



IRISH MEDICAL
ORGANISATION
Ceardchumann Dochtúirí na hÉireann

Irish Medical Organisation Response to the Joint Committee
on Health and Children Invitation for Submissions

On the General Scheme of the Public Health (Alcohol) Bill 2015

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Cian O'Dowd
Policy and International Affairs Officer

Irish Medical Organisation

10 Fitzwilliam Place
Dublin 2

Tel: (01) 6767 273

Fax: (01) 6612 758

E-mail: codowd@imo.ie

Website: www.imo.ie

About the IMO and Alcohol Control Advocacy

The Irish Medical Organisation (IMO) is the largest trade union and professional body that represents doctors in Ireland, and has consistently adopted a tough stance on alcohol control. Alcohol is a major public health issue in Ireland, and the IMO has continually been on the forefront of alcohol control advocacy.

Per capita, Ireland's alcohol consumption remains one of the highest amongst the world's developed countries and ranked fourth amongst the Organisation for Economic Co-operation and Development's (OECD) thirty-four member states.¹ In 2012 Ireland's annual alcohol consumption was measured at 11.6 litres of pure alcohol per person, and while this is somewhat below peak consumption of 14.5 litres per person in 2001, 2012's figures represent a 32% increase in consumption since 1982, and a 111% increase in consumption since 1962.²

In September 2013 the IMO released its position paper *Alcohol and Young People*, containing a number of recommendations on how dangerous alcohol consumption may be reduced in Ireland. These included the introduction of minimum unit pricing for alcohol, the imposition of a health levy on alcohol manufactures in order to contribute to the healthcare costs of alcohol-related harm, and a complete ban on alcohol advertising. This paper is the most recent addition to the IMO's long history of alcohol control advocacy and proposed public health measures, which have been a feature of the IMO's policy work since the organisation's inception in 1984.

¹ Organisation for Economic Co-operation and Development (2014), *OECD Health Statistics 2014: How does Ireland compare?*, OECD Health Statistics (database), [available at <http://www.oecd.org/health/healthdata> (accessed on 23 February 2014 at 10.42am)].

² Organisation for Economic Co-operation and Development (2014), *OECD Health Data: Non-medical determinants of health*, OECD Health Statistics (database), [available at <http://dx.doi.org/10.1787/alcoholcons-table-2014-1-en> (accessed on 23 February 2015 at 10.43am)].

1. Submissions on the Heads of the Bill

- 1.1 The IMO has no submission to make at this time in respect of the proposals contained within Head 1, Head 3, Head 4, Head 10, Head 11, Head 12, Head 16, Head 17, Head 18, Head 19, and Head 20 of the General Scheme of the Public Health (Alcohol) Bill 2015.
- 1.2 The IMO wishes to make submissions in respect of the proposals contained within Head 2, Head 5, Head 6, Head 7, Head 8, Head 9, Head 13, Head 14, and Head 15, which are contained hereunder.

2. Head 2 – Interpretation

- 2.1 The IMO believes that the definition of an alcohol product by way of reference to the Finance Act, 2003, should be supplemented by clarifying that this legislation will apply to all beverages that contain an alcohol by volume (ABV) measure of 0.5% or more.

3. Head 5 - Labelling of Alcohol Products

- 3.1 The IMO broadly welcomes the measures proposed under Head 5 of this Bill. Labelling has been shown to be an effective means of raising awareness of the health-related consequences of alcohol consumption, which is perhaps unsurprising given the frequently demonstrated efficacy of this measure in tobacco public health policy internationally.³ Research of health warnings displayed on tobacco products show that whereas small or obscure text-only warnings seem to have minimal impact, prominent health warnings on the face of containers serve as an effective source of health information.⁴ When viewing containers or packages, the attention of consumers is drawn to the most dominant visual element, and generally progresses sequentially to other elements in order of their visual dominance.⁵ Useful elements in achieving a level of visual dominance required of an effective health warning include: font; location on container; size; colour; use of imagery; clarity and memorability of message; and simplicity of language used.⁶ The IMO therefore calls on the government to use the large quantity of literature published that examines the usefulness of health warnings, and consumer behaviour towards them, to inform the Bill's health warning provisions and increase their likelihood of positively altering consumer attitudes and behaviour towards alcohol.
- 3.2 While the stated ambition to require alcohol product containers sold or supplied in the state to bear information regarding the quantity of grams of alcohol present in the container is laudable, this should be combined with notification on the label of what proportion of the maximum daily or weekly recommended intake of alcohol the contents of the container

³ S. M. Parackal, M. K. Parackal, and J. A. Harraway, 'Warning labels on alcohol containers as a source of information on alcohol consumption in pregnancy among New Zealand women' in the *International Journal on Drug Policy*, Vol. 21, Issue 4, July 2010, pp. 302-305; S. Glock and S. Krolack-Schwerdt, 'Changing Outcome Expectancies, Drinking Intentions, and Implicit Attitudes toward Alcohol: A Comparison of Positive Expectancy-Related and Health-Related Alcohol Warning Labels' in *Applied Psychology: Health and Well-Being*, Vol. 5, Issue 3, November 2013, pp. 332-347; D. Hammond, 'Health warning messages on tobacco products: a review' in *Tobacco Control*, Vol. 20, May 2011, pp. 327-337.

⁴ D. Hammond, 'Health warning messages on tobacco products: a review' in *Tobacco Control*, Vol. 20, May 2011, pp. 327-337.

⁵ Sambrook Research International, *A review of the science base to support the development of health warnings for tobacco packages*, Newport, 2009, pp. 7-12 [available at http://www.drugsandalcohol.ie/20646/1/A_review_of_the_science_base_to_support_warnings_for__tobacco.pdf (accessed on 19 February 2015 at 11.31am)].

⁶ Ibid.

amount to. This is because idea of drinking “too much” is an amorphous concept to many. In the UK, where drinking attitudes and behaviours appear similar in many respects those displayed in Ireland, surveys have revealed, that while nine out of every ten adults had heard of units of alcohol, more than two-thirds were unable to identify what the maximum recommended number of daily units of alcohol for their gender was.⁷ A lack of understanding of what constitutes a low-risk level of drinking is clear from recent studies in Ireland too. Despite the fact that 54% of Irish adults are rated as harmful drinkers according to the World Health Organisation’s AUDIT-C screening tool, relatively few drinkers here are of the opinion that their drinking is particularly heavy.⁸ In fact, just 2.1% of Irish adults consider themselves to be heavy drinkers, with 39.6% and 58.3% describing themselves moderate and light drinkers respectively.⁹ Therefore, health labels should state what proportion of the maximum recommended daily or weekly alcohol unit limit the alcohol product contains. These limits are set at approximately two to three units of alcohol per day for a man, and one to two units of alcohol per day for a woman by the health departments of many EU states such as Austria, France, and Germany, and seventeen units a week for a man and eleven units a week for a woman by the Department of Health in Ireland.¹⁰

- 3.3 The planned warnings relating to the danger of consuming alcohol when pregnant should be extended to warn of the danger of consuming alcohol when planning pregnancy, as research has shown that even moderate alcohol intake during the first few weeks of pregnancy, at a time when the expectant mother may yet be unaware of her pregnancy, can impact the health of the infant.¹¹ The IMO is also of the opinion that, as much health information available on alcohol consumption refers to alcohol content in millilitres, as well as grams, both measurements should appear on alcohol product container labels, for the convenience of consumers.
- 3.4 As part of subsection 4 under Head 5, regarding the publication of information regarding quantities of alcohol sold at on-licence premises, the IMO is concerned that the accuracy of such information cannot be guaranteed in instances where the quantity of alcohol served at on-licence premises is variable. Such variability can occur, for example, where wine is sold “by the glass” and not supplied in a set quantity to the consumer. Therefore this legislation should provide that alcohol may only be sold in on-licence premises in the quantities that are displayed on this notice.

4. Head 6 - Minimum Unit Pricing of Alcohol Products

- 4.1 Minimum unit pricing (MUP) has long been advocated by researchers as one of the most effective means of reducing alcohol consumption, especially amongst high volume

⁷ Health and Social Care Information Centre, Health Survey for England - 2007: Healthy lifestyles: knowledge, attitudes and behaviour, December 2008, pp. 11-12, [available at <http://www.hscic.gov.uk/pubs/hse07healthylifestyles> (accessed on 19 February at 4.21pm)].

⁸ J. Long and D. Mongan, *Alcohol Consumption in Ireland 2013: Analysis of a National Alcohol Diary Survey*, Health Research Board, Dublin, 2014, p. 13.

⁹ *Ibid*, p. 49.

¹⁰ International Center for Alcohol Policies, *International Drinking Guidelines*, 2010, [available at <http://www.icap.org/Table/InternationalDrinkingGuidelines> (accessed on 19 February 2015 at 3.34pm)]; Food Safety Authority of Ireland, *Healthy Eating and Active Living for Adults, Teenagers and Children over 5 Years*, 2012, p. 40, (available at https://www.fsai.ie/science_and_health/healthy_eating.html (accessed on 19 February 2015 at 4.47pm)].

¹¹ R. E. Little et al., ‘Fetal Growth and Moderate Drinking in Early Pregnancy’ in the *American Journal of Epidemiology*, Vol. 123, Issue 2, 1986, pp. 270-278.

consumers and those with a propensity for harmful drinking habits. A Canadian case-study shows that, when a 10% increase in the minimum price of alcoholic beverages was introduced, consumption of alcohol was reduced, relative to other beverages, by 16%.¹² MUP has also been demonstrated to improve patient outcomes, substantially reducing both alcohol-related deaths and hospital admissions in an English model setting, far outperforming other demand inhibiting measures, such as bans on below cost-price selling of alcohol.¹³ This substantial evidence base has led countries such as Canada to introduce MUP as a means of reducing alcohol consumption, with some considerable success. MUP has been publicly supported by the IMO for a number of years the organisation therefore welcomes its proposed introduction, and is confident in its ability to produce reductions in harmful drinking, if implemented and enforced correctly and universally.

- 4.2 Subsection (1)(e) under Head 6 offers an opportunity to circumvent legislation and effectively offer alcohol below the established minimum price by including other items in a package that, though raising the value of the total package above the set minimum price of its alcohol component, effectively discounts alcohol against the price of other items. An example of this would be a “meal deal” where the cumulative price of the individual non-alcoholic components amounts to €10, but a bottle of wine is included in a deal where all components are sold together for €11. In this example, the bottle of wine is effectively sold for €1, though the current proposals suggest that this is permissible as the total value of the deal, €11, would likely be above the established MUP for the bottle of wine. The IMO believes it would be preferable to limit opportunities to increase the affordability of alcohol in this way, and therefore suggests that provision be included in the Bill to prohibit the sale of alcohol products as part of bundles or deals that include non-alcoholic components.

5. Head 7 – Calculation of Minimum Unit Price of Alcohol Products

- 5.1 Using the Sheffield Alcohol Policy Model, assessments of MUP levels ranging from £0.40 (€0.54) to £0.50 (€0.68) found that the higher level is more than twice as effective at reducing alcohol-related hospital admissions, illnesses, and deaths than the lower level.¹⁴ A separate analysis, which compared MUP set at various rates, demonstrated that an MUP of £0.75 (€1.02) was approximately three times more effective than an MUP of £0.50 (€0.68) at reducing alcohol-related hospital admissions, illnesses, and deaths, as well as overall alcohol consumption.¹⁵ These findings are congruent with research dating as far back as the 1960s that has established an unambiguous, inverse correlation between the price of alcohol and the level of alcohol consumption, as well as alcohol-related deaths.¹⁶ The Minister for Health, Dr. Leo Varadkar, has publicly stated that the Department of Health is examining

¹² T. Stockwell *et al.*, ‘Does minimum pricing reduce alcohol consumption? The experience of a Canadian province’ in *Addiction*, Vol. 107, Issue 5, May 2012, pp. 912-920.

¹³ A. Brennan *et al.*, ‘Potential benefits for minimum unit pricing of alcohol versus a ban on below cost selling in England 2014: modelling study’, in the *British Medical Journal*, Vol. 349, September 2014, g5452.

¹⁴ *Ibid.*

¹⁵ C. Angus *et al.*, *Model-based appraisal of minimum unit pricing for alcohol in Northern Ireland*, Sheffield, 2014, pp. 53-69 [available at http://www.dhsspsni.gov.uk/mup_ni_report_from_university_of_sheffield.pdf (accessed on 20 February 2015 at 11.43am)].

¹⁶ J. R. Seeley, ‘Death by Liver Cirrhosis and the Price of Beverage Alcohol’ in the *Canadian Medical Association Journal*, Vol. 83, Issue 26, December 1960, pp. 1361-1366; A. C. Wagenaar, A. L. Tobler, and A. K. Komro, ‘Effects of Alcohol Tax and Price Policies on Morbidity and Mortality: A Systematic Review’ in the *American Journal of Public Health*, Vol. 100, Issue 11, November 2010, pp. 2270-2278.

models that use MUP structures between €0.60 and €1.10.¹⁷ The IMO calls on the government, in view of the academic evidence that higher MUP offers the greatest opportunity to reduce harm, to set pricing per unit at the upper end of this range and work with its counterparts in Northern Ireland to achieve policy harmonisation in this regard.

6. Head 8 – Application of the Act to Registered Clubs

6.1 The IMO welcomes the inclusion of the sale and supply of alcohol products in registered clubs, as defined by the *Registration of Clubs Acts, 1904 to 2008*, under the scope of this Bill and hopes that the government will actively monitor for avenues through which the proposals contained within this Bill may be circumvented.

7. Head 9 – Control of Marketing and Advertising of Alcohol

7.1 The effects and power of targeted advertising and marketing in altering perceptions and increasing sales of goods and services is a well-researched and widely accepted phenomenon. Estimates of alcohol marketing spend in the UK suggest that advertising represents only a quarter of the total spend on alcohol marketing practices.¹⁸ Applying this estimate to Ireland would suggest an estimated total alcohol marketing spend in the region of €176 million per annum here, given the reported spend on alcohol advertising in this country in 2010 was €44 million.¹⁹ This represents a considerable investment from the drinks industry. States such as France have enforced bans of alcohol advertising in certain circumstances, such as part of sporting events, while Russia has recently enacted legislation to prohibit the advertisement of alcohol on television, radio, and billboards.

7.2 A substantial body of research demonstrates the ability of restrictions in alcohol beverage marketing to significantly reduce alcohol consumption and the power of alcohol marketing to increase the attractiveness of this product group, with one study that assessed data from seventeen countries over a thirteen year period reporting that a ban on the advertising of spirits had the effect of reducing alcohol consumption by 16%.²⁰ The association that has been generated by alcohol producers between the consumption of alcohol and sporting, music, or other large cultural events, through sponsorship, creates a social milieu where alcohol brands become synonyms with the activity or event itself. The alcoholic drinks industry in Ireland spends approximately €30 million annually in branding and sponsorship in

¹⁷ L. Varadkar, *Claire Byrne Live*, Raidió Teilifís Éireann, 16 February 2015, [available at <http://www.rte.ie/player/ie/show/10376932/> (accessed on 20 February 2015 at 1.12pm)].

¹⁸ P. Anderson, A. de Bruijn, A. Angus, R. Gordon, and G. Hasting, 'Impact of alcohol advertising and media exposure on adolescent alcohol use: A systematic review of longitudinal studies' in *Alcohol and Alcoholism*, 2009, pp. 1-15.

¹⁹ Alcohol Action Ireland, *Have We Bottled It? How Does it Work?*, [available at <http://alcoholireland.ie/have-we-bottled-it-alcohol-marketing-and-young-people/how-does-it-work/> (accessed at 5.11pm on 20 February 2015)].

²⁰ H. Saffer, 'Alcohol advertising bans and alcohol abuse: An international perspective' in the *Journal of Health Economics*, Vol. 10, Issue 1, May 1991, pp. 65-79; H. Saffer and D. Dhavel, 'Alcohol consumption and alcohol advertising bans' in *Applied Economics*, Vol. 34, Issue 11, 2002, pp. 1325-1334; Hastings, G. et al., 'Alcohol Marketing and Young People's Drinking: A Review of the Research' in the *Journal of Public Health Policy*, Vol. 26, Issue 3, September 2005, pp.296-311; V. J. Trembley and K. Okuyama, 'Advertising Restrictions, Competition, and Alcohol Consumption' in *Contemporary Economic Policy*, Vol. 19, Issue 3, July 2001, pp. 313-321; L. A. Smith and D. R. Foxcroft, 'The effect of alcohol advertising, marketing and portrayal on drinking behaviour in young people: systematic review of prospective cohort studies' in *BMC Public Health*, Vol. 9, Issue 51, doi:10.1186/1471-2458-9-51.

sport alone.²¹ A ban on alcohol sponsorship of sport has been debated on a number of occasions in the Oireachtas but such proposals have failed to progress to legislation, owing to fears that sports bodies would see reductions in funding. These fears fail to consider that sports bodies found alternative sources of funding when equivalent sponsorship bans were introduced for tobacco products and that in France, where a ban on alcohol in sports sponsorship has been in place since 1991, major, commercially-funded sports events such as the French Open and the Tour de France take place annually.

- 7.3 While measures that limit the ability of alcohol producers to advertise freely are certainly welcome, the IMO is concerned that the proposed limitations under this Bill will be insufficient to reduce the impact of advertising and subsequent demand for alcohol products, especially among children and young people. Alcohol Marketing, Communications and Sponsorship Codes of Practice have been in effect since 2008, however research commissioned by Alcohol Action Ireland in 2010 found that, among sixteen to twenty-one year olds, alcohol ads represented five out of their favourite ten ads, and almost all owned some form of alcohol branded merchandise.²² The IMO is therefore of the opinion that the only means of ensuring that young people are not exposed to alcohol marketing is to introduce a complete ban on alcohol advertising and promotion, including all forms of mass media advertising, sponsorship of sports events and organisations, product placements, merchandising, and sale and price promotions.
- 7.4 A ban on alcohol promotion is supported, not only by the IMO, but by the World Health Organisation also, and the government is hereby urged to place public health ahead of commercial interests by instigating such a ban in this country as soon as is practicable.²³
- 7.5 The IMO is concerned about the lack of any explicit reference to internet advertising in this portion of the General Scheme. While this General Scheme proposes introducing restrictions of the broadcasting of marketing and advertising of alcohol to certain times of the day, and in relation to volume, frequency and placement, there is no expressed proposal to restrict internet advertising in the same way. The IMO wishes to emphasise the dangers of internet advertising, as this is easily accessible to children, and therefore internet advertising should be limited in the same manner as in other broadcast and print media.

8. Head 13 – Fixed Payment Notice for Offences

- 8.1 Moderate financial penalties, such as on-the-spot fines, have been recommended by researchers as useful means of encouraging compliance by retailers with public health control measures.²⁴ In order for such punitive measures to be effective, graduated and escalating penalties must be imposed for a succession of infringements. For this reason, on-the-spot fines may only be suitable for minor first offences, with subsequent infringements requiring larger fines and court appearances to maintain effectiveness.

²¹ M. Ring, *Dáil Éireann Debates*, Vol. 798, No. 1, 27 March 2013, [available at <http://oireachtasdebates.oireachtas.ie/Debates%20Authoring/DebatesWebPack.nsf/takes/dail2013032700026?opendocument> (accessed on 20 February 2015 at 4.23pm)].

²² Alcohol Action Ireland, *Have We Bottled It?*, 2010, [available at <http://alcoholireland.ie/have-we-bottled-it-alcohol-marketing-and-young-people/> (accessed on 20 February 2015 at 4.56pm)].

²³ World Health Organisation (2014), *Global Status Report on Alcohol and Health 2014*, Geneva, 2014, p. 19.

²⁴ P. M. Lantz *et al.*, 'Investing in youth tobacco control: a review of smoking prevention and control strategies' in *Tobacco Control*, 9(1), March 2000, pp. 47-63.

- 8.2 If fines are too low, retailers may become inured against the threat posed by them, thus reducing their effectiveness as a compliance-enforcement measure.²⁵ The amount fined must therefore be sufficient to noticeably impact the retailer. For this reason, on-the-spot fines may not be suitable for larger retailers, as the amount fined is likely to be regarded as superficial by a body corporate above a certain size.
9. [Head 14 – Executive May Publish Information Respecting Certain Persons](#)
- 9.1 The IMO supports the adoption of ‘name and shame’ strategies, which can be effective means of encouraging retailer compliance, given that they pose the risk of reputational damage to convicted retailers. This method should be used in tandem with other measures, such as fines and licence suspensions, to achieve greatest possible efficacy. Information such as the retailer’s name and address, the nature of the contravention, and the types of penalties suffered should be included.
- 9.2 A measure utilised in Scotland (Section 19 of the Tobacco and Primary Medical Services (Scotland) Act, 2010) is a ‘name-and-shame’ requirement for a retailer served with a banning order for contraventions of tobacco control legislation to display a sign to this effect. Such a measure should be considered by authorities in Ireland as a potentially useful means employing a ‘name-and-shame’ strategy.
10. [Head 15 – Amendment of Section 9 of the Intoxicating Liquor Act, 2008](#)
- 10.1 The IMO is disappointed to observe that this General Scheme of the Public Health (Alcohol) Bill 2015 does not provide for the immediate commencement of Section 9 of the *Intoxicating Liquor Act, 2008*, and provides no guarantee of its commencement in the future. The IMO has long advocated for the commencement and enforcement of Section 9 this Act, which represents an important means of limiting the visibility of alcohol-related branding and marketing in store. While the discontinuation of the current voluntary code and its replacement with a statutory code of practice would represent a degree of progress on this issue, it would nevertheless constitute an unnecessary delay in the instigation of a useful tool in alcohol public health policy. The IMO therefore calls on the government to reconsider its proposal on this front and guarantee the commencement Section 9 of the *Intoxicating Liquor Act, 2008* within a set timeframe.
11. [Summary of Recommendations on Heads of Bill](#)
- 11.1 The IMO calls for health warnings on alcohol products to be both visually prominent and to display information regarding what proportion of the maximum recommended daily or weekly alcohol unit limit the alcohol product contains.
- 11.2 The IMO welcomes the proposed introduction of minimum unit pricing for alcohol products and urges the government to set this pricing structure at the upper end of the €0.60 to €1.10 range that is currently being examined, as research indicates higher pricing is most effective in reducing harm.
- 11.3 The IMO calls for a complete ban on alcohol advertising, promotion, and marketing, including all sponsorship of sporting activities and events.

²⁵ L. F. Stead and T. Lancaster, ‘Interventions for preventing tobacco sales to minors (Review)’ in *The Cochrane Library*, Issue 3, January 2005.

- 11.4 The IMO supports on-the-spot fines for offences under the Bill, provided these are within a framework of graduated and escalating penalties where there is a succession of infringements. On-the-spot fines may only be suitable for minor first offences, with subsequent infringements requiring larger fines and court appearances to maintain effectiveness. It should also be noted that the amount fined must be sufficient to noticeably impact the retailer. For this reason, on-the-spot fines may not be suitable for larger retailers, as the amount fined is likely to be regarded as superficial by a body corporate above a certain size.
- 11.5 The IMO supports the adoption of 'name and shame' strategies, which can be effective means of encouraging retailer compliance, given that they pose the risk of reputational damage to convicted retailers. These measures should contain a requirement for a retailer served with a banning order for contraventions of alcohol control legislation to display a sign to this effect.
- 11.6 The IMO is disappointed to observe that this Bill will not provide for the immediate commencement of Section 9 of the *Intoxicating Liquor Act, 2008*, and provides no guarantee of its commencement in the future. The IMO therefore calls for the commencement of this Section within a set timeframe.
- 11.7 The IMO is disappointed to note that this Bill will contain no provisions for:
- the introduction of a health levy on alcohol manufactures in order to contribute to the healthcare costs of alcohol related harm; or
 - the introduction of a traceability mechanism to be put in place so that all alcohol sold to children can be traced.