**Alcohol Action Ireland Written Submission on the Draft National Strategy for Improving Community Safety**

**About Us**

Alcohol Action Ireland (AAI) 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 effective advocacy, campaigning and policy research.

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.



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**Introduction**

Community safety and alcohol harm reduction go hand in hand. As the draft strategy states “community safety is understood through a holistic framework encompassing crime prevention, health, wellbeing, environment, and social inclusion”; so too is alcohol and alcohol harm understood in an all-inclusive manner. Research and policy approaches towards alcohol now take a holistic view of the harms emanating from its consumption, as decisions at a national level can have positive or negative implications at the community level.

As such, alcohol cannot be understood without analysing its impact on crime, health, wellbeing, environment, society, and the economy. Thus, as with community safety, alcohol harm reduction must be understood holistically and approached in a whole of government manner.

Community safety is the concept of people being safe and feeling safe, and alcohol plays a direct role in this regard because alcohol and crime have a closely interconnected relationship, with alcohol consumption being a contributing factor to crime and antisocial behaviour. Alcohol plays a key role in crimes such as public order offences, domestic violence, assault and murder, as well as rape and sexual assault. It is not always possible to tell the exact number of crimes caused due to alcohol use, but studies have estimated that between 30% and 65% of assaults, disorderly conduct, public order, and other social code incidents are associated with alcohol-use.

The impact of alcohol-related crime and anti-social behaviour has a ripple effect, extending beyond those directly affected and impacts the entire community, society, and the economy. Indeed, it has a pernicious effect on people’s perceptions of safety and security. Many studies have demonstrated significant and positive associations between alcohol consumption and rates of criminal violence, and we can say with some confidence that more drinking tends to result in more violence, and less drinking tends to result in less violence.

Therefore, AAI believes this draft strategy can be strengthened by explicitly including alcohol and its harms. While alcohol is referenced in the document in the context of public intoxication, it is presented as a symptom, not as a policy lever which can be utilised to make our communities safer.

In order to reinforce why alcohol should be included, this submission will outline the very real ways in which alcohol impacts community safety and conclude by laying out a

series of recommendations which we feel should be incorporated into the National Strategy for Improving Community Safety.

**Recommendations**

- Recommendation 1: Move beyond naming alcohol as a compromiser of community safety and acknowledge that controls on its price, marketing, and availability are policy leavers which can be used to reduce alcohol harm and create safer communities.
- Recommendation 2: Embed alcohol-specific indicators into the strategy to ensure it is tracked as part of the strategy's data collection regarding community safety.
- Recommendation 3: Recognise alcohol as a risk factor for DSGBV within 'Tailored Responses for Safer Communities'
- Recommendation 4: Align the strategy with concurrent alcohol policy and legislation under an 'Integrated Approach'.
- Recommendation 5: Treat alcohol-related harm reduction as a resourcing priority for community safety infrastructure.

**Alcohol and Crime**

Alcohol and crime are closely linked, with alcohol consumption acting as a contributing factor to criminal and antisocial behaviour and featuring prominently in a range of criminal offences. The President of the District Court, Justice James Kelly, previously stated that "If alcohol disappeared overnight, the courts could close down.". He further elaborated 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.". This aligns with the strategy's own consultation findings, which recorded public intoxication/alcohol as a distinct and recurring compromiser of the safety the strategy seeks to uphold.

Many studies have demonstrated significant and positive associations between alcohol consumption and rates of criminal violence, and we can say with some confidence that more drinking tends to result in more violence, and less drinking tends to result in less violence. Research has shown strong evidence of an association between alcohol availability and violence, "that is to say, as opportunities (in space and in time) to purchase alcohol increase, so do levels of violence". Availability of alcohol and the violence it drives sits within the strategy's 'Safe and Inclusive Places and Spaces' enabler, which commits to "environmental, spatial and universal design approaches that support crime prevention, safety, accessibility, and positive use of public spaces and places…".

While the type and severity of alcohol-related offences are wide-ranging, from inconvenience and disturbance to violent assault and manslaughter, they all impact on community safety. This is because harmful alcohol use is not simply a matter of individual responsibility. The impact of alcohol-related crime and anti-social behaviour has a ripple effect, extending beyond those directly affected and impacts the entire community, society, and the economy. Indeed, it has a pernicious effect on people's perceptions of safety and security, especially in our communities – our parishes, our villages, our towns and our cities.

This is the precise dynamic the strategy itself identifies under 'Safe and Inclusive Places and Spaces', which acknowledges that "public intoxication… can increase perceptions of spaces being unsafe and restrict people in moving freely and confidently around their neighbourhoods.". Moreover, it reflects the broader emphasis the strategy places on communities' feelings of safety as a dimension of community safety in its own right.

These findings underscore alcohol's role in creating unsafe spaces and can help augment anecdotal evidence of people feeling unsafe due to public intoxication. This aligns with the strategy's 'Evidence Informed Decision Making' enabler as it aims to close evidence gaps by integrating official data with community experience. Such research also reflects the lived reality the 'Community Embedded Decision Making' principle insists must shape community safety responses.

Research from the HSE has also reinforced how alcohol impacts on community safety. '*The untold story: Harms experienced in the Irish population due to others' drinking'* report found that over 50% of people have reported experiencing harm due to strangers' drinking over the past 12 months. The results of such a study strike to the heart of alcohol's role in creating unsafe spaces and environments.

As shown, alcohol plays a pernicious role in undermining community safety, especially in terms of creating an unsafe environment, yet the draft strategy treats intoxication and antisocial behaviour as an enforcement and felt safety problem, with no supply-side analysis. Therefore, the strategy must look at alcohol as a public-health and public safety issue, and it should highlight how the supply of alcohol, through licencing laws and outlet density, plays a role in contributing to unsafe spaces in our communities.

AAI believes that addressing alcohol in this way is consistent with the strategy's first principle of 'Prevention and Early Intervention', which commits to interventions that "address root causes" rather than their downstream symptoms. Furthermore, it also fits within the 'Safe and Inclusive Places and Spaces' enabler which has a commitment to environmental and spatial design approaches for crime prevention. As such, we maintain that an environmental design approach to delivering safety should be extended explicitly to alcohol licensing and availability, a point which will be expanded on later in this submission.

**Alcohol and DSGBV**

*"Ask any woman if she would cross the street to avoid a drunk and aggressive man, and the answer would be unequivocally yes. But when women are at risk in their own homes, they don't have the luxury of walking away, and they're often told the threat is not real."*

Enabler 3 points to the need for tailored responses for safer communities and specifically acknowledges the disproportionate safety concerns faced by women and girls in terms of domestic, sexual and gender-based violence (DSGBV). In this context, it

is imperative that the strategy acknowledges the role of alcohol as a risk factor for DSGBV. This concern is reinforced by the strategy's first principle, 'Prevention and Early Intervention', and its commitment to "coordinated, evidence informed interventions that strengthen protective factors, address root causes, and support long term community safety".

The consistent link between alcohol and DSGBV has led to the recognition of alcohol as a "risk factor" for intimate partner violence by the World Health Organisation. However, there has been relatively little research examining how alcohol affects violence, at least in part because of concerns that such research would be used to justify the use of alcohol as an excuse for violence against women.

Alcohol is not, and never will be, an excuse or explanation for DSGBV, however, it is a known driver of such crime. Studies shows that, in incidences of domestic abuse, it appears the role of alcohol is one of a facilitative nature, a contributing cause. Research from Australia found that alcohol is involved in about 30-40% of both intimate partner and family violence. Similarly, national research on domestic abuse in intimate partner relationships found that alcohol was a trigger for abusive behaviour in 34% of cases. In addition, past research found that alcohol was a factor in up to 70% of cases of domestic violence against women.

Such data is in line with what the strategy's 'Evidence Informed Decision Making' enabler which proposes to draw upon relevant information in building a fuller picture of community safety through "existing administrative datasets such as Accident & Emergency admissions". As such, alcohol's involvement in crime, and especially DSGBV, should be recorded and that data used to enact policy changes to make our communities safer, and the strategy should reflect this. Moreover, the evidence in relation to alcohol's role as a risk factor for DSGBV aligns with this in enabler given its stated aim of achieving prevention "through targeted interventions that address risk factors for both individuals and communities".

Alcohol is never an excuse or an explanation for rape or sexual assault. Yet, alcohol consumption is sometimes disgracefully used to blame victims or to diminish the responsibility of perpetrators. It must be unequivocally stated that sexual violence is never the victim's fault, and therefore the responsibility for assault always lies with the perpetrator, under any circumstances. Nevertheless, alcohol is consistently found in a high proportion of those who perpetrate sexual assault.

The Rape Crisis Network Ireland has said that alcohol is the most common drug used in sexual assaults. The Rape and Justice in Ireland Report found that 76% of all rape

defendants had been drinking at the time of the alleged offence. Where alcohol is invoked to blame victims or excuse perpetrators, this constitutes precisely the barrier the strategy's own 'Tailored Responses for Safer Communities' enabler identifies as preventing groups from accessing support, namely having their "reports being dismissed". In turn, this actually undermines the trust in services that the 'Responsive, Collaborative and Well-Functioning Public Services' enabler identifies as essential to community safety, while fundamentally compromising the principle of 'Collaboration and Trust'.

**Alcohol and Road Safety**

Alcohol is a serious factor in relation to road safety in Ireland, and thereby a compromiser of community safety. According to research from the Road Safety Authority (RSA) published in 2025, almost one in eight drivers (12%) admit to drink driving in the past year. CSO data gives the total number of driving licenses, full and learners held in Ireland in 2024, as 3,538,732. This suggests approximately 424,500 people take a lethal weapon onto roads in our communities each year after drinking, or around 1,160 every day.

In 2025 there were just 4,867 arrests for drink driving. Given that 12% of motorists admit to driving after using alcohol, most drink drivers are not being caught and are freely posing a danger across our communities. This is not surprising as Ireland has the lowest level of roadside breath test checkpoints in the EU according to data from the European Transport Safety Council (ETSC). An Garda Síochána reports that 189,736 breath tests were carried out in 2025. This suggests a rate of breath testing among licensed drivers of just 5.3%

This low level of testing means that offenders know they are not likely to be detected. Indeed the 2025 survey from the RSA indicates that three in four drivers say it is unlikely or very unlikely that they will be tested. There is an unfortunate, but predictable, outworking of such high levels of drink driving and such low levels of enforcement. Analysis of coronial data found that 35% of driver fatalities in Ireland (2016-2020) with a toxicology result available had a positive toxicology for alcohol.

Such a scale of risk across our communities aligns with the strategy's 'Safe and Inclusive Places and Spaces' enabler given its commitment to promoting community safety "across a range of environments and settings, including urban, rural, transport and night-time settings…". It is notable that the Government Road Safety Strategy 2021-

2030 is listed as a supporting policy. Therefore, it follows that alcohol should be prominently included given its significant role in the safety of roads across our communities.

Research suggests a positive relationship between licencing hours and alcohol related harms, such as drink driving – especially in areas where there are poor public transport services. Indeed, this particular dimension of rural drink driving and poor transport services is directly recognised by the strategy's 'Place Based and Context Specific' principle and its commitment to "Locally informed, place-based approaches that reflect the distinct strengths, challenges, experiences, and priorities of communities across Ireland". Moreover, there is also scope for inclusion of alcohol and road safety under the 'Safe and Inclusive Places and Spaces' enabler given its commitment to "Promote community safety across a range of environments and settings, including urban, rural, transport and night-time settings…".

Thankfully, the World Health Organisation (WHO) has outlined proven measures to reduce drink driving and it is essential that such policy levers are used to make our communities safer. One such policy leaver identified to combat drink driving is licencing laws. Indeed, it was to guard against increases in drink driving that the HSE urged the Department of Justice not to extend the trading hours of pubs and nightclubs via the Sale of Alcohol Bill and Intoxicating Liquor Bill. This is because medical professionals know, more than most, the impact of drink driving on human health and human life. This intervention by the HSE reinforces the strategy's principle on 'An Integrated Approach (Policy Coherence)'. Therefore, we believe the community safety strategy should explicitly acknowledge the connection between alcohol and road safety in the context of community safety.

**Alcohol and Availability**

Data from Revenue shows that there are close to 20,000 liquor licences in Ireland with 73% of the population living within 300 metres of a licenced premises. This is of note in the context of the strategy since availability of alcohol is a significant issue in terms of community safety, because research shows that the accessibility and availability of alcohol is closely linked to violence, the more alcohol outlets there are and the later they trade, the more violence we see, and vice versa.

We know from research that a "higher density of alcohol retailers is associated with greater incidences of violence, assault, and domestic violence". International research

shows that density is “positively associated with rates of assault hospital admissions”. A Norwegian study found that each additional hour of on-trade opening time was associated with a 16% increase in violent crime. In Western Australia, extending hotel trading hours by one hour was found to increase violence, drink driving and crime. In New South Wales, a two-hour reduction in late-night trading produced a 29% fall in reported domestic violence, while a subsequent one-hour extension reversed the gain and increased intimate partner violence.

Scotland’s experience in Aberdeen found that later alcohol trading hours had a significant negative impact on alcohol-related ambulance call-outs and recorded crime. In Northern Ireland an extension of licensing hours in October 2021 was followed by a 17% increase in alcohol-related crime. While in Ireland the liberalisation of licencing laws in 2000, which saw extended opening house on Thursdays, Fridays and Saturdays in 2000, resulted in an increase in alcohol-related crime by 16.5% overall. This prompted the Commission on Liquor Licensing to conclude that “the longer trading hours have placed an additional strain on Garda manpower and other resources” and to recommend that the Thursday extension be reversed, which happened in 2003.

Similarly, density of licenced premises also plays a role in community harm. In November 2022, the World Health Organisation released a comprehensive report reinforcing the public health considerations in relation to the sale of alcohol. The report notes that the density of and proximity to alcohol establishments have long been associated with pedestrian injuries, suicide, and long-term chronic harm, such as cancer and death. A study from New Zealand demonstrated that greater geographic access to alcohol outlets was associated with increased levels of serious violent offending.  While at home, a 2019 study of the Dublin 12 and Canal Communities area found licensed outlets had grown from 49 to 125 over twenty years, to the point that most residents now live within a two-to-three-minute walk of an alcohol outlet.

This is precisely the kind of place-based, community-level harm the strategy’s ‘Place Based and Context Specific’ principle is designed to capture, yet the role of alcohol remains under-addressed. In addition, the strategy’s ‘Safe and Inclusive Places and Spaces’ enabler also commit to “environmental, spatial and universal design approaches that support crime prevention, safety, accessibility, and positive use of public spaces and places”. As such, we believe that the document should make reference to the role licensing hours and outlet density plays in creating unsafe environments. Such an inclusion should draw on the weight of evidence connecting licencing hours and outlet density to community safety outcomes.

**Alcohol and its Costs**

The costs of alcohol related crime are multifaceted; however, they impact communities in three very real ways. Firstly, the harm from alcohol creates unsafe environments in our communities, there is also a bill for this harm which has to be picked up in terms of policing costs, criminal justice costs, health service costs, amongst others, with that harm, with the outworking of this being there are less resources available for community initiatives, such as community safety, sports facilities, playgrounds, youth clubs, educational initiatives, and childcare facilities, amongst others.

This opportunity cost speaks directly to the strategy's enabler on 'Safe and Inclusive Places and Spaces' which identifies precisely these key public amenities, "parks, libraries, playgrounds, sports facilities, youth services, teenage recreation spaces and community spaces…", as providing "…opportunities for connection, participation, and positive social interaction" that build community safety. This means that resources consumed by alcohol-related harm are resources diverted from the very infrastructure the strategy identifies as protective.

However, the costs are not just these direct costs to the criminal justice system in terms of policing, prison and the courts, there are also additional, indirect costs such as those to businesses in lost productivity and those specific to the victim. These costs can include injury and trauma-related costs, as well as costs related to property. Indeed, research *'Examining the Social and Economic Costs of Alcohol Use in Australia'* found that costs to the victims of crime was the largest cost of alcohol related crime, followed by prisons costs, and then policing costs. The evidence that victims bear the largest share of the costs of alcohol harm reinforces the strategy's first principle, 'Prevention and Early Intervention', which commits to interventions that "strengthen protective factors…" and "address root causes…" before harm occurs, rather than concentrating resources on responses after crime has already taken place.

The OECD estimates that for Ireland the costs are of the order of about 1.9% of GDP which tallies with research cited by the World Health Organisation that in high income countries alcohol harm amounts to up 2.5% of GDP.

- Applying this research to Ireland's GDP, this amounts to an alcohol harm bill of between €10.6bn-€14bn for 2024.
- Applying this research to Ireland's GNI*, this amounts to an alcohol harm bill of between €6.1bn-€8bn for 2024.

The scale and spread of the cost of alcohol harm reinforces the principle of 'An Integrated Approach (Policy Coherence)', which recognises that community safety issues are "influenced by a wide range of interconnected social, economic, health, environmental, and institutional factors that cannot be addressed by any one agency, sector, or intervention acting alone.".

Finally, analysis from the Department of Public Expenditure, Infrastructure, Public Service Reform and Digitalisation of expenditure and performance in the area of drug and alcohol misuse estimated that 29% of the costs associated with alcohol harm are related to crime. The outworking of this, as previously mentioned, is a drain on resources which could be used for community initiatives, such as community safety.

This finding demonstrates the direct pressure alcohol places on the very public services the strategy's 'Responsive, Collaborative and Well-Functioning Public Services' enabler seeks to strengthen. Therefore, it is abundantly clear that reducing alcohol-related harm and the demands it places on Gardaí, the courts and the health service would free capacity and resources for exactly the kind of community safety initiatives –sports facilities, playgrounds, youth services, educational initiatives and childcare facilities, this strategy is designed to support.

**Conclusion**

AAI welcomes the ambition of the draft National Strategy for Improving Community Safety and its whole-of-government understanding of what makes communities safe. However, as this submission has demonstrated, the strategy can be strengthened by moving beyond the treatment of alcohol as a passing reference to "public intoxication" and name it as a named determinant to safety in our communities, whether they be parishes, villages, towns, or cities.

As this submission has shown, alcohol plays a significant role in crime, it is a risk factor for DSGBV, it compromises road safety, and it places a significant economic burden on public services. As a result, we believe alcohol meets the criteria the strategy believes compromises community safety.

Encouragingly, the strategy's own principles and enablers, among them 'Prevention and Early Intervention', 'Policy Coherence', 'Evidence Informed Decision Making', and 'Safe and Inclusive Places and Spaces', already provide a workable framework to address alcohol harm. However, AAI believes the will to confront and name alcohol explicitly within these principles and enablers is lacking.

Therefore, we implore that the recommendations outlined in this submission are adopted into the strategy, so it moves beyond viewing alcohol and alcohol harm as an unavoidable part of life. Moreover, this also allows for the strategy to see that alcohol policy measures, such as strengthening licencing laws, can be used as modifiable, evidence-based levers to deliver safer communities. AAI would welcome the opportunity to engage further as this strategy is finalised and stands ready to provide additional evidence and information.