



**AlcoholAction**  
Ireland



# VOICES OF RECOVERY

POLICY  
DOCUMENT

**Alcohol Harm:**  
The Recovery Position



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.

**Voices of Recovery** is an AAI initiative to harness the lived experience of people in recovery from alcohol to drive policy change.

The initiative, led by people in recovery from alcohol, aims to remove the stigma around getting treatment for alcohol problems and to drive evidence-based policy change on issues such as better alcohol treatment services, curbs on alcohol marketing and holding the alcohol industry to account for the harm its product causes.

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*Recovery: A lifestyle that is voluntarily maintained and characterized by sobriety, personal health, and citizenship.*

**- Betty Ford Institute 2007**

Signed by

Paddy Creedon

on behalf of Voices of Recovery's first 10 signatories to its charter.

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

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

## Introduction

Voices of Recovery is an initiative from Alcohol Action Ireland (AAI) which launched in 2023. It is a person-led project driven by those in long-term recovery from alcohol dependency that seeks to:

- Harness the power of the lived experience of people in recovery from alcohol harm to drive progressive policy change
- Remove the stigma around getting treatment for alcohol problems
- Drive evidence-based change on key health, social, and economic issues such as better alcohol treatment services, curbs on alcohol marketing, and holding the alcohol industry to account for the harm its product causes

The project and its objectives will be led and delivered by a dedicated team of ten people in long-term recovery who signed up to the Voices of Recovery charter in September 2023: This team continues to champion recovery and achieve the aims as per the [Charter](#).

## Voices of Recovery and Alcohol Action Ireland

Voices of Recovery supports Alcohol Action Ireland as the national independent advocate for reducing alcohol harm. We are fully supportive of its mission to reduce alcohol harm and its vision of a society free from alcohol harm.

Voices of Recovery supports Alcohol Action Ireland in their current pursuit of the following:

- Full implementation of the Public Health Alcohol Act and all its constituent parts.
- Securing an increase in excise duty by at least 15% to bring excise back to its 2014 level and, going forward, ensuring that alcohol excise duty should be automatically linked to the Consumer Price Index.
- Consideration to developing a new 'polluter pays' alcohol levy system with funding raised to be ring-fenced for alcohol harm reduction strategies.

- Minimum unit pricing should have a mechanism for automatic uprating with inflation otherwise it will lose its public health value. There is also scope to consider that any such increase could be constructed as a levy with the income going to government to pay for alcohol harm reduction as opposed to profit to retailers.
- Funding for the HSE to develop its own treatment services that are trauma-informed, holistic and widely available at the time of need, and which deliver the same suite of services already available in the independent healthcare sector.
- Secure funding for Alcohol Care Teams within all major hospitals and linked to community services. Such teams are a proven cost-effective approach to providing much needed interventions for people with entrenched problem alcohol use.
- Dedicated funding for HSE and Tusla to give the national Hidden Harm framework - that recognises the adverse childhood experience of growing up with parental problem substance use - momentum and urgency.
- An immediate top-up of funding, separate to the existing budgetary allocation, of €25m for further implementing Sharing the Vision - the government mental health strategy which includes drawing together addiction and mental health services.
- Separate funding of no less than €25m should be provided immediately for resourcing organisations in the community and voluntary sector that provide mental health supports and general youth support services, as these are key to prevention and early intervention
- A comprehensive health impact assessment on the Sale of Alcohol Bill before its implementation.
- Establishment of a dedicated unit for Alcohol Harm Reduction within the Department of Health, which would co-ordinate all matters in relation to alcohol - licensing, marketing, development of services, commissioning of relevant data plus monitoring and evaluation of policy - in one place.

Voices of Recovery is committed to working with AAI to achieve these aims.

## Purpose

The purpose of this policy document is to highlight the following key deliverables from government for which Alcohol Action Ireland and Voices of Recovery are strongly advocating.

### Key policy deliverables - a summary

Voices of Recovery aim to achieve the following objectives in order to deliver progressive change across the key areas of health, the workplace, society and the economy:

1. A ring-fenced levy on alcohol sales
2. The removal of alcohol branding on all forms of transport
3. The abolition of alcohol product placement 'custom and practices' by public officials and other high-profile individuals
4. Similar restrictions on alcohol-free / 0.0 products as with mainstream alcohol products
5. A diversion programme for drink drivers
6. Improved communication, better education, and more timely treatment pathways
7. An extension of the HSE Alcohol Helpline to run 24 hours a day, 7 days a week
8. New initiatives including advertising that will reduce levels of shame and stigma
9. Addressing alcohol consumption/alcohol harm in corporate environments
10. The on-going collection of Alcohol Use Disorder (AUD) data

**1. Ring-fenced levy on alcohol sales**

Voices of Recovery believes the alcohol industry does not pay its fair share in relation to the harm caused by its product. Research from England found that over 60 % of revenues generated for the alcohol industry come from harmful, hazardous and dependent consumers of alcohol.[i] Such a levy has also been recommended by the Oireachtas Committee on Justice in its pre- legislative scrutiny of the Sale of Alcohol Bill.

**Therefore, we believe the government should implement a levy on alcohol sales to fund a continuum of care for individuals with alcohol use disorder.**

*“ The alcohol industry should pay for the harm it causes. It is unfair for ordinary people and the taxpayer to have to pick up the tab for the harm caused by an immensely powerful and profitable industry.” - Kenneth Egan*

## 2. The removal of alcohol branding on all forms of transport

Alcohol advertising seeks to recruit new drinkers and increase sales among existing consumers of alcohol, including those with alcohol use disorder and dependency.[ii] Indeed, as the Institute for Alcohol Studies states – research also shows that exposure of children and young people to alcohol marketing leads them to drink at an earlier age and to drink more than they otherwise would.[iii] It was for this reason that the Public Health (Alcohol) Act 2018 aimed to reduce the direct or indirect promotion of alcohol products.

However, there is a lacuna in the law where it comes to advertising and branded haulage. As it stands the branded haulage of the alcohol industry advertises alcohol products daily on the roads of our villages, towns, and cities.

**It is for this reason that Voices of Recovery believes that all forms of transport should be free of alcohol-related branding in order to reduce exposure to alcohol messaging and avoid triggers for people with AUD and normalize alcohol-free environments.**

*“When I see a branded alcohol truck on the road it just puts drink into the front and centre of my mind. The only purpose this serves is to encourage people, and people like me, to drink, no matter the cost.” - Paddy Creedon*

### 3. The abolition of alcohol product placement 'custom and practices' by public officials and other high-profile individuals

Alcohol is no ordinary commodity; it is a carcinogenic, psychoactive, and dependence-producing substance. The World Health Organisation (WHO) Global Action Plan 2022-2030 highlights alcohol as a major risk factor, declaring alcohol as a major risk factor for non-communicable diseases (NCDs), despite incredibly strong resistance from vested interests.[iv] The WHO has also outlined that consuming alcohol is associated with risk of developing liver diseases, heart diseases, and different types of cancers, as well as mental health and behavioural conditions such as depression, anxiety and alcohol use disorders.

**Therefore, alcohol cannot be treated in line with other products, and Voices of Recovery believes it is essential that a strategy is developed to regulate alcohol product placement in alignment with best practices and legislation similar to those governing tobacco products in Ireland. This would ensure that alcohol products are treated with the same level of scrutiny and restriction as tobacco products.**

*“Politicians being photographed drinking a pint at a political engagement, during the working day, is not only embarrassing, it also irresponsible. You wouldn’t see the head of the HSE, Irish Rail, or the Central Bank drinking on the job and giving free advertisement to a substance which causes billions of euros harm every year.” - Keith Cassidy*

#### 4. Similar restrictions on alcohol-free 0.0 products as with mainstream alcohol products

Many leading alcohol producers now have alcohol-free and low-alcohol variants, beverages known in different countries around the world as no, low, zero, alcohol free or non-alcoholic drinks or simply NoLos. Of significant concern are those products which share similar branding to their regular-strength counterparts, as they further normalise a culture of alcohol consumption and blur potential conflicts of interest in developing public health policies.

Whilst alcohol-free/0.0 products in themselves are not harmful, the use of surrogate marketing or brand-sharing in the promotion of alcohol-free and low-alcohol products certainly is. Such advertising occurs whereby alcohol-free and low-alcohol products use the core branding features of a regular-strength product – such as the advertising of the product name alongside 0.0 – in order to circumvent advertising restrictions under the Public Health (Alcohol) Act 2018 (PHAA).

These products are becoming increasingly visible in settings where alcohol is not allowed to be marketed, such as being displayed beside normal goods in retail outlets, advertising on and around the field of play in sports stadiums, near schools, on public transport, and on TV and broadcast channels during the day. These are serious issues which Voices of Recovery believes need to be addressed, especially given the developing evidence that marketing and advertising of zero-alcohol products results in increased intention and odds of purchasing and consuming alcohol drinks.[v]

**Voices of Recovery believes alcohol-free/0.0 products should be treated the same as their alcoholic equivalents regarding their placement in supermarkets and general advertisements. This means they should not be given preferential treatment or positioning that may undermine public health efforts.**

*“When alcohol was separated from ordinary goods in the supermarket, I could finally do my grocery shopping in peace, I was no longer worried or anxious about being confronted by alcohol. However, in recent years I found 0.0/Alcohol Free products are being strategically placed around the supermarket. The brands look the exact same and they have the same purpose as the advertisement of alcoholic products: buy, buy, buy – drink, drink, drink.” - Val Ward*

## 5. A diversion programme for drink drivers

Alcohol impairment impacts road safety and drink driving is a major factor in road collisions and fatalities on the road. Recent analysis of coronial data (2015-2019) found that, where a toxicology result was available, more than one-third of road user fatalities in Ireland had been drinking prior to the incident.[vi]

However, international research has shown that since the early 1990s, the rate of drinking and driving and the decline in serious road crash injuries that are alcohol-related appears to have plateaued at approximately 10% on

average globally,[vii] and research from the RSA shows that one in 10 Irish motorists have driven after consuming alcohol in the last 12 months.

Not engaging with drink drivers after they are caught is a missed opportunity to simultaneously improve both public health and public safety. Therefore, Voices of Recovery believes it is essential to consider mechanisms other than just education, enforcement, and disqualification to mitigate drink driving risk. We believe a diversion program for all drink drivers can be an important mitigation measure in tackling drink driving. Such a measure is important because people with AUD are more likely to drive while impaired by alcohol than their nonclinical counterparts.[viii]

Additionally, we believe an alcohol ignition interlock system should also be introduced for drink driving offenders. Ignition interlocks that automatically prevent a vehicle from starting if the individual is over the limit can protect public health and safety while also ensuring a reduction in drink driving recidivism.[ix]

Voices of Recovery believes that treatment should be prioritised when people are caught driving to ensure the individual has the opportunity to receive treatment and education that will help reduce the numbers reoffending.[x] Similarly, Voices of Recovery believes the introduction of alcohol ignition interlock systems offers the opportunity to address drink driving, attempt to reduce road fatalities, and try to protect public health and safety.[xi]

*“A diversion programme for drink drivers would be a great help in reducing the dangers caused by this reckless and sometimes overlooked practice of getting behind the wheel with drink taken. A car, with a driver who has consumed alcohol, is a dangerous and potentially lethal weapon. A holistic approach, including a diversion programme, would save much hardship, remorse, and innocent lives.” - Shane McVicker*

## **6. Improved communication, better education, and more timely treatment pathways**

People and families struggling with AUD can feel isolated and unsure where to turn for information and help. Voices of Recovery believes there should be no barriers to care where it comes to supporting people and their families struggling with alcohol use disorder.

### **Voices of Recovery recommends the development of a comprehensive communication, education, interventions, and treatment pathways**

**for individuals and family members with alcohol use disorder and their families. This initiative aims to support the estimated 90,000 people and their families struggling with acute alcohol use disorder in obtaining the necessary help and resources.[xii]**

*“ People must know where to turn – those impacted by substance misuse, especially their families, and their friends. The current situation is so isolating for everyone. People want help, people need help, but they don’t know where to turn.”*

**- Senator Frances Black**

## 7. An extension of the HSE Alcohol Helpline to a 24/7 platform

As it stands the HSE Alcohol Helpline is only operational Monday to Friday from 9.30am to 5.30pm. The HSE Alcohol Helpline plays an important role in providing a free confidential place where people can talk through their concerns about alcohol, get information about services, and consider the options available to improve outcomes. This service is often the first point of contact for those struggling with an AUD, their families and supports people across the country daily.

**Voices of Recovery believes the HSE Alcohol Helpline telephone service should be extended to operate 24 hours a day, 7 days a week, ensuring round-the-clock support for those in need. The HSE should conduct a cost-effectiveness analysis of delivering and maintaining a 24/7 helpline over and above the current 5-day arrangement. Furthermore, an on-going marketing campaign should be rolled out as a matter of urgency and funded by an alcohol levy as set out previously.**

*“You can finally decide you need help at any time of the day. That realisation is scary, it can sometimes be fleeting, but there needs to be help available when that time comes. Otherwise, opportunities will be lost, and people and families failed.”*

**- Mary Coughlan**

## 8. New initiatives including advertising that will reduce levels of shame and stigma

The negative attitudes and falsehoods about AUD need to be tackled and it must be made clear that AUD is not a choice or character flaw – it is a common medical condition that can happen to anyone, and which currently affects 578,000 people in Ireland, of which 90,000 are at a severe level, and 40,460 are estimated to be dependent on alcohol.[xiii]

Voices of Recovery wants all communications to address and strive to reduce the shame and stigma associated with alcohol use disorder. Creating an open and supportive dialogue is crucial in encouraging individuals and family members to seek help.

**The ten members of Voices of Recovery are prepared to act as brand ambassadors for recovery from alcohol use disorder. This role aims to help reduce shame and guilt, offering hope and support to those still suffering from alcohol use disorder.**

*“Alcohol Use Disorder is more common than people realise, and almost everyone wants people with an AUD to get help. However, sometimes after you get help and seek to educate people about your experience and the harms the alcohol industry causes, it is not a supportive environment. In fact, some people, particularly those who have absorbed industry arguments, hold having an AUD against you. It’s almost like you cannot win – we must see initiatives that reduce the shame and stigma around AUD – before and after diagnosis and treatment.” - Danielle Hughes*

## 9. Addressing alcohol consumption/alcohol harm in corporate environments

The workplace represents a useful access point for health promotion, including for addressing alcohol-related harm. Research has shown that employers can play an important role in reducing alcohol-related harm through the workplace by putting into place clear policies around alcohol in the workplace, as well as screening, education, and interventions aimed both at problem drinkers in the workforce and at changing the workplace culture.[xiv]

As the Institute of Alcohol Studies has outlined, many organisations now operate workplace alcohol policies designed to ensure workers are sober during working hours and identify and help

employees that require support.[xv] Indeed, such measures are more important than ever given the increase in remote and hybrid working. However, some corporate environments are lagging in terms of policies and culture on alcohol consumption.

**Voices of Recovery believes safety statements in all corporate environments should reflect the company's policy and culture on alcohol consumption within the firm, including their own legal requirements and duty of care to all its stakeholders. VoR believe these policies must be living documents which firms adhere to and apply in their day-to-day engagements.**

**Furthermore, we want to see the key stakeholders – government, employers' representatives, and the trade union movement – work together to ensure the adoption of the progressive approaches, such as the Akan Kompetansesenter in Norway, to deal with AUD and other substance use disorders in the workplace.[xvi]**

*“The work environment is one where you should feel valued, safe, and supported. It's important that work environments are professional, and that corporate professional responsibility is applied to alcohol to support and protect those in the workplace with and without an AUD.” - Gary O’Heaire*

## 10. On-going collection of AUD data

### 10.1 Health

Investment must continue and be increased, where necessary, in order to support the work done by the Health Research Board (HRB) and other agencies on alcohol harm. Additionally, improvements in the collection of AUD data across the HSE must be delivered. Currently, 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).[xvii] However, the data does not record broader patient related data, but just inpatient events.

It is important that the collection of AUD data is improved so organisations like the HRB can determine more accurately the impact of AUD on acute hospital services and how many times patients are admitted for the same condition. An analysis of the HRB Overview Series paper entitled, 'Alcohol consumption, alcohol-related harm and alcohol policy in Ireland', indicates that with improved data collection an epidemiological analysis of disease could be achieved.[xviii]

Furthermore, it is also essential that the HSE begin detailed collection of alcohol-related Emergency Department (ED) and outpatient data. Using HIPE data in how it is currently collected to assess the burden of alcohol use on acute hospital services can lead to an underestimation of the real impact of alcohol.[xix]

**Furthermore, outcome studies on all intervention methodologies (including ED, brief, outpatient and residential settings) should become a statutory requirement by the proposed new Alcohol Office. Voices of Recovery believes research studies, informed by comprehensive and reliable data, on the most effective recovery programmes from AUD should be a priority.**

### 10.2 Crime and the Criminal Justice System

Alcohol is a significant risk factor when it comes to crime. Alcohol plays a key role in crimes such as public order offences, domestic violence, assault and murder, as well as rape and sexual assault.[xx] This is in addition to offences that are obviously alcohol-related, such as driving under the influence of alcohol.

The type and severity of alcohol-related offences are wide-ranging, from inconvenience and disturbance to violent assault, domestic violence, and manslaughter. However, the impact of alcohol-related crime and anti-social behaviour has a ripple effect, extending beyond those directly affected and impacts the entire community, society, and the economy. Indeed, it has a pernicious effect on people's perceptions of safety and security, especially in our town centres and city centres.

Nevertheless, it is difficult to assess the impact of alcohol and crime due to the insufficient collection of high-quality data and the unreliability of collected data;<sup>[xxi]</sup> while other issues exist due to only a portion of alcohol-related crime being reported.<sup>[xxii]</sup> However, peer jurisdictions do collate such data. In 2022/2023 the Police Service of Northern Ireland reported that alcohol related crime made up 21.4 percent of all recorded crime,<sup>[xxiii]</sup> while in Scotland, where the status for those accused of homicide was known, it found that between 2013 and 2023, 49 percent were under the influence of alcohol.<sup>[xxiv]</sup>

More broadly, Voices of Recovery believes that comprehensive research is needed into alcohol related crime, incorporating the cause and effect of alcohol related harm and crime. Such research is a necessity for policy makers in devising harm and crime-reduction strategies aimed at eliminating alcohol related crime in the interest of public health and safety.

Furthermore, in June 2024 the Irish prison population surpassed 5,000 for the first time. We know from research that there is a growing need to address alcohol and substance use disorders within the prison population.<sup>[xxv]</sup> Therefore, Voices of Recovery believes that comprehensive data collection is necessary for the delivery of best practice, evidenced based policy, such as the Compassion Prison Project.<sup>[xxvi]</sup>

**Voices of Recovery believes the collection of data on alcohol and crime must be improved if we are to understand the true impact of alcohol on society, the criminal justice system, the economy, and the necessary solutions needed. This should include data on addiction and AUD amongst the prison population so as to inform the implementation of modern and progressive interventions.**

### 10.3 Work and productivity

As well as the direct costs to the health system and the criminal justice system, alcohol and AUD also has an impact on work and productivity. Research commissioned by the Department of Health put lost economic output due to alcohol at €614m annually. Of this lost economic output due to alcohol misuse, €195m was due to absenteeism and €185m due to accidents at work. However, this research dates from 2014, further underscoring the need for sufficient, reliable, and current data so we can understand the breadth and scale of the impact of alcohol misuse on work and productivity.

*“If we don’t measure it, it won’t count. Without collecting data on the scale of alcohol harm, then we can never truly address the harm alcohol does to individuals, families, communities, society, and the economy.” - Dr Stephen Dansiger*

**Voices of Recovery calls for the collection of up-to-date and precise data on impact of alcohol lost productivity or alcohol-related injury at work.**

### 10.4 Public finances and the economy

Alcohol related harm has an economic cost that negatively impacts the public purse. The OECD estimates that, for Ireland, the costs of alcohol related harm are of the order of about 1.9% of GDP which tallies with research cited by the World Health Organisation that in high income countries alcohol harm amounts to up 2.5% of GDP. Therefore, alcohol related harm is costing the State approximately €9.6bn-€12bn annually.[xxvii] This is an astonishing cost which reinforces that alcohol is no ordinary commodity, and the damage caused by its misuse would not be tolerated of any other product.

**Voices of Recovery believes that a Citizens Assembly should be tasked with examining the overall costs and economic harm being caused to the Irish economy by AUD similar to the project undertaken on the impact of drugs in Ireland.**

## Conclusion

Whether politicians, the media, or society wish to admit it, the facts show that Ireland has a very significant problem with alcohol. Over 60% of those who drink have harmful drinking patterns, and around 15% of the population has an alcohol use disorder (AUD). This equates to 578,000 people with an AUD, of which 90,000 are at a severe level, and 40,460 are estimated to be dependent on alcohol.

Alcohol harm costs high-income countries like Ireland 2.5% of GDP - €12bn annually - according to the World Health Organisation. 1,500 hospital beds are in use daily due to alcohol harm; almost one million people have grown up with a problem drinker in the home; and 37% of driver fatalities with a toxicology result available had a positive toxicology for alcohol.

It is time Ireland fronts up to the harmful aspects of its relationship with alcohol and meaningful policy changes pursued to reduce harm from alcohol.

It is precisely this which Voices of Recovery seeks to achieve.

**Signed on behalf of Voices of Recovery by Paddy Creedon**

**Danielle Hughes, Val Ward, Mary Coughlan, Frances Black  
Kenneth Egan, Shane McVicker, Gary O’Heaire, Keith Cassidy,  
Stephen Dansiger.**

Alcohol Use Disorder (AUD) is a pattern of alcohol use that involves problems controlling your drinking, being preoccupied with alcohol or continuing to use alcohol even when it causes problems. This disorder also involves having to drink more to get the same effect or having withdrawal symptoms when you rapidly decrease or stop drinking. AUD can be mild, moderate, or severe.

AUD is measured using the DSM-5 diagnostic evaluation, and a problematic pattern of alcohol use leading to clinically significant impairment or distress is manifested by at least 2 of the following, occurring within a 12-month period:

1. Alcohol is often taken in larger amounts or over a longer period than was intended
2. There is a persistent desire or unsuccessful efforts to cut down or control alcohol use
3. A great deal of time is spent in activities necessary to obtain alcohol, use alcohol, or recover from its effects
4. Craving, or a strong desire or urge to use alcohol
5. Recurrent alcohol use resulting in a failure to fulfil major role obligations at work, school, or home
6. Continued alcohol use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of alcohol
7. Important social, occupational, or recreational activities are given up or reduced because of alcohol use
8. Recurrent alcohol use in situations in which it is physically hazardous
9. Alcohol use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by alcohol
10. Tolerance, as defined by either of the following:
  - A. A need for markedly increased amounts of alcohol to achieve intoxication or desired effect, or
  - B. A markedly diminished effect with continued use of the same amount of alcohol.
11. Withdrawal, as manifested by either of the following:
  - A. The characteristic withdrawal syndrome for alcohol, or
  - B. Alcohol is taken to relieve or avoid withdrawal symptoms.

- A mild AUD is characterised by 2-3 of the above.
- A moderate AUD is characterised by 4-5 of the above.
- A severe AUD is characterised by 6 or more of the above.

Heavy episodic drinking (HED) is defined as consuming six or more standard drinks on a single occasion. Engaging in monthly HED may be considered a hazardous pattern of drinking.

HED is measured using the below Alcohol Use Disorders Identification Test–Concise (AUDIT-C). This is a three-question screening test that asks about frequency of drinking, typical volume consumed per drinking occasion, and HED. In this survey, a score of 5 or higher is considered positive for a hazardous pattern of drinking.

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# Key policy deliverables



1

A ring-fenced levy on alcohol sales

2

The removal of alcohol branding on all forms of transport

3

The abolition of alcohol product placement 'custom and practices' by public officials and other high-profile individuals

4

Similar restrictions on alcohol-free / 0.0 products as with mainstream alcohol products

5

A diversion programme for drink drivers

6

Improved communication, better education, and more timely treatment pathways

7

An extension of the HSE Alcohol Helpline to run 24 hours a day, 7 days a week

8

New initiatives including advertising that will reduce levels of shame and stigma

9

Addressing alcohol consumption/alcohol harm in corporate environments

10

The on-going collection of Alcohol Use Disorder (AUD) data