Research evidence to prevent alcohol-related harm:
What communities can do in Ireland

Galway Healthy Cities

Western Region drugs task force
Meitheal Drugaí an Iarthair

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

hi Healthy Ireland

Galway Healthy Cities

Galway City Strategy to Prevent and Reduce Alcohol-Related Harm 2013-2017

Research evidence to prevent alcohol-related harm:
What communities can do in Ireland [a]
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Background

Galway City is the first City in Ireland to develop an alcohol strategy to prevent and reduce alcohol-related harm. This five-year strategy (2013-2017), which is informed by research on effective approaches to tackling alcohol-related harm, takes a community action approach and focuses on the four key areas of:

(A) Prevention

(B) Supply, Access and Availability

(C) Screening, Treatment and Support Services

(D) Research, Monitoring and Evaluation

The strategy, which was prepared by the Galway Healthy Cities Alcohol Forum[b] in partnership with a range of organisations and groups, was launched in February 2013. The Galway Healthy Cities Alcohol Forum, which includes representatives from HSE West, Western Region Drugs and Alcohol Task Force, Galway Roscommon Education and Training Board, An Garda Síochána, Galway City Council, Galway City Public Participatory Network and National University of Ireland, Galway is responsible for coordinating and driving the implementation of this strategy.

Communicating and engaging with a wide range of individuals, groups and agencies is essential for a public health approach, where the prevention and reduction of alcohol-related harm is everyone's responsibility. A visual representation of the development of the strategy is outlined on the next page with further details at www.galwayalcoholstrategy.ie.

[b]. Galway Healthy Cities Alcohol Forum is a sub group of Galway Healthy Cities Forum, which is a multi-agency group involved in the leading out on the World Health Organizations Healthy Cities Project in Galway City www.galwayhealthycities.ie.

Goals and Actions

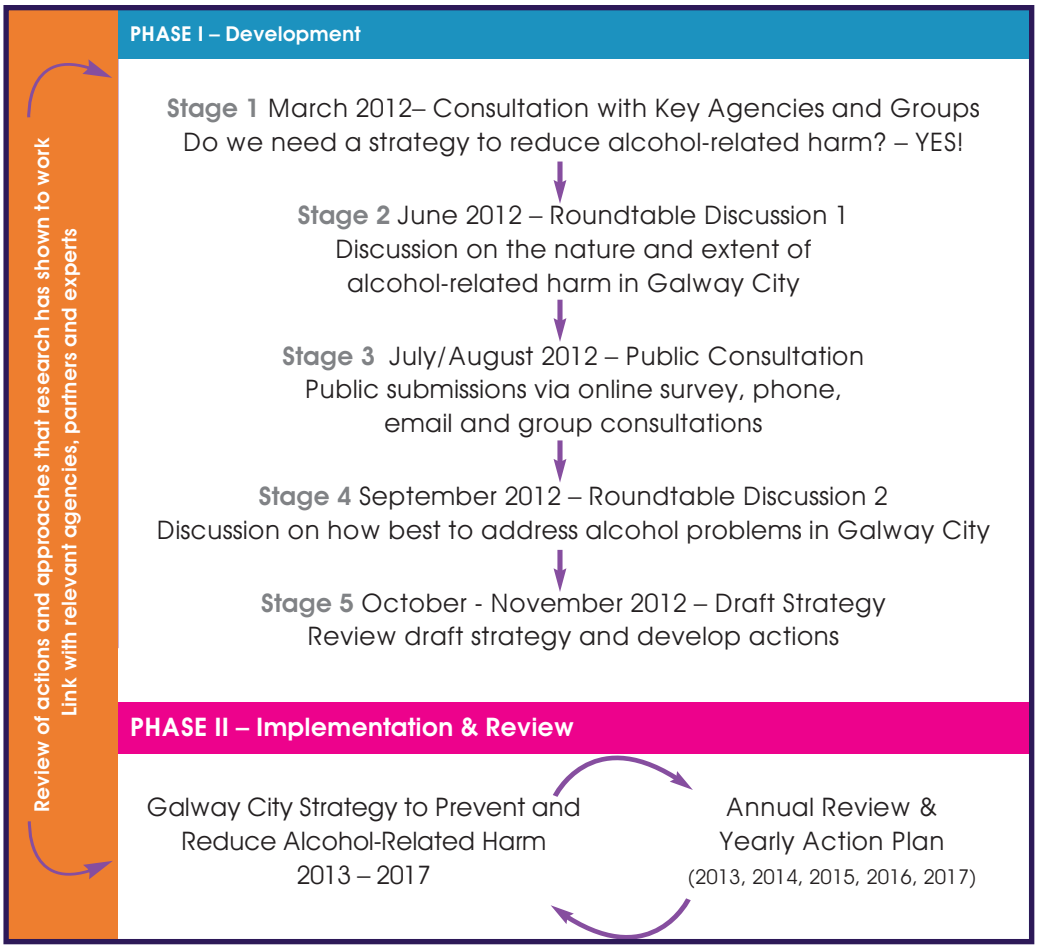

Figure 1: Outline of process for developing and implementing Galway City Alcohol Strategy

Many individuals and a range of community, voluntary and statutory agencies contributed to the combined actions within this strategy. Under the four key areas, a total of 16 goals and 40 strategic actions were identified.
The development of this booklet is as a direct action under the Prevention section. Goal 2 is "Raise public awareness of the benefits of effective action to prevent and reduce alcohol-related harm". The strategic action connected to this goal is 2a – "Communicate effective measures to prevent and reduce alcohol-related harm and the benefits of undertaking these measures".

In developing this guidance booklet, we aim to communicate effective measures to prevent and reduce alcohol-related harm and share the learning of the Galway Alcohol Strategy over the past two years. This evidence booklet also supports Healthy Ireland – the National Health and Wellbeing Framework (2013 – 2025) – as a key focus of this plan is to decrease alcohol consumption across the population to improve health and wellbeing.

The Galway City Alcohol Forum hope that you find the information in this booklet useful for preventing and reducing alcohol-related harm in your community.

Galway City Alcohol Forum
May 2015

www.galwayalcoholstrategy.ie

Introduction

Public policies at a local level need to be implemented to reduce alcohol-related problems. Community action on alcohol is based on the premise that public policies (regulation, enforcement, laws, systems change) need to be changed to reduce alcohol-related problems. Rather than just focus on school-based education programmes and treatment for people who are alcohol dependent, community action on alcohol favours a broad range of evidence-based alcohol policies that can be implemented in towns and cities, with a population of at least 5,000 or more people.

It has been well documented over the last two decades that Ireland has a serious problem with alcohol. To reverse this trend, public policies at a local level need to be implemented to reduce alcohol-related problems.

Community Action Opportunities - Public policies at the local level need the involvement of:

- ✓ The **Local Council** (or Area Committees of the local council) which has responsibility for planning issues and bye-laws (examples – density and location of alcohol outlets, restrictions on drinking in public places).

- ✓ The **Joint Policing Committee** (which consists of representatives from An Garda Síochána, local councils, senior council staff, Drug and Alcohol Task Forces (DATFs), and local residents) where decisions and information on

alcohol-related issues can be discussed and shared. These can include liquor licensing provision, enforcement of drink-driving, underage access to alcohol, and alcohol-related crime.

✓ The **Local and Regional Drug and Alcohol Task Force** can share their valuable expertise and experience in supporting effective action. These local and regional task forces are also part of a national cross-departmental coordinating structure and network.

✓ The **Health Service** can provide a broad range of support services in the local area such as GPs, Public Health Specialists, Hospital Staff, Alcohol Treatment Services, Family Support Services, Health Promotion and Improvement, Environmental Health Officers and others.

✓ Valuable **Community Networks** can contribute to effective community action on alcohol such as schools/ colleges, residents associations and sporting organisations.

✓ The **Business Community** has an important role to play to ensure their business practices enable and support the reduction of alcohol-related problems in the community.

The Scientific Evidence - Summary

There is a wealth of scientific evidence to guide local communities in deciding what actions to implement in their community alcohol strategy to enable alcohol-related harm to be reduced. The evidence, that follows, is summarised in a language that is easy for all. Some key references are provided at the back of the booklet for those who wish to read the evidence first-hand.

There is compelling evidence that regulating the supply of alcohol by controlling price, availability and marketing is the main cornerstone of reducing alcohol-related harm, as recommended by the World Health Organization. Drink-driving countermeasures (Random Breadth Testing (RBT) and low blood alcohol content (BAC)) are also very effective in reducing harm, as has been shown in Ireland.

There is strong evidence that early intervention (alcohol screening and brief advice) can successfully reduce hazardous and harmful drinking and needs widespread delivery across the drinking population, as well as effective treatment services for those who are alcohol dependent. Information and education have an important role in creating understanding of the health and social risks of alcohol, as well as building support for the effective policies of reducing price, availability and marketing. However, information and education alone are of little value in reducing alcohol harm. The community action plan should reflect the needs and priorities of each local community and have clear outcome measures against which success can be monitored – such as increased community safety and wellbeing, reduced health and social problems.

Layout and format

The layout is sequenced according to the policy areas with the strongest scientific evidence to reduce alcohol-related harm. There are four sections in this booklet and under each section the policy area has an '**Introduction**', followed by the '**The Research Evidence**' and finishes with what communities can do, namely an Information Box on '**Community Action Opportunities**'.

The information is presented under the following headings:

1. **Supply**
2. **Early intervention and Treatment**
3. **Prevention and Awareness**
4. **Monitoring and Evaluation**

1. Supply

1a. Reducing Affordability - Pricing

The main alcohol pricing policies used by governments are alcohol taxation (such as tax bands, tax based on alcohol volume, targeted tax) and minimum alcohol price (general or targeted).

The Research Evidence

- There is a strong international evidence base that shows increasing the price of alcohol reduces alcohol consumption and a wide range of alcohol-related harms (alcohol diseases, injuries, violence, crime, traffic crashes and other harm indicators).[1,2,3]

- Canadian researchers reported that increasing the minimum alcohol price reduces consumption and alcohol-related harm (acute and chronic alcohol deaths and hospital admissions).[4,5]

- In the UK, the Sheffield Model, has studied the impact of minimum unit price (MUP) targeting those who drink at harmful levels and most at risk of harm. Using minimum unit pricing means, drinks that are sold cheaply and high in alcohol content, are increased to a minimum selling price in proportion to the alcohol unit strength contained in the drink.[6]

- Minimum unit pricing at the very least prevents the use of alcohol price reductions as a give-away loss leader to attract young people into supermarkets to stock up on cheap alcohol for a night on the town.

- The Sheffield Model (SAPM3) estimates suggest that MUP policies would be effective in reducing alcohol consumption, alcohol harm (including alcohol-related deaths, hospitalisations, crimes and workplace absences) and related costs.[6]

- A ban on price-based promotions in the off-trade, either alone or together with a MUP policy would also be effective in reducing consumption, harm and costs, according to the researchers.[7] The MUP would have the greatest impact among high-risk drinkers and a low impact on low-risk drinkers. It would also have the highest health gains among harmful drinkers in the lowest socioeconomic grouping.[8]

- In Ireland, below-cost selling of alcohol has been allowed since 2006, due to the abolition of the Groceries Order. This has given rise to very cheap alcohol being sold, particularly in supermarkets and grocery stores. The proposed Public Health (Alcohol) Bill 2015 will introduce MUP in Ireland to reduce high-risk drinking and related harms.

Community Action Opportunities – Reducing Affordability

✓ Advocate for minimum pricing policy as a matter of urgency.

✓ Examine the potential to reduce very cheap discounts, through voluntary agreements with alcohol sellers, while waiting for the Public Health (Alcohol) Bill (2015) to be enacted.

1b. Reducing Availability

The main policies used to regulate the availability of alcohol are 1) limiting the number of outlets (density) that are allowed to sell alcohol, 2) limiting the hours (or days) when alcohol can be sold, 3) setting a minimum legal purchase age, 4) preventing sales to intoxicated persons and 5) limiting drinking in public places.

The Research Evidence

- Restricting availability of alcohol is an effective measure to prevent alcohol-related harm.[1,9] At the very least, community action is needed to prevent further erosion of effective controls on alcohol availability, such as sensible restrictions on when, where and how alcohol is sold.

- There is strong evidence that restricting the hours when alcohol can be purchased reduces consumption and damage from alcohol, both acute and chronic harms.[10,11,12]

- Greater outlet density is linked with increased alcohol consumption and related harm, including medical harms, injury, crime, traffic accidents and violence.[13,14,15]

- There is good evidence to show that areas of high-density outlets (bars, clubs) in entertainment districts in towns and cities have higher rates of alcohol-related violence.[16,17,18] The density of off-premise outlets is also linked to alcohol-related harm depending on context.[19]

- Ensuring the minimum legal purchase age is at least 18 years, or higher, prevents and reduces alcohol-related harm, provided it is enforced. In countries where the minimum age has been raised to 21 years, alcohol harm declined significantly, in particular road crash fatalities.[1] Alcohol outlet density can also result in greater access for youth to buy alcohol.[20]

- Enforcement of alcohol-related laws is essential for a reduction in alcohol-related harm. Successful community action projects involve multi-component activities and have focused on reducing:

  - Youth access to alcohol and/or
  - Alcohol related violence/crime and/or
  - Alcohol related injuries/deaths

Some examples

- Community action to reduce youth access to alcohol in the USA, involved a mix of community actions such as - test purchase with alcohol outlets, citizens monitoring outlets selling alcohol to youth, fewer hours of sale and raising awareness among adults and

youth. The outcomes included increased ID checks among alcohol sellers, young adults less likely to provide alcohol to youth and a reduction in public order and drink–driving arrests.[21]

- Community action to reduce alcohol-related violence in Australia, took a systems approach to improve police enforcement of alcohol laws by providing key information to police and licensees about alcohol-related crimes following drinking on their premises. The outcome was a reduction in alcohol-related incidents linked to the premises that received the feedback.[22] A Swedish project (STAP) showed major success in reducing service to intoxicated patrons in licensed premises through community action with responsible server training and greater police enforcement.[23] In Diadema, Brazil, the murder rate and admissions to women's shelters declined sharply after the city's bars were required to close several hours earlier.

- Community action to reduce alcohol-related injuries involved actions such as a safety audit and risk assessment of the community, server training programmes for licensees, house policies (on and off premises) for alcohol sales, greater enforcement by police of licensing and drink-driving laws and publicity campaigns to support initiatives. Alcohol-related injuries, assaults and motor vehicle crashes declined, as reported in the hospitals Emergency Department, while alcohol-related assault arrests increased, reflecting increased enforcement.[24] However, gains achieved were not maintained in follow-up evaluations, highlighting the need for staying with the enforcement focus.[11]

- In Ireland, the enforcement of random breath testing, introduced in 2006, reduced road deaths by 56% between 2006 and 2012, demonstrating the importance of road-side alcohol breath checks as a deterrent to drink driving.

Community Action Opportunities – Reducing Availability

- ✓ Map the number, type and density of outlets selling alcohol in your community.
- ✓ Increase enforcement on alcohol laws through a systems approach regarding youth access, distance sales, secondary purchasing, serving intoxicated customers and drink-driving.
- ✓ Limit drinking in public places through local bye-laws.
- ✓ Examine current licensing laws and propose changes to benefit your community's safety.

1c. Reducing Marketing

The main policies used to regulate alcohol marketing are:
1) total statutory ban,
2) statutory regulation (partial legal ban),
3) self-regulation (industry voluntary codes).

The Research Evidence of risk exposure to young people

- There is growing evidence that alcohol marketing is having a direct impact on young

peoples' drinking behaviour.[25] High-quality studies have found that young people who are exposed to alcohol marketing are more likely to start drinking, or if already drinking, to drink more.[26]

- Alcohol is marketed through many channels and the marketing often encourages young people to drink. Such channels include broadcast, outdoors, print, sponsorship, merchandise, special price offers, product placement, package/product design and new digital media like FaceBook and Twitter.

- Alcohol advertising helps to normalise drinking and presents alcohol as risk free.[27]

- Alcohol sports sponsorship exposes young people to high levels of alcohol brand images.[28] For example, the frequency of visual alcohol references while watching English professional football games on TV was nearly two per minute throughout games (signage around play area, field of play, score updates).[29]

- Alcohol marketing on social media provides new ways for the industry to connect with young people by encouraging them to share alcohol images, industry-driven messages and brand-related social activities in peer-to-peer interaction, which can intensify norms of intoxication.[30,31,32]

- No social media or alcohol branded sites use age verification by a third party; instead they rely on the individual user to report accurate information, a precaution that is easily circumvented.[33,34, 35]

The Research Evidence of alcohol policy

- To enforce bans on alcohol advertising is cited by WHO as one of three 'Best Buys' for population-based policies in reducing harmful use of alcohol.[36]

- The evidence from tobacco policy shows that comprehensive advertising bans are highly effective.[37] In Europe, tobacco advertising bans have been the second most effective means of reducing smoking after taxation.[38]

- Norway is the only European country with a total ban on alcohol advertising including sports sponsorship, though no formal evaluation has taken place. In France there are strict laws (Loi Evin Law) to minimise the exposure of children and young people to alcohol advertising - limited places where ads are allowed, content of ads confined to basic product information, health messages on all ads. Detailed evaluation has not taken place, mainly due to problems separating the advertising effect from other changes in French society.

- Self-regulation by the alcohol industry does not protect children or reduce alcohol harm.[39,40]

- Self-regulation tends to focus on the content of alcohol advertisements rather than total alcohol marketing exposure.[41] Evidence shows that self-regulation does not prevent the kind of marketing that has an impact on younger people.[42]

- The industry's voluntary code promotes audience profiling, which means that in any given marketing channel, a proportion of children will always be exposed to alcohol marketing. Research shows that many children are exposed to large amounts of alcohol marketing using this method.[28,29] For example, audiences watching sporting events on TV can often be 400,000 or higher. This means that up to 100,000 children (25% of total audience) are permitted and exposed to the embedded alcohol marketing in such

programmes.

- The alcohol industry strongly oppose alcohol advertising bans and lobby against such policies, as documented in the recent Lithuania case, where the industry successfully blocked government agreed action to introduce a full alcohol advertising ban just prior to its enactment.[43]

- In the interest of protecting children from harm, statutory regulation is needed with a monitoring system that is totally independent, clear to all, accountable and involves young people.[44]

Community Action Opportunities – Reducing Marketing

✓ Reduce the exposure of children to alcohol marketing in your community by stopping alcohol advertising in and on public funded facilities – public transport, bus shelters, footpaths, posters, billboards and sporting events.

✓ Advocate for meaningful statutory regulation at a national level to protect children from exposure to alcohol marketing.

✓ Advocate for third party verification of age on industry/social network sites where alcohol is marketed.

2. Early Intervention and Treatment

The health sector has a framework for the delivery of alcohol treatment services across a range of health care settings that include alcohol screening, brief interventions, and pathways for those with alcohol use disorders to access appropriate treatment. These services can be delivered via statutory, voluntary and community organisations.

The Research Evidence

- There is a strong body of high-quality research that shows effective intervention by the health sector can prevent and reduce alcohol-related harm.[1,45]
- Brief alcohol intervention is particularly effective with hazardous and harmful drinkers who are not seeking treatment (unaware of their alcohol-related risk or harm).[45]
- Brief alcohol intervention in primary care has shown consistent reductions in alcohol consumption (quantity, frequency, intensity),[45] and is cost effective.[46]
- The delivery of brief advice is most effective through one-to-one personal contact. However, longer or more intense intervention does not provide additional gain. In some studies, those who did not receive the brief advice (control group) also reduced their alcohol consumption, which may suggest that the alcohol screening part of the intervention can be beneficial in itself.[47,48]
- Brief alcohol intervention has shown promise across different settings - emergency care, general hospital, educational and community settings.[45,49]
- The recent e-interventions (computerised or web-based) have shown positive impact, although the gains are not as strong as direct personal contact. However, with hard to reach groups, such as young people, it can provide benefits and at a low cost.[45]
- A review of brief alcohol interventions with hospital patients (heavy alcohol users) showed a reduction in alcohol consumption at follow-up (six and nine months) but was not maintained after one year, although fewer deaths were reported.[50]

- However, challenges remain in the delivery of brief alcohol interventions in some settings. A recent study across different hospital Emergency Departments recommended confining the intervention to screening with simple clinical feedback and alcohol information, given the challenges in such settings.[51]

- Alcohol screening and brief advice is an important intervention at the individual level and needs to be delivered across the drinking population. However, if alcohol control policies are not in place, even with widespread reach of screening and brief advice, alcohol-related harm at the population level is unlikely.[52,53]

- The strongest evidence for alcohol treatment is Psychosocial Counselling for treatment seeking patients and can be supported by Pharmacological interventions. The precise combination of treatment depends on the severity of the problem, the goals of treatment, and the patients preferences.[45]

Community Action Opportunities – Increasing Access to and Engagement in Treatment

✓ Provide training, support and incentives for alcohol screening and brief advice in key settings – primary care, emergency care, general hospitals and third level colleges.

✓ Identify and develop local pathways for alcohol-related treatment service at the individual and family level.

✓ Ensure a broad base of treatment options and evidence based interventions are available within the community.

✓ Ensure the local community are aware of how to access alcohol treatment services and are encouraged to do so.

3. Prevention and Awareness

Prevention policies tend to focus on information, education and persuasion programmes.

The Research Evidence

- In 2010, a full review of the research evidence was published by Babor et al. In relation to information and education two key findings were reported 1) "Classroom education may increase knowledge and change attitudes but has no long term effect on drinking" and 2) mass media campaigns, social marketing or warning labels do not change drinking behaviour. There was some evidence that multi-component college programmes had short-term impact.[1]

- In 2012, a subsequent update of the evidence base was published by Anderson and concluded that 1) "There is extensive evidence that school-based programmes do not consistently lead to sustained changes in behaviour, although a few did show some positive outcomes", 2) some family/parenting programmes did show some promise and 3) there is some evidence that social responsibility campaigns by the alcohol industry can be counterproductive due to ambiguity and mixed messages.[54]

- The most recent review of social norms programmes examining 66 studies, reported that social norms interventions in college students do not reduce risky drinking.[55]

- Information and education is important for everyone to understand the health and social risks linked to drinking, be it to the drinker or those around the drinker. However, prevention policies have little value in reducing alcohol-related harm if implemented alone.[1]

- Protecting children from exposure to risk from other people's drinking is both a duty of care and an important collective responsibility for all.[56,57]

- Information and education can also play an important role in building support for public health policies that have shown to be effective in reducing alcohol-related harm, such as reducing affordability, availability, marketing and drink-driving.[58]

- Given the many pro-drinking stimuli in the broader social, cultural and commercial environments, it is not surprising that information and education initiatives cannot

compete even with the best of designed programmes, as highlighted by many researchers.[1,46,58]

Community Action Opportunities – Prevention and Awareness

- ✓ Increase the awareness of the range of alcohol-related problems in the community.
- ✓ Promote the benefits of reducing alcohol-related problems – improved community safety and better quality of life.
- ✓ Increase the understanding of the large evidence base of what works and what does not work in reducing alcohol-related harm.
- ✓ Ensure the local community understand that protecting children is everyone's responsibility and how best to achieve it.

4. Monitoring and Evaluation

The WHO stress the importance and benefits of monitoring and evaluation including to document "the magnitude and trends of alcohol-related harms, to strengthen advocacy, to formulate policies and to assess impact of intervention".[58]

- A community audit is the first step in developing a community plan to tackle alcohol-related problems. It provides a snapshot of the policies, systems and environmental practices currently in place and helps identify areas for improvement (examples of successful participative processes include community roundtables with key stakeholders and independent facilitation).
- The evidence-based community plan to tackle alcohol problems should reflect the agreed needs and priorities of the community.
- It is important that a monitoring system is in place, from the outset, to track progress.
- It is vital that a community action plan has clear outcome measures against which success can be monitored.
- Key areas to monitor at a community level include drinking-related ill health (morbidity and mortality), social problems (drunkenness, public disorder, violence, traffic accidents, family problems), hazardous and harmful drinking patterns and harm to children.[59]
- It is also important to monitor how community actions are delivered, such as the involvement of community organisations, attitudes to alcohol, and level of support for change to reduce alcohol-related harm.
- While specific actions/interventions may be within an agency's own remit, joined-up initiatives are essential for greater reach into the community and for more effective outcomes.

Community Action Opportunities – Monitoring and Evaluation

- ✓ Undertake a community audit; identify needs and priorities for community.
- ✓ Build awareness within the community so that everyone has a role to play.
- ✓ Put a monitoring system in place.
- ✓ When planning to deliver evidence based interventions, ensure independent evaluation takes place to build the knowledge base in Ireland. Such interventions include less cheap alcohol, greater enforcement of alcohol laws, less alcohol advertising, increased alcohol screening and brief advice.
- ✓ Ensure the community alcohol action group, representing the collective process, has regular roundtable discussions with all relevant sectors in the community to review progress and plan future actions.

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