

***Alcohol – Is our love affair with
alcohol causing more pleasure
or pain?***

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Alcohol Worldwide

WHO Estimates

- 2 billion consume alcohol
- 76 million with diagnosable alcohol use disorders
- Related to 60 types of disease and injury
- 1.8 million deaths
- 58 million DALYs

WHO EURO Region (52 States)

- Highest consumption of alcohol of all regions
- Twice as high as world average
- 600,000 deaths in EURO in 2002
- 63,000 between 15-29 years
- 3rd leading risk factors for death or disability in region.

Alcohol in EU (25 States)

- Key determinant of health in EU
- One of main causes of premature death and ill-health
- 7.4% of all ill-health and early death
- Negative impact on healthcare, health insurance, law enforcement , public order and workplaces

International Initiatives

- 1992 - Euro Alcohol Action Plan
- 1995 - European Charter on Alcohol
- 1999 - Euro Alcohol Action Plan
- 2001 - Declaration on Young People and Alcohol
- 2005 - Framework for Alcohol Policy
- 2006 - EU Strategy to Support MS
- 2007 - MTSP on Alcohol at WHA

Research Evidence

- In the latest comprehensive global review of alcohol policy (published in 2003), sponsored by the World Health Organisation, the researchers conclude that:
 - *“opportunities for evidence-based alcohol policies that better serve the public good are more available than ever before, as a result of accumulated knowledge on which strategies work and how to make them work”.*

Research Evidence (cont'd)

To protect the public health of the community, Babor and his research colleagues assert that:

- Alcohol is no ordinary commodity and its harmful properties results in a wide range of problems
- The public health precautionary principle should apply to alcohol policy – take preventative action in the face of uncertainty, shift the burden of proof to the proponents of a potentially harmful activity and be guided by the likely risk rather than by potential profit
- An overall alcohol policy should have a set of integrated and mutually supportive strategies

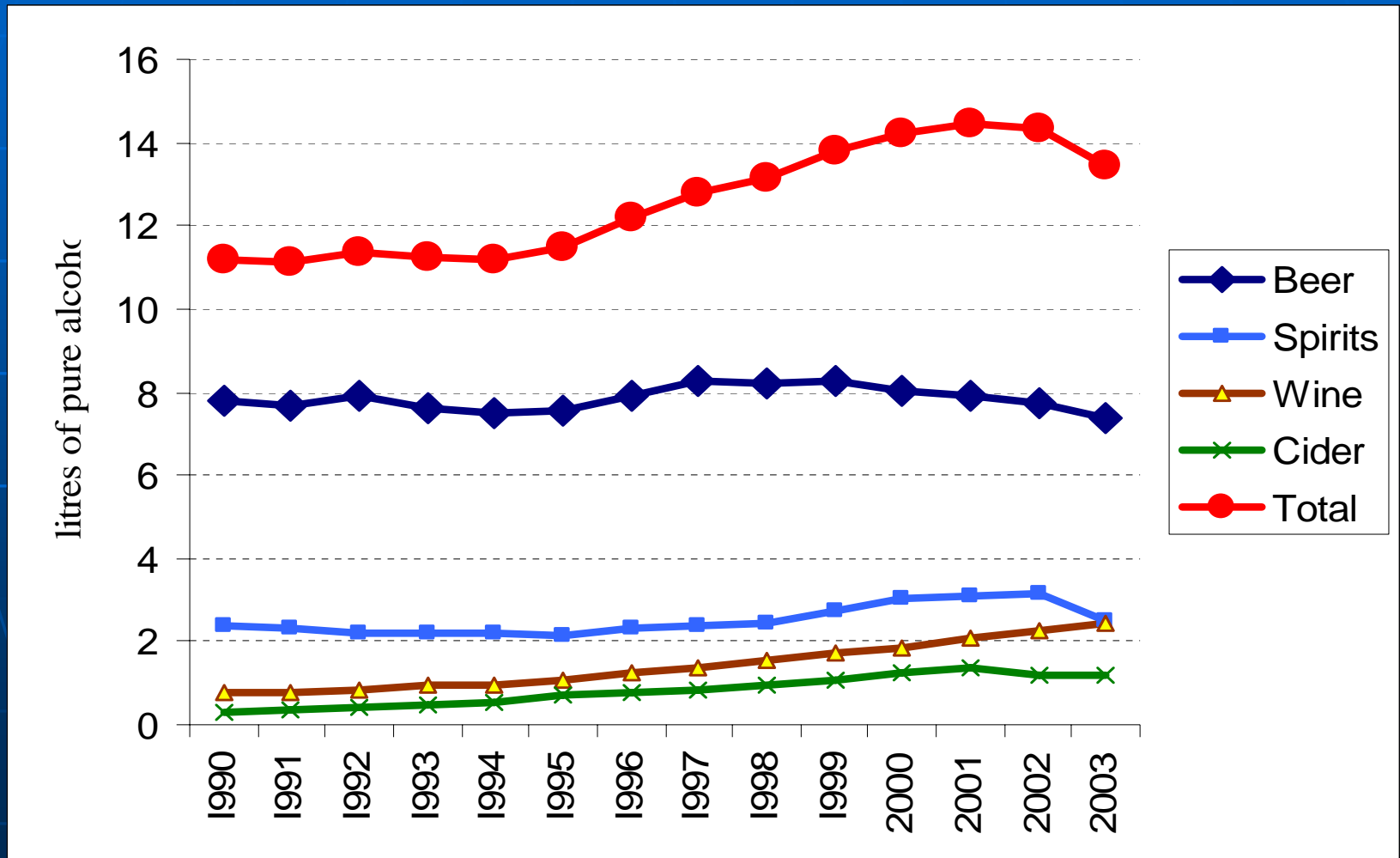
Research Evidence (cont'd)

- Alcohol policies should be implemented at both national and community levels and should target three groups – the general population, high risk drinkers and people already experiencing alcohol related problems
- The 'best value' for the foundation of a comprehensive alcohol policy should combine measures targeted at the general population (taxes, limiting access, RBT, lower BAC), high risk groups (minimum age, enforcement of alcohol laws) and high risk drinkers (brief intervention).

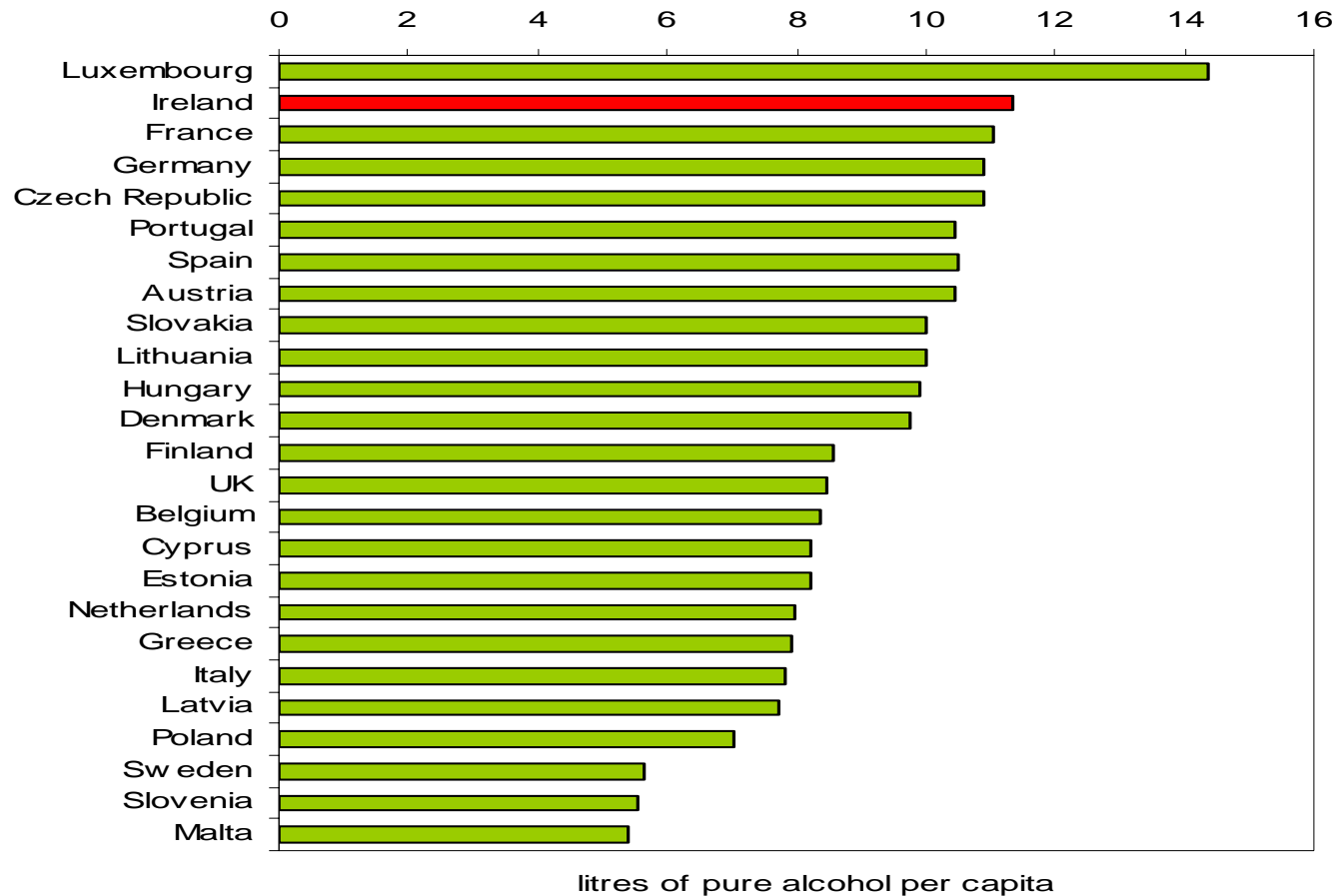
International Research Findings

- Alcohol problems highly correlated with per capita consumption
- Reductions in per capita consumption reduce alcohol problems
- Policies that affect access and discourage drinking under legal age reduce harm linked to specific drinking patterns
- Laws to reduce blood alcohol levels for driving and control outlet density are effective
- Heavy drinkers are affected by price, availability and regulation
- Educational activities are not as successful as hoped and much work needs to be done in this area.

Consumption of beer, spirits, wine & cider per adults, Ireland, 1990-2003



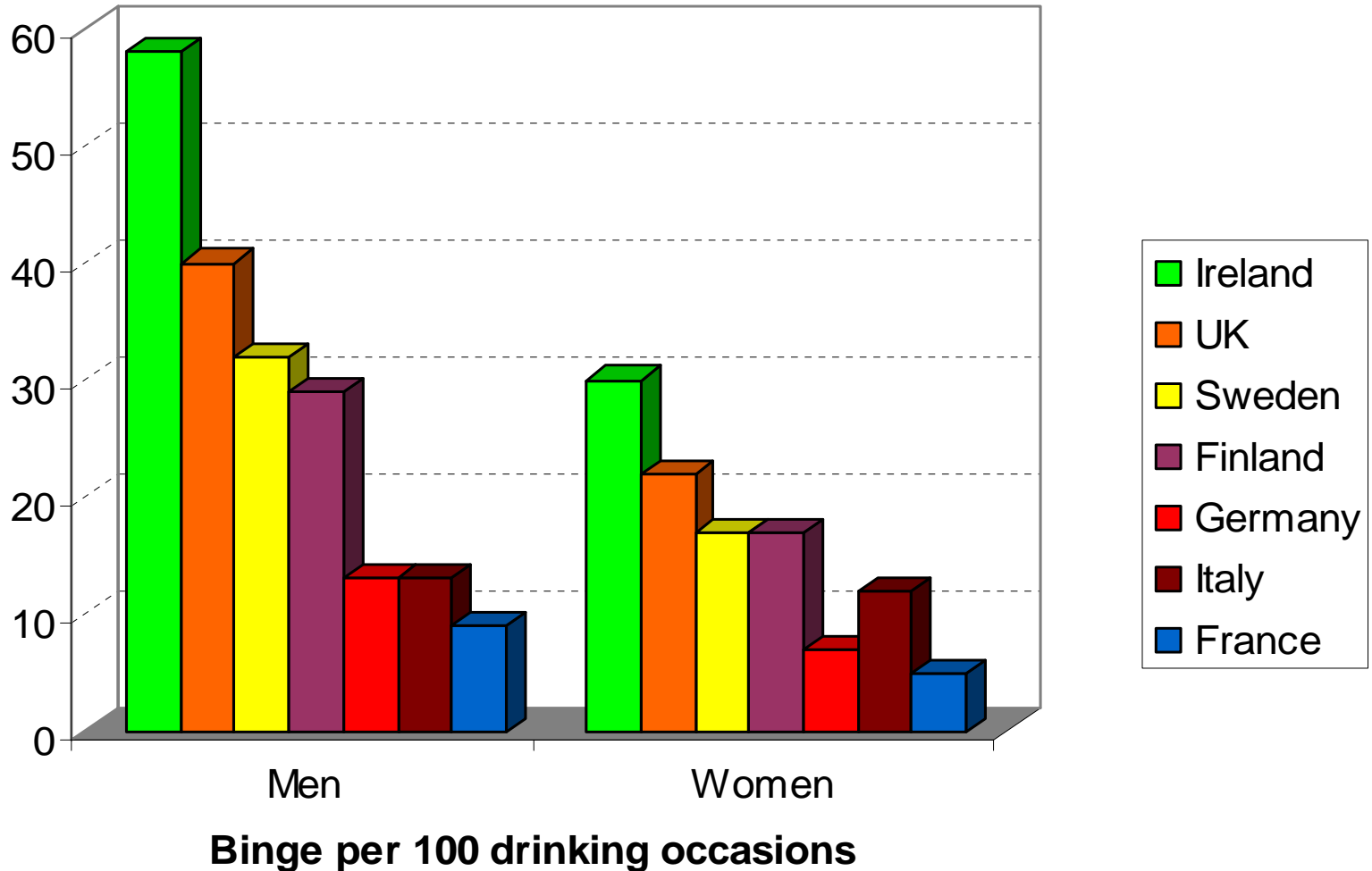
Alcohol Consumption – Enlarged EU



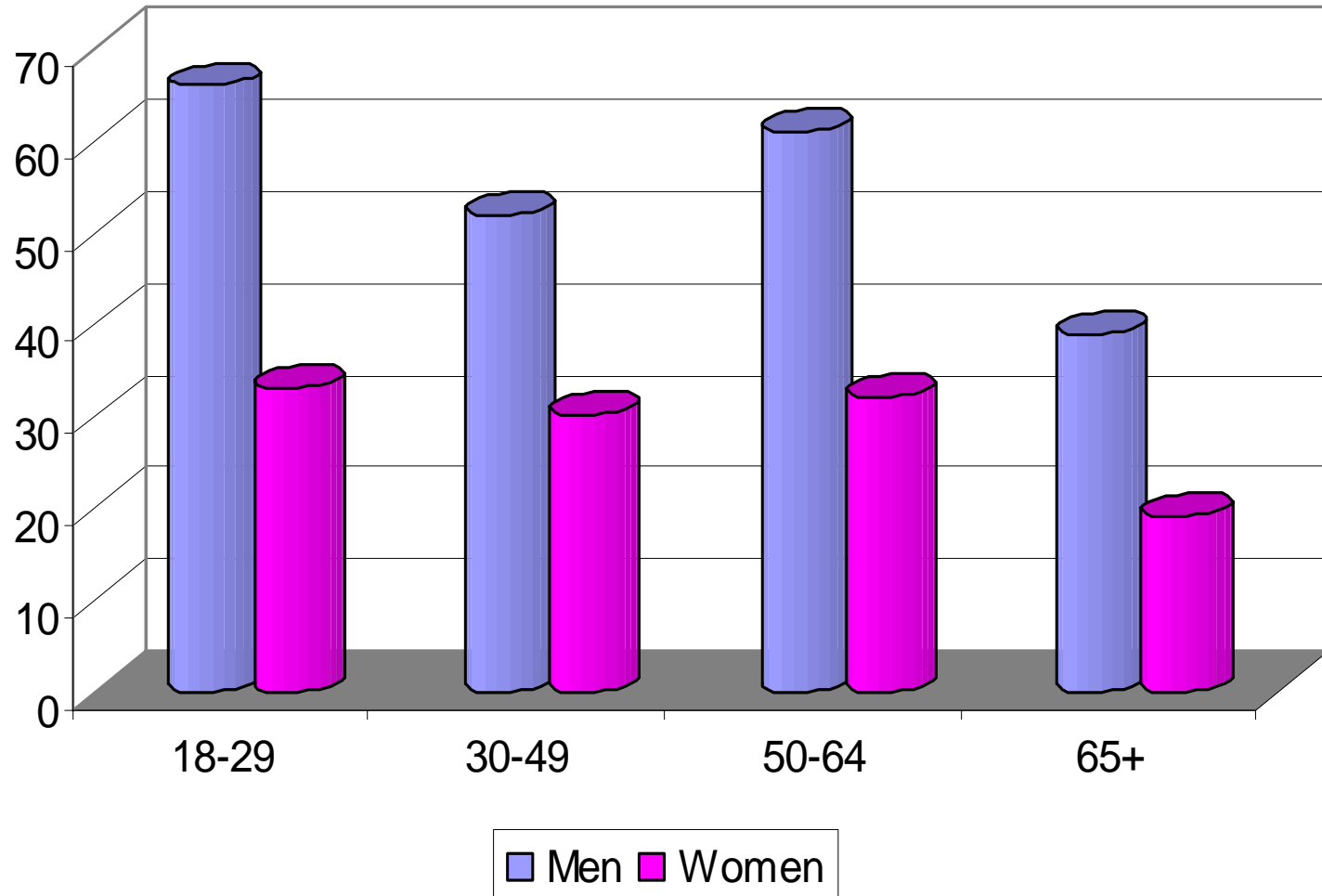
Consumption of alcohol by beverage category in litres of pure alcohol & as a percentage of total consumption

	1972	1982	1992	2002
Alcohol consumption per adult	7.72	8.77	11.35	14.34
Consumption of beer	5.05	5.66	7.93	7.71
Consumption of spirits	2.22	2.36	2.18	3.17
Consumption of wine	0.35	0.61	0.83	2.27
Consumption of cider	0.10	0.15	0.41	1.19
Percent of beer	65	64	70	54
Percent of spirits	29	27	19	22
Percent of wine	5	7	7	16
Percent of cider	1	2	4	8

Drinking Patterns – European Comparison



Binge Drinking per 100 Drinking Occasions



Purpose of the STFA Report

- Recommendations to enhance society's capacity to prevent, and respond to alcohol related harm, at community level and across government sectors
- Recommendations to achieve the targets set out in the WHO Declaration on Young People and Alcohol by implementing policy measures which provide protection, promote education, create supportive environments and reduce harm
- Recommendations for early intervention to ensure effective treatment to reduce high risk and harmful drinking, and alcohol related problems.

Strategic Task Force on Alcohol – Objectives

The STFA affirms the core principles of a public health approach in preventing and reducing alcohol related harm in Ireland with the following key objectives:

- To reduce total per capita consumption to 9 litres per annum, the EU average.
- To reduce harmful consumption of alcohol at the individual level, especially binge drinking and regular heavy drinking
- To provide greater protection for children from pressures to drink
- To prevent and reduce the risk of alcohol related harm in a variety of settings and situations.

STFA 2004 Recommendations

The recommendations of the Strategic Task Force on Alcohol 2004 Report are framed using the ten strategy areas for alcohol action which were outlined in the WHO European Charter on Alcohol.

STFA 2004 Recommendations (cont'd)

The Strategy areas used to frame the recommendations are:

- Regulate availability
- Control promotion of alcohol
- Enhance society's capacity to respond to alcohol related harm
- Protect public, private and working environments
- Responsibility of the alcohol beverage industry
- Provide information and education
- Put in place effective treatment services
- Support nongovernmental organisations
- Research and monitor progress
- Drink driving

Some Recommendations (1)

- Regulate Availability
 - Simplify and streamline the licensing laws to allow greater clarity in the licensing system
 - Discourage the sale of alcohol at events organised for children or those largely attended by children.

Some Recommendations (2)

- Control Promotion of Alcohol
 - Recommend national sporting bodies, with high youth participation, to develop a proactive strategy to find an alternative to alcohol sponsorship
- Community Mobilisation
 - Promote and support community mobilisation projects which meet the criteria for effective practice

Some Recommendations (3)

- Involvement of Young People
 - Consult with and ensure participation of young people when developing policies, services and programmes designed to meet their needs
- Alcohol Free Alternatives
 - Provide increased investment in the development of alcohol free venues as part of community wide initiatives

Some Recommendations (4)

- Protect Public, Private and Working Environments
 - Promote compliance with responsible serving of alcohol policies and practices where alcohol is available at public events (festivals, special events)
- Responsibility of the Alcohol Beverage Industry
 - Establish the RSA programmes and licensed house policy as a mandatory requirement for all those working in the retail hospitality trade

Some Recommendations (5)

- Provide Information and Education
 - Require that schools and out of schools settings provide social, personal and health education for all children by approved professionals
- Put in Place Effective Treatment Services
 - Put in place early intervention programmes

Some Recommendations (6)

- Support Non-Governmental Organisations
 - Support non-governmental organisations and networks that are competent in informing and mobilising civil society
- Research and Monitor Progress
 - Continue to monitor the effects of alcohol related problems at the population and individual level.

Attitudes to Changes in Alcohol Policy

(Base: All Adults 18+)

