



Ireland's Public Health Bill: crucial to reduce alcohol harm

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Ireland has become the fourth heaviest drinking nation in the Organisation for Economic Co-operation and Development in terms of quantity of alcohol consumed,¹ and ranked joint third for binge drinking in an analysis of 194 nations by WHO.² Irish adults consume on average 11.5 L of pure alcohol per person every year, an increase of more than 100% compared with 60 years ago.³ Most alcohol in Ireland is now consumed at home and alcohol retailing off licences have increased by five-fold since 1990.^{4,5} Despite high alcohol taxes and duties, cheap alcohol is sold in many more outlets.⁴

Drinking under the legal age is a problem in Ireland. 46% of young people have consumed alcohol by the age of 15 years.⁶ Binge drinking is also a cause for concern—almost two-thirds of people aged 18–24 years in Ireland consume six or more standard drinks on a typical drinking session.^{5,7} In adults, more than half of individuals who drink alcohol do so in a harmful or hazardous way, as defined by current low-risk weekly limits in Ireland of 17 standard drinks for a man and 11 for a woman.⁵ Almost 200 000 people are dependent on alcohol and most alcohol in Ireland is consumed as part of a binge.⁵

Hospital discharges for liver disease in Ireland increased three-fold between 1995 and 2013.⁸ Deaths from liver disease almost tripled between 1990 and 2007.⁹ Alcohol causes an estimated three deaths each day and more than 1000 deaths per year in Ireland.⁸ €1 in €10 spent in the health services in Ireland is as a result of alcohol use.⁸ It's unsustainable from every point of view.

Liver specialists raised the alarm in 2012 and the Royal College of Physicians of Ireland joined Alcohol Action Ireland and formed the umbrella organisation Alcohol Health Alliance Ireland to amplify advocacy and increase public support for action to reduce alcohol health harm.¹⁰ Government, through the Department of Health

and Health Service Executive, has not stood still and produced a national substance misuse strategy in 2012 with local task forces set up in 2013.¹¹ The Public Health (Alcohol) Bill was published by the then Minister for Health, now Prime Minister, Leo Varadkar on Dec 9, 2015 (panel).¹² This Bill classifies alcohol consumption as a public health issue for the first time.¹³

The passage of the Bill has been delayed for almost 2 years. Although political issues such as a leadership contest and debate and consultation on amendments to the Bill have played a part in its delay, lobbying by Ireland's alcohol industry has been critical to the delay in enacting the Bill.¹⁴ The response of the alcohol industry and its lobbyists to the Bill has been predictable and muscular.¹⁵ Alcohol-related lobbying and advocacy have increased.¹⁵ Ibec, a group that represents the alcohol industry and other Irish businesses, was the largest single lobbying group in Ireland in 2016.¹⁶ Alcohol industry lobbyists have repeatedly lobbied members of the Irish legislature, outlining what they propose to be the potential negative effects of the Public Health (Alcohol) Bill on the Irish economy¹⁷ and supporting measures such as personal responsibility and education.¹⁸ Former Government Minister of State for Health Promotion Marcella Corcoran Kennedy, who had been responsible for the Public Health (Alcohol) Bill until June 20, 2017, said in an interview with *The Irish Times* that "the alcohol industry is attempting to unpick the legislation bit by bit".¹⁹ The campaign against the proposed Bill has been broad-based, outlining reductions in alcohol sponsorship for artistic events, reduced advertising and marketing revenues, and predicted job and export losses.^{16,19,20}

Clear losers from the delay in enacting the Public Health (Alcohol) Bill have been individuals whose health and wellbeing have suffered. Since the Bill was published in December, 2015, about 2000 individuals are estimated to have died as a result of alcohol.

We are now at a crucial juncture for alcohol legislation in Ireland. There is public support for measures to reduce alcohol harms.^{21,22} The Irish Government has proposed a far-reaching Public Health (Alcohol) Bill. The alcohol industry is fighting a well funded campaign to block the enactment of the Bill. The proposed Public Health (Alcohol) Bill reframes alcohol as a health, rather than simply an economic, issue. It represents

Panel: Main recommendations of Ireland's Public Health (Alcohol) Bill

- Minimum unit pricing (MUP) of alcohol
- Regulation of sale, supply, and consumption of alcohol
- Separation of alcohol from ordinary commodities at point of sale
- Regulation of alcohol marketing and advertising
- Regulation of sports sponsorship
- Health labelling of alcohol products

the best opportunity to reduce alcohol harm in Ireland. Enactment of the Bill is urgently needed. The costs of failing to do so are too high. The Irish Government and Parliament must act swiftly to deliver the Bill. Every day the delay costs lives.

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I am immediate past President of the Royal College of Physicians of Ireland and Chair of Alcohol Health Alliance Ireland. I declare no other competing interests.

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Improving evidence for health in humanitarian crises

Afghanistan, Central African Republic, DR Congo, Iraq, Libya, Nigeria, Somalia, South Sudan, Syria, and Yemen—ten countries identified as having the highest humanitarian needs at the end of 2016 and likely to face worsening situations in 2017.¹ Violent conflict and ensuing internal and external population displacement are hallmarks of most of these crises. Worldwide, an estimated 172 million people are affected by armed conflict.² In addition to these man-made crises, 175 million people are affected by natural disasters each year.² The humanitarian and health needs arising from these sometimes protracted and complex emergencies can be vast and overwhelming. Multiple

actors—from national and foreign governments, to non-governmental organisations, and UN agencies—respond to such crises, often amid extremely difficult circumstances. Health workers face violence targeted towards them while working in precarious environments with constrained resources.³ Underfunding by donors can also hamper the ability of agencies to provide adequate assistance. However, amid these challenges, it is important to assess how well the health needs of populations in crises are being met and to build a stronger evidence base to improve the effectiveness and efficiency of humanitarian actions. A new *Lancet* Series on health in humanitarian crises²⁻⁶ hopes to aid this effort



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