ALCOHOL ACTION IRELAND

SUBMISSION

Department of Health

Development of a new National Drugs Strategy

March 2025

AlcoholAction Ireland

National Drugs Strategy Stakeholder Consultation
Contribution from Alcohol Action Ireland

March 2025

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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 is a registered Irish Charity

Registered charity number: 20052713

Company number: 378738

CHY: 15342

Summary

We are very pleased to contribute to the Department of Health's consultation on developing a new strategy for drugs.

It is to Ireland's credit that there has been significant effort to tackle multiple issues around alcohol and illegal drug use. It contrasts well with other jurisdictions such as the UK which does not currently have an alcohol strategy in place and indeed has seen an increase in alcohol consumption while there has been a decrease in Ireland. However, there progress is stalling and there is still a long way to go in comparison to other countries such as Norway which drinks around 40% less than Ireland per capita.

There is a need for a dedicated strategy for alcohol which encompasses both prevention measures and services for those impacted by alcohol harm. At present these elements are spread across a number of policy units both within the Department of Health and other government departments.

The Drugs Policy Unit (DPU) has responsibility for illegal drugs and this includes actions on prevention and treatment services. Alcohol treatment services are currently within the remit of the DPU's strategy, Reducing Harm Supporting Recovery 2017-2025 which is now coming to an end. Primary prevention, though, for alcohol, mostly falls under the remit of the Chief Medical Officer and the legislative work of the Tobacco and Alcohol Unit along with the Healthy Ireland Framework which envisages health considerations in all government policies, and which highlights the multiple issues around alcohol. This Framework is also coming to an end in 2025.

This provides a useful opportunity to consider the policy development structures needed to comprehensively address alcohol which is Ireland's largest drug problem. Alcohol, like tobacco, is legal and its harms include addiction, but these harms extend far beyond this particular serious issue. Alcohol consumption is found to play a causal role in more than 200 diseases, injuries and other health conditions[1] and there are also significant impacts on areas such as harm to others, crime and loss of workplace productivity. Alcohol costs Ireland at least 2.5% of GDP - €12 billion annually and it is likely that alcohol harm costs are twice those of tobacco.[2]

It is important to note that there has been recent significant public consultation on illegal drugs through the 2023 Citizens' Assembly on Drugs[3] and this will inform the new strategy on drugs. However, there has been **no public consultation on alcohol** since that which informed the 2012 Steering Group Report on a National Misuse Strategy.[4] That report was taken in conjunction with the National Drugs Strategy 2009–2016 as the overall National Substance Misuse Strategy until the end of 2016 and it was envisaged that thereafter a single combined document would be involved.[5]

It is vital that the Department of Health does not lose focus on alcohol. There is a clear need for a dedicated strategy on alcohol which draws together the policy measures which are needed both for primary prevention and the services for those who have been harmed by alcohol. These areas cannot be seen in isolation.

Reduction of alcohol consumption also has an important role to play in other health strategies which are being developed including obesity and suicide prevention. Digital alcohol marketing to children is also an issue to be considered within the Online Safety Taskforce. It is essential that any such strategy is coherent across government and hence the importance of alcohol policy within the Healthy Ireland framework approach. Issues such as drink driving and domestic violence, which are the responsibility

of other departments, have serious implications for resources within health services and need input from the Department of Health.

Our response has been informed by the national and international research evidence base as well as through the lived experiences of those harmed by alcohol via our two initiatives, Silent Voices and Voices of Recovery.

Our core observations are:

- Ireland needs a dedicated, coherent cross-departmental strategy on alcohol which combines prevention measures and comprehensive services for those harmed by alcohol. The protection of children, directly and indirectly should be central to the strategy,
- A new target of reducing alcohol consumption to 6 litres per capita should be set which is line with alcohol consumption by adults within the current lower-risk drinking guidelines.
- The Department of Health should establish a dedicated Alcohol Office to develop and co-ordinate the cross-departmental policies needed to achieve this target.
- There is a need for timely, responsive and accessible treatment for people with an alcohol use disorder, for all levels of problems so including primary care, specialist outpatient treatment and residential treatment
- There is a need for coherent action across government to address the needs of children and adults who grew up with the trauma of parental problem alcohol use.
- Specific action is required to address Foetal Alcohol Spectrum Disorders.
- Alcohol Care Teams should be developed in hospitals
- Mechanisms must be developed to ensure the lived experience of those harmed by alcohol in all its forms are included in the development of the strategy
- The costs of addressing alcohol issues should be borne by levies on the alcohol industry together with increases in excise duties.

For too long there has been a siloed approach to alcohol in government with multiple departments producing policies which can be contradictory or which ignore key issues. This has created gaps which are easily exploited by the alcohol industry. However, the Department of Health has already developed significant policies in the area of alcohol. Building on this and tackling Ireland's alcohol problems in a coherent way will:

- Reduce pressure on the health service,
- Save money on health care costs
- Pay enormous dividends to individuals, families, communities and the wider State.

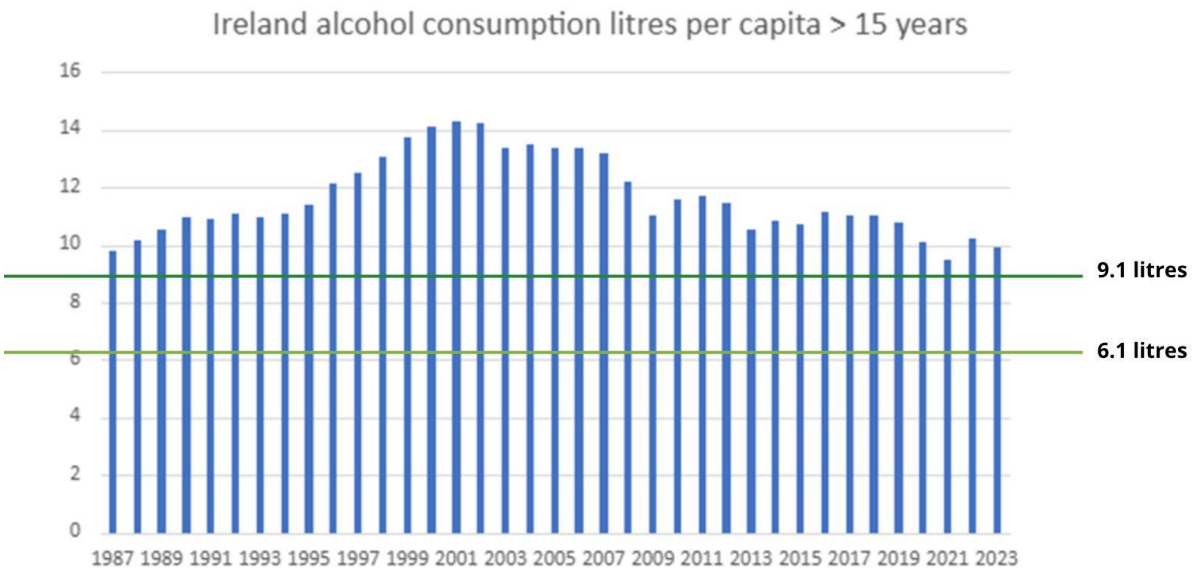
It is time to give alcohol the focussed attention it needs to improve Ireland's health and finances.

Introduction

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 seriously impacts health services, workplace productivity and is a critical factor in multiple crimes. It costs the state at least €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%. The response from the Department of Health is critical to ensuring this change.

Alcohol consumption patterns

There is a high level of alcohol consumption across the population, at 9.9 litres per capita over the age of 15 years. This is 10% above the modest reduction target of 9.1 litres per capita which was set by government in 2013, to be achieved by 2020. Very concerningly it is 40% above the level if the adult population who consume alcohol stayed within the current HSE lower-risk drinking guidelines. These guidelines are acknowledged as being very high compared to other jurisdictions and are currently being examined for revision.



9.1 litres - Current government target

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

Given that over a quarter of the population do not drink at all the level of consumption per drinker is much higher.

It's not just the amount of alcohol that is consumed but also the patterns of drinking. Studies indicate that more than one-half of those who drink are classified as hazardous drinkers.[6] Ireland has the eighth highest level of binge drinking across OECD countries[7] and concerningly this level has risen in 2024.[8] This gives rise to a range of harms. Research from the Health Research Board found that those who are dependent on alcohol have a greater individual risk of experiencing each harm but the majority of the harms in the population are accounted for by drinkers who were not dependent on alcohol but who binge drink regularly.[9] There is also a high level of youth drinking with data from Planet Youth surveys indicating that more than one third of 15-16 years olds have had at least one episode of binge drinking.[10]

Such patterns of harm require careful consideration in terms of prevention and services.

Health

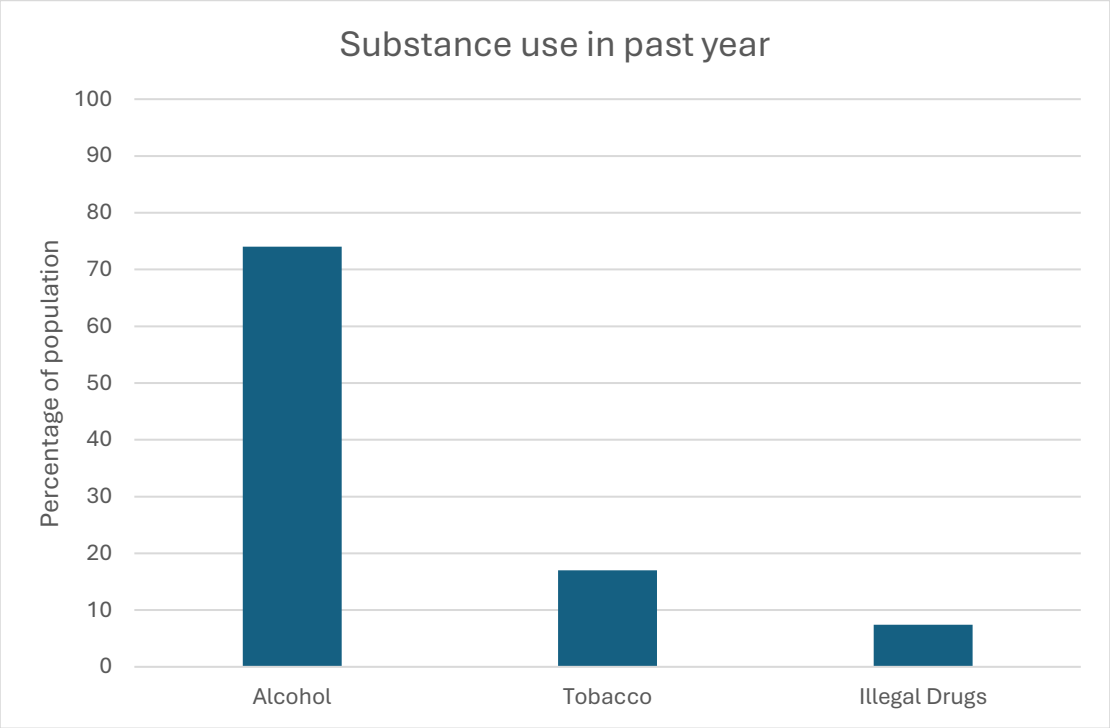
From a health perspective, at least 1500 hospital beds are in use daily and up to 30% of Emergency Department presentations are caused by alcohol consumption. It has devastating impacts on mental health with alcohol a factor in 44% of suicides.[11] It is likely that at least one and a half million people in Ireland 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.[12]

Costs

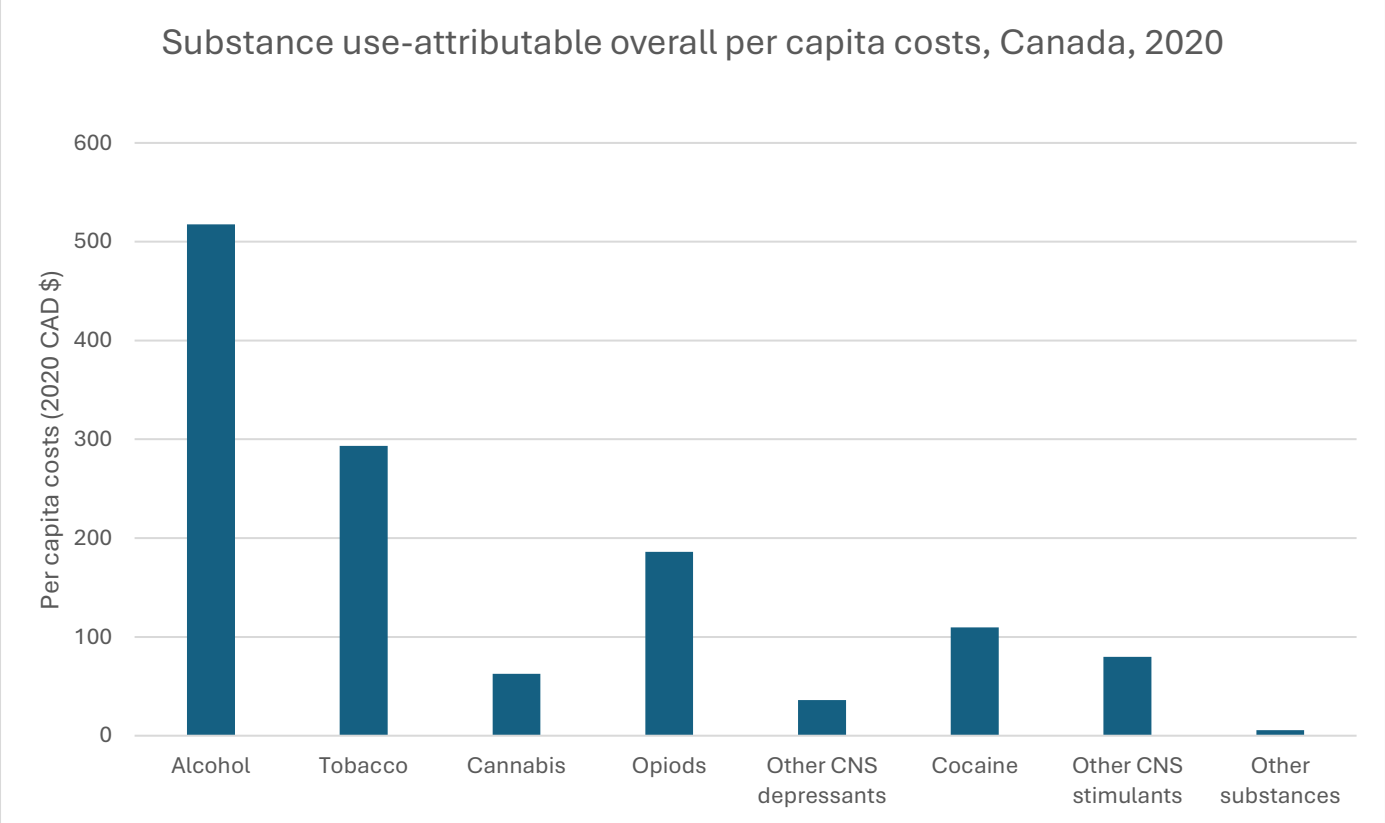
The World Health Organisation estimates that for a high-income country such as Ireland, costs are likely to be at least 2.5% of GDP, or €12 billion per annum.[13] This does not include harm to others with issues such as FASD or parental problem alcohol use. Data from Australia has found the costs of harm to others is equivalent to the cost of the harm to the individual drinker.[14] In 2012 it was estimated that 11% of the Dept of Health budget in Ireland was spent managing alcohol harms.[15]

Comparison with other substances

Data from the HRB Drug and Alcohol Survey 2019-2020 indicates that alcohol is by far the most widely used substance in the previous year by survey respondents.



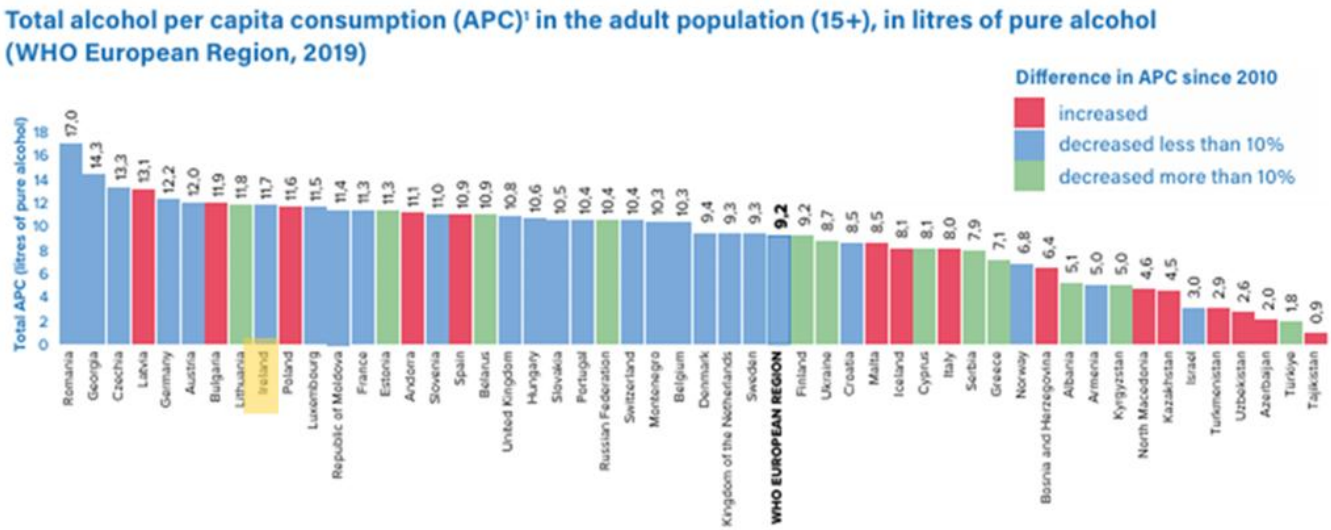
Costs from alcohol far outstrip those of any other drug in Ireland as indicated by data from Canada which has similar alcohol, tobacco and drug consumption levels.[16]



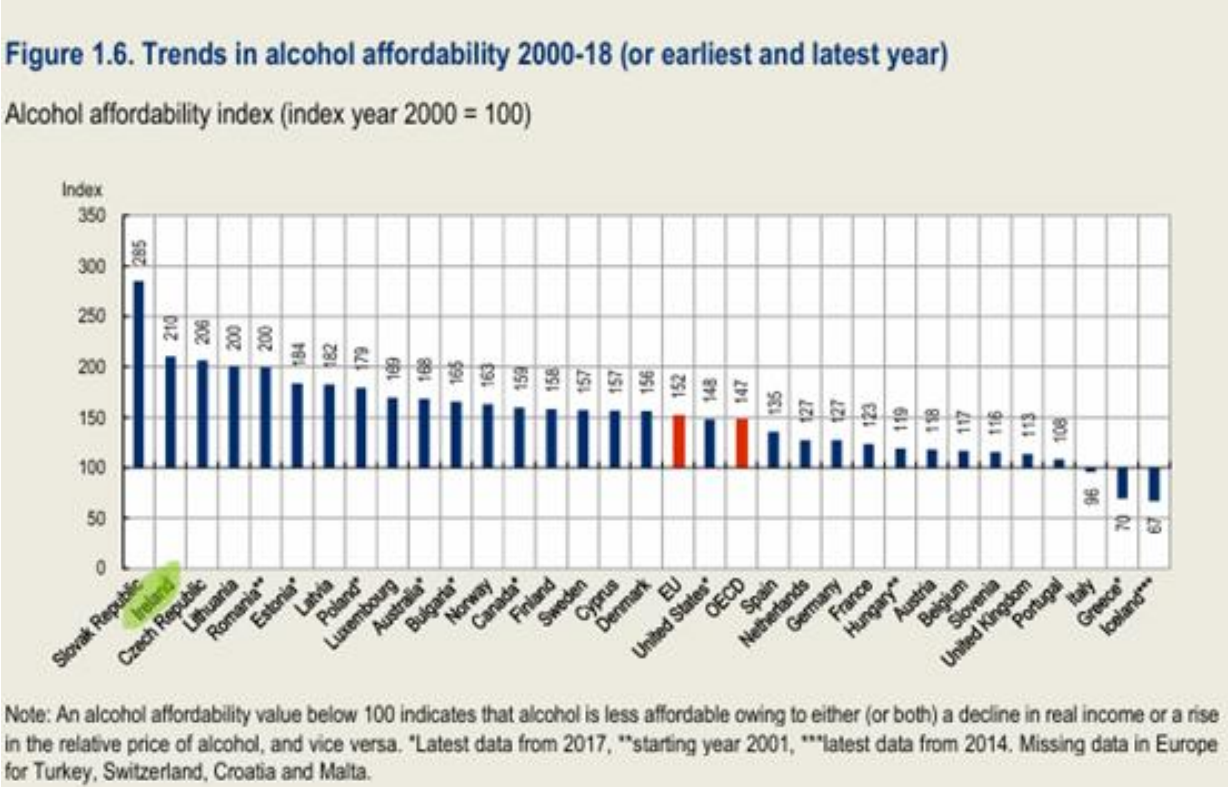
European context

It is useful to look at Ireland's alcohol policy in comparison with other countries. Europe is the heaviest drinking region in the world and Ireland is well above the average.[17] This is not surprising given very lax controls in multiple countries with particularly low rates of taxation, widespread availability and saturation levels of marketing.

Alcohol consumption data from World Health Organisation.[18]



In comparison to other countries Ireland has a high level of alcohol affordability. For example, in 2019, it had the second most affordable alcohol across OECD countries.



Note: An alcohol affordability value below 100 indicates that alcohol is less affordable owing to either (or both) a decline in real income or a rise in the relative price of alcohol, and vice versa. *Latest data from 2017, **starting year 2001, ***latest data from 2014. Missing data in Europe for Turkey, Switzerland, Croatia and Malta.

Because there is some level of control in Ireland, the alcohol industry frequently points to other European countries and calls for a reduction in the level of regulation in Ireland. However, they rarely point to the performance of those countries which have introduced much more stringent controls or the health consequences of those countries with high alcohol consumption. For example, Norway has a complete ban on alcohol advertising, high prices and strict conditions on availability. Its alcohol consumption is around 40% lower than Ireland. Over the period 1990-2019 it reduced alcohol-related health burdens by over 20%. [20]

In contrast France while having some alcohol marketing restrictions has widespread availability and low alcohol taxation. It has 41,000 deaths from alcohol annually, 7% of total deaths.[21] The Global Burden of Disease Study estimated that Ireland's deaths from alcohol are 5% of total deaths.[22]

Ireland's response to alcohol issues

Alcohol policy responses are currently developed across multiple government departments including health, justice, finance, education, children, media, enterprise, agriculture, tourism and sport. Not surprisingly, this has led to divergent approaches with competing priorities. However, in the 2025 Programme for Government there was a commitment given to 'tackle harmful alcohol consumption through effective regulations.' [23] This was backed up by recent comments in the Oireachtas by An Taoiseach, Micheál Martin -

'*We must work on mental health, addiction, alcohol use and drug use, which is growing exponentially, in our society. All of that is having a negative impact on behaviour and is leading to violence, particularly late at night and early in the morning*.'[24]

Given that the Department of Health incurs some of the largest costs because of alcohol it is appropriate that this department should lead on developing the government's strategic response.

Alcohol and health - policy

To date the Department of Health has taken a twin pronged approach to alcohol, primary prevention and services for those harmed by alcohol. There have been significant advances in both these areas, which have been achieved against a backdrop of commercial forces acting against public health. However, with rising binge drinking rates[25] it must be recognised that progress is stalled.

Primary Prevention

Prevention efforts are centred on legislation and public health communication efforts.

Public Health (Alcohol) Act 2018 (PHAA)

The main legislative lever is the Public Health (Alcohol) Act 2018 which has rightly drawn plaudits across the world for its approach. This legislation arose from the 2012 Steering Group Report on a National Misuse Strategy[26] which made clear that in line with advice from the World Health Organisation, controls on price, marketing and availability of alcohol were required to reduce population wide consumption. This report also pointed to requirements for services. Responsibility for developing this legislation lies with the Tobacco and Alcohol Control Unit.

Slow implementation of the Act

The formulation, passage and implementation of the PHAAA is a significant achievement by the Department of Health. However, there are concerns that it will be seen as the only legislation needed despite growing awareness of its limitations.

A modest target was set by the Department in 2013 to reduce alcohol consumption by 20% to what was then the OECD average of 9.1 litres per capita. This was to be achieved by 2020. In 2025, Ireland is only halfway to reaching this target and binge drinking rates are increasing.[27] A key issue here is the slow implementation of the Act, efforts to circumvent regulations introduced under the Act, and the need to increase MUP in line with inflation to ensure it maintains its public health value.

While much of the Act has either been implemented or has a starting date, it is not clear when the important measures on control of content of alcohol advertising or controls of advertising in publications will be commenced. The content control measure is particularly important given its linkage to the world-leading health information labelling measure which is due to come into effect in May 2026. This piece meal approach to the implementation of the Act is reducing its effectiveness.

Undermining of the Act

Alibi marketing and brand sharing– 0.0 products

To date primary prevention measures such as restrictions on advertising locations, on public transport, broadcasting watershed under Sections 15 and 19 of the PHAA and the structural separation in mixed retail (Section 22), are being circumvented by alcohol brands use of zero alcohol product advertising with identical markers to the master brand.[28] Through a seamless blend of marketing 0.0 alongside full strength products, it is abundantly clear that it is the overall alcohol brand which is being strongly promoted. Research has found that two years after the ban on alcohol advertising on public transport had commenced, two-fifths of adults in Ireland still recalled seeing advertising on public transport.[29] This suggests that the public are seeing large quantities of alcohol branding on public transport.

In fact, industry reports from the marketers of 0.0 products proudly draw attention to the uplift in sales of the main alcohol product through their efforts.[30] It is also clear from alcohol industry statements that they are using these products to claim they are a public health response to alcohol problems and calling for a loosening of regulations.[31]

Concerns about the practice of 0.0 marketing in areas restricted for alcohol brands have been raised by multiple groups including the World Health Organisation[32] and the Alcohol Health Alliance UK[33].

The current situation essentially makes the advertising restrictions sections of the PHAA obsolete, and it requires immediate Department of Health attention.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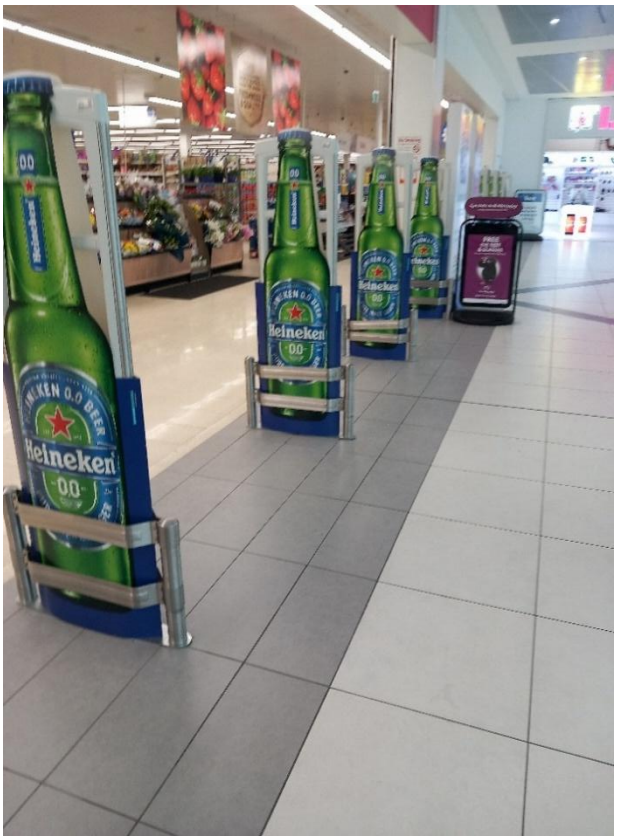
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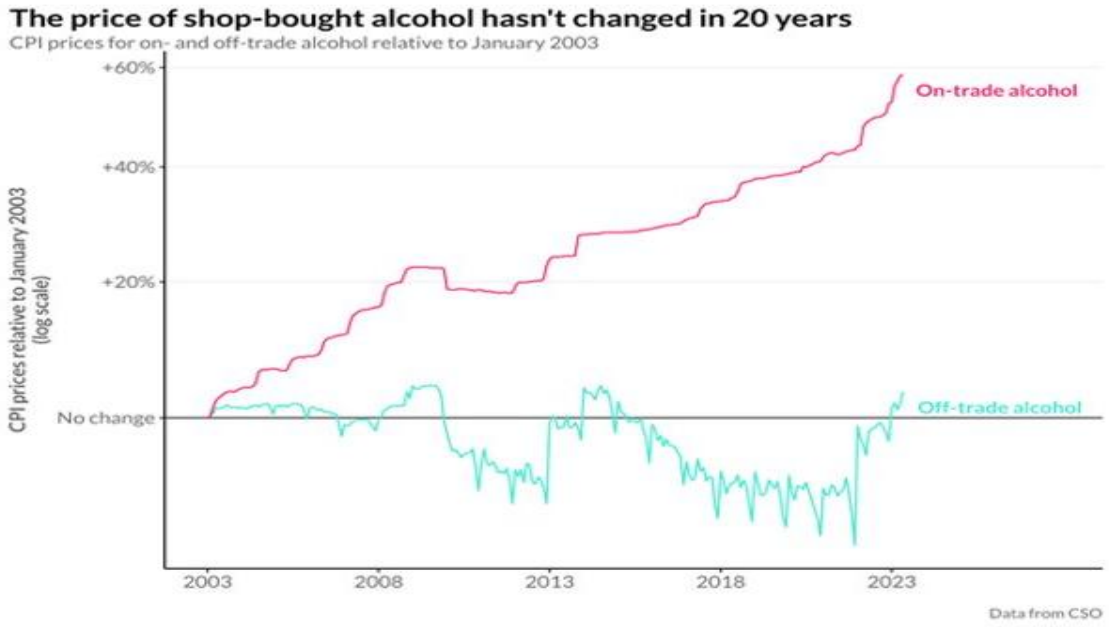
Cheers to that.

Minimum Unit Pricing (MUP)

Minimum Unit Pricing of alcohol was introduced in Jan 2022. In that year alcohol consumption per capita dropped by 5% compared with pre-pandemic levels.[34]

An examination of alcohol pricing over the past two decades indicates that its introduction only brought shop-bought alcohol prices back to where they had been in 2003. [35]



Despite the successes of MUP internationally,[36] and the early positive indications in Ireland[37], it is important to note that while MUP works to reduce harm, the effects of inflation will wipe out many gains if action is not taken to adjust the MUP threshold. In Ireland, the MUP rate was set over a decade ago in 2013. If MUP is to continue to achieve its stated public health aim of making exceptionally cheap and strong alcohol less affordable, then the rate must be increased in line with inflation.

Online alcohol marketing

There are other issues which are not covered by the Act such as internet marketing to children. Advertising is no longer just about billboards and TV or newspaper ads but is a highly sophisticated integrated marketing communications mix of placement, celebrity endorsements, product sponsorship of sports and culture – messages targeted and delivered through a variety of media channels at any time of the day or night. Whether through the use influencers, viral content, or targeted ads, alcohol brands seek to reach all corners of the online space, and the digital world has opened up opportunities for marketing companies to position increasingly covert and ephemeral advertising. This poses a significant risk for children and young people as we know alcohol marketing leads them to drink at an earlier age and to drink more if they are already using alcohol.

The recent establishment of the Online Safety Taskforce[38] in the Department of Health is very welcome and internet alcohol marketing is an area which must be examined. Taking action to protect children will require cross departmental co-operation and points to the need for resources in the Department of Health to work with other departments.

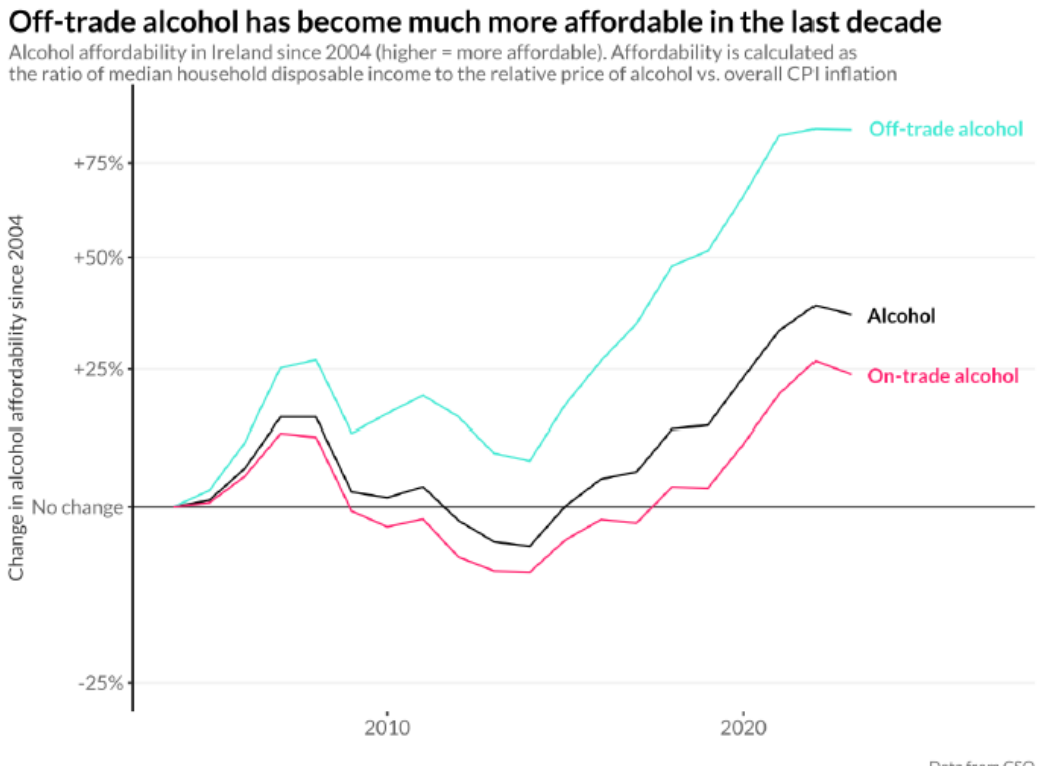
Alcohol Excise Duties

There are also significant issues with alcohol policy in other departments which act against the stated government aim of reducing alcohol consumption. For example, price controls are the most effective levers to reduce alcohol consumption.[39] However, there have been no increases in alcohol excise duties for 11 years whose values have now been eroded by at least 15%.[40]

This contrasts sharply with the approach taken in relation to tobacco which on the strong recommendation of the Minister for Health backed up by the Department of Health's policy in this area, has seen consistent rises in tobacco excise duties and consequent reduction in smoking rates.

Research from Sheffield University indicates that the price of alcohol in the off-trade is the same as it was 20 years ago, so that alcohol is now 85% more affordable than it was in 2004 while in the on-trade it is 24% more affordable. [41]

There is a role for government in pointing out in the media the realities of alcohol affordability against a backdrop of industry claims in this regard.



While the introduction of Minimum Unit Pricing in 2022 has been an important public health measure, excise duties also play a key role. Like tobacco, a strong case must be made to the Department of Finance to use this lever to achieve the government's stated goal of reducing alcohol consumption through effective regulation.

Polluter pays model

There is also the issue that the alcohol industry should pay for the damage caused by its product. There are a number of possible mechanisms which could be used in this regard. The value of excise duties could be raised to reflect the cost of alcohol to the state. Currently they raise just €1.2 billion annually[42] as against a cost of at least €12 billion to the state. Not only that, but the contribution of excise duties as a percentage of overall tax take has fallen considerably by 60% in the past ten years.[43]

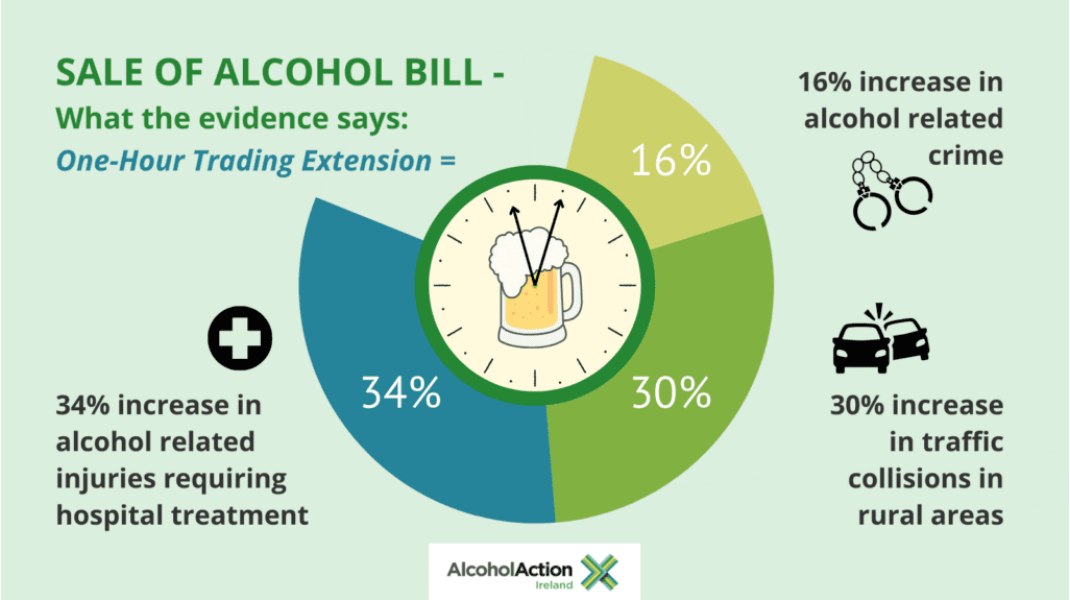
There could also be a direct levy on alcohol industry, through the licensing system which could be ring-fenced for alcohol harm reduction measures. There are a number of international examples of such levies and inflation proofed controls.

For example, in Australia, alcohol excise duties are increased twice annually to keep pace with inflation.[44] In New Zealand, there is a levy on alcohol products which allows the Ministry of Health to recoup some of the costs of addressing alcohol harm.[45] Closer to home the recent Gambling Regulation Act 2024[46] provides for a Social Impact Fund to be used to reduce harms from gambling.

Alcohol licensing

A key pillar of prevention lies in control of alcohol availability. Licensing of the sale of alcohol is a responsibility of the Department of Justice. In recent years there has been significant pressure from vested interests to extend licensing hours and venues through proposed legislation – the Sale of Alcohol Bill.[47] This is clearly not in line with the current goal of the Department of Health to reduce alcohol consumption, yet there appears to have been little interaction between the Departments of Health and Justice on this matter.

There are multiple concerns about increased late night alcohol sales including likely impacts on health services such as ambulance and emergency departments through increased accidents, assaults and road collisions.



Safety of workers

There is also the issue of the safety of workers in the night-time economy including health care staff, Gardaí, hospitality workers and transport staff.[48] Evidence from multiple jurisdictions points to the increased risk to workers because of increased alcohol consumption. For example, research from Britain revealed that 96% of ambulance crews and paramedics they surveyed had been threatened or verbally abused by someone who appeared to be intoxicated whilst on duty, and half of respondents reported sustaining an actual injury at least once through dealing with intoxicated members of the public, while 52% reported to have been the victim of intoxicated sexual harassment or assault.[49] In Ireland, ambulance staff suffer an average of seven attacks or assaults per month.[50]

There are similar concerns for hospital staff with a study in the UK finding that 35% of ED Consultants reported being sexually harassed or assaulted by drunk people whilst on duty.[51] There are already high levels of assaults being reported by Health Service Executive staff members. In 2021, there were 4,796 reports of workplace physical, verbal or sexual assaults in 2021[52] while HSE data indicates an average of 16 health and social care workers are assaulted every day in hospitals and healthcare facilities in Ireland.[53] Increasing licensing hours can only serve to increase such assaults.

The safety of all workers should be a consideration of any new strategy around alcohol and the Department of Health should be to the forefront in ensuring health care workers are protected.

Public health communications

Health information

There is a critical role for the government in changing Ireland's relationship with alcohol through the provision of timely, accurate and trusted information. An important step in this regard is Section 12 of the Public Health (Alcohol) Act which provides for health information on alcohol products which is due to come into effect in May 2026. Equally important is Section 13 of the

Act, in relation to control of content of alcohol advertisements which provides that ads must carry the same warnings. However, there has been no indication as to when this will be commenced, despite its important linkage to the labelling regulations.

HSE Alcohol Programme

The label also provides details of the HSE AskAboutAlcohol website which has been developed through the HSE Alcohol Programme. This programme has significant expertise in public health communications in multiple areas including to parents, schools and vulnerable groups. There is also the vital work of the Drug and Alcohol Helpline in providing information and support, the Make Every Contact Count programme and brief intervention training for health care staff which needs ongoing funding. In addition, the Programme plays an important role in linking and supporting groups with an interest and expertise in alcohol matters.

It is essential that the Alcohol Programme has the resources to carry out meaningful campaigns on alcohol issues and for their development in a digital age. It must be recognised that such communications are in a completely different category from other health and safety media campaigns such as for cancer screenings, warnings about sepsis or smoking cessation because of the competing messages from the alcohol industry. To put this into context, in 2021 it was estimated that the alcohol industry spent at least €116 million on alcohol advertising in Ireland while in the same year spending on the HSE's 'Ask About Alcohol' website and information campaign was €67,000.[54]

HSE Environmental Service

A critical part of the government's communications and response to the alcohol issues is the need for enforcement of the Public Health (Alcohol) Act. This is the responsibility of the HSE Environmental Health Service. It must be recognised that with the implementation of each section of the Act there is a corresponding need for additional resources to enforce these new measures, which are complex and involve multiple locations and issues, including outdoor advertising, broadcast media, cinemas, shops, pubs, restaurants and sporting venues. Without ongoing sufficient resources to carry out this enforcement inevitably the legislation will not achieve its goals.

Revision of lower-risk drinking guidelines

Ireland's current lower-risk drinking guidelines have not been revised since 2015. Since then, there have been developments in relation to understanding the impact of alcohol on individual's health and the impact on others with the World Health Organisation making clear that any amount of alcohol consumption carries risk.[55] Ireland's guidelines are now significantly out of kilter with other jurisdictions including the UK, Australia and Canada.

In 2024, the Department of Health announced the start of a process to examine the guidelines which included commissioning HIQA to produce a report modelling the lifetime risk of alcohol-attributable mortality and morbidity in Ireland. However, in January 2025, this was paused by the Chief Medical Officer. It is essential that this process is re-commenced as soon as possible and that a process is put in place to allow for updates every three years.

Alcohol data and research

An important aspect of both policy planning and public health information is the provision of timely data and research. The Health Research Board has a vital role in both collating alcohol related data and providing funding for alcohol research projects. There are also important research initiatives through the Institute of Public Health, the National Drug Prevention and Education Funding Programme and other government funding agencies which have supported alcohol research.

However, there are limitations on what is possible given some major gaps in available data.

Alcohol related death data

For example, the number of deaths from alcohol is only available up to 2017. This contrasts with many other jurisdictions including Northern Ireland where such data is published on an annual basis and provides up-to-date insights into impacts of policy changes.

Alcohol related health data

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, such as GP visits or outpatient visits. Another major gap is the lack of data on alcohol related emergency department presentations. At present, the only information on this comes from once-off research projects.

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

In addition, this information is needed in real-time in order to allow for better planning of services and for understanding of policy changes. For example, there has been concern about the spike in trolley numbers in Emergency Departments over the February public holiday.[56] There is substantial international evidence that alcohol related presentations significantly increase over public holidays and with major sporting events.[57] It is of note that the February holiday also coincided with a major international rugby match. With better data collection there would be an opportunity both to plan for such events and also to monitor if policy changes around alcohol availability were having an impact.

Alcohol related crime data

Beyond health data there is a need for other types of data such as alcohol related crime. Unfortunately, this is not recorded on a routine basis, despite the evidence of the role of alcohol as a commercial driver of crime which often links back to impacts on health services given the level of assaults.[58]

Voices of lived experience

There is also a need to ensure that the voices of those impacted by alcohol harm are included both in research and in policy planning.

Role of research in policy development

Most importantly of all, there needs to be a clear pathway to indicate how important research findings can be brought to bear on policy development.

Any new strategy on alcohol must include such considerations.

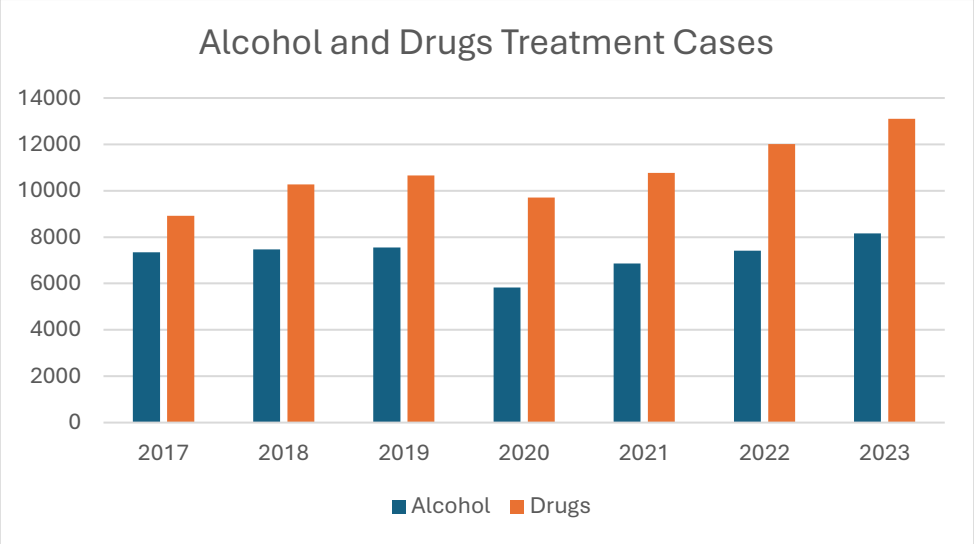
Alcohol services

Services for those harmed by alcohol are currently focussed on treatment for alcohol use disorders. Policy in this area rests with the Drugs Policy Unit. The principal strategy document is Reducing Harm, Supporting Recovery which combines alcohol and illegal drug responses. The ambition of the strategy is to have person-centred services that promote rehabilitation and recovery. Local and regional drug and alcohol task forces implement the national drugs strategy in the context of the needs of their local area. It is significant that much of this work is seen in the context of Ireland's commitments under the EU Drugs Strategy and Action Plan[59] which does not include alcohol in its remit.

Important work has been done over the course of the strategy particularly in relation to the numbers accessing treatment. There have also been significant developments such as the Dual Diagnosis Model of Care and the Integrated Alcohol Services in Dublin, Cork and Limerick.

As the strategy concludes in 2025 though, multiple bodies have highlighted that alcohol has not had the profile/resources that would be expected given the scale of the problem. This was noted in the mid-term review of the strategy[60] which also pointed to the need to fully implement the Public Health Alcohol Act and for a whole of government approach to alcohol.

For example, 73% of the population consume alcohol and 7% use illegal drugs.[61] Approximately 15% of the population has an Alcohol Use Disorder (AUD), nearly 600,000 people, with 90,000 at a severe level.[62] However, in 2023, only 8164 alcohol cases[63] were treated compared with 13104 cases[64] of illegal drug treatment cases, despite the overwhelming prevalence of AUD in Ireland compared with drug use.



It should be noted that illegal drug use often occurs alongside alcohol use and that strategies to reduce illegal drug use must be seen in combination with strategies to reduce alcohol use. It is also important to note that strategies around recovery are closely connected with wider public health measures. For example, exposure to alcohol marketing is a significant threat to those in recovery. This has been highlighted by Alcohol Action Ireland's initiative, Voices of Recovery.[65]

Domestic, sexual and gender-based violence

There are also many examples of issues which require a cross-departmental response. For example, alcohol is a factor in up to 70% of domestic violence cases[66] and The Rape and Justice in Ireland Report found that 76% of all rape defendants had been drinking at the time of the alleged offence.[67]

However, the government's current strategy in this area (Department of Justice) does not include any mention of alcohol.[68] Studies[69] show that a large proportion of men attending services for alcohol and/or drug treatment, have perpetrated intimate partner violence at some point in their lives, and that women who are victims of domestic abuse are more likely to use substances to cope than those who are not.

There are multiple issues to consider here such as:

- The need for alcohol treatment services to link to agencies addressing perpetrator violence.
- Women who are victims of domestic violence and who also have an alcohol/drugs problem. In many instances it is very difficult for such women to access domestic violence refugees unless they have addressed their substance use issue. However, such issues are usually linked to their traumatic circumstances.
- Children need particular consideration. Findings from several reviews show that witnessing intimate partner violence can also negatively affect the development of children.[70] For example, one meta-analysis concluded that "children's exposure to domestic violence is significantly correlated with child problems in the areas of social, emotional, behavioural, cognitive and general health functioning.".[71] Indeed, children in such circumstances may experience emotional and psychological harm, including

anxiety, depression, and post-traumatic stress disorder.[72] In some cases, this trauma can last well into adulthood.[73] Unfortunately, some research has also shown that boys who were exposed to domestic violence in their childhood homes are more likely to engage in domestic violence as adults, and girls who have been exposed to domestic violence as children are more likely to be victims of domestic violence in their adult lives.[74]

The World Health Organisation is clear that public health agencies have a central role to play in the prevention of such violence including addressing the role of alcohol. [75]

All of this illustrates the interlinked nature of both prevention and services in relation to alcohol and the cross-departmental responses needed.

Drink driving

Alcohol is a factor in 37% of road fatalities[76] and one in ten drivers admit to having driven after drinking in the past year.[77]

Reducing population level consumption by enhancing current controls on price, marketing and availability will have an impact in reducing this toll and in reducing alcohol related collision injuries which are a heavy burden on individuals and the health service.

Research across the EU indicates that a 10% increase in alcohol prices is associated with a 7% reduction in road deaths.[78] There is also a significant body of research which shows the link between increased alcohol availability through longer licensing hours and impacts on road safety.[79]

Given the impact of road collisions on the health services, it is essential that the Department of Health should highlight these findings to other departments which have a role in setting excise duties and in licensing.

As well as the need for such measures there is also a requirement for support services for drink drivers who have an Alcohol Use Disorder. This should be introduced alongside breathalyzer devices such as an alco-lock on offender vehicles.

The issue of drink driving is another clear example of the need for a cross-departmental response and where the Department of Health should be providing significant input.

Recommendations in relation to treatment services

AAI's Voices of Recovery initiative has emphasized the importance of ensuring that the experiences of those in recovery alongside the research evidence must be included in policy making.[80] AAI has also published a snapshot survey of alcohol treatment services.[81] Key recommendations which emerged from the services and those in recovery include:

- A national strategy setting revised national standards and promoting best practice should be developed and implemented for residential services.
- Services should be person-centred and trauma-informed and should be monitored by the Health Information and Quality Authority – HIQA like other residential health care services in Ireland.
- Recognising the well-known links between mental health and substance use, there is a need for a rapid roll out of the Dual Diagnosis National Clinical Programme across the country
- Recognising the known impact of the adverse childhood experience of problem parental alcohol use, treatment interventions should seek to reduce the impact of alcohol harm on children & families. This would involve a greater emphasis on working with family members as clients in their own right rather than as adjuncts to the client presenting with the addiction.
- There is need for enhanced combined efforts by Tusla and HSE Addiction Services to build greater capacity around reducing harm to children through the Hidden Harm project. Key joint actions should be named in the new Drug/Alcohol Strategy.
- Access to residential services for women with children must be increased and others in existence must be improved.
- A mapping exercise could be undertaken to quantify the need for residential placements for pregnant and postnatal women who need in-patient treatment for addiction across the country.
- With the rising levels of refugees/international protection applicants there is a particular need for more services in this area.
- Greater investment is required to ensure that services are adequately staffed and access to alcohol services across the country should be improved, including detoxification and aftercare services.
- Improved treatment pathways should be clearly explained to all who might seek treatment
- Addiction services must have the skills and resources to respond to the mental health needs of clients with responses tailored to the needs of each individual. This could include undertaking a national training needs assessment, providing information on training already available through the HSE, and giving staff time to take up training as required.

- Enhanced third level courses to train people to work in specialist substance use services is required. Modules in substance use disorders should be provided in counselling training courses to enable trainees to develop a speciality in addiction counselling and in relation to psychotherapeutic support for family members
- Improved communications including advertising specifically aimed at reducing levels of shame and stigma
- A diversion programme for drink drivers
- An extension of the HSE Alcohol and Drugs Helpline
- The ongoing collection of data on Alcohol Use Disorder & impacts on harm to others,

Beyond the issue of treatment there are significant gaps in the strategy for example around Foetal Alcohol Spectrum Disorders (FASD) and alcohol related brain injury. There is also the massive issue of parental problem alcohol use with one third of children living with a parent who regularly binge drinks or is dependent on alcohol.

Foetal Alcohol Spectrum Disorders (FASD)

Ireland has the third highest rate of FASD in the world[82] with estimates cited by the HSE of 2.8%-7.4%[83] of the population living with this lifelong condition. It is the leading preventable cause of neurodevelopment disorder. Economic costs in Ireland are likely to be substantial given the multiple impacts across health, education, social care and justice. The dearth of data from Ireland, though, is a powerful illustration of the lack of attention to this hugely problematic issue.

There is a need for a fully funded strategy which addresses the issues across, prevention, diagnosis, support for parents/carers, education, social services and justice systems. Any new strategy for alcohol must address this issue.

Parental Problem Alcohol Use (PPAU)

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.[84] A quarter of the adult population (almost 1,000,000)[85] 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.[86] While there is a very welcome Hidden Harm Framework developed by the HSE and Tusla it requires momentum, urgency and funding.

Alcohol Action Ireland has an initiative, Silent Voices, which has carried out significant work in this area. Policy recommendations in this area include:

- A whole-of-government approach - with an identifiable senior government official who has responsibility to advise, develop and plan appropriate services to address the multiple needs of the 1.2million children and adults affected - is required. Our view is that this should be centred within the Department of Health.
- The national Hidden Harm framework requires momentum and urgency. An updated action plan must be developed with clear targets, timeframes and funding - and be publicly available and promoted.
- Professionals from GPs to social workers to psychologists, psychiatrists and other mental health workers must be trained in how to recognise PPAU and its impacts across the lifespan. AAI's research found that 92% of professionals surveyed reported that they would be supportive of being trained to a minimum degree to identify people who have experienced PPAU.
- The Irish government must begin to develop national thinking about the concept of trauma-informed services. In neighbouring jurisdictions such as Scotland and Wales, ACE-awareness is leading to better outcomes for children and families.
  Services across society from teachers to social workers to police are being trained in how to be trauma-informed. Ireland lags far behind in this regard and must catch up with what is growing at pace at grassroots level.
- Children enduring harm from living with PPAU are entitled to the best experience at school. Schools and teachers must be trained to be trauma informed. For these children, school may be the only safe place.
- PPAU is often accompanied by domestic abuse, which is also an adverse childhood experience. There is a need for the Dept of Health to input into policy development in this area with multiple issues at play including
    - Interventions with perpetrators of violence who also have an alcohol issue
    - Women with addiction issues who are also victims of domestic violence and their access to services
    - Early intervention services for children which should be provided regardless of whether their parent is receiving alcohol treatment or not
      One example of this is Operation Encompass - an early intervention programme that originated in the UK in 2011 allowing police to notify schools when a child's family has been involved in a domestic abuse situation which the police have been called to - must be implemented in Ireland.
- Listening to the voices of those who are experiencing or have experienced PPAU can be hugely impactful in realising what needs to be done in this area. Children must have their voices heard in relation to the impact of problem alcohol use on their lives. Silent Voices comprises adult children who have the lived experience of those who grew up with PPAU. Real life experiences must be harnessed and utilised to inform policy and practice

Alcohol related brain injury

There was no reference at all to alcohol related brain injury in Reducing Harm Supporting Recovery. However, at least a third of those dependent on alcohol are likely to have such an injury such as alcohol related dementia with a smaller group having Korsakoff's Syndrome.

Many people are placed inappropriately in nursing homes and have little access to rehabilitation services even though there is strong evidence that intervention can lead to significant improvements.[87] There is a need for the development of specialist service models including issues of the adaption of alcohol treatment services.

Alcohol Care Teams (ACTs)

There are significant concerns about multiple aspects of alcohol related health including liver disease outcomes. Rates of hospital discharges due to alcohol-related liver disease in Ireland have steadily increased over time and 2021 saw the highest rate ever recorded, a 79.9% increase compared with 2002. This data indicates that not only are more patients presenting for alcohol-related liver disease but that when they do, they are sicker than in 2002, requiring more complex treatment. [88]

There are examples of good practise from other jurisdictions which are well worth considering as part of an overall alcohol strategy. Chief amongst these are Alcohol Care Teams (ACTs).

ACTs are clinician-led, multidisciplinary teams, based in hospitals but with integrated alcohol treatment pathways across primary, secondary and community care. They have coordinated alcohol policies for emergency departments and acute medical units, a 7-day alcohol specialist nurse service, addiction and liaison psychiatry services, an alcohol assertive outreach team, and consultant hepatologists and gastroenterologists with liver disease expertise which facilitate collaborative, multidisciplinary, person-centred care. Quality metrics, national indicators, audit, workforce planning, training and accreditation support research and education of the public and healthcare professionals.[89]

ACTs are mainly developed in acute UK hospitals. They have been proven to reduce acute hospital admissions, re-admissions and mortality, improve the quality and efficiency of alcohol care, and have a number of key evidence-based, cost-effective and aspirational components.

Evidence from the UK has found that ACTs provide a saving of £3.85 for every £1 invested.[90]

Clinical Lead for Alcohol

Given the complexity of issues around alcohol as outlined above, consideration should be given to the appointment of a National Clinical Lead for Alcohol in the HSE under the National Clinical Programmes as is the case for obesity.[91]

Learning from Tobacco

We can also learn from the approach to tobacco in Ireland. Healthy Ireland data indicates that 17% of the population are smokers, compared with 73% who have consumed alcohol in the past year. Research in Canada, which has similar alcohol and tobacco use to Ireland indicates **that economic costs from alcohol use are twice as high as those from tobacco**.[92] In Ireland,

we are fortunate to have a coherent public health approach to tobacco across Government including regular increases in taxation, a comprehensive ban on marketing, no Government investment in tobacco and significant public health supports for cessation. Regular reports are issued which point to government targets, actions taken and policy development.[93] Indeed a new strategy for tobacco is being planned for 2025. This dedicated focus has led to a significant drop in smoking rates.

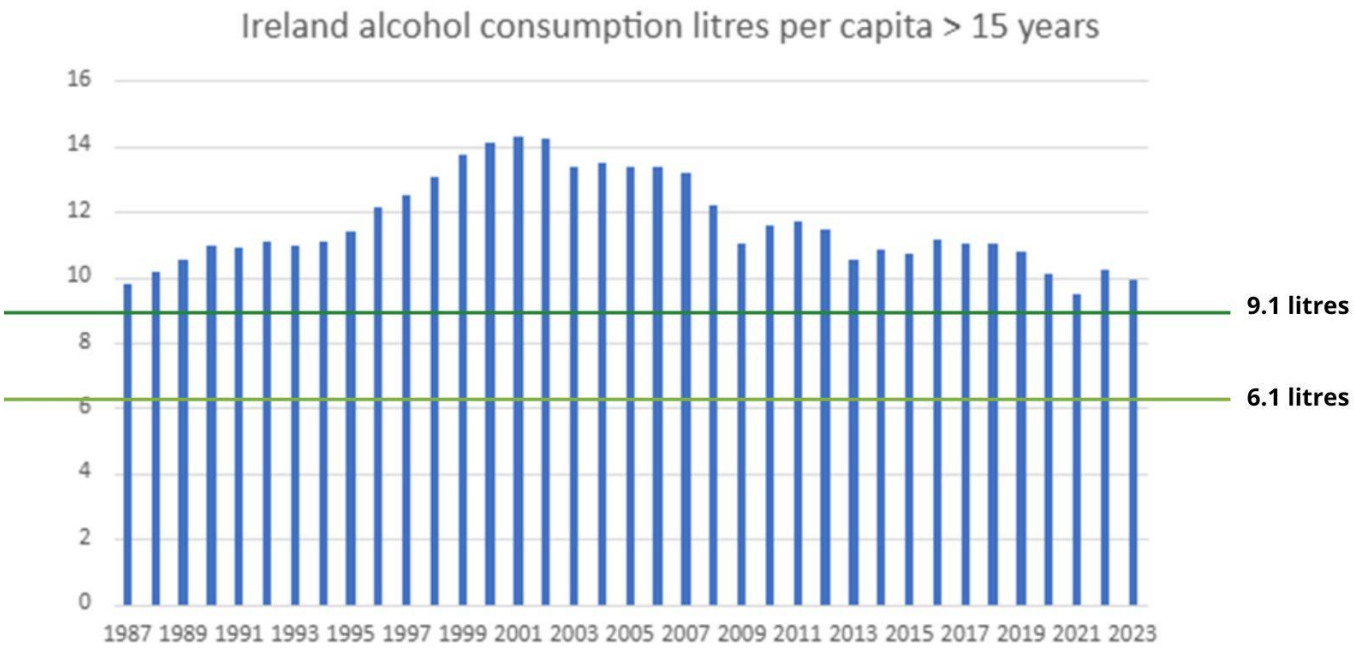
A new strategy for alcohol

All of this points to the need for a fresh approach to reducing alcohol harms. Given the scale of the problem there needs to be a focused effort within the Department around both prevention and services and there should be a specific unit with responsibility for developing the Department's overarching alcohol strategy.

An ambitious target for alcohol consumption reduction

A first step would be to set a bold new target such as reducing alcohol consumption by 40% to 6.1 litres per capita. This amount would be in line with Ireland consuming within current HSE lower-risk drinking guidelines. This has been achieved in other countries such as Norway by taking a strong preventative approach based on effective regulations. In 2010, Lithuania had the highest rate of alcohol-attributable years of life lost in the European Union. The implementation of effective alcohol control measures led to a 20% reduction of this rate by 2016.

Achieving such a goal would dramatically reduce the need for services and pressures right across the health care system.



9.1 litres - Current government target

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

Issues that need to be addressed in relation to prevention include:

- Full implementation of the Public Health (Alcohol) Act 2018
- Enhanced resourcing for enforcement of the Act
- Evaluation of the Act
- Uprating of Minimum Unit Pricing of alcohol
- Addressing loopholes in the Act such as alibi marketing via zero alcohol products, bottomless brunches, supermarket club schemes
- Consideration of other controls not addressed in the Act including controls on internet alcohol marketing and a ban on alcohol sports sponsorship
- Setting a research agenda for alcohol to inform policy development
- Collation of comprehensive data such as alcohol related Emergency Department presentations to allow for policy planning and evaluation
- Revision of lower-risk drinking guidelines
- Development of public health alcohol messaging at a scale similar to that of tobacco
- Integration of cross departmental policy in areas such as drink driving and domestic, sexual and gender-based violence
- Development of policy strategy around linking alcohol excise duties to the cost of alcohol harm

Services

Issues that need to be addressed in relation to services include:

- Alcohol treatment services need to be increased by an order of magnitude. These should be trauma-informed and residential services should be monitored by HIQA
- Significant development of cross-departmental services for those harmed by the drinking of others.
    - Foetal Alcohol Spectrum Disorder
    - Parental problem alcohol use
- Introduction of Alcohol Care Teams
- Consideration of the appointment of a National Clinical Lead for Alcohol in the HSE under the National Clinical Programmes as is the case for obesity.[94]

Alcohol Office

To develop such a strategy needs a commitment to put energy and resources, particularly into ensuring coherence across government and timely enforcement. For this reason, we would suggest the need for an Alcohol Office[95] based in the Department of Health, which would drive this initiative. This could sit within the Healthy Ireland Framework which is designed to ensure health in all government policies. Given that both the drug and alcohol strategy, Reducing Harm, Supporting Recovery and the Healthy Ireland Framework are due for renewal from 2025, it is very opportune to consider alcohol policy now and the structures which are needed.

There are multiple government departments which a role in alcohol policy. There is a clear need to ensure that policy is coherent across government,,

Such a strategy requires resources. Hence it is essential that the government develops a ‘polluter pays’ model in relation to alcohol. For example, linking excise duties on alcohol to the realistic cost of alcohol harm. There is precedent for this with the recent Gambling Regulation Act providing for a levy on gambling licenses to be dedicated to address gambling harm. Likewise, the cost of tobacco harm is regularly cited by both the Minister for Health and Minister for Finance as a reason for increasing tobacco excise duties.

Such a costing system would also help reduce alcohol harms by reducing alcohol consumption through higher prices.

Conclusion

2025 is the year when a number of important areas of work within the Department of Health with a focus on prevention are being reviewed and/or renewed. These include Healthy Ireland, Drugs Strategy, Obesity Strategy, Suicide Prevention and Online Safety Taskforce. In all of these areas reducing alcohol consumption plays an essential role in achieving success and improving the health of Ireland.

There is a real opportunity for the Department of Health to bring about a sea change in Ireland's relationship with alcohol that will have lasting benefits for generations. This will require focus and resources but a strong preventative approach to alcohol will reduce costs to the health service.

There is also a critical need to enhance service provision for those with an Alcohol Use Disorder. In addition, services in relation to alcohol must be seen in a wider context than just addiction. This includes the need for specific strategies on FASD, alcohol related brain injury and improving outcomes in relation to liver disease. There must be a strong cross-departmental approach towards the issues arising from the deeply traumatic experience of growing up with alcohol harm in the home – something that has been experienced by a quarter of the adult population in Ireland and which has significant impact on the neurodevelopment of children and ongoing impacts on mental and physical health of adults.

At present alcohol policy is spread across a number of areas both within the Department of Health and in other departments. The net result is that there is a loss of focus and is leading to the current situation where progress on reducing alcohol consumption is stalling.

All of this points to the need for a specific Office within the Department of Health to develop a co-ordinated, dedicated strategy for alcohol with bold targets, enhanced resources and clear responsibilities for achieving these goals.

What has been proposed requires input to and from other government departments. This is essential and not impossible with political will. The 2025 Programme for Government highlights that the government is committed to improving health outcomes based on strategies and policies that will have a positive and long-lasting impact on the well-being of Irish society. Nowhere is this more important than in relation to alcohol which places such a burden on our society.

Without such a strategy, progress on alcohol policy will be lost. Without a strong voice from government on alcohol, vested interests exploit the currents gaps in policy which ultimately leaves the state carrying the burden of alcohol.

Ireland has already shown significant leadership in relation to alcohol policy and its progress is being closely watched internationally. It is essential to build on successes to date and drive forward a common-sense agenda which keeps a clear focus on alcohol and prioritises the health of the nation.

References

[1] https://www.who.int/news-room/fact-sheets/detail/alcohol
[2] https://csuch.ca/documents/reports/english/Canadian-Substance-Use-Costs-and-Harms-Report-2023-en.pdf
[3] https://citizensassembly.ie/previous-assemblies/assembly-on-drugs-use/recommendations/
[4] https://www.drugsandalcohol.ie/16908/2/Steering_Group_Report_on_a_National_Substance_Misuse_Strategy_-_7_Feb_11.pdf
[5] https://www.drugsandalcohol.ie/16908/2/Steering_Group_Report_on_a_National_Substance_Misuse_Strategy_-_7_Feb_11.pdf
[6] https://www.hrb.ie/publication/alcohol-availability-affordability-related-harm-and-policy-in-ireland/
[7] https://www.oecd.org/en/publications/health-at-a-glance-europe-2024_b3704e14-en.html
[8] https://www.gov.ie/en/publication/d1ab3-healthy-ireland-survey-2024/
[9] O'Dwyer C, Mongan D, Millar SR, Rackard M, Galvin B, Long J, Barry J. Drinking patterns and the distribution of alcohol-related harms in Ireland: evidence for the prevention paradox. BMC Public Health. 2019 Oct 22;19(1):1323. doi: 10.1186/s12889-019-7666-4. PMID: 31640654; PMCID: PMC6805445.
[10] https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-023-15577-z#citeas
[11] https://www.hrb.ie/publication/alcohol-availability-affordability-related-harm-and-policy-in-ireland/
[12] https://alcoholireland.ie/wp-content/uploads/2024/12/Strategic-Plan-Final-Updated.pdf
[13] https://iris.who.int/bitstream/handle/10665/374284/9789240082793-eng.pdf?sequence=1
[14] https://www.jsad.com/doi/10.15288/jsad.2022.83.512
[15] https://www.drugsandalcohol.ie/25697/1/HRB_Alcohol_in_Ireland_consumption%20harm%20cost%20and%20policy%20response.pdf
[16] https://csuch.ca/documents/reports/english/Canadian-Substance-Use-Costs-and-Harms-Report-2023-en.pdf
[17] https://www.who.int/europe/health-topics/alcohol#tab=tab_1
[18] https://www.who.int/europe/publications/m/item/alcohol--health-and-policy-response-in-the-who-european-region-in-2019
[19] OECD (2021), *Preventing Harmful Alcohol Use*, OECD Health Policy Studies, OECD Publishing, Paris, https://doi.org/10.1787/6e4b4ffb-en.
[20] https://www.sciencenorway.no/alcohol-health-researchers-zone/do-strict-alcohol-policies-really-work/2469398
[21] https://presse.inserm.fr/en/inserm-publishes-its-collective-expert-review-on-the-reduction-of-alcohol-related-harm/60305/

[22] https://alcoholireland.ie/wp-content/uploads/2024/02/21883_AAI_ICC_GBD_Policy_Paper_v4_online.pdf

[23] https://www.gov.ie/en/publication/078a1-programme-for-government-2025-securing-irelands-future/
[24] https://www.oireachtas.ie/en/debates/debate/dail/2025-02-18/12/?highlight%5B0%5D=alcohol#s13
[25] https://www.gov.ie/en/publication/d1ab3-healthy-ireland-survey-2024/
[26] https://www.drugsandalcohol.ie/16908/2/Steering_Group_Report_on_a_National_Substance_Misuse_Strategy_-_7_Feb_11.pdf
[27] https://www.gov.ie/en/publication/d1ab3-healthy-ireland-survey-2024/
[28] https://alcoholireland.ie/wp-content/uploads/2024/02/Zero-alcohol-policy-briefing-1.pdf
[29]Have Restrictions on Alcohol Advertising in Ireland Affected Awareness Among Adults? A Comparative Observational Study Using Nonprobability Repeat Cross-Sectional Surveys
Journal of Studies on Alcohol and Drugs, 84(3), 434–445 (2023).

https://www.jsad.com/doi/10.15288/jsad.22-00099
[30] Effie Awards Ireland. (2021). Effie Awards Ireland 2021 – Awarding Ideas that Work: Case Study Reference Guide. Available at: https://s3.amazonaws.com/effie_assets/ckeditor_assets/376/case_study_booklet_-_effie_awards_2021_-_final_version.pdf?1669310772
[31] https://alcoholireland.ie/all-publicity-is-good-publicity-for-alcohol-industry-as-it-uses-zero-alcohol-products-to-circumvent-public-health-rules/
[32] A public health perspective on zero- and low-alcohol beverages, World Health Organiaation 2023. https://www.who.int/publications/i/item/9789240072152

[33] https://ahauk.org/resource/the-marketing-and-consumption-of-no-and-low-alcohol-drinks-in-the-uk/
[34] https://www.hrb.ie/publication/alcohol-availability-affordability-related-harm-and-policy-in-ireland/
[35] https://alcoholireland.ie/wp-content/uploads/2025/02/Alcohol-affordability-Ireland-Feb-2025.pdf
[36] Maharaj, Tobias & Angus, Colin & Fitzgerald, Niamh & Allen, Kathryn & Stewart, Stephen & MacHale, Siobhan & Ryan, John. (2023). Impact of minimum unit pricing on alcohol-related hospital outcomes: systematic review. BMJ Open. 13. 10.1136/bmjopen-2022-065220.
[37] Maharaj, Tobias & Fitzgerald, N & Gilligan, Elizabeth & Quirke, Michael & MacHale, Siobhan & Ryan, John. (2023). Alcohol-related emergency department presentations and hospital admissions around the time of minimum unit pricing in Ireland. Public health. 227. 38-41. 10.1016/j.puhe.2023.11.016.
[38] https://www.gov.ie/en/publication/4d506-online-health-taskforce/#:~:text=On%204%20September%202024%2C%20the%20Minister%20for%20Health,young%20people%20by%20certain%20types%20of%20online%20activity.
[39] https://www.who.int/europe/publications/i/item/WHO-EURO-2020-1239-40989-55614
[40] https://alcoholireland.ie/wp-content/uploads/2024/05/Pre-Budget-2025-Submission.pdf
[41] https://alcoholireland.ie/wp-content/uploads/2025/02/Alcohol-affordability-Ireland-Feb-2025.pdf
[42] https://www.gov.ie/en/collection/e9c8d-budget-2025-tax-strategy-group-papers/
[43] https://www.oireachtas.ie/en/debates/question/2025-02-11/188/
[44] https://www.ato.gov.au/businesses-and-organisations/gst-excise-and-indirect-taxes/excise-on-alcohol/excise-duty-rates-for-alcohol
[45] https://www.legislation.govt.nz/regulation/public/2024/0123/latest/whole.html
[46] https://www.irishstatutebook.ie/eli/2024/act/35/enacted/en/html
[47] https://www.gov.ie/en/publication/f46eb-general-scheme-of-sale-of-alcohol-bill-2022/
[48] https://alcoholireland.ie/wp-content/uploads/2025/02/The-Impact-of-Extended-Opening-Hours-on-Workload-and-Worker-Safety-FINAL.pdf
[49] Institute of Alcohol Studies. (2015). Alcohol's impact on emergency services. London: IAS. Available at: https://www.ias.org.uk/uploads/Alcohols_impact_on_emergency_services_full_report.pdf
[50] Foxe, K. (2022). Ambulance staff suffer an average of seven attacks or assaults per month. Cork: Irish Examiner. Available at: https://www.irishexaminer.com/news/arid-40921463.html
[51] Institute of Alcohol Studies. (2015). Alcohol's impact on emergency services. London: IAS. Available at: https://www.ias.org.uk/uploads/Alcohols_impact_on_emergency_services_full_report.pdf

[52] Houses of the Oireachtas. (2023). Seanad Éireann Debate - Welfare and Safety of Workers in the Public Health Service: Motion. Dublin: Houses of the Oireachtas. Available at: https://www.oireachtas.ie/en/debates/debate/seanad/2023-02-22/15/
[53] Houses of the Oireachtas. (2023). Seanad Éireann Debate - Welfare and Safety of Workers in the Public Health Service: Motion. Dublin: Houses of the Oireachtas. Available at: https://www.oireachtas.ie/en/debates/debate/seanad/2023-02-22/15/
[54] https://alcoholireland.ie/wp-content/uploads/2022/09/21999-AAI-Market-Review-2022_v4screen.pdf
[55] https://www.who.int/europe/news-room/04-01-2023-no-level-of-alcohol-consumption-is-safe-for-our-health#:~:text=The%20World%20Health%20Organization%20has%20now%20published%20a,no%20safe%20amount%20that%20does%20not%20affect%20health.
[56] https://www.gov.ie/en/press-release/deb94-minister-carroll-macneill-focuses-on-further-reducing-emergency-department-overcrowding-and-enhancing-services-nationwide/
[57] Hagan SR, Crilly J, Ranse J. Alcohol-Related Presentations to Emergency Departments on Days with Holidays, Social, and Sporting Events: An Integrative Literature Review. Prehosp Disaster Med. 2023 Dec;38(6):764-773. doi: 10.1017/S1049023X23006507. Epub 2023 Oct 25. PMID: 37877224; PMCID: PMC10694469.

[58] https://alcoholireland.ie/wp-content/uploads/2024/10/Alcohol-A-Commercial-Driver-of-Crime-1.pdf
[59] https://home-affairs.ec.europa.eu/policies/internal-security/organised-crime-and-human-trafficking/drug-policy_en
[60] https://www.gov.ie/en/publication/e2ac4-mid-term-review-of-the-national-drug-strategy-reducing-harm-supporting-recovery/
[61] Mongan D, Millar SR, and Galvin B (2021) The 2019–20 Irish National Drug and Alcohol Survey: Main findings. Dublin: Health Research Board.
[62] https://www.drugsandalcohol.ie/34287/1/HRB_Irish_National_Drug_and_Alcohol_Survey_2019_20.pdf
[63] 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
[64] HRB StatLink Series 18 National Drug Treatment Reporting System 2023 Drug Treatment Demand Tiina Lynch, Ita Condron, Suzi Lyons and Anne Marie Carew
[65] https://alcoholireland.ie/wp-content/uploads/2024/09/Voices-of-Recovery-Policy-document.pdf
[66] Byrne, S. (2010) Costs to Society of Problem Alcohol Use in Ireland. Dublin: Health Service Executive. Available at: https://www.drugsandalcohol.ie/15781/1/HSE_Costs_to_Society_of_Problem_Alcohol_Use_in_Ireland.pdf
[67] Rape Crisis Network Ireland. (2012). Calling time on sexual violence and alcohol: the facts. Factsheet 1: The extent of the problem in Ireland. Galway: Rape Crisis Network Ireland. Available at: https://www.drugsandalcohol.ie/17407/
[68] https://www.gov.ie/en/publication/a43a9-third-national-strategy-on-domestic-sexual-and-gender-based-violence/
[69] Stuart GL, O'Farrell TJ, Temple JR. Review of the association between treatment for substance misuse and reductions in intimate partner violence. Subst Use Misuse. 2009;44(9-10):1298-317. doi: 10.1080/10826080902961385. PMID: 19938919; PMCID: PMC2786069.
[70] World Health Organization. (2010). Preventing intimate partner and sexual violence against women: taking action and generating evidence. Geneva, World Health Organization. Available at: https://iris.who.int/bitstream/handle/10665/44350/9789241564007_eng.pdf;jsessionid=6A9D652DC80AD7BAD044554A7EF39830?sequence=1
[71] World Health Organization. (2010). Preventing intimate partner and sexual violence against women: taking action and generating evidence. Geneva, World Health Organization. Available at: https://iris.who.int/bitstream/handle/10665/44350/9789241564007_eng.pdf;jsessionid=6A9D652DC80AD7BAD044554A7EF39830?sequence=1
[72] Alcohol Action Ireland. (2023). Problem alcohol use in the home: the invisible victims of alcohol harm. Dublin: AAI. Available at: https://alcoholireland.ie/wp-content/uploads/2024/10/Silent-Voices-Policy-Document-2024-final.pdf
[73] Alcohol Action Ireland. (2023). Problem alcohol use in the home: the invisible victims of alcohol harm. Dublin: AAI. Available at: https://alcoholireland.ie/wp-content/uploads/2024/10/Silent-Voices-Policy-Document-2024-final.pdf
[74] European Union Agency for Fundamental Rights. (2014). Violence against women: an EU-wide survey. Luxembourg: Publications Office of the European Union. Available at: https://www.nwci.ie/images/uploads/FRA-2014-Violence_Against_Women_survey-main-results.pdf
[75] World Health Organisation. Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against childrenhttps://iris.who.int/bitstream/handle/10665/252276/9789241511537-eng.pdf?sequence=1
[76] https://www.rsa.ie/docs/default-source/road-safety/r4.1-research-reports/safe-road-use/contributory-factors-and-driver-fatalities-examining-key-dangerous-behaviours.pdf
[77] https://www.rsa.ie/news-events/news/details/2024/01/19/one-in-10-have-driven-after-consuming-alcohol-in-the-last-12-months-according-to-new-research-by-the-rsa
[78] https://www.sciencedirect.com/science/article/abs/pii/S1369847816301838?via%3Dihub
[79] https://pubmed.ncbi.nlm.nih.gov/32048597/
[80] https://alcoholireland.ie/wp-content/uploads/2024/09/Voices-of-Recovery-Policy-document.pdf
[81] https://alcoholireland.ie/wp-content/uploads/2024/02/AAI_AlcoholTreatmentServices_A-Snapshot-Survey-2021.pdf
[82] Lange S et al. Global Prevalence of Fetal Alcohol Spectrum Disorder among Children and Youth. A systematic review and meta-analysis. JAMA Pediatr 2017. Doi:10.1001/jamapediatrics.2017.1919

[83] HSE Position on Prevention of Fetal Alcohol Spectrum Disorders
[84] O'Dwyer C, Mongan D, Doyle A and Galvin B (2021) Alcohol consumption, alcohol-related harm and alcohol policy in Ireland. HRB Overview Series 11. Dublin: Health Research Board.
[85] McCutchen C, Hyland P, Shevlin M, Cloitre M. The occurrence and co-occurrence of ACEs and their relationship to mental health in the United States and Ireland. Child Abuse Negl. 2022 Jul;129:105681. doi: 10.1016/j.chiabu.2022.105681. Epub 2022 May 26. PMID: 35643057.
[86] Bellis MA, Hughes K, Ford K, Ramos Rodriguez G, Sethi D, Passmore J. Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis. Lancet Public Health. 2019 Oct;4(10):e517-e528. doi: 10.1016/S2468-2667(19)30145-8. Epub 2019 Sep 3. PMID: 31492648; PMCID: PMC7098477.
[87] Oudman E, Nijboer TC, Postma A, Wijnia JW, Van der Stigchel S. Procedural Learning and Memory Rehabilitation in Korsakoff's Syndrome - a Review of the Literature. Neuropsychol Rev. 2015 Jun;25(2):134-48. doi: 10.1007/s11065-015-9288-7. Epub 2015 Jun 6. PMID: 26047664; PMCID: PMC4464729.
[88] https://www.hrb.ie/publication/alcohol-availability-affordability-related-harm-and-policy-in-ireland/
[89] Alcohol Care Teams: Where are we now. K. Moriarty. https://fg.bmj.com/content/11/4/293
[90] https://www.drugsandalcohol.ie/29084/1/Alcohol_care_in_NHS_hospitals.pdf
[91] https://www.hse.ie/eng/about/who/cspd/ncps/
[92] https://csuch.ca/documents/reports/english/Canadian-Substance-Use-Costs-and-Harms-Report-2023-en.pdf
[93] https://www.hse.ie/eng/about/who/tobaccocontrol/state-of-tobacco-control-report-2022.pdf
[94] https://www.hse.ie/eng/about/who/cspd/ncps/
[95] https://alcoholireland.ie/wp-content/uploads/2024/09/New-Alcohol-Office-Policy-Briefing-for-print.pdf