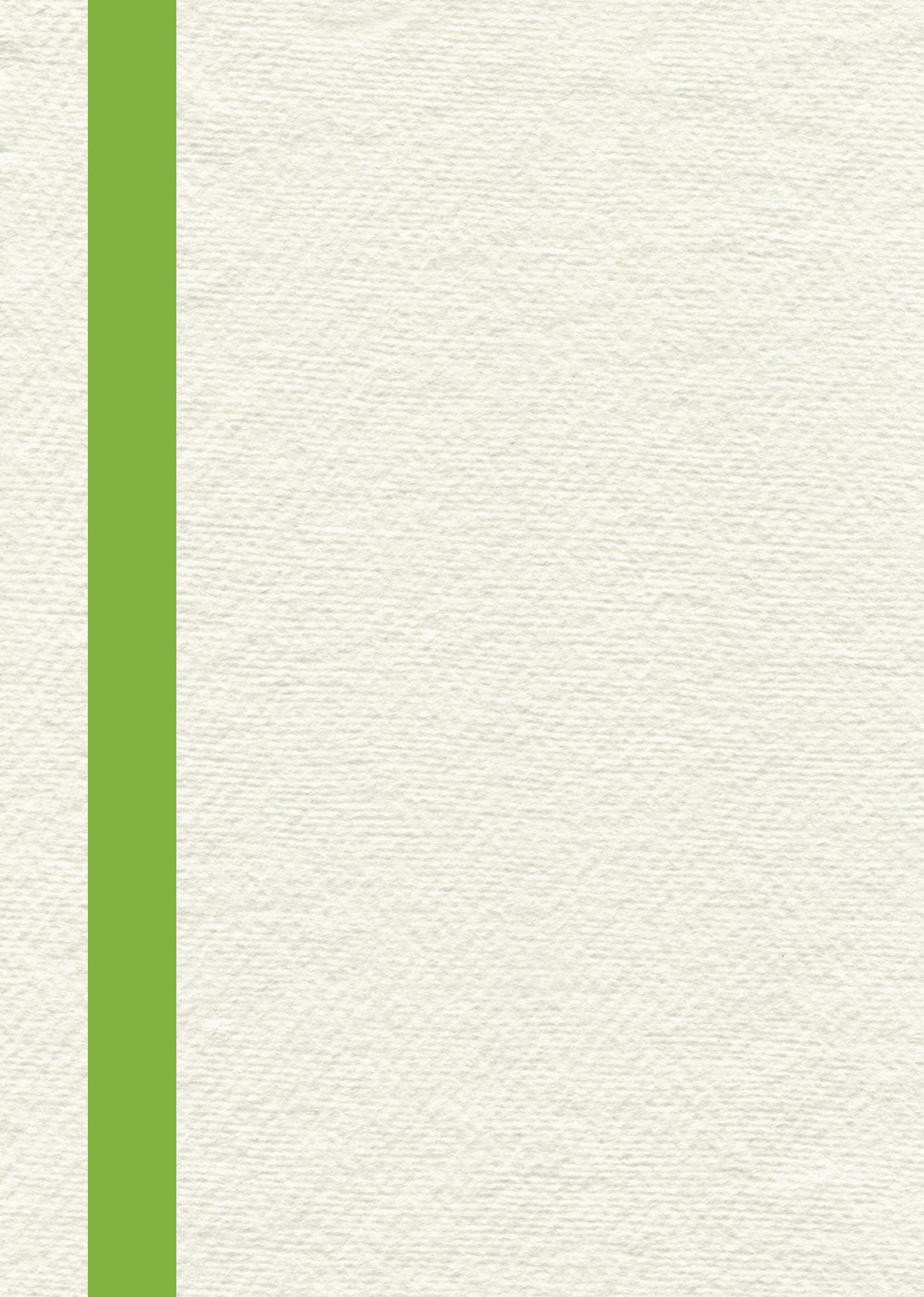
- Ensure AAI's structures are fit for purpose.
- Review Board of Directors to identify any gaps in expertise
- Seek resources to be able to employ at least one more staff member



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