

# Leading Change A Society Free from Alcohol Harm

Strategic Plan 2020–2024





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## Alcohol Action Ireland Patron



Harm from alcohol has an enormous impact on Irish society. It has blighted the lives of multiple individuals and families leading to significant difficulties with emotions and relationships, physical and mental health. It puts considerable strain on our health, social care and justice systems with considerable resources needing to be deployed to address the harm.

Alcohol Action Ireland has been leading policy change in this area since 2003. The organisation has brought expertise, drive and commitment to its advocacy work which has already led to considerable success in achieving legislative change around alcohol control.

I am now very pleased to welcome this strategic plan which will guide the work over the next five years. I look forward to seeing further progress towards the vision of an Ireland free from alcohol harm.

**Professor Geoffrey Shannon**

## Alcohol Action Ireland Chairperson



Imagine a childhood in Ireland free from alcohol harm! This is every child’s human right. A childhood spent growing up with parental alcohol misuse causes untold harm, the impact of which can last a lifetime affecting the child’s development and health.

This harm is recognised internationally as an adverse childhood experience. There must be an end to the shame and stigma which surrounds this experience. Silent Voices, the new initiative of Alcohol Action Ireland, is determined to highlight and respond to this hidden harm. Reducing the harm caused by alcohol consumption is one and early trauma-informed interventions for children is another. But if we are to succeed in tackling the intergenerational transmission of this alcohol-related trauma and pain, which permeates Irish society, we must have compassionate supports in place for the adult child of parental alcohol misuse.

**Carol Fawsitt**

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## Alcohol Action Ireland Chief Executive Officer



Since 2003 Alcohol Action Ireland has been developing and articulating clear, evidence-based policies to reduce alcohol harm in Ireland.

Working with multiple partners both nationally and internationally the organisation was highly instrumental in the formulation and successful passage of the Public Health (Alcohol) Act 2018. With its passage it is now very opportune to consider our priorities over the next five years. This plan identifies the key challenges facing Ireland in this area and sets out our approach to addressing them so that we can move a step closer to realising our vision of an Ireland free from alcohol harm.

**Dr. Sheila Gilheany**

# Background

**Ireland has a troubled relationship with alcohol. There is extensive evidence for this including<sup>1</sup>:**

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Over 1000 deaths per year in Ireland attributable to alcohol use

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1500 beds every day are occupied by people with alcohol-related problems

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€1.5 billion is spent annually on alcohol related hospital discharges, about 10% of the Healthcare budget

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Alcohol is a factor in half of all suicides

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900 people in Ireland are diagnosed with alcohol-related cancers annually, associated with approximately 500 alcohol related cancer deaths

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Drink-driving is a factor in two fifths of all deaths on Irish roads

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Alcohol is a factor in the vast majority of public order offences

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200,000 children are affected by Parental Alcohol Misuse<sup>2</sup>

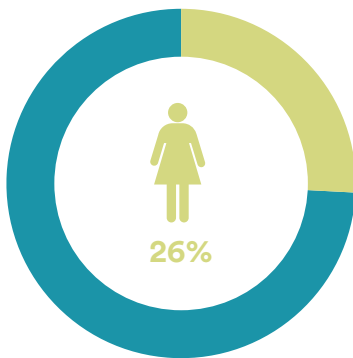
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More than 60,000 children in Ireland start drinking each year<sup>3</sup>

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In Ireland, 54 per cent of Irish men, and 26 per cent of women, are classified as heavy episodic or binge drinkers



Such statistics are stark and point to a huge level of harm – physical, mental, emotional and economic. Alcohol consumption in Ireland almost trebled over the four decades between 1960 and 2000 (4.9 to 14.1 litres of pure alcohol per capita aged over 15 years). This dramatic rise came about as alcohol became much more affordable and much more widely available through increased numbers of off-licences and in local shops, garages and supermarkets. Over the past two decades consumption levels have varied with both changes in excise duties and income levels as Ireland has emerged from the economic recession.

Current annual alcohol consumption in Ireland is now 11 litres per capita. This level is 21% above the Department of Health target<sup>4</sup> for 2020 of 9.1 litres per capita. Given that there is once again a rising trend in consumption since 2013<sup>5</sup>, it is clear that major changes are needed if this target is to be achieved.

It is not just the total alcohol consumption which is concerning in Ireland but also the pattern of drinking which determines levels of harm in a population. In Ireland, 54 per cent of Irish men, and 26 per cent of women, are classified as heavy episodic or binge drinkers<sup>6</sup>. Ireland ranks fifth in the world for such binge drinking.<sup>6</sup> Women and adolescent girls in Ireland have the fourth highest rate of such heavy episodic drinking in the world.<sup>6,7</sup> This last figure is not surprising given the increased level of alcohol marketing to women.<sup>8</sup>

A significant issue around alcohol is its impact on mental health. Strong links have been found between substance misuse and depression while alcohol

can intensify the symptoms of other mental health problems such as anxiety. The link between alcohol and suicide is also well established. As noted in the 2013 *All-Ireland Young Men & Suicide Project Report*<sup>9</sup>, ‘the reduction of alcohol consumption is one of the few unequivocal, evidence-based, measures that has been shown to reduce suicide and repeat deliberate self-harm’.

A key area of concern from alcohol consumption is Harm to Others. The 2018 HSE report<sup>10</sup>, *The untold story: Harms experienced in the Irish population due to others’ drinking*, indicated that 44% experienced negative consequences in the past 12 months due to the drinking of people they know with one in six carers reporting that children, for whom they had parental responsibility, experienced harm because of someone else’s drinking. One in seven workers reported work-related problems due to co-workers drinking. The total estimated costs of such harm to others across these sectors is assessed at €862.75 million annually.

There is strong, unequivocal evidence from many jurisdictions that harms from alcohol can be effectively reduced by adopting and implementing proven public health policies. In this regard the World Health Organization (WHO) ‘best buys’<sup>11</sup> are clear. The use of government levers around alcohol price, availability and marketing restrictions will bring about a reduction in alcohol harm. It is equally apparent that in the absence of such policies there will be high levels of alcohol consumption and the resultant harms will rise.

## Foundation of Alcohol Action Ireland

Alcohol Action Ireland (AAI) was formed in 2003 as a key recommendation of the 2002 Strategic Task Force on Alcohol<sup>12,13</sup> in response to historically high levels of alcohol consumption.

Since that time it has established a strong reputation as a trusted source of alcohol policy information for media, stakeholders and the public. It has strongly advocated for the introduction of a public health approach to alcohol. It has also worked closely with the Health Service Executive (HSE) in providing strategic direction to the alcohol programme particularly through advice on the development of the [askaboutalcohol.ie](http://askaboutalcohol.ie) website.

AAI was highly instrumental in the formulation and successful passage of the Public Health (Alcohol) Act 2018 (PHAA). The PHAA is a suite of measures including minimum unit pricing, restrictions on alcohol advertising, labelling of alcohol products and separation of alcohol products from regular groceries in shops. The measures are relatively modest but if fully implemented will make a welcome contribution to the reduction of alcohol harm in Ireland and forms a significant part of the Government's strategy on drugs and alcohol, *Reducing Harm, Supporting Recovery A health-led response to drug and alcohol use in Ireland 2017–2025*.

AAI along with the Royal College of Physicians of Ireland established the Alcohol Health Alliance Ireland (AHA) in 2015 which brought together over 50 NGOs, charities and public health advocates to campaign successfully for the passage of the PHAA.

The passage of the PHAA is a significant milestone for the organisation and leads to the question – where now for AAI? While it might be tempting to conclude that the legislation will address all concerns around the misuse of alcohol, in fact it is only a stepping-stone and a stone that, in itself, needs to be firmly cemented by ensuring its full implementation.



# The way forward for Alcohol Action Ireland

Alcohol Action Ireland (AAI) is now setting out its vision, mission, values, goals and actions over the next five years in this strategic plan. Our vision is of a society free from alcohol harm. Given the current levels of alcohol harm in Ireland there is a real urgency to maintain pressure on harmful alcohol consumption.

It is clear from interventions in other countries e.g. Iceland<sup>14,15</sup> and Estonia<sup>16</sup> that concrete government action guided by public health policies as recommended by the WHO can lead to significant reductions in alcohol consumption and consequent measurable improvements in public health. In Iceland the percentage of adolescents who have never used alcohol during their lifetime rose from 20.8% in 1995 to 65.5% in 2015<sup>14</sup>. In Estonia there has been a reduction in alcohol consumption from 14.8 litres per capita in 2007 to 9.9 litres per capita in 2016 while the number of deaths from alcohol related illnesses fell by 40% over this period.<sup>16</sup>

It is apparent also, that an overall reduction in alcohol consumption will strongly contribute to the aims of the Healthy Ireland Framework – e.g. in the areas of obesity, smoking, well-being and sexual health. There are also multiple other areas of Government strategy in which the reduction in alcohol consumption has a significant role e.g.

- Reducing Harm, Supporting Recovery. A health-led response to drug and alcohol use in Ireland 2017–2025.
- Healthy Ireland: A Framework for Improved Health and Wellbeing 2013–2025

- Steering Group Report on a National Substance Misuse Strategy 2012
- National Strategy for Women and Girls 2017–2020.
- National Men’s Healthy Action Plan Healthy Ireland 2017–2021
- Connecting for Life, National Strategy to Reduce Suicide, 2015–2020.
- National Youth Strategy 2015–2020
- Better Outcomes Brighter Futures: The national policy framework for children & young people (2014–2020).
- Children First: National Guidance for the Protection and Welfare of Children 2017
- First 5. A Whole-of-Government Strategy for Babies, Young Children and their Families 2019–2028

A full breakdown of the intersection of alcohol reduction with these plans is given in Appendix 1.

AAI’s work has been informed by the WHO European action plan to reduce the harmful use of alcohol 2012–2020.<sup>17</sup> As that plan concludes, AAI is working closely with its international partners in the development of the WHO’s new strategic objectives.

For Ireland to achieve change there is a clear need for both policy development and strong advocacy. AAI is seeking to build on its achievements in this area to establish itself as the thought leader in this space. On a stage where other actors are duplicitous and dubious, we should view our voice as authoritative and authentic. We must reinforce our position as the source of trusted information, analysis, opinion, research and data but also the leader in communication – dissemination, innovation and distribution.

This long-term vision of an Ireland free from alcohol harm will guide our continuing activity. Each step, while small, will help to change Ireland’s unhealthy relationship with alcohol and will deliver a significant contribution to government strategies to improve public health in Ireland. The steps will provide a significant counter-balance to the alcohol industry and its surrogates narrative, which seeks to place all accountability for alcohol harm on individual behaviour while abdicating any responsibility for their role in creating an environment that allows intensely marketed alcohol products to be widely available at pocket money prices.

# Our vision

**A society free from alcohol harm**

# Our mission

**To advocate to reduce alcohol harm**

# Our values

**We are committed to the following values:**

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Compassion – avoiding any judgements on the individual

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Evidenced-based approach

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Integrity

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Transparency and honesty

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Commitment to long-term well-being and public health

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Working in partnership

# Our goals

- 1** Coherent and urgent implementation of Public Health (Alcohol) Act 2018 in full

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- 2** A childhood free from alcohol harm

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- 3** Services for all affected by alcohol harm

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- 4** Establishment of a state-sponsored Office to lead on alcohol policy

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- 5** Be the authority on alcohol advocacy and policy in Ireland

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# Actions around each of our goals

The individual goals build on strengths within the organisation and are cross-cutting. For example, the full implementation of the Public Health (Alcohol) Act will help to protect children from alcohol harm while advocating for the provision of comprehensive services will help to support children who are currently being harmed by alcohol. Alcohol harm intrudes into many aspects of life in Ireland and so has implications for multiple government departments.

The establishment of a state-sponsored Office to take the lead in co-ordinating all actions around alcohol will have the effect of keeping government focus on this critical issue and reduce the impact of alcohol industry efforts to water down public health measures. All of these actions will require innovative thinking, research, analysis and communication. Taken together the achievement of these goals has the potential to lead to a significant drop in the level of alcohol harm in Ireland and bring about a necessary cultural change in our relationship with alcohol.

## How will we achieve our goals?

We will conduct public attitude surveys on issues around alcohol which will help to identify issues and mark possible changes achieved. Using the Silent Voices model we will also seek input from people with lived experience and their families or supporters including young people to help inform our positions on alcohol issues.

We will raise the issues with politicians, key government agencies and in the media utilising all our communication channels.

We will illustrate the issues involved using both existing data and personal stories. We will work pro-actively with policy formers and influencers in all government departments to ensure alcohol issues and the impact on the next generation, i.e. children, are included in the development of policy – e.g. Dept of Health, Children and Youth Affairs, Education, Justice, Finance, Transport, Tourism and Sport, Culture, Heritage and the Gaeltacht.

We will seek to have specific policies adopted by government which will address the issues.

We will work with other like-minded organisations to amplify our voice.

We will seek funding from government, non-alcohol business and philanthropic sources to support our work.

We will ensure that our board and governance structures are in line with what the organisation needs to achieve our aims.

Where necessary we will seek expertise in communications, legal and economic issues.

## What resources are needed to achieve our goals?

### Staff Requirements

Chief Executive Officer to co-ordinate all aspects of the organisations and to ensure funding for activities.

Head of Communications and Advocacy to develop and deliver AAI's messages to multiple audiences through media relations and public affairs.

Policy Research Officer to develop the research base from which AAI will develop its central messages.

Internship Research Assistant to support all aspects of AAI e.g. through organisation of meetings, events, assisting in policy research and delivery of communication messages.

With funding, we aim to augment our core staff with additional expertise to assist with our goals.

# 1 Coherent and urgent implementation of the Public Health (Alcohol) Act 2018 in full

The passage of the Public Health (Alcohol) Act 2018 (PHAA) is a significant marker in the history of addressing alcohol harm in Ireland. It includes a range of measures such as the introduction of Minimum Unit Pricing, restrictions on advertising, labelling of alcohol products and separation of alcohol products in shops. It is being closely watched internationally by both public health policy makers and the global alcohol industry.

Some elements of the legislation have been commenced. However, it is critical that is implemented urgently and in full, and that there is proper implementation and monitoring of its provisions. Given the level of opposition to the Act from the alcohol industry it is likely that there will be moves to prevent it achieving its public health goal of a reduction of alcohol consumption in Ireland.

The current level is 11 litres per capita per annum and since 2013, this has been moving further away from the Department of Health target of 9.1 litres per capita per annum – the OECD average. The legislation also allows for a review three years after Sections 13–20 have been commenced and are completed. AAI aims to have additional evidence available to ensure issues such as the affordability of alcohol are looked at again in relation to the

level of the minimum unit price, and alcohol product sponsorship in sport is prohibited.

The full and coherent implementation of the suite of measures set out in the PHAA will likely result in the reduction in consumption levels of alcohol. Such an outcome will contribute to the advancement of multiple policy goals set out in key government plans and strategies as outlined in Appendix 1. Its implementation is also central to the achievement of all of AAI's goals as set out in this strategy document.

Given the potential significant positive impact of the PHAA it is vital that it is fully implemented. The proposed actions are designed to sustain public interest and demand for PHAA, increase political pressure for this and to counteract tactics from the alcohol industry to delay its full implementation.

## Actions

- 1.1 In the next Dáil & Seanad Éireann, establish a cross-party group in the Oireachtas focussed on reducing Alcohol Harms. Work with this group to highlight all issues around alcohol and draft terms of reference.
- 1.2 Maintain Parliamentary affairs; maximise all media opportunities, traditional and new, to emphasise the need for rapid implementation of PHAA.
- 1.3 Produce regular score cards of government action around PHAA.
- 1.4 Work with local community groups to monitor compliance with the measures.
- 1.5 Work with our international partners.
- 1.6 Advocate for good monitoring and evaluation data including baseline data such as in Scotland.
- 1.7 Conduct annual price/market review survey.
- 1.8 Hold a seminar on the anniversary of the Act to highlight outputs from the Act.
- 1.9 Gather market research on attitudes towards the PHAA.
- 1.10 Work with political parties to ensure full PHAA implementation is included in their pre-election manifestos.
- 1.11 Re-establish the Alcohol Health Alliance Ireland to amplify advocacy around the core objectives of the PHAA.



## 2 A childhood free from alcohol harm

The impact of alcohol on children can have life-long implications. Children in Ireland are currently experiencing harm from alcohol in multiple ways, including:

- Exposure to alcohol during pregnancy
- Brought up in families where there is parental alcohol misuse;
- Exposure to risk on the streets from others who are engaged in high-risk alcohol consumption;
- Introduced to alcohol at an early age

Ireland is one of the top five countries with the highest estimated prevalence of alcohol use during pregnancy.<sup>18</sup> It is estimated that 600 babies are born with Foetal Alcohol Syndrome each year<sup>18</sup> and around 40,000 people are living with the condition.<sup>19</sup>

Given the historical pattern of alcohol misuse in Ireland, where 1.34 million people are estimated<sup>1</sup> as having a harmful relationship with alcohol, AAI believes it probable that 400,000 people in Ireland are adult children from alcohol impacted families.<sup>2</sup> Data from a HSE/TCD study indicates that a further 200,000 children today are likely living with the traumatic circumstances of a childhood arrested by alcohol related harms.<sup>2</sup> Furthermore, the impact of Adverse Childhood Experiences (ACEs) on young people right through their lives has now been well documented and we know that multiple ACEs greatly increase the likelihood of poor physical and mental health in later life.<sup>20,21,22</sup>

In 2019 AAI launched its Silent Voices initiative which aims to highlight these issues and the proposed actions in this plan will build on this work. A key aspect of this work is to forge greater awareness among children's organisations of need to advocate around Hidden Harm. AAI believes that by placing the issues of ACEs on

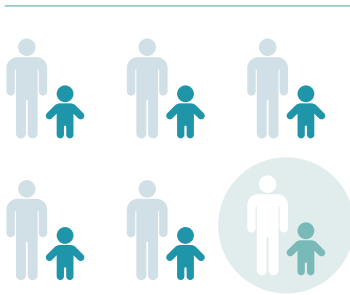
the policy agenda, the problems that young people face from childhood to adulthood as a result of their experiences can be seen and dealt with through a new prism.

Starting to drink alcohol as a child, which is widespread in Ireland, is more likely to lead to heavy episodic drinking and is a known risk factor for later dependency. It can delay the development of vital coping, personal and social skills. It can damage adolescent brain development.<sup>23</sup>

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.<sup>24</sup> Such pervasive marketing is one of the principal reasons why in 2018 77% of 15–16 year olds in counties Galway, Mayo and Roscommon are drinking, with 30% of them starting at age 13 years, which is an alarming finding.<sup>25</sup> The protection of children from alcohol marketing and availability is essential. While the PHAA contains some measures restricting alcohol advertising it does not go far enough and does not include areas such as sports sponsorship or internet advertising.

Parental attitude towards alcohol is also a key factor in predicting the likelihood of a child drinking. In the UK, analysis of the NHS Digital Survey<sup>26</sup> found that children who said that their parents let them drink as much as they wished were 22 times more likely to have drunk alcohol in the last week than those whose parents disapproved of their drinking. This was a better predictor than the child's age, whether they take drugs or smoke, whether they play

## A childhood free from alcohol harm (continued)



1 in 6 children today are likely living with the traumatic circumstances of a childhood arrested by alcohol related harms.

truant or their ethnicity. Furthermore, of those pupils who obtained alcohol in the last four weeks, they were most likely to have been given it by parents or guardians (71%). In Ireland research carried out in Cork noted that a liberal attitude to alcohol and increased levels of consumption by the parent are linked to hazardous adolescent drinking behaviour.<sup>27</sup>

Clearly finding ways to bring about societal change must involve raising awareness among parents and supporting them to prevent childhood alcohol consumption. There is a need to support parents in adopting a more consistent message of disapproval of drinking by their adolescent children. In this regard there are lessons to be learned from Iceland's approach to reducing alcohol use in teenagers by focussing on having young people involved in structured group activities and working closely with parents on a local basis.<sup>14</sup>

Targeted measures towards curbing alcohol harm to children are aligned with several current government policy priorities as detailed in Appendix 1.

**AAI's goal is that children should have a childhood free from alcohol harm – i.e. to protect children in their developing environment from the impact of alcohol related harms including raising awareness of parental alcohol misuse, safety, marketing, sale and consumption of alcohol.**

### Actions:

- 2.1 Support Silent Voices in its work
- 2.2 Collate personal narratives from people and families affected by alcohol harm to help illustrate the issues for policy makers, professional bodies and the public and to provide education on this societal issue
- 2.3 Produce a manifesto of changes in government policy which are needed to address the harms to children and seek commitments from politicians and parties
- 2.4 Research and produce an on-line module to assist adult children impacted by parental alcohol misuse
- 2.5 Forge greater awareness among children's organisations of the need to advocate around this issue.
- 2.6 Advocate for a ban on alcohol sports sponsorship
- 2.7 Advocate for zero alcohol use by children. Highlight initiatives around parenting which support zero tolerance for underage drinking.



### 3 Services for all affected by alcohol harm

#### Treatment Services

Health Research Board data<sup>1</sup> suggests that there are between 150,000–200,000 dependent drinkers in Ireland. International data suggests that at any one time 10% of such a cohort may be seeking treatment.

However, in Ireland there are only about 3,500 new cases per annum entering treatment.<sup>28</sup> This suggests a critical shortage of alcohol treatment services. The 2012 Steering Group Report on a National Substance Misuse Strategy highlighted many areas where treatment could be developed. The Government has committed specifically to improving the services available for alcohol treatment within its strategy to address the harm caused by substance misuse, *Reducing Harm, Supporting Recovery 2017–2025*.

There is a clear need to advocate strongly for the implementation of the actions proposed in this strategy and those within the earlier 2012 report.

Understanding the costs of alcohol-related treatment services is an important aspect of public health policy. We know that the HSE allocates in the region of €155M annually for drug and alcohol treatment services across the country. However, as well as funding a wide range of drug and alcohol treatment services, this figure includes funding for access to health services for a range of vulnerable groups including Travellers and Roma, asylum seekers and the homeless. Without robust and transparent data, and indeed a clear picture of how many people are accessing alcohol treatment services, it is very difficult, if not impossible, to build a clear picture of what is required for modern, effective service provision.

#### Alcohol and Mental Health Services

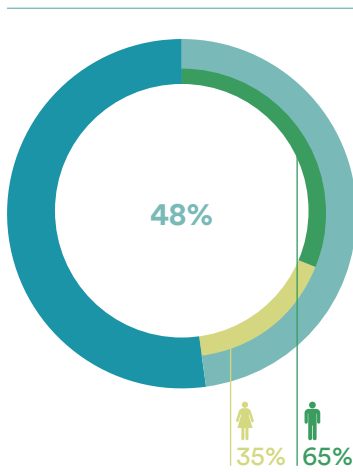
Alcohol has a significant impact on mental health. The *All-Ireland Young Men and Suicide Project Report*<sup>9</sup> found that alcohol and substance misuse tend to be higher in young men and

are associated with increased suicide risk. Irish women are now drinking more and more often than in previous generations<sup>7</sup>. It is noteworthy that women in the general population are twice as likely as men to suffer from depression and may also experience greater stigma due to substance misuse than their male counterparts.<sup>29</sup>

Despite these known links there is a significant issue in Ireland around ‘dual diagnosis’ with most mental health services and addiction treatment centres currently not organised to holistically treat people with both a substance abuse problem and another mental health issue such as depression or an anxiety disorder. As noted though in the government’s key strategy document for mental health, *A Vision for Change*,<sup>30</sup> children and adolescents who are misusing substances and also have a mental health problem should have access to teams with special expertise in this area. An updated mental health policy, replacing the 14-year-old *A Vision for Change* strategy, is due to be published by the Government this year. Given the considerable overlap between alcohol harm and mental health, AAI strongly recommends that any new strategy takes an integrated public health approach to providing person-centred services. Of particular importance is that people with a “dual diagnosis”, are recognised as requiring tailored interventions. AAI wants to see formal protocols to ensure collaboration between addiction and mental health services and co-location of addiction counsellors on mental health teams across the country.



## Services for all affected by alcohol harm (continued)



7,350 cases are treated for problem alcohol use annually. 3,528 (48%) are new cases, of which 65% are male and 35% are women. Source: HRB Statistics 2017 (published 04.2019)

### Alcohol Care Teams

Alcohol care teams, mainly developed in acute UK hospitals, reduce acute hospital admissions, readmissions and mortality, improve the quality and efficiency of alcohol care, and have 11 key evidence-based, cost-effective and aspirational components.<sup>31</sup>

A clinician-led, multidisciplinary team, with integrated alcohol treatment pathways across primary, secondary and community care, 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 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.

### Services for those impacted by alcohol Harm to Others

As highlighted in Goal 2, AAI believes it probable that 400,000 people in Ireland are adult children from alcohol impacted families and that a further 200,000 children today are living with and impacted by parental alcohol misuse.<sup>20</sup> Such families need access to ongoing trauma-informed support services.

These services are not widely available. However, the provision of services with easy accessibility especially before problems become deeply rooted has the potential to greatly reduce harm from alcohol. The proposed actions are designed to address this issue.

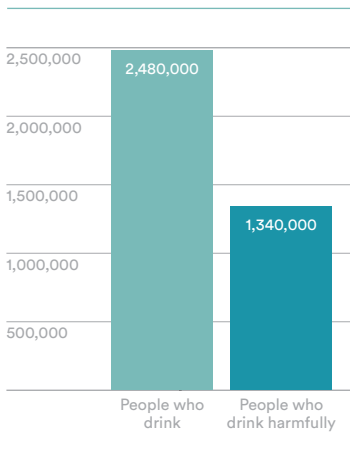
The wider issue of alcohol harm to others as highlighted in the HSE report *The Untold Story*<sup>10</sup> has implications in areas such as the workplace where alcohol harm costs at least €122.6 million annually. AAI aims to develop training services and workplace policies for businesses in this area.

### Actions

- 3.1 Conduct a survey of treatment services in Ireland seeking input on what is needed and identify specific examples of gaps in services. Seek voices of both service users and service providers.
- 3.2 Find stories of where treatment has worked and examples of people falling through the cracks
- 3.3 Identify models of good practice internationally
- 3.4 Advocate for prevention aspects of treatment such as screening and brief intervention
- 3.5 Advocate for a whole-hospital approach to alcohol intervention
- 3.6 Produce reports around mental health and alcohol – e.g. links between alcohol use and childhood trauma, dual diagnosis problems
- 3.7 Prepare submission for 2020 review of *Reducing Harm, Supporting Recovery* strategy
- 3.8 Produce training module to address alcohol workplace harm.

## 4 Establishment of a state-sponsored Office to lead on alcohol policy

The Public Health (Alcohol) Act (PHAA) is a significant milestone for Ireland’s approach to addressing alcohol harm. However, it is imperative that its passing is not seen as the full answer to Ireland’s problems with alcohol. The question remains – how to achieve a sea change in Ireland’s relationship with alcohol?



2.48 million people in Ireland drink, 1.34 million or 54% of people who drink, drink harmfully. (HRB, 2016)

There are multiple areas where alcohol misuse has effects across Irish society e.g. public safety, demand on hospital services, workplace productivity and the highly destructive but most hidden of all, impacts on family life. Addressing alcohol issues requires a co-ordinated ‘whole-of-government’ approach. To date government policy on alcohol has been subsumed into policies around other issues – e.g. drugs. The scale of the societal problem around alcohol is such that it now needs a dedicated focus to drive change. Furthermore, this is a heavily contested environment with a global alcohol industry actively working against the implementation of public health policy.

The failure to reach the alcohol consumption target of 9.1 litres per capita by 2020 warrants the establishment of this Office.

### What works?

Over the past three decades, Ireland, in common with countries right across the globe, has successfully introduced advertising bans and other restrictions on tobacco. The National Tobacco Free Ireland Programme has an overarching role across health and legal issues such as the provision of smoking cessation training, health promotion, research, compliance and enforcement. This has led to a significant fall in its use with the 2018 Healthy Ireland survey<sup>32</sup> noting that current smokers now only comprise 22% of the population. The same survey, however, indicates that 75% of the population consume alcohol.

Similarly, with the establishment of the Road Safety Authority in 2006 there has been a concerted effort to address road safety across multiple areas. This has seen road deaths fall from 396 in 2005<sup>33</sup>

to 149 in 2018<sup>34</sup>. Meanwhile alcohol accounts for at least 1000 deaths annually<sup>1</sup>.

These two examples illustrate that it is possible to achieve a significant cultural change by having a strong and highly targeted government approach to the issue.

In order to comprehensively address alcohol harm there is a need to establish a statutory office, with a public health lens, which will take the lead on co-ordinating all aspects of alcohol in Ireland including licensing, marketing and promotion, strategic development of treatment services, education/prevention programming, commissioning of relevant data, plus monitoring and evaluation of policy in this area.

The proposed actions are designed to highlight the need for such a body the establishment of which would help with the full implementation of the PHAA, the protection of children and the provision of treatment services.

### Actions

- 4.1 Review the scope of similar programmes.
- 4.2 Make international comparisons
- 4.3 Draft a plan for the strategic intent of such an Office
- 4.4 Seek political support for the establishment of such an Office as a future government priority
- 4.5 Make pre-budget submission on funding such an Office

## 5 Be the authority on alcohol advocacy and policy in Ireland

Since Alcohol Action Ireland (AAI)’s establishment in 2003, and despite funding difficulties, it has established a strong reputation as a trusted source of information and has had significant achievements in influencing government policy on alcohol.

AAI is seeking to consolidate this reputation by becoming the foremost leader in developing alcohol policy in Ireland and communicating these ideas to policy makers, media and general public. AAI has a long history of working closely with the HSE and Government and we are keen to strengthen this partnership and support for the HSE Alcohol Implementation Plan. This is critically important given the opposition to public health alcohol harm reduction measures from the global alcohol industry.

Central to this is the need for a dedicated policy research officer. From this research base we will develop innovative ways to communicate and advocate for the policy changes that are needed to bring about a sea-change in Ireland’s relationship with alcohol. Some examples of this would be greater use of podcasts and interviews on alcohol related topics, developing social media campaigns around denormalising alcohol and working with other like-minded organisations to amplify our voice.

In order to accomplish all of this it is essential that the organisation is sustainable. AAI will work to attract funding from government and philanthropic sources and ensure our organisational structure is robust for all the challenges ahead.

### Actions

- 5.1 Review all national strategic policy for specific relevant actions on alcohol

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- 5.2 Conduct an audit of all research around alcohol in Ireland

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- 5.3 Advocate for consistent alcohol data collection across all relevant areas of government

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- 5.4 Highlight with evidence the cost to the state, society and economy of the harm caused by the consumption of alcohol to individuals, families and in the workplace

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- 5.5 Develop a series of policy position papers

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- 5.6 Organise a series of policy briefings each year for members of the public, policy makers and media on our goals. We will do this in conjunction with partner organisations

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- 5.7 Undertake regular market surveys of public attitudes towards alcohol issues.

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- 5.8 Maximise and innovate all channels of communication

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- 5.9 Develop an initiative to re-engage with leading media columnists, producers and political correspondents.

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- 5.10 Monitor alcohol reports world-wide and use these to advocate for our goals

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- 5.11 Maintain and develop strong relationships with like-minded organisations in Ireland.

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- 5.12 Maintain and develop relationship with Alcohol Health Alliance Ireland members

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- 5.13 Maintain and develop strong relationships with international partners: NGOs and supranational organisations

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- 5.14 Work to ensure the sustainability of AAI so that it can achieve its mission and goals. Seek meetings with philanthropic funders to discuss areas of common interest.

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- 5.15 Review Board and governance structure to ensure compliance with Charities Regulator governance code.

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- 5.16 Publish an annual review each year

## Appendix 1: Intersection of Alcohol Action Ireland’s strategic goals with existing government policies

AAI Strategic Goal	National Policy	National Policy Goal	Action
<b>Goal 1: Coherent implementation of the Public Health (Alcohol) Act 2018</b>	<i>Healthy Ireland: A Framework for Improved Health and Wellbeing 2013–2025</i>	Goal 1: Increase the proportion of people who are healthy at all stages of life  Goal 3: Protect the public from threats to health and wellbeing	
	<i>Reducing Harm, Supporting Recovery. A health-led response to drug and alcohol use in Ireland 2017–2025</i>	Goal 1: Promote and protect health and wellbeing	1.1.1
	<i>Steering Group Report on a National Substance Misuse Strategy 2012</i>	Supply Pillar recommendations	1,3,4–6, 13–15
	<i>Better Outcomes Brighter Futures: The national policy framework for children &amp; young people 2014–2020</i>	Goal 1: Active and healthy, with positive physical and mental wellbeing	1.7
	<i>National Strategy for Women and Girls 2017–2020</i>	Goal 2: Advance the physical and mental health and wellbeing of women and girls	2.16
	<i>Connecting for Life, National Strategy to Reduce Suicide, 2015–2020</i>	Goal 3: Targeted approaches for those vulnerable to suicide	3.2

AAI Strategic Goal	National Policy	National Policy Goal	Action
<b>Goal 2: A childhood free from alcohol harm</b>	<i>Reducing Harm, Supporting Recovery. A health-led response to drug and alcohol use in Ireland 2017–2025</i>	Goal 1: Promote and protect health and wellbeing	1.1.1, 1.1.2, 1.2.5, 1.3.9
		Goal 2: Minimise the harm caused by the use and misuse of substances and promote rehabilitation and recovery	2.1.17, 2.1.22
	<i>Steering Group Report on a National Substance Misuse Strategy 2012</i>	Supply Pillar recommendations	1,9,13–15
		Prevention Pillar recommendations	1–7
		Treatment and Rehabilitation	3, 7,12–15
	<i>National Youth Strategy 2015–2020</i>	Outcome 1: Active and healthy, physical and mental wellbeing	1.7
		Outcome 3: Safe and protected from harm	3.1
	<i>Healthy Ireland: A Framework for Improved Health and Wellbeing 2013–2025</i>	Goal 1: Increase the proportion of people who are healthy at all stages of life	
		Goal 3: Protect the public from threats to health and wellbeing	
<i>National Strategy for Women and Girls 2017–2020</i>	Goal 2: Advance the physical and mental health and wellbeing of women and girls	2.1, 2.15, 2.24	
<i>Better Outcomes Brighter Futures. The national policy framework for children &amp; young people 2014–2020</i>	Outcome 1: Active and healthy, with positive physical and mental wellbeing	1.7	
<i>Children First: National Guidance for the Protection and Welfare of Children (2017)</i>	Chapter 6: Oversight of Child Welfare and Protection – Advice, Information, and Training	p.52	

AAI Strategic Goal	National Policy	National Policy Goal	Action
<b>Goal 3: Services for all affected by alcohol harm</b>	<i>Reducing Harm, Supporting Recovery 2017–2025</i>	Goal 1: Promote and protect health and wellbeing	1.1.1, 1.2.5, 1.3.9
		Goal 2: Minimise the harm caused by the use and misuse of substances and promote rehabilitation and recovery	2.1.13, 2.1.17, 2.1.22
	<i>Steering Group Report on a National Substance Misuse Strategy 2012</i>	Treatment and Rehabilitation Pillar	1–20
	<i>National Youth Strategy 2015–2020</i>	Outcome 1: Active and healthy, physical and mental wellbeing	1.7
<b>Goal 4: Establishment of a state-sponsored Office to lead on alcohol policy</b>	<i>Reducing Harm, Supporting Recovery 2017–2025</i>	Goal 1: Promote and protect health and wellbeing	
		Goal 2: Minimise the harm caused by the use and misuse of substances and promote rehabilitation and recovery	
	<i>Healthy Ireland: A Framework for Improved Health and Wellbeing 2013–2025</i>	Goal 1: Increase the proportion of people who are healthy at all stages of life Goal 3: Protect the public from threats to health and wellbeing	p.52
<b>Goal 5: To be the authority on alcohol advocacy and policy in Ireland</b>	<i>Reducing Harm, Supporting Recovery 2017–2025</i>	Goal 5: Develop sound and comprehensive evidence-informed policies and actions	
		<i>Public Health (Alcohol) Act 2018</i>	



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