



**IRISH HEART  
FOUNDATION**  
Fighting Heart Disease & Stroke

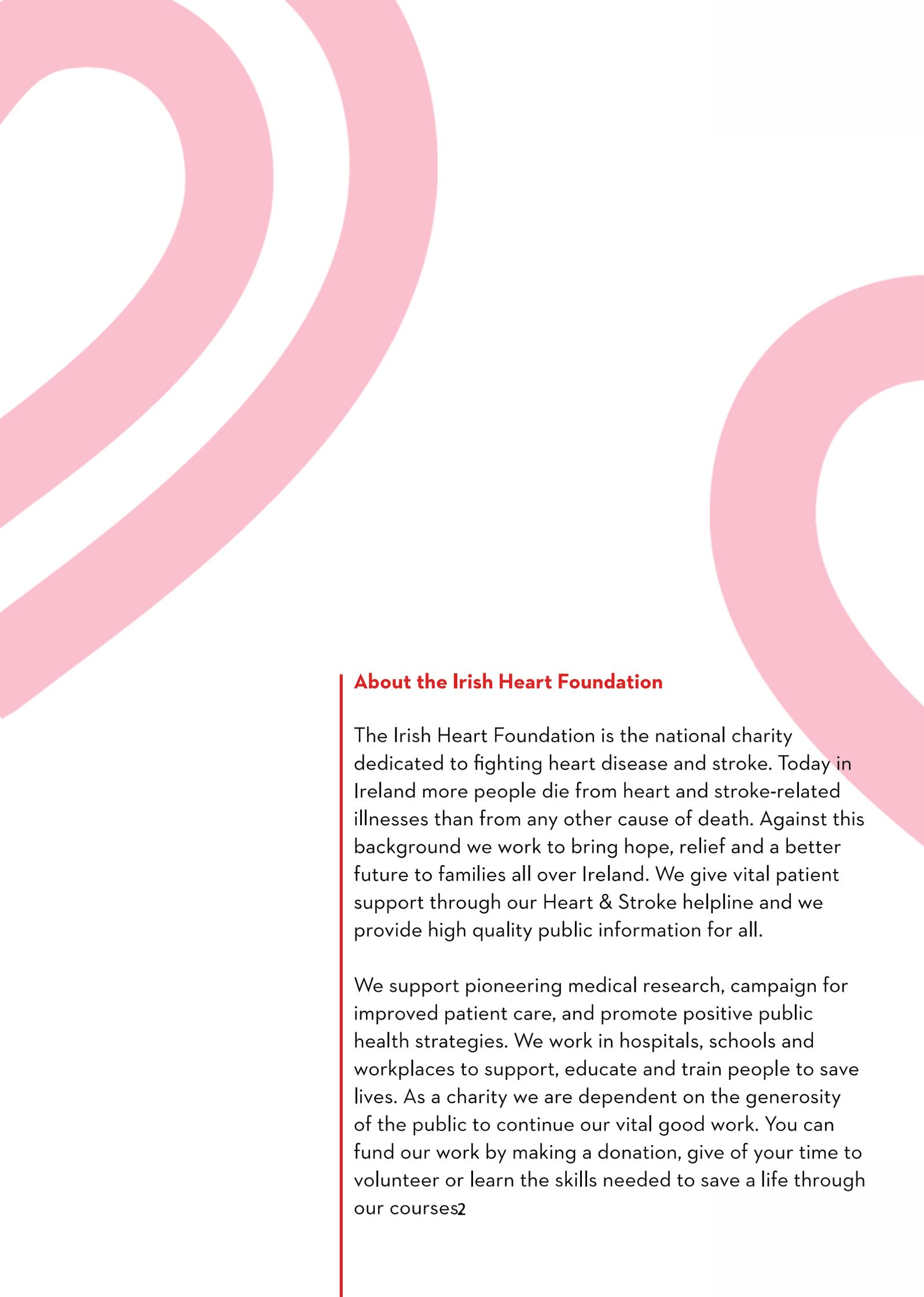
## **Irish Heart Foundation**

**Submission**

General Scheme Public Health  
(Alcohol) Bill

March 2015





## About the Irish Heart Foundation

The Irish Heart Foundation is the national charity dedicated to fighting heart disease and stroke. Today in Ireland more people die from heart and stroke-related illnesses than from any other cause of death. Against this background we work to bring hope, relief and a better future to families all over Ireland. We give vital patient support through our Heart & Stroke helpline and we provide high quality public information for all.

We support pioneering medical research, campaign for improved patient care, and promote positive public health strategies. We work in hospitals, schools and workplaces to support, educate and train people to save lives. As a charity we are dependent on the generosity of the public to continue our vital good work. You can fund our work by making a donation, give of your time to volunteer or learn the skills needed to save a life through our courses<sup>2</sup>

# **SUBMISSION TO OIREACHTAS HEALTH COMMITTEE**

## **General Scheme of the Public Health (Alcohol) Bill**

**March 2015**

The Irish Heart Foundation (IHF) welcomes the opportunity to comment on the General Scheme of the Public Health (Alcohol) Bill. The IHF is concerned about the impact of excessive alcohol use on cardiovascular health. Alcohol is subject to licence and regulation because of its potential health risks. When used in excess, alcohol can cause strokes, high blood pressure, cirrhosis of the liver and may be directly toxic to the heart muscle producing heart rhythm disturbances and heart failure. Alcohol is also high in calories and may contribute to excess weight gain and associated cardiovascular problems.

### **Structure of this submission**

Part one of this submission addresses particular sections of the General Scheme (health labelling of alcohol products; minimum unit pricing; regulation of marketing and advertising; and the structural separation of alcohol). Part two summarises the impact of alcohol on cardiovascular health.

### **Recommendations**

- Head 5 – In addition to the proposed warning labels on the use of alcohol in pregnancy provided for in the General Scheme, the IHF recommends that consideration be given to the inclusion of warnings illustrating the health impacts of alcohol consumption (in a similar manner to the pictorial health warnings on tobacco products).
- Heads 6 & 7 – The IHF supports the introduction of minimum unit pricing for alcohol.
- The IHF welcomes the move to place the regulation of alcohol marketing on a statutory footing. However, we believe that the proposals in the General Scheme do not go far enough and that this section of the Bill should be strengthened, to move away from a reliance on alcohol industry-created codes, to include a ban on alcohol sponsorship of sporting events and to address online / digital marketing.
- The IHF calls on Government to reconsider the approach to alcohol sponsorship of sport and to ban such sponsorship in tandem with the introduction of a social responsibility levy on the alcohol industry.
- Head 15 – The IHF recommends that Section 9 of the Intoxicating Liquor Act 2008 – allowing for the structural separation of alcohol from other products in retail premises – be commenced immediately.

## Introduction

It is perhaps surprising, given the scale of alcohol use and the harm caused by alcohol in Ireland, that this Bill is the first time that the Irish Government will legislate for alcohol as a public health issue. While the Bill does not cover all the recommendations of the Steering Group Report on the National Substance Misuse Strategy (2012), it marks a positive step towards addressing alcohol-related harm. As such the IHF will strongly support the enactment of a strong and comprehensive Public Health (Alcohol) Bill. The public also backs efforts to address alcohol use – a 2012 Health Research Board survey revealed that 78% of those polled felt Government has a responsibility to implement public health measures to address our high levels of alcohol consumption. The level of public support for measures for Government action and for measures included in the General Scheme, such as health labelling and minimum unit pricing, shows that this legislation is merely catching up with the expectations of Irish citizens.

Many of the risk factors for cardiovascular diseases are associated with strong lobby interests, including the manufacturers and retailers of alcohol, tobacco and food and beverages high in fat, sugar and salt. Industry often has a vested interest in policy outcomes which are not necessarily conducive to public health.

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“In the view of WHO, the alcohol industry has no role in the formulation of alcohol policies, which must be protected from distortion by commercial or vested interests”.

**Margaret Chan, Director-General of WHO<sup>1</sup>**

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The IHF has serious concerns about engagement with the alcohol industry in relation to public health regulations and believes that voluntary codes created by the alcohol industry are not conducive to good health outcomes. For example, the voluntary Responsible Retailing of Alcohol in Ireland (RRAI) Code, which is overseen by Responsible Retailing of Alcohol Ireland, (a body established and funded by the mixed trading sector to oversee implementation of the Code) is not an effective or a suitable method to regulate the sale and display of alcohol products.

The IHF recognises that the Government will face opposition from the alcohol industry and from the wider hospitality industry in progressing the Public Health (Alcohol) Bill. We would contend that whilst it is the right of the industry to maximise profitability for its shareholders, where this impacts negatively on public health, the State has a duty of care to intervene with measures that protect its citizens. Policies preferred by the alcohol industry – industry self-regulation, targeting binge drinkers rather than all drinkers, public information campaigns and school-based education programmes – have not reduced alcohol-related harm. The evidence-based policies which have been shown to work in reducing alcohol consumption are increasing price and restricting the availability of alcohol.<sup>2</sup>

There are many positive elements included in the General Scheme, such as minimum unit pricing and health labelling. However, we believe that this legislation needs to be strengthened, particularly in two areas – by immediately commencing the long-standing legislation on the structural separation of alcohol from other goods in retail premises and by introducing controls on alcohol marketing designed without the influence of the alcohol industry, including a ban on the alcohol sponsorship of sporting events.

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<sup>1</sup> Chan M (2013) Rapid response. Re: Doctors and the alcohol industry: an unhealthy mix? *BMJ* 346: f1889. Available: <http://www.bmj.com/content/346/bmj.f1889/rapid-responses>.

<sup>2</sup> McCambridge, J. *et al.* (2014) ‘Alcohol Harm Reduction: Corporate Capture of a Key Concept’. *PLOS Medicine*, 11 (12), e1001767.

## The need for a strong Public Health (Alcohol) Bill

There is clearly an issue with alcohol consumption in Ireland. Alcohol is widely available and has become embedded in social, cultural and sporting events in Ireland in a way that was not so in the recent past. Since 1963, alcohol consumption by adults has almost doubled.<sup>3</sup>

In 2012, the average Irish person (15+) drank 11.7 litres of pure alcohol. Due to the fact that 1 in 5 Irish adults don't drink alcohol, this means that those who drink are consuming more than this average. 11.7 litres is 27% higher than the alcohol consumption target of 9.2 litres per capita (the level we would reach if we all drank to our maximum low-risk weekly limits) in the Government's 2013 health and wellbeing framework, *Healthy Ireland*. Furthermore, 75% of all alcohol consumed in Ireland is drunk as part of a binge drinking session.<sup>4</sup>

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### Children and alcohol

- 21% of school-aged children report being current drinkers of alcohol. 46% report ever drinking.
- 18% report being drunk in the last 30 days.
- Children from lower social classes are more likely to report having been 'really drunk'.

*Source: The Irish Health Behaviours in School-aged Children (HBSC) study 2010*<sup>5</sup>

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<sup>3</sup> WHO Global Health Observatory Data Repository, cited in RCPI (2013) Policy Group on Alcohol: Reducing Alcohol Harm Policy Statement. WHO Global Health Observatory Data Repository.

<sup>4</sup> HRB (2014) Alcohol Consumption in Ireland.

[http://alcoholireland.ie/download/reports/how\\_much\\_do\\_we\\_drink/Alcohol\\_Consumption\\_in\\_Ireland\\_2013\\_web\\_version.pdf](http://alcoholireland.ie/download/reports/how_much_do_we_drink/Alcohol_Consumption_in_Ireland_2013_web_version.pdf)

<sup>5</sup> Kelly, C., Gavin, A., Molcho, M. & Nic Gabhainn, S. (2012). *The Irish Health Behaviours in School-aged Children (HBSC) study 2010*. Dublin: Department of Health.

## Part 1: Comments on the General Scheme

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### Health labelling of alcohol products – Head 5

The IHF welcomes the introduction of health warnings on alcohol products for the first time in Ireland. There is strong public support for this measure. As highlighted in the consultation document, the Health Research Board's 2012 survey found that a majority supported labelling alcohol containers to include calories (82%), alcoholic strength (98%), ingredients (91%) and health warnings (95%).

- In addition to the proposed warning labels on the use of alcohol in pregnancy provided for in the General Scheme, the IHF recommends that consideration be given to the inclusion of warnings illustrating the health impacts of alcohol consumption<sup>6</sup> (in a similar manner to the pictorial health warnings on tobacco products).

### Minimum unit pricing – Head 6 and 7

- The IHF supports the introduction of minimum unit pricing for alcohol.

The General Scheme provides for the introduction of minimum unit pricing for alcohol. This is a measure which the IHF has supported for many years. In a similar way to tobacco, the price of alcohol is directly linked to how much people drink across the population and to levels of alcohol-related harm. An increase in alcohol price leads to reduced alcohol sales, higher excise receipts and lower consumption. However, tax policy combined with changes to retailing rules means that alcohol in Ireland has become more affordable and more available in recent years. Alcohol prices have fallen in real terms in recent decades. A woman can now purchase her low-risk weekly limit for approximately €6.30 and a man for €10.

Alcohol Action Ireland estimates that alcohol-related harms cost the healthcare system €1.2bn each year.<sup>7</sup> At the same time alcohol prices in Ireland are falling at a much faster rate than average prices.<sup>8</sup> Minimum pricing policies could save the State by reducing the cost of alcohol use on our health, social and policing services as well as in the workplace, with immediate effect. Minimum pricing is particularly important for public health policy due to the fact that while a price increase may induce some consumers of higher priced alcohol products to switch to less costly brands, or to switch purchases to venues where alcohol is less costly, those who are already drinking the lowest-priced products can only respond by changing the quantity they drink. This leads to greater responsiveness at the lower end of the price spectrum, which is largely occupied by heavy and young drinkers. Again the public supports minimum unit pricing – the 2012 HRB survey revealed that almost 58% of respondents were in favour of a floor price below which alcohol could not be sold.

The Scottish Government is seeking to introduce minimum pricing. The measure has wide public support but is opposed by the Scottish alcohol industry, which has appealed the measure to the

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<sup>6</sup> For example see, For example, see 'Call for health warnings on bottles of alcohol', August 2014, [http://alcoholireland.ie/home\\_news/call-for-health-warnings-on-bottles-of-alcohol/](http://alcoholireland.ie/home_news/call-for-health-warnings-on-bottles-of-alcohol/)

<sup>7</sup> Alcohol Action, 'Pre-Budget Submission 2012'.

<sup>8</sup> According to CSO figures, alcohol prices fell by 4.6% in Ireland between July 2009 and July 2010, while average prices fell by only 0.1%.

European Court of Justice. The industry will likely replicate this approach in Ireland. It is nonsensical to task the industry with regulating the retail and marketing of alcohol through industry codes (see regulation of marketing and advertising below) while they are legally challenging another complementary aspect of public health policy in another jurisdiction.

## Regulation of marketing and advertising

- The IHF welcomes the move to place the regulation of alcohol marketing on a statutory footing. However, we believe that the proposals in the General Scheme do not go far enough and that this section of the Bill should be strengthened, to move away from a reliance on alcohol industry-created codes, to include a ban on alcohol sponsorship of sporting events and to address online / digital marketing.

The IHF, along with many colleagues in public health, believe that the regulation of alcohol promotion should be statutory and independent of the alcohol industry. We currently have a system of self-regulation of alcohol sales and alcohol marketing, primarily through voluntary codes developed and monitored by the industry itself, such as the *Alcohol Marketing, Communications and Sponsorship Codes of Practice*.<sup>9</sup> This system is not adhered to, yet the alcohol industry continues to spend money lobbying to maintain this system.

Marketing of alcohol products has been shown to encourage underage drinking, reduce the age at which children begin to drink and increase the amount they drink.<sup>10</sup> Marketing channels which fall outside the existing voluntary codes for alcohol advertising – such as the internet and sports sponsorship – are particularly popular with children. The lack of effective regulation and legislation means that children and young people are poorly protected from the powerful influence of the alcohol industry on their drinking behaviour.

The IHF believes that as part of the development of the Public Health (Alcohol) Bill, it is essential that all elements of integrated modern marketing campaigns are addressed, including digital media, promotional events and concerts (for example, the now defunct Arthur's Day) and the marketing methods of product, price, place and promotion. The Public Health (Alcohol) Bill should allow for regulations covering all of the recommendations made by the Steering Group on a National Substance Misuse Strategy in 2012. These regulations should be commenced immediately following the Bills enactment.

### **Recommendations of the Steering Group on a National Substance Misuse Strategy, 2012**

- Introduce mandatory age authentication controls on the advertising of alcohol on websites hosted in Ireland. Investigate feasible approaches to, and subsequently implement controls on, the volume, content and placement of all alcohol marketing in digital media.
- Engage with EU colleagues to explore the feasibility of introducing common restrictions on advertising on a European level.
- With a particular focus on impacting on the age of the onset of alcohol consumption, and the consumption levels of under-18 year olds, develop a statutory framework with respect to the volume, content, and placement of all alcohol advertising in all media in Ireland

<sup>9</sup> <http://www.aai.ie/resources/uploads/1232368309.pdf?phpMyAdmin=53yr8Ej-y2jMMsxiB1sDXHs6wCO>

<sup>10</sup> Anderson P., de Bruijn A., Angus K., Gordon R., & Hastings G. (2009). Impact of Alcohol Advertising and Media Exposure on Adolescent Alcohol Use: A Systematic Review of Longitudinal Studies. *Alcohol and Alcoholism*, 44, 229-243.

(including the advertising of pubs or clubs). This will involve the utilisation of existing legislation (such as the Broadcasting Act 2009) as well as the development of new legislation. Regard should be given to the impact of any statutory framework containing the provisions immediately below on Irish industry vis-à-vis firms from other jurisdictions. At a minimum, the legislation and statutory codes should provide for:

- a 9.00 p.m. watershed for alcohol advertising on television and radio;
- alcohol advertising in cinemas to only be associated with films classified as being suitable for over-18s;
- prohibition of all outdoor advertising of alcohol; and
- all alcohol advertising in the print media to be subject to stringent codes, enshrined in legislation and independently monitored.

### **Sponsorship of sporting events**

- **The IHF calls on Government to reconsider the approach to alcohol sponsorship of sport and to ban such sponsorship in tandem with the introduction of a social responsibility levy on the alcohol industry.**

Over the past few decades, professional Irish sports events have been made synonymous with alcohol, through title-sponsorship of tournaments and sponsorship deals between sporting organisations and alcohol brands. Medical and public health experts are all agreed on the negative impact of alcohol sponsorship of sport on children. Yet, the General Scheme fails to adequately address this powerful form of advertising.

The Steering Group on a National Substance Misuse Strategy recommended that industry sponsorship of sport and other large public events in Ireland should be phased out through legislation by 2016. In the intervening time, it should not be increased. Instead of following the recommendations of the Steering Group, the General Scheme proposes to put the current voluntary code on a statutory footing. This is the voluntary code which was developed by the alcohol industry and which currently enables major sporting events and tournaments in Ireland to be title sponsored by alcohol brands. Placing this weak alcohol industry-created voluntary code on a statutory basis enables the industry to continue to influence and undermine public health policy. Statutory codes should be developed by medical, public health, media and communications experts without any involvement of the industry.

#### ***Recommendations of the Steering Group on a National Substance Misuse Strategy, 2012***

- *Drinks industry sponsorship of sport and other large public events in Ireland should be phased out through legislation by 2016. In the intervening time, it should not be increased.*
- *Introduce a 'social responsibility' levy on the drinks industry.*

To address any potential loss of income for sporting organisations following a ban on alcohol sponsorship, the Steering Group report recommended the introduction of a 'social responsibility' levy through which the alcohol industry could 'contribute to the cost of social marketing and awareness campaigns' about the harms of alcohol. The levy could also be used to 'contribute to funding for sporting and other large public events that help provide alternatives to a drinking culture

for young people'. In this way the alcohol industry could continue to contribute to sporting organisations, without using them as a vehicle to promote their products.

- The alcohol industry's estimated total annual spend on sports sponsorship in Ireland is €20 million.
- Based on alcohol consumption figures for Ireland, a levy of 1 cent per standard drink (10 grammes alcohol) could generate approximately €33 million.
- If we reached the *Healthy Ireland* target of 9.2 litres per person, the levy would still generate €26 million.

For a comprehensive discussion of the issue of alcohol sponsorship of sports see Alcohol Action Ireland's Submission to the Working Group on Regulating Sponsorship by Alcohol Companies of Major Sporting Events.<sup>11</sup>

There are precedents for such a levy. A gambling levy has been in operation in Ireland since 2001. Using this 1% betting tax, the State has paid over €840 million into the Horse and Greyhound Racing Fund.

## Structural separation of alcohol – head 15

- **The Irish Heart Foundation recommends that Section 9 of the Intoxicating Liquor Act 2008, allowing for the structural separation of alcohol from other products in retail premises, be commenced immediately.**

The liberalisation of licensing laws has led to a massive increase in the number of off-licences, with alcohol now available in supermarkets, corner shops and petrol stations. As a result, alcohol is sold side-by-side with everyday products in supermarkets, petrol stations and newsagents, giving the impression that alcohol is no different to any other product.

Government policy and legislation has set out the need to regulate the sale of alcohol and limit its availability. The intention of Section 9 of the Intoxicating Liquor Act 2008 – which has not been commenced – could be described as removing the 'impulse buy' element from alcohol purchases. The relatively minor barriers intended to be placed in the consumer's way when purchasing alcohol (turnstile access to alcohol section of shop, separate till, etc.) would ensure that only consumers who set out to buy alcohol would purchase it.

***Recommendation of the Steering Group on a National Substance Misuse Strategy, 2012:***

- *Commence Section 9 (structural separation) of the Intoxicating Liquor Act 2008.*

The current voluntary Responsible Retailing of Alcohol in Ireland (RRAI) Code has not achieved its aim of structural separation of alcohol from other beverages and food. The RRAI Code – as an alternative to the statutory provisions in section 9 – is not, and cannot, be effective in achieving the separation of alcohol, structural or otherwise, from other beverages and food in mixed retail premises. The key reason for its incapacity to effect separation is due to the use of the term 'as far as possible' as an opt-out in the code:

<sup>11</sup> Available at:

<http://alcoholireland.ie/download/publications/AAI%20Print%20Submission%20Version.pdf>

*“Alcohol products will, **as far as possible** [emphasis added], be displayed only in a part of the premises through which customers do not have to pass in order to obtain access to other beverages and food products (except where, for security reasons, such products are displayed behind the counter but not in the window)”.*

This means mixed retailers simply do not have to display alcohol in a separate part of the premises from other beverages and food products. The inclusion of the phrase ‘as far as possible’ also limits ability to gauge when a breach of the code has occurred.

The General Scheme proposes the replacement of the RRAI code with a statutory code which will apply for a two-year period. Following this two-year period the effectiveness of the statutory code in achieving the objective of section 9 of the Intoxicating Liquor Act 2008 (structural separation of alcohol from other products) will be assessed. The IHF believes that this approach represents a further and unnecessary two year delay to the commencement of section 9 of the Intoxicating Liquor Act.

In the case of tobacco, Ireland accepted the need to separate tobacco for other products in the retail environment and achieved this through the enactment of legislation. Ireland was the first European country to introduce point-of-sale legislation in 2009 banning the advertising and display of tobacco products at retail counters and vending machines. These controls have been shown to be effective in reducing young people’s recognition of tobacco brands (recall of tobacco displays among young people fell from 81% before the measure to 22% afterwards) and in de-normalising tobacco (after the measure the proportion of young people believing more than 20% of children their age smoked decreased from 62% to 46%) .<sup>12</sup> Research also shows that the point-of-sale legislation did not have any impact on the earnings of retailers.<sup>13</sup>

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<sup>12</sup> McNeill, A. *Evaluation of the removal of point of sale tobacco promotional displays in Ireland, 2010*. Tobacco Control.

<sup>13</sup> Quinn C, Lewis S, Edwards R, McNeill A. *Economic evaluation of the removal of point of sale tobacco promotional displays in Ireland, 2010*. Tobacco Control.

## Part 2: Alcohol and cardiovascular health

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While small quantities of alcohol are considered low risk for health and your heart, drinking more than the recommended maximum levels of alcohol increases the risk of blood pressure and stroke. High levels of consumption increase heart rates and in the long-term can affect the brain and memory. The risk of both ischaemic (blood clot in the brain) and haemorrhagic (rupture of blood vessel in the brain) stroke increase with excessive alcohol consumption. High consumption, can also increase risk of liver cirrhosis and ultimately, liver failure. Higher quantities of alcohol increase the risk of developing cardiac arrhythmias (heart conditions with an irregular heart beat). High consumption poses a particular risk of developing the condition known as atrial fibrillation. There is also an increased risk of developing an enlarged heart muscle (dilated cardiomyopathy). These conditions affect how efficiently the blood is pumped around the body and if they are not monitored and treated, they are likely to lead to more serious heart problems.

### Maximum recommended levels of alcohol consumption

While there is no universal agreed definition of binge drinking, it is defined by the WHO as six standard drinks (equivalent to three pints of beer), or more, consumed on one occasion. There is no recognised safe level of alcohol consumption. Rather, it is a case of low risk to high risk and the recommended maximum weekly alcohol levels are set at the low risk end. The recommended weekly maximum limit is 11 standard drinks for women and 17 for men.

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#### Irish Heart Foundation 2014 survey – Alcohol and CVD

- 9 in 10 respondents believe drinking more than the recommended number of standard drinks can increase the risk of stroke
- 8 in 10 believe it can cause cardiomyopathy
- Nearly 8 in 10 believe it can cause atrial fibrillation an irregular heart rhythm
- 8 in 10 correctly identified that alcohol affects blood pressure

Poll conducted by Ipsos MRBI Omnipoll, July 2014

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People can achieve quite dramatic changes when they abstain from alcohol, or cut down significantly. Over time they lose weight and their blood pressure improves, sometimes resulting in being able to stop blood pressure medication.

### Maintaining the independence of public health campaigns

Given recent developments in the establishment of alcohol-industry funded campaigns which claim to be working to reduce misuse of alcohol, the IHF feels it is necessary to restate our concern about the involvement of the alcohol industry in campaigns purporting to educate the public about harmful drinking. Given the obvious conflict between the alcohol industry's need to promote alcohol consumption and public health's desire to promote moderate drinking or abstinence, the alcohol industry should play no role in formulating information or policy relating to the consumption of alcohol.<sup>14</sup> Messages about the use of alcohol should be drawn up by a body independent of the

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<sup>14</sup> See McCambridge, J. *et al.* (2014) 'Alcohol Harm Reduction: Corporate Capture of a Key Concept'. *PLOS Medicine*, 11 (12), e1001767.

industry, should be factual in nature and avoid ambiguous concepts such as ‘responsible drinking’, or ‘out-of-control drinking’.

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**The IHF welcomes the opportunity to comment on the General Scheme of the Public Health (Alcohol) Bill.**

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The information provided in this publication was correct and accurate at the time of publication to the best of the Irish Heart Foundation's knowledge.