



Submission to
Open Consultation on the Review of Alcohol Licensing
21st January 2022

The College of Psychiatrists remains very concerned by the extent of alcohol related harm in Ireland. Along with many other stakeholders in the Alcohol Health Alliance, across the health, youth and community sectors, it has advocated for public health to be given primacy in all aspects of alcohol policy in Ireland. The College welcomes the arrival of the Public Health Alcohol Act (PHAA) in 2019.

The PHAA had its origins in the report of the Steering group on a National Substance Misuse Strategy published in 2012 (Dept of Health, 2012). That group included alcohol industry representation, and their involvement caused huge delays in the production of recommendations. Seven years later the PHAA was passed in the Dail. The hope was that it marked a watershed moment indicating that government now shared our view that alcohol should be viewed primarily through the lens of public health. It is a source of frustration that now in 2022, over three years later, key elements of the PHAA remain to be enacted.

The College recognises the system of licensing for sale of alcohol is complex and needs review. Of note is the report by the Taskforce of the Night-time Economy. It is disappointing to see that there was no input from groups with public health expertise into that report and it is worrying that that oversight indicates a step back by Government from a public health approach to alcohol. However, the fact that in this call for consultation, the Department of Justice has placed emphasis on public health is very welcome.

Alcohol, Mental Health and Psychiatric Illness

Psychiatrists see alcohol related harm across the entire lifespan. Some are acute harms arising from individual episodes of intoxication while others are chronic harms, occurring due to use over a prolonged period of time.

Harms to others

College members encounter children who have cognitive deficits and emotional and behavioural problems arising from exposure to alcohol in utero, developing foetal alcohol spectrum disorder (FASD). These impairments are lifelong. Unfortunately, the prevalence of FASD is high in Ireland by international standards (Popova et al, 2017).

Problem drinking in parents constitutes a recognised adverse childhood experience (ACE) for their children (Bellis et al, 2019). There are estimated to be over 50,000 children living with an alcohol dependent parent in Ireland (O'Dwyer et al, 2021). Parental alcohol problems are also associated

with a multitude of others ACEs, including domestic violence, parental separation, child neglect and abuse. Children who have numerous ACEs have poorer mental and physical health, and worse outcomes in adolescence and in adulthood (Bellis et al, 2019).

Acute alcohol intoxication can be associated with erratic and sometimes aggressive behaviour. It contributes to random acts of violence, including sexual violence. These acts leave victims traumatised, some of whom develop post-traumatic stress disorder.

The harms noted above are examples of alcohol's harm to others (O'Dwyer et al, 2021). Recognition of harm to others arising from alcohol use is essential in a balanced conversation about alcohol across society. Harm to others justifies many alcohol policy measures which inconvenience individual drinkers.

Self-harm & Suicide, Depression, Dependence and Dementia

In addition to the link between alcohol and acts of violence to others, alcohol intoxication is also associated with acts of self-harm and suicide. In the latest report of the National Self-Harm Registry Ireland, it emerged that alcohol was involved in a third of all self-harm presentations. The peak time for alcohol related self-harm presentations in Ireland is weekend nights (Larkin et al, 2017). Alcohol is involved in half of all male suicides and one-third of female suicides, being especially prevalent in suicides in younger age ranges (Larkin et al, 2017). Many of these suicides are impulsive and seem to be largely related to a combination of alcohol induced dysphoric mood along with disinhibition, a drunken night ending in tragedy.

Persistent and heavy drinking can cause low mood and depression. For people who have underlying psychiatric illnesses such as depression or anxiety disorders, these conditions tend to be greatly exacerbated by heavy drinking.

In addition psychiatry, the vast extent of alcohol use disorders across Ireland are seen. Among Irish adult drinkers, 6.9% (95% CI 6.0–7.9) report symptoms consistent with a diagnosis of alcohol dependence. This indicates that there about 170,000 dependent drinkers in Ireland. In 2020, there were almost 6,000 episodes of addiction treatment provided to people with alcohol as their main problem, among whom 60% were male.

In later life, alcohol use is also associated with development of dementia (Gupta, James, 2008). Alcohol related brain injury is a preventable harm which damages the lives of the individual, causes huge distress for families and places major burdens on health care and residential care settings. (Schölin et al, 2019). Even moderate level alcohol consumption has been shown to be associated with markers of cognitive decline (Topiwala et al, 2017).

Health Impacts Beyond Psychiatry

In addition to the mental health impacts mentioned above, as doctors we are also acutely aware of the wider adverse impacts which alcohol has on health, recently summarised in Ireland by the Health Research Board (O'Dwyer et al, 2021). Acute intoxication is associated with accidents and injury. According to the WHO, alcohol is the world's number one risk factor for impaired health and premature death in the population aged 25–59 years, and far more significant than unsafe sex, tobacco use or diabetes (Moeller et al, 2012).

Apart from the contribution of alcohol intoxication to acts of self-harm, alcohol is a major driver of wider demand on our emergency services. In a recent study in an Irish emergency department, it emerged that 29% of attendances in the early hours of Sunday morning were alcohol related (McNicholl et al, 2018).

Alcohol is a carcinogen. Chronic alcohol use can adversely impact most organ systems, being a very notable driver of disease in the liver, cardiovascular system, pancreas and the brain (O'Dwyer et al, 2021). A recent review by the HRB indicates that alcohol is responsible for about 40,000 discharges from Irish hospitals each year (O'Dwyer et al, 2021). Alcohol continues to be a causal factor in about one third of all fatal road traffic collisions in Ireland. While we have grown used to hearing about the number of people admitted to ICU with Covid in the past year, there is less attention paid to the fact that there about 20 people in ICU every day of every week of every year due to alcohol (Larkin & Fagan, 2015).

In recognition of the contribution of alcohol to this vast array of health and social problems, a key goal of the Healthy Ireland initiative is a reduction in per capita consumption to 9.1 litres of pure alcohol per person aged 15 and over. This is a modest target as if reached, it will still be the case that the average amount of alcohol consumed by drinkers in Ireland will be above the upper limit of the low risk drinking guidelines for adults. Unfortunately, per capita consumption remains stubbornly in the region of 11 litres per capita in recent years, about 20% above our stated target. Therefore, we have much more work to do if we are to achieve our own modest goals.

Alcohol Policy

The WHO (2017) and others have made it clear that the most important elements of alcohol policy in terms of positive impacts on public health are measures which target cost, availability and promotion of consumption (Alcohol and Public Policy Group, 2010). The PHAA seeks to make minor changes to each of the key levers of change.

As noted above, suicide is one of the many adverse impacts of alcohol on mental health, and this is obviously a major concern to psychiatrists. There is good evidence that public health informed alcohol policy can reduce suicide (Stone et al, 2017).

There is good evidence that longer opening hours for licensed premises increases alcohol related harms, especially those linked to acute intoxication such as accidents and violence (Sanchez-Ramirez et al, 2018). The weight of evidence, based on research across a number of countries, certainly indicates that increased trading hours is associated with increased harms (Wilkinson et al, 2016; Sanchez-Ramirez et al, 2018; Rossow & Nostrum, 2012; Chikritzhs & Stockwell, 2002; Chikritzhs & Stockwell, 2006).

Considerations in Alcohol Licensing in Ireland

Given the vast range of harms listed above, those who are entrusted by society to sell alcohol should be very aware of the great responsibility that they carry on our behalf. There is no significant evidence from reports such as that by the recent task force on night time economy that they recognise this responsibility.

Looking back, it appears that the 1990s were a time when Ireland failed badly in terms of public health and alcohol. Licensing laws were greatly liberalised and availability increased dramatically. Per capita consumption rose by 30% from 1991 to 2001, and drinking occurred increasingly in homes. These changes provoked little opposition at the time from the organizations which now comprise the Alcohol Health Alliance. Alcohol related harm and alcohol policy are now very much priorities for those stakeholders, including the College. If there is any slippage back in the direction of policy liberalization in the coming years, Government can expect significant and vocal opposition from the College and other stakeholders.

The people of Ireland give great priority to aspects of social justice. Alcohol is a driver of health inequality (Bryant, 2020). Even though rates of drinking are similar across socio-economic groups, harms fall disproportionately on those living in more deprived communities. A public health approach to alcohol will therefore reduce health inequality.

There is good evidence from international research to indicate that density of alcohol outlets is related to a number of acute alcohol intoxication related adverse outcomes including suicide (Stone et al, 2017). In other words, increases in alcohol availability tend to be associated with outcomes such as increases in suicide (Wasserman et al, 2020). Looking more broadly than suicide, it is very clear from the WHO analysis of alcohol policies that increases in availability of alcohol lead to increases in drinking and in alcohol related harms.

Alcohol is not an ordinary product

It should be clear from the above that alcohol is not an ordinary product (Alcohol and Public Policy Group, 2010). It is not a grocery product. It is not a meal. For these reasons, approaches to the convenient delivery of groceries and meals should not be extended to alcohol (Colbert et al, 2020). The arrival of Covid and the subsequent lock downs have resulted in very significant adaptations by businesses and alterations in consumer behaviour. This has included a growth in home delivery of alcohol products. This ultimately constitutes the arrival of a new method of alcohol availability to drinkers. From a public health perspective, increased alcohol availability is unwanted and runs counter to our own Healthy Ireland goal of reducing alcohol consumption (Colbert et al, 2020). Home deliveries also reduce the ability of the vendor to check issues such as age and level of intoxication of the purchaser so consequently increases a range of risks.

The value in people having access to a varied and stimulating social life is recognised. Night time leisure and entertainment options in Ireland have historically been too focused around alcohol. There is a growing minority of young adults who drink little, if at all. A review of licensing should build incentives for businesses to cater to the needs and preferences of such groups.

Covid pandemic related lock downs

On the issue of Covid related lock downs, we recognise that pubs and night clubs have borne a particularly severe adverse economic impact. In any review of alcohol licensing, it is however important that a new licensing regime does not in any way seek to compensate this sector for the difficult time which they have endured in 2020-2021. A licensing system may well not undergo a significant review for another 50 years, so a short term focus on issues which arose during the lock downs should not dictate the type of licensing system we are left with for the next generation.

The challenges of Covid over the past couple of years have resulted in a public who now have a much richer understanding of public health. The people of Ireland accepted significant personal

inconvenience during efforts to curtail spread of Covid, recognising the need to focus on the greater good.

Psychiatrists and other health professionals across acute health care settings are very aware of the spike in demand for our services which arises on weekend nights. These are the busiest nights of the week for pubs and night clubs. The businesses which comprise the night-time economy must recognise their role as potential drivers of these harms and should ideally be aiming to seek to reduce the harms which generate demand for our services.

Recommendations

1. **Public health & social harms should be placed front and centre of any revisions to the alcohol licensing system.** Economic and employment related considerations should be secondary. In simple terms, each component of a new licensing system should be examined to determine if it is likely, on the balance of probabilities, to increase alcohol consumption. If so, it should not be implemented.
2. **There should be no increase in alcohol availability,** so density of outlets should not increase and neither should opening hours.
3. In order to continue the move in focus of nightlife in Ireland away from drinking, a licensing system should build in **incentives for venues to cater for activities other than a solitary focus on drinking itself.**
4. As expanded alcohol availability runs counter to good public health policy, **alcohol deliveries should not be permitted as this constitutes a 'new' method of alcohol availability.**

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