

Public Consultation on a new National Obesity Strategy in Ireland

Submission from Alcohol Action Ireland

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.

Alcohol Action Ireland directors:

Pat Cahill, former President ASTI (Company Secretary)

Aidan Connaughton, Chartered accountant, former partner and head of risk, Grant Thornton

Paddy Creedon, Recovery Advocate

Dr Eoin Fogarty, Consultant in Emergency and Retrieval Medicine

Michael Foy, Head of Finance, Commission for Communications Regulation

Prof Jo-Hanna Ivers, Associate Professor, Addiction: Public Health & Primary Care, Trinity College Dublin

Prof Frank Murray (Chair) Consultant in Hepatology & Gastroenterology. M.B., B.Ch. B.A.O., M.D., F.R.C.P.I., F.R.C.P. (Ed)

Dr Mary T. O'Mahony, Consultant in Public Health Medicine & Medical Officer of Health, Department of Public Health, Public Health Area D (Cork & Kerry)

Dr Catriona O'Toole, Associate Professor/Senior Lecturer Psychology of Education, Maynooth University

Dr Bobby Smyth (Vice Chair), Consultant Child & Adolescent Psychiatrist

Kathryn Walsh, Director of Policy and Advocacy at the National Youth Council of Ireland

Patron: Prof. Geoffrey Shannon

Summary

Ireland has a high level of alcohol consumption which has significant health impacts including on weight gain and obesity. Like unhealthy food stuffs, alcohol is a key contributor to the Commercial Determinants of Health in Ireland and efforts to reduce alcohol consumption and its impact on obesity must be cognizant of the role of the alcohol industry in driving alcohol consumption at the expense of public health.

There is a requirement for a clear target to be set for alcohol consumption reduction in line with HSE lower-risk drinking guidelines. This would equate to a 35% reduction of current alcohol consumption per capita levels. To achieve this, proven 'best buy' measures, including controls on pricing, marketing and availability are needed address this issue.

Equally important is the need for a whole of government approach to obesity and its drivers such as alcohol. In this context, action on obesity and alcohol consumption reduction must play a key role in the new Healthy Ireland strategy. However, there are many competing actions from other government departments who are in close contact with industry players and have adopted industry narratives to the detriment of health policy. The role of the Department of Health must be strengthened so that the health of Ireland's population improves with knock on benefits for Ireland's economy.

Introduction

Alcohol use in Ireland remains high with 73% of the population over the age of 15 being current drinkers.¹ Of those who consume alcohol, more than half are considered hazardous drinkers and one in every five is classified as having AUD (alcohol use disorder).² This equates to nearly 600,000 people. These patterns of alcohol use mean that a majority of drinkers in Ireland consume alcohol in a manner that is risky to their health.³ One danger of alcohol use is the risk of obesity.

Alcohol is created through the fermentation of sugars from foods like grapes, other fruit, vegetables, and grains. Most of the sugars/carbohydrates change into alcohol during fermentation, turning alcohol into a concentrated form of energy (measured as kilojoules or calories).⁴ From a nutrition perspective, alcohol is a significant source of calories, but these can be considered to be "empty" calories – that is, they contain few micronutrients, such as vitamins and minerals, normally found in most food sources, but also because they are consumed in addition to the calories the body needs.⁵

Each gram of alcohol has 7 calories – similar to a gram of fat which has 9 calories.⁶ The calories in alcohol are more than protein and carbohydrates/sugars which both have 4 calories per gram.⁷

Additionally, the total calories in alcoholic drinks varies depending on the size of the drink, the percentage of alcohol and the amount of other ingredients.⁸

However, many people are unaware of the calories in alcoholic drinks, or that many of the calories come from the alcohol itself. Past research by the Royal Society of Public Health (RSPH) in Britain found that the general public has a relatively poor awareness of the number of calories in their drinks.⁹ Their survey of over 2,000 adults showed that over 80% of people did not know or underestimated the number of calories in a large glass of wine, and over 60% of people did not know or underestimated the number of calories in a pint of lager.¹⁰ This situation is not helped by the fact that most alcohol producers do not list on their packaging the number of calories contained within their drinks¹¹ and have resisted all attempts to introduce a label for even basic nutritional information which is standard on all other food and drink products (even bottled water) in the EU except for alcohol.

In Ireland, this lack of awareness was identified as far back as 2012 when the Report of the Steering Group on a Substance Misuse Strategy recommended that “Labels on alcohol products sold in Ireland should include the number of grams of alcohol per container, along with calorific content and health warnings in relation to consuming alcohol in pregnancy”.¹² This suggestion was subsequently legislated for in the Public Health (Alcohol) Act 2018 (PHAA). Section 12 of the legislation provided for alcohol health information labelling, with subsection (1), point (v) stipulating that alcohol products should contain the energy value expressed in calories.¹³

Labelling of alcohol products and notices in licensed premises

- 12.** (1) Subject to *subsection (2)*, it shall be an offence for a person to sell, to a person who is in the State, an alcohol product the container of which does not bear in the prescribed form—
- (i) a warning that is intended to inform the public of the danger of alcohol consumption,
 - (ii) a warning that is intended to inform the public of the danger of alcohol consumption when pregnant,
 - (iii) a warning that is intended to inform the public of the direct link between alcohol and fatal cancers,
 - (iv) the quantity in grams of alcohol contained in the container concerned,
 - (v) the energy value expressed in kilojoules and kilocalories contained in the container concerned, and
 - (vi) details of a website, to be established and maintained by the Executive, providing public health information in relation to alcohol consumption.

Indeed, this point was acknowledged in ‘A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025’, where it referenced the recommendation made for calories to be included on alcohol products.¹⁴

Unfortunately, alcohol health information labelling has been delayed until 2028 due to industry pressure and government acquiescence. Therefore, the public will not have basic nutritional, and health, information on alcohol products for another three years. However, there is much more that government and health service can do to reduce the role alcohol plays in contributing to obesity.

Alcohol – a commercial determinant of health and cause of non-communicable diseases

Like junk food, sugary drinks and tobacco, alcohol's negative health impacts make it a key Commercial Determinant of Health (CDoH). The World Health Organization (WHO) defines the commercial determinants of health as 'private sector activities that affect people's health, directly or indirectly, positively or negatively'.¹⁵ In terms of alcohol this refers to the way the industry, through mechanisms that make their products artificially cheap, hyper-convenient, and seductively attractive, is a key driver for ill-health.¹⁶

The commercial determinants of health can have a significant impact on an individual's health outcomes and can contribute to the development of non-communicable diseases (NCDs), such as, obesity, cancer, diabetes, and cardiovascular disease.¹⁷ In the WHO European Region four major commercial products – alcohol, tobacco, highly processed food and beverages, and fossil fuels, cause an estimated 2.7 million deaths annually, which is nearly one quarter (24.5%) of all deaths on average. In Ireland, data from the Global Burden of Disease (GBD) Study indicates that 5% of all deaths are attributable to alcohol,¹⁸ while the WHO believe the true figure for alcohol related deaths could be close to one in ten in the European region.¹⁹

This submission lays out how alcohol is a commercial determinant of health, is a contributor to the non-communicable disease of obesity and what can be done to address this.

Alcohol and nutritional values

Alcohol holds very little nutritional value and can have a lot of sugar and calories. Each drink contains approximately 100-150 empty calories.²⁰ In fact, the body treats alcohol very similarly to eating fat.²¹

Wine, beer, cider, spirits and many more alcoholic drinks are made from natural starch and sugar.²² Fermentation (and distillation for certain drinks) is used to produce the alcohol content. This is why alcohol contains lots of calories – 7 calories per gram, which is almost as many as a gram of fat.²³ Plus, additional calories can be in added mixer drinks, such as cola or tonic water.²⁴

Liquid calories - calories in common drinks²⁵

Type of drink	Size	Alcohol by volume (ABV)	Units	Calories (kcal)
Standard glass of wine	175ml	12%	2.1	158
Large glass of wine	250ml	12%	3.0	225
Beer, lager, cider	Pint (568ml)	5.2%	3.0	222
Spirits (neat)	25ml	40%	1.0	50

However, the relatively high calories in alcohol are not available to body muscles and alcohol calories are not converted to glycogen, a form of stored carbohydrates, and thus are not a good source of energy.²⁶ The body treats alcohol as fat, converting alcohol sugars into fatty acids.²⁷

As well as the calories in alcohol, drinking also increase hunger and food cravings because alcohol can temporarily increase serotonin levels, which can affect hunger levels and food cravings.²⁸ Additionally, alcohol lowers inhibitions, which makes it more likely that drinkers may choose foods or portions that are significantly different from what they may choose to consume when not drinking.²⁹ All of this means that alcohol consumption may be a risk factor for obesity.

Alcohol and obesity

Obesity is a complex disease and in 2025, 56% of people in Ireland live with overweight or obesity. Alcohol use is widespread in Ireland (73% of the population) and alcohol generated calories can be a contributing factor to weight gain.³⁰ It is easy for calories from alcohol to add up quickly and unnoticed, as they are being consumed as a liquid, and many people forget to include alcoholic drinks when analysing their diet.³¹ As outlined above, alcoholic drinks lack most essential nutrients and vitamins, so if alcohol is providing many or most of the calories in the diet then there is a danger of nutritional deficiencies and a risk of obesity.³²

Research examining the association between alcohol consumption and obesity in a sample of the Irish adult population found that harmful alcohol consumption was associated with

overweight/obesity in terms of a high Body Mass Index and large waist circumference and binge drinkers were also likely to have a large waist circumference.³³ What makes this study so concerning is parallel data from the Health Research Board (HRB)³⁴ in relation to alcohol consumption patterns which exposed that Irish people consume alcohol in a manner likely to contribute to obesity. The HRB research revealed high levels of binge drinking and more than half of all who drink are classified as hazardous drinkers.

Beyond the calories in alcohol itself, research indicates that alcohol use may actually stimulate food intake. Several studies have shown increased food intake following alcohol consumption and it has been noted that alcohol may amplify individuals' perception of appetite in response to food stimuli.³⁵ Thus, alcohol can lead to overeating at mealtimes and late at night, which can also contribute to overweight or obesity.³⁶

Furthermore, alcohol can also play a role in overweight or obesity through the implications of alcohol hangover. Alcohol hangover is a potentially debilitating state³⁷ defined as the combination of mental and physical symptoms experienced the day after a single episode of heavy drinking, starting when the blood alcohol concentration (BAC) approaches zero.³⁸ A growing body of evidence shows that cognitive functioning and mood are negatively affected in the hangover state, which may result in impaired daily activities such as job performance, riding a bicycle, or driving a car.³⁹ While research investigating the impact of hangover found the main symptoms impacting physical performance were tiredness, sleepiness, headache, nausea, and weakness.⁴⁰ In conclusion, alcohol can contribute to overweight and obesity because it is not possible to perform at optimum levels while feeling any of the effects normally associated with a hangover..⁴¹

Alcohol and health

Beyond being a possible contributory factor for overweight and obesity, alcohol use has additional, broader implications for health and the health service.

- Approximately 11% of the health budget is spent on dealing with alcohol each year⁴² – €2.8bn of the health budget in 2025;
- Ireland has the third highest rate of Foetal Alcohol Spectrum Disorder in the world – with up to 7.4 % of the population having FASD;⁴³
- One third of children live with a parent who regularly drinks heavily or is dependent on alcohol;⁴⁴
- 1,000 cancers caused by alcohol are diagnosed every year;⁴⁵
- Liver disease rates have increased by 80% in the past two decades;⁴⁶

- 1,500 hospital beds are in use daily because of alcohol;^{47 48}
- Alcohol accounts for 30% of Emergency Department presentations;⁴⁹
- 4 people die every day because of alcohol⁵⁰
- Alcohol is a factor in around half of all suicides;⁵¹ and,
- 37% of road fatalities have a positive toxicology for alcohol.⁵²

Alcohol marketing and advertising

As with tobacco, gambling, and junk food, alcohol advertising has a pernicious effect – especially on children and young people. Alcohol is one of the most heavily marketed products with the annual spend on alcohol marketing in Ireland conservatively estimated at €115m. The purpose of marketing is to create a need or desire for a product. Alcohol is not a staple, it is not a necessary purchase, therefore a market must be created for it – and new drinkers must be recruited to create and expand that market.⁵³ Young people are an important market for the alcohol industry in this regard.

Comprehensive research now clearly tells us that alcohol marketing including advertising, sponsorship and other forms of promotion, increases the likelihood that adolescents will start to use alcohol, and to drink more if they are already using alcohol.⁵⁴ In short, children, and younger people, navigate a tsunami of alcohol promotion every day that ensures messages about drinking are increasingly normalised.

Ireland's Public Health Alcohol Act (PHAA) contains provisions to restrict alcohol advertising to young people. While these measures are helpful, they have not been fully implemented. Therefore, it is little wonder that research revealed Diageo, the multinational alcoholic beverage company, to be the number four broadcast advertiser to children in Ireland.⁵⁵ Furthermore, a lacuna in the law has allowed alcohol companies to use zero-alcohol products, with identical branding to the master brand, to circumvent the advertising restrictions in the PHAA. This is exactly what the PHAA was supposed to protect against, especially in terms of alcohol advertising being seen by children, because evidence shows that exposure to alcohol marketing encourages children to drink at an earlier age and in greater quantities than they otherwise would.⁵⁶ In addition the PHAA also fails to protect children and adolescents in the main space inhabit – online.

Moreover, areas such as alcohol sponsorship of sport and culture or have not been developed. Alcohol product sponsorship especially within sport and culture, so attractive to young people, must be seen as a particularly insidious form of marketing as it enables a product to cultivate a 'brand' relationship via the cherished experiences and emotions that sports, music, and art arouse in us. An array of marketing activities are used to build links between alcohol, sports and elite athletes, music

and artists, and other events and people, which ultimately drives consumption of alcohol. Indeed, a systematic review of the 'Association Between Alcohol Sports Sponsorship and Consumption' reported a positive association between exposure to alcohol marketing and alcohol consumption.⁵⁷ In particular, the research revealed a positive association between exposure to alcohol sports sponsorship and increased alcohol consumption amongst schoolchildren.⁵⁸ Essentially, advertising "activates" sponsorship to increase sales.⁵⁹

In the face of this tsunami of alcohol advertising it is imperative that control and regulation of alcohol advertising is strong, transparent, accountable and fit for the 21st century.

Recommendations

Despite obesity being multifactorial in origin, existing national guidelines for obesity management have not addressed the possible association between alcohol consumption and overweight/obesity; rather, they have given general behavioural recommendations on alcohol consumption.⁶⁰ This must change, especially given what we know about alcohol as a commercial determinant of health and its role in contributing to the development of non-communicable diseases, such as, obesity. Not only will such an approach address overweight and obesity, but it will also have a positive impact on mortality and disability.

Education is important, but so too are practical, proven policy interventions. The public should be aware that each gram of alcohol contains almost the same number of calories as a gram of fat. They should also be made aware of the number of calories in the alcohol product they are consuming. Unfortunately, much of the public are unaware of the calorie content of alcohol, and they are unlikely to become informed any time soon given that government acquiesced to the demands of the alcohol industry to delay alcohol health information labelling until 2028.

The Irish Nutrition and Dietetic Institute (INDI), the professional body for registered dietitians in the Republic of Ireland, rightly point out that people trying to lose weight often forget to look at their alcohol intake., which is a significant blind spot given alcohol is linked to obesity, as it contains a high amount of calories and very little other nutrients.⁶¹ As the INDI recommend – making small changes to the amount of alcohol you drink, can significantly reduce the number of calories you take on board and "...can make a big difference to your waistline".⁶²

Population wide measures needed to reduce alcohol consumption

For all the reasons highlighted above it is clear that proven policy interventions to reduce alcohol consumption at a population level should be pursued with vigour to tackle overweight and obesity.

According to the WHO, ‘the global epidemic of Non-Communicable Diseases (NCDs)’, such as obesity, can be averted through interventions and policies that reduce major risk factors. Noncommunicable diseases (NCDs), commonly known as chronic or lifestyle-related diseases, are diseases that are not infectious to others. NCDs tend to be of long duration and are the result of a combination of genetic, physiological, environmental and behavioural factors.⁶³ Alcohol use is a risk factors contributing to NCDs such as obesity, however, as previously stated, this can be averted through interventions and policies that reduce major risk factors such as alcohol.

The WHO identifies the following priority actions for alcohol policy in its so called- Best Buys⁶⁴ –

- Pricing to help regulate demand for alcoholic beverages
- Restrictions or bans on alcohol advertising
- Restrictions on the availability of alcoholic beverages

Essentially, the WHO contends that interventions on affordability, advertising, and availability are the most effective public policy measures that governments can take to offset at least some of the harm caused by alcohol. In all of these areas, Ireland has still some way to go to address these issues.

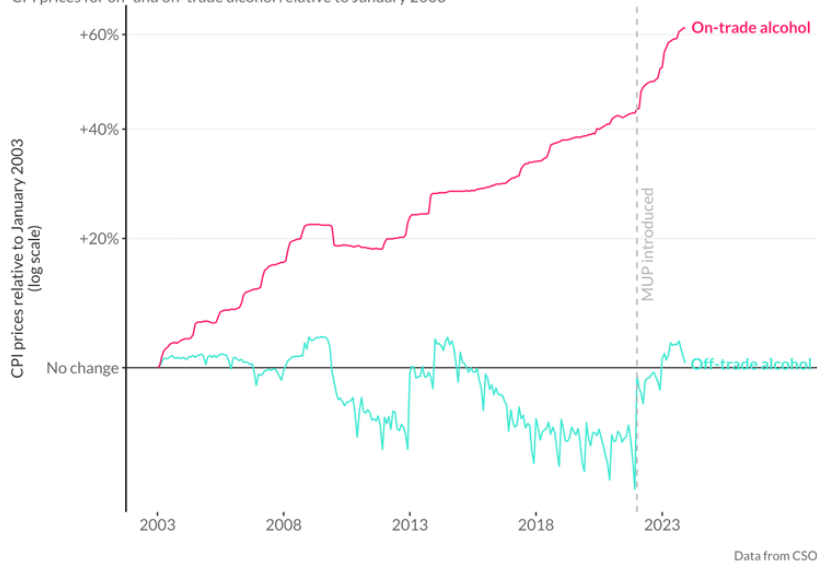
Pricing

While Ireland has introduced Minimum Unit Pricing in 2022, the level at which it was introduced was first proposed in 2013 and by now its value is being eroded by inflation. Action should be taken to increase its level annually in line with inflation.

Excise duties are the other key lever to address alcohol pricing. However, excise duties in Ireland have not changed in over 11 years so again their value is being eroded by inflation. Research from Sheffield University indicates that alcohol sold in supermarkets is 85% more affordable today than in 2004 while alcohol sold in pubs is 15% more affordable.⁶⁵

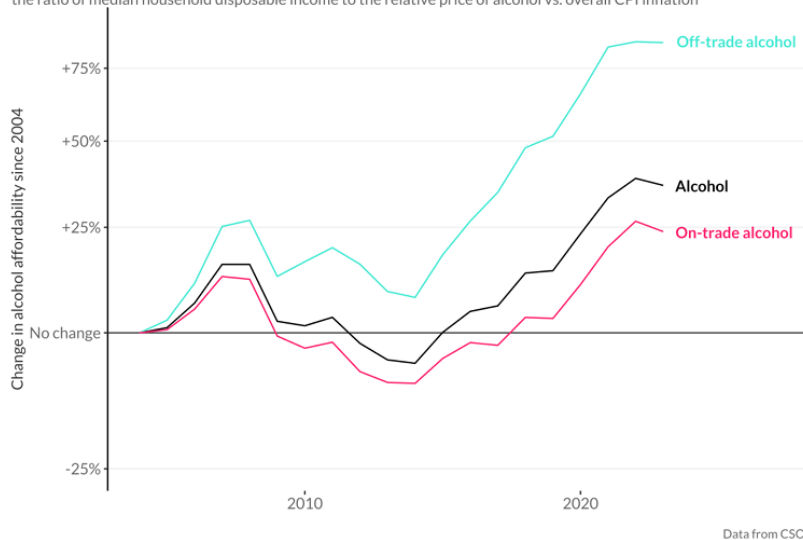
The price of shop-bought alcohol is the same as it was 20 years ago

CPI prices for on- and off-trade alcohol relative to January 2003



Off-trade alcohol has become much more affordable in the last decade

Alcohol affordability in Ireland since 2004 (higher = more affordable). Affordability is calculated as the ratio of median household disposable income to the relative price of alcohol vs. overall CPI inflation



Action is certainly needed to increase excise duties at least in line with inflation annually For example in Australia⁶⁶ the law provides for indexing the excise duty rates for alcohol twice a year, based on the upward movement of the consumer price index (CPI).

More broadly there need to be a mechanism to peg alcohol excise duties to the cost of alcohol harm to Ireland. At present excise duties raise around €1.2 billion annually⁶⁷. However, according to data from the World Health Organisation, the cost of alcohol to the state is at least 2.5% of GDP – around €14 billion annually at 2024 figures.⁶⁸

Advertising

The Public Health (Alcohol) Act 2018 must be implemented in full including important measures providing for the controls on the content of alcohol advertising, while loopholes on issues such as zero-alcohol product marketing must be closed.

Comprehensive controls on online advertising must be developed. Coimisiún na Meán has developed an online safety code⁶⁹ which has some recommendations in relation to alcohol advertising eg stating that alcohol advertising should not be aimed at children. However, there is a need for proper monitoring of such advertising and stiff sanctions for violations. To this end it is essential that the Department of Health's Online Health Taskforce should address this issue.

Availability

There is industry pressure to extend licensing hours through the proposed Sale of Alcohol bill. There is significant evidence⁷⁰ that longer opening hours leads to increased alcohol consumption and with it, attendant harms such as increased risk of obesity.

Coherent alcohol policy across government

Finally, there needs to be coherency across government policies to tackle obesity and this should be in line with Department of Health stated policy to reduce alcohol consumption. A new target for alcohol consumption in line with lower-risk drinking guidelines should be set – this would suggest a reduction of 35% per capita from current levels and alongside this the measures that need to be developed to achieve this goal.

Given the cost of ill health to the state, overarching structures are required to ensure that Department of Health policy to reduce alcohol consumption and obesity are not overridden by other government departments acting to support unhealthy industries.

For example, the state should not be investing in health harming or obesity causing industries such as alcohol. As it stands the state, through the National Treasury Management Agency (NTMA), holds millions of euros worth of shares in alcohol companies, while the Ireland Strategic Investment Fund (ISIF) invests tens of millions in the alcohol industry.⁷¹ This also means the advertising or marketing of alcohol should not be provided with tax relief by government. Such actions lead to a significant conflict of interest for government.

There has been action in relation to other unhealthy products to reduce such conflicts of interest. For example, the ISIF does not invest in tobacco or fossil fuels.⁷²

In this context, the upcoming Healthy Ireland strategy must have buy-in from all government departments and be equipped with the appropriate mechanisms to ensure success in reducing ill health from preventable non-communicable diseases such as obesity.

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