

# Alcohol and Drugs

One of the notable features of prosperous Ireland has been its level of spending on alcohol and illegal drugs. The Strategic Task Force on Alcohol report of 2004 calculated that the country's annual expenditure on alcohol of nearly €6 billion of personal income in 2002 represented €1,942 for every person over fifteen years of age.<sup>1</sup>

The illegal drugs trade in Ireland is estimated to be worth €1 billion per year – which means that €3 million worth of drugs are being consumed each day in a country of just over four million people.

## 1. ALCOHOL

In mid-March 2007, there was considerable media coverage of the findings of an EU study showing Ireland to have the highest incidence of binge drinking in Europe.<sup>2</sup> In fact, these findings can hardly have come as a great surprise. In a context where there has been a marked rise in alcohol consumption, every study on alcohol in Ireland in the past decade has revealed harmful levels and patterns of drinking.

A 2002 study conducted in a number of European countries had already shown that Ireland 'had the highest reported consumption per drinker and the highest level of binge drinking.'<sup>3</sup> The *European School Survey Project on Alcohol and Other Drugs* (ESPAD), conducted in 1995, 1999, and 2003, showed that, compared to the rest of Europe, Irish sixteen year-olds tended to drink more, binge drink more frequently and more often drink to the point of drunkenness.<sup>4</sup>

Excessive alcohol consumption is not, contrary to the popular view, confined to young people. The 2002 comparative study already referred to showed that among men in the age-group 50–64, 60 out of every 100 drinking occasions ended in binge drinking, a figure not much lower than that for men aged 18–29. Women's drinking patterns, which also showed a high incidence of binge drinking (30 out of every 100 occasions when they drank), again revealed that the incidence among those aged 50–64 was almost as high as that among the 18–29 age group.<sup>5</sup>

### The Price of Alcohol

Ireland is paying a very high price, not for alcohol, but for the consequences of its misuse. The Strategic Task Force on Alcohol estimated that at a *conservative* calculation, alcohol-related harm cost Ireland about €2.65 billion, equivalent to 2.6 per cent of GNP,

in 2003.<sup>6</sup> The financial costs are, of course, only one, limited, way of calculating the impact of alcohol problems. The costs in terms of human misery can never be truly measured but are reflected in the illnesses and deaths arising from diseases associated with alcohol misuse, and in the deaths and injuries resulting from alcohol-related accidents (on the roads, in homes and workplaces), and from disputes and fights (on the streets and in homes). They are reflected too in broken relationships, family disharmony, financial hardship, and in a failure to realise academic and occupational potential. Of particular concern, in terms of its immediate and long-term impact, is the damage done to children and young people both by their own use and abuse of alcohol and as a result of harmful drinking by their parents or other people in their family circle.

### Policy Non-Implementation

In 1996, the year before the two parties that make up the present Government came to power, the *National Alcohol Policy* was published. This put forward the objective of 'encouraging moderation, for those who drink, and reducing the prevalence of alcohol-related problems in Ireland.'<sup>7</sup>

Despite the Government's reiteration in subsequent policy documents of its commitment to promote moderation and responsibility,<sup>8</sup> no concerted effort has been made to implement the *National Alcohol Policy*. In some instances, developments have taken place that are directly contrary to the aims of the Policy.

It is widely agreed that a key measure in reducing harm is limiting the availability of alcohol. However, in the last few years, Ireland has moved in the opposite direction, as a result of the extension of opening hours of licensed premises, the marked increase in the number of outlets for off-licence sales, and, more recently, the removal of the restrictions that prevented below-cost selling. With regard to the promotion of alcohol, the Government's adoption in 2003 of policy to curb advertising and other forms of marketing was effectively abandoned in 2005 when the drafting of legislation in this area was halted in favour of a Voluntary Code in relation to advertising<sup>9</sup> – a Code which was prepared by the drinks and advertising industries and the broadcast media, and which is being self-regulated by them.

In two reports (2002 and 2004), the Government-

appointed Strategic Task Force on Alcohol set out a wide range of recommendations. No firm plan to implement these has ever been published.

It might have been thought that since a core feature of the 2006 social partnership agreement, *Towards 2016*, is a comprehensive programme of measures to address the key social issues affecting the country over the next ten years, this would have included strong agreed positions in relation to alcohol abuse. The Agreement does reiterate firm commitment to alcohol testing to deter drink driving. Otherwise, however, it refers to alcohol problems only in relation to one group of the population – young adults. Furthermore, the Agreement gives a commitment only to the implementation of the recommendations of the Working Group on Alcohol which was established under Sustaining Progress, the previous partnership agreement, and ‘taking into account’ the recommendations of the Strategic Task Force on Alcohol.<sup>10</sup> However, the mandate given to that Working Group excluded the key issues of taxation of alcohol, availability and marketing, so a commitment to implement its recommendations hardly constitutes serious intent to address alcohol problems.

### The Failure of the ‘Partnership’ Approach

The basis of alcohol policy has to be recognition that alcohol ‘is no ordinary product’: it is a psychoactive drug, *albeit* one that is legal and that provides harmless pleasure when used appropriately. The fact that alcohol is a toxic substance which has addictive qualities makes its sale and consumption a matter of public concern; policy in this area should be determined by the requirements of protecting public health and promoting the common good.

The ‘partnership approach’ with the drinks industry that the Irish Government has adopted in relation to the development of alcohol policy has clearly not worked. There are too many examples showing that ‘partnership’ has led to yielding to the interests of the industry. This is contrary to stated national policies and to the commitments which Irish governments gave when they ratified international agreements, such as the International Covenant on Economic, Social and Cultural Rights and the UN Convention on the Rights of the Child, which assert the right to health of every person and which recognise the right of children to be protected from harm. The WHO Declaration on Young People and Alcohol, to which Ireland has also subscribed, puts the issue plainly: ‘Public health policies concerning alcohol need to be formulated by public health interests, without interference from commercial interests.’

### The Challenge Ahead

Ultimately, individuals have a personal responsibility to adopt responsible behaviour in relation to alcohol. But individual attitudes and behaviour are shaped in a social and cultural context and in the Ireland of today that context is one where unhealthy patterns of alcohol consumption are almost the norm.

The introduction of random breath testing has been an extremely important development in addressing alcohol-related harm but it is essential that it is not seen as all that must be done to address Ireland’s alcohol problems.

There is evidence that the public is increasingly aware of the damage which alcohol misuse is doing to our society and wants to see Government action to address this.<sup>11</sup> However, it is not yet apparent that these concerns have evolved into a clear demand for action – or a readiness to accept the kind of measures that would actually be effective.

Some politicians have shown leadership in highlighting alcohol-related problems: for example, TDs and Senators on two Joint Oireachtas Committees have signed up to reports which include strong recommendations on a range of measures to control availability.<sup>12</sup> In a March 2007 Report, the Joint Committee on Arts, Sport, Tourism, Community, Rural and Gaeltacht Affairs recommended that the Government should acknowledge ‘the extent of the problem of alcohol abuse in the country, and the underlying role that drinks sponsorship and promotion plays in it’.<sup>13</sup>

However, political commitment at the highest level is required if the legislation that is needed in this area is to be enacted and properly enforced and if policies and services adequate to the scale of the problem are to be put in place.<sup>14</sup> If Ireland’s alcohol problems are to be properly addressed, the next Government needs to:

- Draw up an Action Plan to implement the key recommendations of the Strategic Task Force on Alcohol and of the Oireachtas Committees;
- Establish an agency to have specific responsibility for implementing the Action Plan;
- Enact legislation to control the marketing and promotion of alcohol;
- Commit to the legislative and enforcement measures needed to control the availability of alcohol, especially to young people;
- Support the extension of the kinds of community mobilisation initiatives which have begun to be established in recent years;
- Ensure that a full range of treatment facilities are in place, and ensure also that services are available on the basis of need, not income.

## 2. ILLEGAL DRUGS

### Statistics

Statistics on illegal drug use are very outdated. In 2000/2001, heroin users numbered 14,500, of whom 12,400 were in Dublin (that is, one person in every hundred in Dublin was a heroin addict). In 2003, a survey found that 3 per cent of the population had used cocaine at some time in their lives, and 1 per cent had used it in the previous twelve months. A 2004 survey found that 40 per cent of fifteen year olds had tried cannabis.

What is undeniable is that the problem of illegal drug use is increasing: cocaine is spreading rapidly, not only to all social groups (due to its cost, it was previously the preserve of professional classes) but to every city and town in Ireland. Poly-drug use (the use of several drugs simultaneously) is increasingly the norm amongst drug users, which makes dealing with their drug problem a much more difficult task. Drug misuse is at the root of a great deal of the crime perpetrated in our society – including not just drug offences themselves but the thefts and burglaries that constitute 80 per cent of all offences committed and, at the extreme, the gangland murders that have become common in recent years.

### The Response to Drug Misuse

There are huge inconsistencies in our current policies in response to illegal drugs. Harm reduction policies, such as needle exchange, advocated and supported by the Government, are in direct conflict with the criminal justice policies, advocated and supported by the Government, which have a zero tolerance for illegal drug use. Similarly, the discretion given to Gardaí in dealing with a person who is found in possession of a small amount of illegal drugs for their own personal use is inconsistent with the stated Garda Drug Policy, which is 'to enforce the laws relating to drugs'. The Minister for Justice's stated opposition to needle exchange in prisons is inconsistent with Government support for needle exchange in drug-using communities as a harm reduction measure.

### The National Drugs Strategy 2001–2008

The National Drugs Strategy outlined a response to the drug problem under four headings or 'pillars': 'Supply Reduction', 'Prevention', 'Treatment' and 'Research'. The 2005 Mid-term Review of the Strategy showed that some progress had been made: for example, the number of methadone places available to heroin users (7,390) had exceeded the target (6,500) by the end of 2002 and there had been a small expansion of services outside Dublin.

Nevertheless, major gaps in services were identified.

These included:

- the continued absence of any services in most parts of the country;
- the need for more residential facilities and half-way houses;
- the need to reduce long waiting lists to access services;
- the need for rehabilitation policies, in order that drug users would not be maintained on methadone indefinitely;
- the need for after care in terms of access to employment and appropriate housing.

An amended National Drugs Strategy sought to reduce these identified gaps. In particular, a fifth and new pillar, 'Rehabilitation', was included. Overall, with just over one year left to run, the National Drugs Strategy has failed in many respects.

- Waiting lists for methadone treatment vary from location to location, but a two-year waiting list for some categories of heroin users (for example, homeless people) exists.
- Despite the emphasis in the Mid-term Review on increased residential detox services, less than 30 such beds are available. Given the scale of known drug abuse, this is a lamentably inadequate level of provision. No new residential places have come on stream since the Mid-term Review.
- Even though the Mid-term Review emphasised the importance of after care accommodation, it is not clear if any accommodation specifically for this purpose is available, other than the two houses run by the Peter McVerry Trust and one house provided by Merchant's Quay Ireland, all of which were up and running prior to the Review.
- The introduction of 'Rehabilitation' as a fifth 'pillar' of the National Drugs Strategy has not resulted in any new rehabilitation services coming on stream.
- The 'Supply Reduction' pillar of the Drugs Strategy has failed miserably, as evidenced by the increasing supply of drugs, their accessibility now in every city and town in Ireland, the increasingly widespread use of cocaine and the increasing incidence of poly-drug use among drug users.

### Need for Additional Services

There clearly needs to be increased provision in all four categories of drug services – detox; treatment; rehabilitation, and after care. Common sense – not to mention common humanity – would demand that services should be sufficient to allow any user who wants to obtain treatment for their drug problem to do so without undue delay.

There is urgent need also to ensure co-ordination and cohesion among services: too often gaps can occur so that a person who has completed one stage in the process of recovery is unable to access a service at the next stage, with the result that he or she relapses and the progress achieved is undone. Since drug abuse is no longer confined to major cities, the full range of services needs to be accessible to people living in all parts of the country.

A majority of people imprisoned in this country are drug-users: leaving aside the question of whether we should be using imprisonment to the extent we now do, it seems obvious that we should at least ensure that while people are incarcerated they are given every opportunity and encouragement to engage in treatment. Some services are currently available, but on nowhere near the scale that is needed.

In addition to services to deal with misuse, there is need for further development of prevention services: education in schools about drug misuse is still patchily provided and frequently is not made available early enough. Early intervention programmes that could address drug use soon after it begins and before it causes serious problems are important but are completely underdeveloped in this country.

### Need for an Honest Debate

Beyond these obvious measures, however, some more radical questions need to be asked about our approach to dealing with drug abuse. Much of the public debate about illegal drugs takes place in either a moral context ('Drugs are bad, therefore we must clearly be seen to condemn them') or an emotional context, based on fear. A debate based solely on moral and/or emotional arguments leads to the exclusion of serious consideration of alternative approaches to dealing with the problem of illegal drugs. This stifling of debate allows politicians to exploit the drugs issue for their own political purposes. Politicians will compete with each other to convince the public that they are tougher on drugs and consequently their policies will make society safer, despite the wealth of evidence which suggests that the exact opposite is happening, under our very eyes.

We need to address drug issues, not by demonising illegal drugs and drug users, or by scare-mongering, but examining the evidence-based outcomes from around the world – that is to say, what policies can actually reduce the harm done to individuals, families and society by illegal drug use?

A starting point might be for us as a society to agree that a priority of every intervention by the criminal justice system should be to direct users, through encouragement and incentives, towards treatment – and then to ensure that the full range of treatment facilities is provided. In Portugal, for example, users of illegal drugs caught by the police are no longer charged and brought to court but are referred to a local 'Commission for the Dissuasion of Drug Use', made up of social workers, medical and legal professionals, which decides on a sanction and recommends appropriate treatment or education.

### Conclusion

Some argue that the National Drugs Strategy's focus on illegal drugs blinds us to the fact that the three most widely used drugs in our society are alcohol, tobacco and valium and the extent of health damage and social harm caused by these legally tolerated drugs far exceeds the harm caused by illegal drugs. A National Drugs (or 'Substance Misuse') Strategy, they argue, should classify all drugs, legal and illegal, according to the harm that each causes and then produce policies to reduce these harms. Others argue that to include legal drugs, particularly alcohol, in a National Drugs (or 'Substance Misuse') Strategy, would be to lose our focus on the two most destructive drugs, heroin and cocaine.

What is not in dispute is that current approaches to both legal and illegal drugs are patently not working.

### Notes

1. Department of Health and Children (2004) *Strategic Task Force on Alcohol, Second Report*, Dublin: Stationery Office, p. 12.
2. *Attitudes to Alcohol*, Special Eurobarometer, 272b/Wave 66.2 (Fieldwork October 200) Brussels: European Commission, March 2007.
3. Mats Ramstedt and Ann Hope (2002) 'Summary of Irish Drinking Habits of 2002: Drinking and Drinking-Related Harm in a European Comparative Perspective', in *Strategic Task Force on Alcohol, Second Report*, Annex 4, pp. 50–55.
4. In 2003, Irish sixteen year old girls had a higher prevalence of regular alcohol use (39 per cent) than the equivalent age group in any of the other 34 countries surveyed. Bjöon Hibell et al (2004) *The ESPAD Report, 2003*, Stockholm: The Swedish Council for Information on Alcohol and Other Drugs and The Pompidou Group at the Council of Europe.
5. Mats Ramstedt and Ann Hope (2002) *op. cit.*, p. 55.
6. *Strategic Task Force on Alcohol Second Report*, p. 20.
7. Department of Health (1996) *National Alcohol Policy*, Dublin: Stationery Office, p. 26.
8. For example, *The National Health Promotion Strategy, 2000–2005* (published 2000); *The National Children's Strategy* (2000); *Quality and Fairness: Health Strategy* (2001).
9. This change occurred following representations by the drinks industry. See *The Irish Times*, 12 December 2005.
10. Government of Ireland (2006) *Towards 2016: Ten-Year Framework for Social Partnership Agreement 2006–2015*, Dublin: Stationery Office.
11. See, for example, the survey findings published in: Alcohol Action Ireland (2006) *Alcohol in Ireland: Time for Action – A Survey of Irish Attitudes*, Dublin: Alcohol Action Ireland.
12. For example, Joint Committee on Health and Children (2004) *Report on Alcohol Misuse by Young People*, Dublin: Stationery Office; Oireachtas Joint Committee on Arts, Sport, Tourism, Community, Rural and Gaeltacht Affairs, *The Inclusion of Alcohol in a National Substance Misuse Strategy*, July 2006; *The Relationship between Alcohol Misuse and the Drinks Industry Sponsorship of Sporting Activities*, March 2007.
13. *The Relationship between Alcohol Misuse and the Drinks Industry Sponsorship of Sporting Activities*, p. 5.
14. In its July 2006 report, *The Inclusion of Alcohol in a National Substance Misuse Strategy*, the Oireachtas Joint Committee on Arts, Sport, Tourism, Community, Rural and Gaeltacht Affairs unanimously recommended 'that alcohol should be included in a new national substance misuse strategy', p. 7.