



ALCOHOL ACTION IRELAND

Submission

to the Public Consultation on the
Draft National Drugs Strategy

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Website:
alcoholireland.ie

About us

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

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

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Introduction

Alcohol Action Ireland (AAI) welcomes the opportunity to contribute to the public consultation on the Draft National Drugs Strategy. As the national independent advocate to reduce alcohol harm, AAI strongly supports the development of a comprehensive and evidence-based strategy to guide Ireland's response to alcohol use over the coming years.

We recognise the significant work undertaken by the Department of Health in the review of the previous strategy and in preparing this draft version, and we welcome the opportunity to provide constructive input as the strategy is finalised.

Overall, the draft strategy sets out a positive framework for addressing alcohol use in Ireland. However, given the scale of alcohol-related harm, and its impact on individuals, children, families, communities, and public services, it is essential that alcohol is addressed clearly, consistently, and strategically within the final document.

AAI's submission highlights a number of constructive and technical points where the strategy could be strengthened, and which we feel will help the strategy achieve its aims. Our observations focus particularly on the importance of measurable targets, improved data and research, greater cross-government/departmental coordination, improved data collection in regard to alcohol-related mortality, increased resourcing for services, a renewed focus on tackling youth alcohol consumption, and reducing alcohol use as a policy measure to reduce illegal drug use.

AAI's contribution is informed by national and international research evidence, as well as by the lived experiences of those affected by alcohol harm through our initiatives Silent Voices, which raises awareness of parental problem alcohol use and Voices of Recovery, which aims to bring those in recovery into the policy making space.

Core observations

- 1 The strategy must include clear, measurable targets in its action and implementation plan to ensure accountability and track progress.
- 2 The strategy must ensure stronger and more consistent data collection on alcohol use and harms, alongside continued research.
- 3 The strategy must recognise alcohol's cross-departmental impacts and set out coordinated actions across relevant government departments.
- 4 The strategy must treat alcohol-related deaths as a distinct issue and ensure timely data collection, noting no dedicated data has been compiled since 2017.
- 5 The strategy must secure adequate human and financial resources to support child and family services responding to alcohol-related harm.
- 6 The strategy must include a dedicated focus on youth alcohol consumption through targeted prevention and early intervention.
- 7 The strategy must address alcohol use within wider substance use, recognising its role in patterns of drug use.
- 8 The strategy needs to outline a strategic plan and supports for Foetal Alcohol Spectrum Disorder and alcohol related brain injury.

- 1 The strategy must include clear, measurable targets and indicators within its action and implementation plan to enable monitoring, accountability, and evaluation of progress.

Public policy has significant impacts on population health, and the new National Drugs Strategy can have a tremendous impact on alcohol use in Ireland if implemented correctly. However, for the policy to achieve its aims, then the implementation plan must have measurable targets, and achievement of these targets must be measured qualitatively and quantitatively.[1]

Targets are one of the most important tools of health policy.[2] The setting and monitoring of targets in the National Drugs Strategy is the most important way which government and the Department of Health can provide leadership, guidance and strategic direction for the strategy itself, the health sector, and society.[3] Short, medium and long term targets should be set/ revised and indicators identified so as to ensure that these targets can be measured, monitored and reviewed – thus ensuring effective implementation of the strategy.

It is essential that the targets set in the National Drugs Strategy are measured quantitatively so implementation and outcomes are effectively appraised.[4] What gets measured, gets done – so setting targets will also ensure accountability.

In relation to alcohol, if those who are drinkers consumed within the current lower risk drinking guidelines, alcohol consumption per capita would be around a third lower than at present. Setting a target of population alcohol use per capita of 6.1 litres would be very meaningful. We recognised though that achieving such as target would require additional public health measures such as controls on price, marketing and availability of alcohol.

There is also a significant gap between levels of Alcohol Use Disorder and service provision. Clear targets must be set with a view to bridging this gap.

2 The strategy must ensure improved, consistent, and timely data collection on alcohol consumption and alcohol-related harms, alongside sustained investment in research to better understand and respond to these harms.

The importance of regular data collection in healthcare is indisputable. Accurate, organised, and regularly collected data is critical to helping patients, understanding public health, assessing policy implementation, and developing evidenced based solutions. This is especially true in relation to alcohol use in Ireland.

Unfortunately, in recent years the level of data collected on alcohol use in Ireland, and its harms, has deteriorated significantly. This has led to blind spots in public health policy and an inability to identify worrying trends in relation to alcohol use – such as the explosion in alcohol use amongst young people – a 12% increase in a decade.[5]

Given time series analysis, using small amounts of data collected and displayed frequently, is the gold standard for using data for improvement[6] – the National Drugs Strategy should prioritise regular data collection in relation to alcohol use in Ireland – including data on consumption, binge drinking, hazardous drinking, alcohol use disorders, parental problem alcohol use, alcohol treatment and unmet need, alcohol related harms, demographics, geographics, and health sector impact (primary, secondary, and tertiary levels), amongst other areas.

Research is just as important as data collection in improving health systems. The opportunities for researchers to improve health and health care by contributing to the formulation and implementation of policy are almost unlimited.[7] Therefore, the funding of high-quality research is essential for analysing data and informing policy. AAI believes the Health Research Board and third level institutions should be supported in researching the impact of alcohol and its harms and the overall implementation of the National Drugs Strategy. This will require dedicated funding streams.

3 The strategy must recognise and address alcohol's cross-departmental impacts, outlining how alcohol-related harms intersect with the responsibilities of other government departments and establishing mechanisms for coordinated policy responses.

AAI warmly welcomes the proposed establishment of an Inter-Departmental Committee, comprised of senior officials from Government Departments involved in implementing the strategy – Health, Education and Youth, Children, Disability and Equality, Social Protection, Rural and Community Development and the Gaeltacht, Justice, Home Affairs and Migration. The Health Service Executive, An Garda Síochána and other State agencies should be invited to attend the committee, as required.

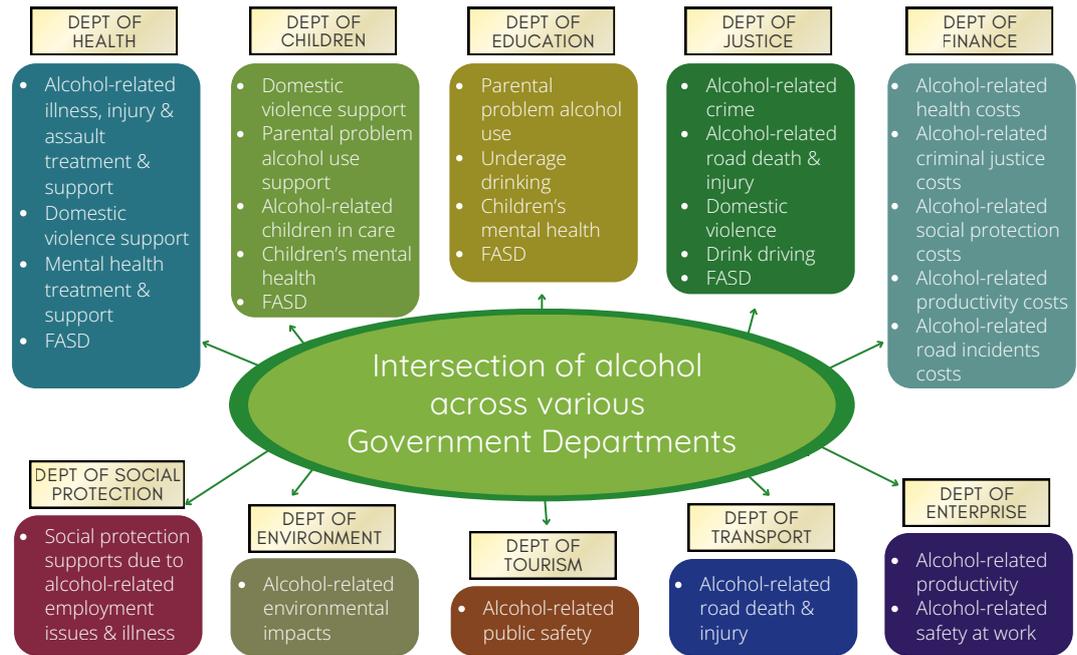
However, it is essential to have comprehensive and integrated systems in place in relation to alcohol. While this strategy is within the remit of the Department of Health, the reality is alcohol intersects with many other government departments and agencies, and the decisions they make regarding alcohol has an impact on public health, the health service, and the Department of Health. For instance, licencing falls under the Department of Justice, yet any extension in licencing hours, as proposed by the Sale of Alcohol Bill, will inevitably lead to greater alcohol harm and increased pressures, human and financial, on the Department of Health and HSE.

Similarly, the intersection of alcohol and physical and mental health, as well as road safety, and domestic, sexual, and gender-based violence – especially in relation to children – must also be acknowledged and strategies aligned to reflect this. While alcohol does not directly cause intimate partner violence, it is a risk factor for DSGBV.

A welcome point is made in the draft strategy around the need to provide tailored services for people with dual diagnosis led from a Mental Health perspective, and for those who experience homelessness, domestic or sexual violence, and gambling addiction. Any such provision must be integrated with other departments and agencies such as Cuan and for there to be a clear mechanism for this to happen.

A starting point for this should be the integration of alcohol into the strategies produced by relevant government departments, such as those produced by the Department of Justice, the Department of Children, the Department of Transport, and the Department of Health, to name but a few. The draft strategy already makes reference on the linkages of drugs and the justice system, however, this must be expanded to include all reference to all linkages of alcohol and drugs with other departments, agencies, and services – not least in areas such as transport and drink driving, alcohol and children, alcohol and productivity, amongst others.

The infographic below highlights where alcohol intersects with various government departments and provides a visualisation as to why these departments should weave alcohol and the protection of children into their work and the strategies they produce, where appropriate.



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.

4 The strategy must examine alcohol-related deaths as a distinct public health issue and commit to the timely and systematic collection of mortality data, noting that no dedicated dataset has been compiled since 2017.

As stated in our submission on the review of the current strategy, current data is bereft of essential information such as detailed data on alcohol deaths. There is no coronial death data for alcohol available since 2017 when the NDS was first initiated. Moreover, it is notable that illegal drug deaths have been collated every year of the NDS, with the most recent publication in September of last year including data from 2021. Alcohol poisoning deaths are included only in an appendix to that publication.[8]

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

AAI agrees with the strategy's commitment to monitoring and evaluation, but it still makes no recommendation regarding the evaluation of alcohol induced deaths. For the strategy to again exclude alcohol poisoning deaths does a disservice to those individuals and their families, and it should be amended and improved.

Accurate and organized data is critical to helping patients, understanding public health crises, and developing solutions based on population-wide epidemiological data.

Measuring in policy planning is essential for creating, implementing, and evaluating, evidence-based interventions that improve population health outcomes.

5 The strategy must advocate for adequate human and financial resources to ensure child and family services are properly equipped to respond to alcohol-related harms.

One of the most persistent barriers to rehabilitation and recovery for those with an alcohol use disorder is a lack of service capacity. Indeed, the draft of the national strategy acknowledges this and points to the gaps that exist in services for children, young people and families. This has been a significant issue in alcohol treatment services for some time, and it can only be addressed by the provision of the necessary resources, human and financial.

For example, approximately 15% of the population has an Alcohol Use Disorder (AUD), 570,000 people, with 90,000 at a severe level. However, in 2024 there were only 8,745 alcohol treatment cases[9]. This indicates there is a chronic level of unmet need for alcohol treatment services across the state. Therefore, it is essential that services are properly resourced and staffed so they can deal with the demand which exists.

Moreover, services must be responsive to children and families, ensuring their centrality to service development, treatment and rehabilitation. While there is also a need for child and family specific services as they are victims in their own right.

6 The strategy must include a dedicated and evidence-informed focus on youth alcohol consumption, with targeted prevention, early intervention, and education measures.

In recent years a narrative has emerged that youth drinking is perhaps no longer an issue in Ireland. However, the data shows that youth alcohol consumption has surged in the last decade with little or no political or media scrutiny of this trend or its impact.

The draft strategy notes some of the improvements in relation to youth drinking since the early 2000s. However, the use of 2019 data on consumption paints an outdated picture. If we are to take the issue of youth drinking seriously then we need to use the most recent data.

In 2002, 17.7% of 15–24-year-olds were non-drinkers,[10] yet, despite almost a quarter century of public health policy focus, or lack thereof, that figure stood at 22% for 2025.[11] This is of crucial importance, because when approximately 82% of young people were consuming alcohol in 2002 it was deemed a crisis – yet 24 years later with the figure standing at 78% it is not considered an issue anymore.[12]

Unfortunately, what has happened in relation to policy and media analysis of youth drinking is that assumptions have taken precedence over facts. Indeed, this concerning lack of focus has been apparent for over a decade during which youth alcohol consumption surged by 12%.

The situation has escalated so seriously that young people now consume alcohol significantly above the national average – 78% v 71%. Moreover, hazardous drinking is found to be commonplace (64%) among those aged 15–24 years, [13] binge drinking stands at 38%, and one in three young drinkers has an alcohol use disorder – almost 260,000 young people.[14][15]

Given this serious picture, the new national strategy must give a renewed focus to tackling youth drinking and prioritise and increase treatment service places.

7 The strategy must address alcohol use within the broader context of substance use, recognising its role in patterns of drug use and incorporating integrated prevention and treatment approaches.

It is important to note that in relation to alcohol consumption, especially youth consumption, recent comprehensive research reinforced the value of reducing, and delaying, alcohol consumption as a means of not only addressing alcohol use but also drug use.

HRB research has revealed that early initiation of alcohol use, particularly drinking before the age of 15 years, is strongly linked with later polysubstance use. From a policy perspective, the study underscores the need for integrated approaches that address multiple substances simultaneously, rather than focusing on individual drugs. Prevention strategies aimed at delaying alcohol use initiation, supporting families, and reducing peer influence are likely to be the most effective.[16]

Put simply, the strong association between drug use and early alcohol use found in the research underscores the importance of reducing youth alcohol consumption.[17]

8 The strategy must set out a clear, coordinated approach to Foetal Alcohol Spectrum Disorder (FASD) and alcohol-related brain injury, including prevention, early identification, diagnostic pathways, and access to appropriate supports and services.

The current draft strategy does not include any mention of alcohol related brain injury or Foetal Alcohol Spectrum Disorder (FASD). We believe this is a significant oversight given Ireland has the third highest rate of FASD in the world[18] with estimates cited by the HSE of 2.8%- 7.4%[19] of the population living with this lifelong condition.

FASD 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.

Furthermore, 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.[20] There is a need for the development of specialist service models including issues of the adaption of alcohol treatment services. Therefore, it is essential that the new National Drug Strategy address both these alcohol related health matters.

Conclusion

Alcohol Action Ireland welcomes the development of a new National Drugs Strategy and recognises the significant opportunity it presents to strengthen Ireland's response to alcohol use and related harms. The strategy provides a positive foundation, but its success will depend on how effectively it is implemented, monitored, and resourced over the coming years.

AAIs recommendations are intended to strengthen the strategy so that it can achieve its stated aims. Clear and measurable targets, robust and consistent data collection, and improved research capacity will be essential to ensure that policy decisions are evidence-based, and so progress can be measured in a meaningful way.

Equally important is recognising alcohol as Ireland's most widely used drug – that the scale and manner of its use amongst young people presents a public health crisis, that it plays a broader role in wider illegal drug use, and that it causes significant harms for children, families, and communities.

Moreover, addressing alcohol-related harms will also require coordinated action across government departments, adequate resourcing for treatment and family services, and improved collection of alcohol-related data, including mortality data, within national data sets.

Taken together, AAIs suggested measures would help ensure that alcohol is addressed in a coherent, strategic, and evidence-based manner.

We appreciate the opportunity to contribute to this consultation and look forward to continued engagement with the Department of Health as the strategy is finalised and implemented.

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