



THE DRUG TREATMENT CENTRE BOARD

35 YEARS ON

**DRUGS AND ALCOHOL:
SHOULD WE BE APPROACHING THEM SO DIFFERENTLY?**

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**DRUGS AND ALCOHOL:
Should we be approaching them so differently?**

Since 1991 Governments in Ireland have actively pursued a pro-active policy in relation to minimising the harm caused to Irish people from illicit drug use. Some of the precipitants for this policy have been unfavourable international comparisons between Ireland and other countries. In particular the relatively high rate of drug related HIV in Ireland in the early 1990s was a major catalyst for change. In the 1990s the prevalence of opiate use in Dublin was at the higher end within Europe.

This policy of successive Governments has borne fruit. A capture re-capture study done in 2001 showed that the prevalence of opiate use in Dublin had fallen since 1996. The proportion of opiate users in treatment for opiate use through methadone maintenance is currently over 50%, high by international standards. The incidence of drug related HIV has dropped from the high levels of the late 1980s. Concerted Government action has been effective.

In contrast we have had a very fatalistic approach to alcohol and very little Government action. Nowhere was this fatalism more apparent than in the very first paragraph of the 1996 National Alcohol Policy – “Alcohol consumption is set to increase in the Irish population over the next number of years given; the current and projected economic growth; an anticipated increase in the number of people drinking more beer which is less sensitive to price increases; possibly greater access to alcohol through increased special exemptions for longer opening hours; a greater number of young people starting to drink at a younger age and a higher percentage of regular drinkers by the age 18 with a preference for beer; strong alcohol advertising campaigns in all media in terms of volume, exposure and extensive sponsorship promotions with highly visible sports”. The weakness of this opening paragraph is further reflected throughout the document, with no concrete plans to do anything about alcohol related harm .

Not surprisingly by the turn of the millennium the Irish population had gone in 11 years from being the 2nd lowest consumers of alcohol in Europe to the 2nd highest. The Minister for Health and Children set up a Strategic Task Force on Alcohol which reported in May 2002. Regrettably, the suppliers of the problematic substance – alcohol – were represented on the Strategic Task Force. The overall thrust of the Task Force was to reduce overall per capita consumption of alcohol. Not surprisingly the drinks industry group issued a minority report within the document, opposing measures that would be effective, such as increased excise duty and lower blood alcohol limits for driving. The Strategic Task Force documented a litany of evidence of the harm caused by alcohol. Twenty five percent of attendances at A & E linked to alcohol, 25% of male mental hospital admissions and 10% of female mental hospital admissions linked to alcohol, alcohol being an influencing factor in 1/3 of sexually active school going teenagers, an almost five fold increase in intoxication in public places amongst teenagers between 1996 and 2000, 30% of all fatal road traffic accidents linked to alcohol. Healthcare costs attributable to alcohol in 1999 were 280 million Euro and the economic cost of road traffic accidents was calculated at 315 million Euro. In addition, over one thousand million Euro was the cost put on loss of output due to alcohol related absences from work.

The 2002 Strategic Task Force report is a much more robust document than the 1996 Policy document. It made a list of recommendations, some of which have been progressed. One particular recommendation, on raising excise duty, has been partly implemented. In December 2002 the excise duty on spirits was increased which resulted in a marked drop in overall consumption, much to the chagrin of the suppliers.

However, much work still needs to be done. For example, five of the top eight sponsorships in Ireland in 2002 were drink related. It is accepted by many commentators now that we do need to change our culture in relation to alcohol and the restrictions on promotions would certainly be an effective contribution to this goal. With the current review of the National Drugs Strategy and the impending publication of the 2nd Report of the Strategic Task Force on Alcohol there is an opportunity to improve our country's

reponse to alcohol. The recent publication of the report of the Joint Oireachtas Committee on Health and Children entitled “Alcohol misuse in Young People” is an added stimulus for approaching the alcohol issue in a more pro-active way than heretofore. The most cost effective way in policy terms to do this is to integrate strategies and responses to alcohol with other (illicit) drugs.