



## **SUBMISSION TO NATIONAL SUBSTANCE MISUSE STRATEGY 2009-2016**

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### ***Executive Summary***

Alcohol Action Ireland is the national charity for alcohol-related issues. We propose that the National Substance Misuse Strategy be built on policies that have been shown to be the most effective in reducing alcohol-related harms and costs. For the Strategy to be effective, it needs to be underpinned by a public health approach, focusing on policies that deliver the widest benefits to the greatest number of people. It needs to be a Strategy which recognises that the damage arising from harmful alcohol use is rarely limited to the individual, its effects and costs extending well beyond the drinker.

Furthermore, we would recommend that the Strategy focus on policies that are both effective and low cost to implement. Population-based measures to reduce alcohol-related harms represent a cost-effective use of resources (WHO, 2009). In developing a National Substance Misuse Strategy, it is crucial that we focus on those policy measures that deliver the best value for money, making the most efficient use of scarce resources, in order to get the greatest return on investment in reducing alcohol-related harms and costs. For example, policies that increase price and reduce availability of alcohol have been proven to be highly effective in reducing alcohol-related harms, policies that support school-based education will not reduce these harms.

An effective alcohol strategy consists of a mix of evidence-based policies which have demonstrated impact in reducing levels of alcohol-related harms. The main policies in this regard are:

1. Policies that regulate the market in which alcohol is marketed and sold are considered internationally to be the most effective (economic and physical availability);
2. Policies that reduce drink driving;
3. Policies that support the provision of brief advice and early interventions in healthcare settings, as well as treatment services.

The impact of harmful alcohol use on children, both as a result of their own alcohol use and due to parental alcohol problems is frequently overlooked when considering alcohol-related harms and costs. The National Substance Misuse Strategy provides a unique opportunity to recognize, respond to, and reduce levels of alcohol-related harms and costs to children, families, communities as well as to our economy.

## ***Introduction***

Alcohol Action Ireland is the national charity for alcohol-related issues. We work to provide information on alcohol-related issues, to create an awareness of alcohol-related harm and we offer potential policy solutions for reducing that harm. Over half of all drinkers reported a harmful pattern in drinking in the most recent survey of alcohol use in Ireland (Department of Health and Children, 2009). The harms caused by alcohol have severe consequences for our economic and social development. Harmful alcohol use costs the state and employers millions every year through:

- alcohol related absenteeism
- illnesses
- accidents
- poor performance and lowered productivity in the workplace
- lost profits
- lost revenue
- sick pay

When we include the social and health costs of the harms caused by alcohol use to both the drinker and those around them, the price of our alcohol use becomes immense. According to 2003 figures, alcohol related harms cost the economy more than €2.6 billion, with more than one billion in lost output due to alcohol related absences from work. Many of the indirect and human costs borne by families, children and communities, are not included in this figure, much of the social cost going unrecognised and uncounted.

In developing a National Substance Misuse Strategy, it is crucial that we focus on those policy measures that deliver the best value for money, making the most efficient use of scarce resources. For example, policies that increase price and reduce availability of alcohol have been proven to be highly effective in reducing alcohol-related harms, policies that support school-based education will not reduce these harms. The WHO (2009) states that all of the population-based measures to reduce alcohol related harms represent a cost-effective use of resources. An effective alcohol strategy consists of a mix of evidence-based policies which have demonstrated impact in reducing levels of alcohol-related harms.

A key principle to guide the development of the Strategy is that the negative effects of harmful alcohol use are not limited to harms to the drinker – alcohol-related harms are experienced by those who come into contact with the drinker, for example, alcohol-related road deaths and injuries, assaults, as well as parental neglect and abuse. Alcohol Action Ireland put a particular focus on increasing awareness of the impact of alcohol-related harms on children and young people, in relation to both their own drinking and arising from parental alcohol problems. The impact of harmful alcohol use by parents is frequently overlooked when considering alcohol-related harms and costs. We believe that the National Substance

Misuse Strategy provides a unique opportunity to recognize, respond to and reduce levels of alcohol-related harms and costs to children, families, communities as well as to our economy.

## **Policies Effective in Reducing Alcohol-related Harms and Costs**

The WHO identifies a number of key areas for action to effectively reduce alcohol-related harms and costs. They are:

1. Policies that regulate the market in which alcohol is marketed and sold are considered internationally to be the most effective (economic and physical availability);
2. Policies that reduce drink driving;
3. Policies that support the provision of brief advice and early interventions in healthcare settings, as well as treatment services

### ***Policies that regulate the market***

Of all alcohol policy measures, the evidence is perhaps strongest for the impact of **alcohol prices** on alcohol-consumption and alcohol-related harm. Increased alcohol prices are related to reduced consumption and an attendant decrease in alcohol-related harms and costs. Furthermore, this range of policy options while being underpinned with strong evidence for their effectiveness, are low in cost to implement. Policy options include tax increases and minimum pricing.

Policies that **reduce the supply and availability** of alcohol also have a strong evidence base for their effectiveness. Policy options include restricting the number of licences available as well as reducing the hours in which alcohol can be sold. Alcohol Action Ireland asks that the Steering Group consider the proposal that licensing legislation be underpinned by public health objectives. For example, The Licensing (Scotland) Act 2005 is founded on 5 objectives:

- preventing crime and disorder
- securing public safety
- preventing public nuisance
- protecting and improving public health
- protecting children from harm

It also gives members of the public more involvement in their local community through greater rights to comment on licencing applications and to request licence reviews, and through Local Licencing Fora.

**Increasing and enforcing the minimum legal age for purchasing alcohol** has a strong evidence base for reducing alcohol-related harms. Policy options include increasing the minimum legal age from 18.

Alcohol Action Ireland ask that the Steering group recommend that government consider the **introduction of legislation to protect children from exposure to alcohol marketing** in its various forms.

Scientific research has shown that alcohol marketing including advertising, sponsorship and other forms of promotion, increases the likelihood that adolescents will start to use alcohol, and to drink more if they are already using alcohol. Current codes restricting alcohol marketing to children and young people are voluntary rather than statutory - and they do not cover all aspects of integrated marketing, that is, using the marketing methods of product, price, place and promotion to complement and reinforce each other. Children are also target marketed through sponsorship of sporting and music events, promotions or offers of alcohol brand-related merchandise, and advertising which includes product placement in popular entertainment.

### ***Policies that Reduce Drink Driving***

One of the most effective measures to reduce alcohol-related harms is to **lower the BAC**, particularly when it is above 50mg/100ml, and to ensure visible enforcement of same; drivers need to know there is a real risk of their being tested and penalised if above the drink drive limit. This policy measure has strong evidence for its effectiveness while being low cost to implement. Alcohol policies shown to reduce drink-driving fatalities also include increased alcohol prices, minimum age for purchasing alcohol, reduced outlet density and mass media campaigns.

### ***Health Care Interventions***

There exists strong evidence that the **provision of brief advice and early intervention programmes in primary care settings** targeting harmful and hazardous drinkers can be effective in reducing alcohol-related harms. The provision of such programmes in Accident and Emergency Departments has also been shown to be effective. Training programmes to enable to the delivery of the brief advice and early intervention programmes need to be offered to all primary care providers. Primary care providers will need access to specialist services to refer to, as appropriate. It is essential that those experiencing alcohol problems, as well as their families, are provided with appropriate services and treatment. Investment in early identification and brief intervention can reduce the human and economic costs of alcohol-related harms, and can act to reduce a later burden on the health care system. Alcohol-related harms are often constructed in terms of the harms to the individual drinker. However, harmful alcohol use is rarely a matter of individual responsibility, its damaging effects and costs often extending well beyond the drinker, impacting on the health and well-being of others, including the children of the drinker. There are an estimated 61,000 – 104,000 children in Ireland living with parental alcohol problems.

Alcohol Action Ireland asks the Steering Group **recommend the provision of brief advice and early intervention services in healthcare settings as well as accessible, joined up treatment services for children and families affected by a parent's alcohol problem.**

## **Monitoring and Evaluation**

The monitoring and evaluation of the National Substance Misuse Strategy is dependent on the development of existing measures of alcohol consumption and harms to include measures of affordability, as well as costings of alcohol-related harms. It is essential that social / human costs are included with relevant targets established, e.g., reduce the number of children living in families affected by parental alcohol problems, count the number of children in the care of the state due to parental alcohol problems.

Annual reports collating all relevant measures can be published, to allow the effectiveness of the Strategy in reducing alcohol-related harms and costs to be monitored and evaluated, as well as providing a picture of trends.

**The identification of the alcohol-related data needed to allow for the monitoring and evaluation of all aspects of the Strategy is crucial.**

## **A Strategy that includes Children and Young People**

*“All children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption, and to the extent possible, from the promotion of alcoholic beverages”*  
(European Charter on Alcohol, 1995)

### ***Children Affected by Parental Alcohol Problems***

Alcohol Action Ireland believes a key challenge for the National Substance Misuse Strategy will be to make the protection of children a central element of that Strategy. Parental alcohol problems can, and do, have serious and negative effects on the health, development and welfare of their children. The development of the National Substance Misuse Strategy presents the opportunity to recognize and respond to the needs of these children, and to provide support and services to their families as appropriate.

An estimated 61,000 - 104,000 children in Ireland live with parental alcohol problems. In Northern Ireland it is estimated that 40,000 (or one in ten) children are living with parental alcohol problems. Discourse on alcohol-related harms tend to focus on harms to the drinker in terms of health, or on harms that take place in the public domain such as assaults, road deaths and injuries. We tend to ignore the alcohol-related harm in the family, particularly the harm experienced by children. The impact of parental alcohol problems on children's health, development and welfare is an issue that has also been neglected in policy to date, remaining largely hidden.

Addressing this issue will cut across a range of departments and functions, and will demand collaboration by staff across a broad range of organisations. It will also demand increased awareness and understanding of service-providers as well as provide training so as to enable them to recognize and respond to the needs presented by children and families damaged by parental alcohol problems. We need a coherent approach at a national and local level, one which cuts across drug and alcohol services, health and social services, adult and children's services, as well as the voluntary and statutory. The need to join up drug and alcohol services with social work and child protection services is crucial.

Many alcohol services provide interventions for parents engaged in harmful alcohol use but most do not provide services to their children, or family based interventions. Also, it is often the case that HSE social workers focus on the child's needs and refer the parent to alcohol treatment services. Thus, families can often receive a fragmented response to their needs. It is simply not effective for alcohol treatment services to continue to focus on the person with the drink problem while excluding their partner and children.

Furthermore, there is no Irish data about children whose health, development and welfare is affected by a parent's harmful alcohol use. We don't have data on prevalence or qualitative data on these children's lives. We need a comprehensive examination of the extent and impact of parental alcohol problems on children's health, welfare, and development which identifies the implications for services, policy and legislation.

### ***Children as Consumers***

It is crucial that the Strategy address the supply of alcohol to minors as well as the protection of children and young people from alcohol marketing. Alcohol marketing and advertising, including sponsorship, increase the likelihood that adolescents will start to use alcohol, and to drink more if they are already using alcohol. This finding by the Science Group of the European Alcohol and Health Forum was described by the authors as "*all the more striking*" given that they had only studied a small element of the total marketing strategy.

When we consider the health inequalities, the disproportionate impact of alcohol on the health of children and young people, as well as the increased risks of additional alcohol-related harms, our responsibility to better protect children from the promotion of positive, risk-free images of alcohol and its effects becomes clear. The following points outline some of the main risks and impacts of alcohol use on children and young people:

- A teenager needs only half the amount of alcohol as an adult to experience the same negative effects
- Girls and women metabolise alcohol at a slower rate than boys and men: it takes less alcohol to cause the same levels of physical damage, both in the short and long term

- Alcohol use by children and young people can cause long term and irreversible damage to the developing brain
- Alcohol use can also damage mental health. The teenage years are considered to be a time when lifestyle patterns are established. Using alcohol to change mood, mental state, or to cope, can mean children and young people pass up more learning opportunities to acquire helpful coping and social skills
- Alcohol use increases the risk of injury, accident and assault. One in six 15 and 16 year olds said they had an accident or injury as a result of their alcohol use

Irish children and young people demonstrate harmful patterns of alcohol consumption. The 2007 ESPAD study warns “there is still a major issue about drunkenness” among Irish 15 and 16 year olds who reported being drunk more often than their counterparts in most other European countries.

The same study found that 75% of the young people surveyed said it was easy for them to obtain alcohol. Alcohol Action Ireland asks that the Steering Group recommend that the **legislation prohibiting the supply of alcohol to children be reviewed so as to increase its effectiveness in reducing supply.**

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