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Irish Medical Organisation Contribution to the European Commission's Technical Regulation Information System (TRIS) database - 20<sup>th</sup> July 2018

Irish Public Health (Alcohol) Bill - Notification Number: 2018/22/IRL (Ireland)

The Irish Medical Organisation is the trade union and representative body for all Doctors in Ireland and for many years the IMO has been advocating for a range of measures to reduce high levels of alcohol consumption and binge-drinking in Ireland particularly in young people and fully supports the measures contained in the Irish Public Health (Alcohol) Bill.

Alcohol is associated with more than 60 acute and chronic health disorders ranging from accidents and assaults to mental health problems, cardiovascular disease, liver cirrhosis and certain cancers. While chronic conditions more often affect older people, acute conditions are more prevalent amongst younger people.<sup>1</sup>

In 2013, on average 3 alcohol-related deaths occurred per day, while 160, 221 hospital beds days were used to treat alcohol-related illness, (3.6% of all bed days that year). It is estimated that alcohol-related hospital activity costs the health service approximately €1.5bn annually, or about one-tenth of the annual health budget. The societal impact of alcohol consumption is similarly profound, 4.2% of workers in Ireland have admitted to missing work days during the past year due to alcohol consumption, with an estimated direct cost of over €40mn to the economy.²

Consuming approximately 11.0 litres per capita, Irish adults are one of the highest per capita consumers of alcohol in Europe.<sup>3</sup> Of particular concern are consumption patterns among young people with half of children aged 13-17 years old reporting having had an alcoholic drink and quarter stating they had drunk so much they were "really drunk". <sup>4</sup>

The Irish Public Health (Alcohol) Bill represents the first article of legislation that is wholly centred on protecting the public from the damaging effects of alcohol and carries a number of measures which, if brought into force, will help to reduce harmful alcohol consumption in Ireland, including minimum unit pricing for alcohol products, the structural separation of alcohol products from non-alcohol products in stores, improved labelling of alcohol products, and restriction of the advertisement of alcohol products.

<sup>&</sup>lt;sup>1</sup> Mongan D, Reynolds S, Fanagan S and Long J, Health-related consequences of problem alcohol use. *Overview 6 Dublin: Health Research Board* 2007: 45-46

<sup>&</sup>lt;sup>2</sup> Health Research Board, Alcohol in Ireland: Consumption, harm and cost HRB 2014

<sup>&</sup>lt;sup>3</sup> OECD Health Statistics 2018

<sup>&</sup>lt;sup>4</sup> Gavin, A., Keane, E., Callaghan, M., Molcho, M., Kelly, C. & Nic Gabhainn, S. (2015). *The Irish Health Behaviour in School-aged Children (HBSC) Study 2014*. Dublin: Department of Health & Galway: Health Promotion Research Centre, National University of Ireland, Galway. <a href="double-double-department">double-department</a> of Health & Galway: Health

## **Labelling of Alcohol Products**

With regard to the labelling of alcohol products with health warnings, there is an irrefutable link between alcohol and certain cancers.

- Alcohol is classified as a group 1 carcinogen by the WHO's International Agency for Research on Cancer (IARC) as there is a proven, causal link between alcohol and several types of cancer including cancer of the mouth, pharynx, larynx, oesophagus, liver, bowel and female breast. All these cancers showed evidence of a dose-dependent relationship with the risk of cancer increasing steadily with greater volumes of alcohol consumption.<sup>5</sup>
- In Ireland, between 2001 and 2010, 4,585(4.7%) male and 4,593(4.2%) female invasive cancer diagnoses were attributable to alcohol. The greatest risk was for the upper aero-digestive tract where 2,961(52.9%) of these cancers in males and 866(35.2%) in females were attributable to alcohol. Between 2001 and 2010, 2,823(6.7%) of male cancer deaths and 1,700(4.6%) of female cancer deaths were attributable to alcohol. Every year approximately 900 new cancers and 500 cancer deaths are attributable to alcohol.<sup>6</sup>
- And across Europe, a recent study shows that up to 10% of cancer in men and 3% of cancer in women may be attributable to alcohol consumption.

Labelling has been shown to be an effective means of raising awareness of the health-related consequences of alcohol consumption, as demonstrated by the efficacy of this measure in tobacco public health policy internationally. 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. 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. 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.<sup>8 9</sup>

<sup>&</sup>lt;sup>5</sup> IARC monographs on the evaluation of carcinogenic risks to humans. Volume 96. Alcoholic beverage consumption and ethyl carbamate (urethane). Lyon: International Agency for Research on Cancer <sup>6</sup>Laffoy M, McCarthy T, Mullen L, Byrne D, Martin J. Cancer incidence and mortality due to alcohol: an analysis of 10-year data. Ir Med J. 2013;106(10):294-7.

<sup>&</sup>lt;sup>7</sup> Schutze M. Et al Alcohol attributable burden of incidence of cancer in Eight European Countries based on results from Prospective Cohort Study. BMJ; 2011; 342: d1584 in Clarke N. Et al. A report on the Excess Burden of Cancer Among Men in the Republic of Ireland, Centre for Men's Health, Institute of Technology Carlow; 2013 for the Irish Cancer Society

<sup>&</sup>lt;sup>8</sup> D. Hammond, 'Health warning messages on tobacco products: a review' in *Tobacco Control*, Vol. 20, May 2011, pp. 327-337.

<sup>&</sup>lt;sup>9</sup> Sambrook Research International, A review of the science base to support the development of health warnings for tobacco packages, Newport, 2009, pp. 7-12

## **Advertising Restrictions**

A substantial body of academic literature demonstrates the ability of restrictions in alcohol beverage marketing to significantly reduce alcohol consumption.<sup>10</sup> <sup>11</sup> <sup>12</sup>In particular, a study 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%.<sup>13</sup>

Research commissioned by Alcohol Action Ireland found that among 16-21 year olds, alcohol ads represented 5 out of 10 of their favourite ads, almost all had owned some form of alcohol branded merchandise and among 16-17 year olds a third had seen an ad or a pop-up ad on their social networking page. Longitudinal studies show that the volume of alcohol advertising and media exposure increases the likelihood that young people will start drinking, increases the amount of alcohol young people consume and increases the amount of alcohol young people consume on any one occasion.

While the IMO is of the view that the most effective means of ensuring that young people are not exposed to alcohol marketing is to introduce a complete ban on all advertising and promotion of alcohol, restrictions on television and radio broadcasting to a 9pm and 10pm watershed respectively will reduce the exposure of alcohol products to young people.

There exists unassailable evidence that the measures outlined in the Irish Public Health Alcohol Bill will reduce the health effects of harmful consumption of alcohol. The Irish Medical Organisation calls on the European Commission to ensure that the European Alcohol industry does not allow the important public health provisions of the Bill to be watered down.

Vanessa Hetherington
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<sup>&</sup>lt;sup>10</sup> H. Saffer and D. Dhavel, 'Alcohol consumption and alcohol advertising bans' in *Applied Economics*, Vol. 34, Issue 11, 2002, pp. 1325-1334;

<sup>&</sup>lt;sup>11</sup> 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

<sup>&</sup>lt;sup>12</sup> 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;

<sup>&</sup>lt;sup>13</sup> 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;

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.

<sup>&</sup>lt;sup>14</sup> Behaviour and Attitudes (2010) Have We Bottled It? Survey commissioned by Alcohol Action Ireland

Anderson, P. The impact of Alcohol Advertising: ELSA project report on the evidence to strengthen regulation to protect young people. Utrecht: National Foundation for Alcohol Prevention A report Prepared for the European Commission 2007