

# **Report of the Implementation Group on Alcohol Misuse**

**October, 2008**

## **Background**

The Implementation Group was formed to monitor and report on progress on the implementation of the recommendations contained in the report “**Working Together to Reduce the Harms Caused by Alcohol Misuse**”. This report was produced by a Working Group established under the *Sustaining Progress* Special Initiative on Alcohol and Drugs Misuse. The Working Group, which comprised Social Partners and relevant Government Departments and Agencies, agreed on a programme of actions to deliver targeted results in relation to underage drinking, binge drinking and drink driving. The Working Group identified a total of 29 actions which are summarised in *Appendix A*.

The Implementation Group, whose membership comprises key stakeholders in Government Departments and Agencies and the Social Partners, held its first meeting on 7<sup>th</sup> November 2006. The recommendations identified by the Working Group generally fall within the remit of the various organisations represented on the Implementation Group. The Implementation Group was chaired by Mr Peter Cassells and the full membership of the Group is shown in *Appendix B*.

This Report recalls and briefly explains the recommendations contained in the Working Group Report and provides an update on progress made on each recommendation.

## **Meetings**

The Group met on six occasions from November 2006 to March 2008. The Department of Health and Children provided the necessary secretarial support to the Group.

## **Sub-Groups**

In setting out its work plan the Implementation Group agreed that two sub-groups would be established to make progress in the area of the sale and promotion of alcohol in the “off-trade” (supermarkets and other retail outlets) and on the labelling of alcohol products. The membership of both these sub-groups is provided at *Appendix C*.

## **Development of Local Community Responses**

### **Action 1**

*Establish at least 4/6 community mobilisation projects (CMP) based on best practice, an integrated multi agency approach with multiple actions and an evaluation process.*

Community mobilisation is a comprehensive response involving a wide range of individuals, agencies and organisations that come together when an issue is too big for one sector to tackle alone. Community mobilisation on alcohol is about local communities working together to achieve a common goal – reducing alcohol problems. Local communities develop an alcohol action plan involving an integrated set of actions that tackle the community environmental factors (social, cultural, policy practices) that contribute to alcohol problems as well as programmes for those involved in harmful use of alcohol.

### **Progress to date**

Funding from the Dormant Accounts Fund was made available to fund community-based projects aimed at tackling alcohol misuse. Applications from interested groups were sought by Pobal in May 2006.

A total of 103 grant applications were received; the largest number received from Dublin (32), Donegal (19), Cork (12) and Kerry (10). No applications were received from Carlow, Cavan, Clare, Wicklow, and Offaly. A rigorous assessment procedure was used and applications were scored under a number of headings including:

- outcomes and estimated beneficiary numbers;
- evidence of need;
- capacity of applicant;
- consistency with Government programmes and objectives;
- sustainability and
- issues to be addressed at pre-contract stage.

During the assessment process one of the criteria that was considered was the degree to which the applicant group had engaged with local stakeholders and their local community and recommendations were proposed at pre-contract stage to applicant groups. The application form requested applicants to outline how they proposed to evaluate their initiative with a view to maximising potential learning. As part of the pre-contract conditions recommendations were made and applicants were requested to submit their completed evaluation to Pobal.

Nineteen grants, totalling €1,061,955 and ranging from €10,000 to €196,333 were awarded. However, few were considered to be sufficiently comprehensive to merit being called a Community Mobilisation Project along the lines envisaged.

In order to stimulate further interest in Community Mobilisation and to build capacity in the area of comprehensive Community Mobilisation a Conference entitled

“Community Action on Alcohol” was held in Croke Park on 4<sup>th</sup> December, 2007. The aims of the Conference were as follows:

- to raise awareness and stimulate interest in Community Mobilisation;
- to present models of good practice;
- to present theory and evidence;
- to showcase work of Projects who received Dormant Accounts funding and provide grantees with a networking opportunity and
- to consult with community representatives to help shape a community mobilisation strategy.

The Conference was attended by 220 delegates representing community groups and organisations who had applied for funding under the Dormant Accounts Fund. The Conference showed that there was strong interest in the possibility of building further Community Mobilisation projects along the lines of the North West Alcohol Forum.

### Observation of the Implementation Group

The Implementation Group was disappointed that the number of multi-agency community mobilisation projects envisaged had not developed. The Group is of the view that there is merit in pursuing and seeking to support the establishment of comprehensive Community Mobilisation Projects. The Group considers that this recommendation should be prioritised and work should continue to support efforts in this area. The Group recommends that efforts should be concentrated on 4 to 6 community mobilisation projects that fulfil the appropriate criteria. Given the work of the Regional and Local Drugs Task Forces under the National Drugs Strategy currently in the area of alcohol, the establishment of further mobilisation projects should be looked at in association with RDTFs. However, this does not exclude other community mobilisation projects from being supported in other ways.

## **Treatment Intervention Services**

### **Actions 2, 15 and 18**

*Establish pilot Screening and Brief Intervention (SBI) programmes in appropriate healthcare settings such as A&E, health clinics etc.*

*Establish Screening and brief intervention (SBI) protocols for appropriate healthcare settings*

*Develop counselling services for those affected by drink related accidents*

Screening and Brief Intervention (SBI) is described in the 2<sup>nd</sup> Report of the Strategic Task Force on Alcohol as follows:

“The purpose of early intervention is to detect high risk and harmful drinking in individuals before or shortly after the early signs of alcohol related problems. High risk drinking is the type of drinking that is likely to increase the risk of harm for the

drinker or others, such as drinking to intoxication or regular heavy drinking. Harmful drinking is a pattern of drinking that has already resulted in alcohol related problems with negative health or social consequences.”

Effective screening tools have been developed to match high risk and harmful drinking patterns with appropriate interventions. Brief intervention is designed to motivate those who engage in high risk and harmful drinking to moderate their alcohol use. It typically consists of one to three counselling and education sessions and has been shown to reduce alcohol related problems.

SBI programmes can be delivered in a range of health care settings. These include primary care, A&E Departments, health clinics/out-patients.

### Progress to date

Numerous reports suggest that the burden on the acute hospital sector from alcohol related problems is large. The HSE is putting in place systems whereby standardised data collection and screening interventions in respect of alcohol can be put in place in all acute hospitals. In addition the HSE’s Alcohol Implementation Group is working with the Health Promoting Hospitals Network to ensure widespread dissemination of appropriate alcohol interventions in the acute hospital sector throughout the country. The HSE is developing protocols for the roll out of brief intervention programmes on a pilot basis in some acute hospitals. A framework will be developed by the end of 2008.

The HSE is also working with the Irish College of General Practitioners in building capacity for general practitioners to administer brief interventions. This is being developed now at a systematic level and the HSE has asked the ICGP to build up an inventory of doctors and their practice staffs that have had formal training in brief interventions. In addition the managers of the primary care teams in the HSE will be asked to include brief interventions on alcohol as part of routine work. Training requirements for this endeavour are being assessed at present.

## **Awareness and Education**

### **Action 3**

*Continued roll-out of Social, Personal Health Education (SPHE) Programme in schools*

### Progress to date

At present Social, Personal and Health Education (SPHE) forms a compulsory part of the Junior Cycle programme. The National Council for Curriculum and Assessment (NCCA) SPHE course committee has finalised a Framework SPHE curriculum for Senior Cycle students at post-primary level, and is now in the process of working with a small group of schools looking at how the framework could best be implemented at ground level before finalising advice for the Department of Education and Science on the implementation of the Framework. Both the Framework and the advice on

implementation should be approved by Council later this year and will subsequently issue to the Department of Education and Science.

#### **Action 4**

*Develop appropriate education initiatives in out of school settings*

##### Progress to date

All Youthreach and Senior Traveller Training Centres have staff trained in the Substance Abuse Prevention Programme. Equally, substance misuse education is included in VTOS and other adult education programmes as necessary. The Department of Education and Science Inspectorate is currently evaluating Youthreach and Senior Travelling Training Centres and an assessment of substance misuse prevention education forms part of that evaluation. In addition, the Department of Education and Science intends to establish a working group to identify gaps and to develop guidelines for the implementation of substance misuse programmes in non-school settings.

#### **Action 5**

*Increase awareness among parents through the provision of appropriate information including distribution of information booklet, "Straight Talking"*

##### Progress to date

"Straight Talk" is an information booklet for parents on teenage alcohol use. It became a national resource in early 2006. The information booklet is available in English and Irish to order or download from [www.healthinfo.ie](http://www.healthinfo.ie).

#### **Action 6**

*Increase training for community/youth workers on alcohol issues, building on the Code of Ethics currently being prepared by the National Youth Work Advisory Committee*

##### Progress to date

The Code of Ethics being prepared by the National Youth Work Advisory Committee is due to be published in late 2008.

#### **Action 7**

*Further develop local road safety promotional initiatives in co-operation with local communities.*

### Progress to date

The Road Safety Authority (RSA) coordinates a number of local road safety promotional initiatives. The purpose of these educational and promotional initiatives is to ensure all road users develop appropriate attitudes and safe behaviours.

The Road Safety Authority's current policy is to deliver road user education and awareness in a cumulative approach up to third level. A number of initiatives are underway across all levels of education.

The activities in schools and colleges will be complemented by community-based programmes. These will target high risk groups in the workplace and in their local communities. They will be implemented in partnership with sporting organisations and community groups.

### **Action 8**

#### *Increase public awareness within communities through local media campaigns*

This action identifies the need to increase public awareness of alcohol issues within communities through local media campaigns. This action is linked to the development of comprehensive local community responses to alcohol-related harm which has been described in Action 1 earlier.

### Progress to date

The Health Service Executive ran a public information campaign on underage drinking in May 2008. The aim of the campaign is to increase awareness in adults about the extent of underage drinking, the ease of access which young people have to alcohol and the benefits in delaying the age at which young people start to drink.

The Drinks Industry through IBEC has committed to a €20 million fund to promote responsible consumption of alcohol which is being executed by MEAS. The initial phase of the media programme was launched in November 2006 under the banner of [www.drinkaware.ie](http://www.drinkaware.ie). In September 2007, the second phase of the responsible drinking programme, the 'Had Enough' campaign, was launched and features a TV ad, internet ads and a series of outdoor posters directing people to "Get the know-how to know when" from the drinkaware website.

## **Alternative Facilities**

### **Actions 9 and 10**

*Promote and develop alcohol-free recreational facilities and events in the community, especially for young people*

*Involve young people in management of such venues and facilities where appropriate*

### **Progress to date**

There are a number of Government Departments involved at present in the funding of recreational facilities. Funding is provided through the Sports Capital Programme for the building of sports facilities and the purchase of sports equipment. While many of these are to assist sports clubs a significant number are provided to assist community projects involving young people.

The Young People's Facilities and Services Fund assists in the development of facilities, including sport and recreational facilities, and services in disadvantaged areas where a significant drug problem exists or has the potential to develop. The fund is aimed at young people in the 10 to 21 age bracket as this is considered the age group potentially most at risk of drug misuse including alcohol.

In 2007, €1.12 million was allocated from the Dormant Accounts Fund to provide recreational and personal development opportunities for disadvantaged young people. This funding measure aims to give disadvantaged young people the chance to take part in recreational and personal development activities which they would not otherwise have access to, such as outdoor adventure and water-sports centres; Irish language summer courses; and after schools programmes. The target group is young people up to 18 years of age. The funding will be distributed through the 51 Area Based Partnerships and Community Partnerships who helped to identify worthy projects in needy areas throughout the country.

### **Youth Cafes**

The National Recreation Policy for Young People "Teenspace" was published in September 2007. The policy provides a strategic framework for the promotion of positive recreational opportunities aimed principally at young people aged 12 to 18.

In relation to alcohol and drug use the policy recognises that "Providing attractive alcohol-free and drug-free alternative venues for young people can form part of the solution to underage drinking and drug-taking when combined with other policy measures. Young people have identified that having somewhere safe to go at night and at weekends can reduce the amount of anti-social behaviour."

The recreation policy recognises that youth cafés offer great potential for providing a wide range of developmental, educational and information programmes to young people and acknowledges that the provision of such services within these settings will require a cross-Departmental and inter-Agency collaborative approach.



While a number of youth cafés have emerged around the country on an ad hoc basis funded by a variety of providers, an integrated approach is now proposed in the provision of youth cafés. A number of steps are already in train to support this process.

- A small survey of some of the existing youth cafés (around 20) has been undertaken by the Office of the Minister for Children to establish vision, objectives, structures, governance, funding, staffing, accessibility and overall usage.
- The Minister for Children has formally requested the National Children's Advisory Council's support in the production of a toolkit and guide to setting up a youth café.

Consideration is now being given at a national level on how best to develop a more coherent and structured programme for the development of youth cafés as well as the most appropriate lead agency for the management and administration of a funding scheme.

The work underway looking at existing provision and a future model is informing that discussion. Other departments and agencies will also need to individually pursue their needs to expand existing levels of mainstream support for the implementation of the policy generally and the support for youth cafés.

The Dormant Account Funding allocated in 2007 referred to earlier, included support for some youth cafes.

### **Action 11**

*Promote responsible approaches to alcohol by sporting organisations at local level*

#### Progress to date

The Health Service Executive has developed an active partnership with both the GAA and FAI in addressing issues pertaining to alcohol related harm both through policy development and action. In April 2008 the GAA/HSE launched the second phase of their Alcohol and Substance Abuse Prevention Programme (ASAP), which establishes policy and provides resources across all levels of the organisation.

The FAI/HSE are currently finalising a Substance Misuse Policy and hope to launch the policy later this year.

A partnership approach to the development of a substance use policy was taken this year with HSE health promotion staff and Community Games volunteers working together on a developing this policy which covers tobacco, alcohol and drugs.

## **Compliance and Enforcement**

### **Action 12**

*Support more visible enforcement and compliance with liquor licensing legislation and examine potential for trace-back initiatives*

#### **Progress to date**

There are benefits to trace back mechanisms. If mechanisms were in place then communities could identify objectively the source of alcohol which is causing community problems. Section 22 of the Intoxicating Liquor Act 2003 provides for the making of regulations specifying particulars to be affixed to containers in which intoxicating liquor is sold for consumption off licensed premises which are adequate to enable the licensee and the licensed premises concerned to be identified. However, there are practical and legal issues involved in trace-back initiatives which limit the possibility of their introduction. The Minister for Justice, Equality and Law Reform provided a comprehensive response on the issue in answer to a Parliamentary Question on 9<sup>th</sup> October 2007. The reply pointed to the practical difficulties that would arise at retail level, at the supply or distribution level, and the evidential and enforcement issues that would arise for the Gardai.

### **Action 13**

*Promote responsible serving and trading programmes such as the RSA and RTC (Responsible Trading in the Community) Programmes*

#### **Progress to date**

The Responsible Serving of Alcohol (RSA) programme for bar staff was launched in February 2001. In early 2007 a Working Group was convened by the Drinks Industry Group of Ireland and the Vintners Federation of Ireland to review the effectiveness of the RSA Programme. This Working Group was chaired by the Vintners Federation of Ireland and the membership of the Group was representative of the various stakeholders including the Department of Health and Children, Health Service Executive, MEAS, Drinks Manufactures of Ireland, Retail Ireland, NoFFLA, Irish Hotels Federation, RGDATA and Failte Ireland. In examining the effectiveness of the RSA the Group also considered the application of server training in the off-trade sector. The mandatory certification of training of licence holders was discussed in the Group. The Group's Report and recommendations are awaited.

### **Action 14**

*Improve security for the National Garda Age Card to help prevent forgery*

#### **Progress to date**

The National Age Card Regulations have now been brought into force. The new card features a high level security hot foil, invisible UV features and embossed characters. The reverse of the card features a magnetic strip containing data relating to the

applicant. In addition, the latest generation kinegram has been included on the card. This is an innovative moving image security feature that is manufactured and supplied worldwide to Government projects exclusively.

### **Action 15**

See under Action 2

### **Action 16**

*Further develop early intervention within the Justice System, building on existing juvenile liaison programme*

#### **Progress to date**

The existing Garda Juvenile Diversion Programme provides that in certain circumstances a young person under 18 years of age who freely accepts responsibility for a criminal incident can be cautioned and supervised as an alternative to prosecution. Children on the programme may also be referred to the Garda Youth Diversion Projects.

Garda Youth Diversion Projects are local community based activities which work with children. These projects aim to help children move away from behaving in a way that might get them, or their friends, into trouble with the law. They can help children develop their sense of community and their social skills through different activities. GYD Projects include, where appropriate, awareness programmes on drug and alcohol misuse. During 2007, 29 new GYD Projects were announced to increase the total number of projects to 100. In addition 6 “mainstreamed” Local Drugs Task Forces projects are also funded by the Irish Youth Justice Service through the Garda Community Relations Section. Twelve new diversion projects are expected during the course of 2008 and total funding of €1.909 million has been allocated for 2008 for all of these diversion projects.

### **Action 17**

*Examine potential benefits and feasibility of mandatory alcohol awareness and rehabilitation courses for repeat offenders convicted of drink driving offences*

#### **Progress to date**

One of the targets in the Road Safety Strategy 2007-2012, which the Department of Justice, Equality and Law Reform has responsibility for in conjunction with the Road Safety Authority, is to research and evaluate alternative correction/rehabilitation programmes for a range of road traffic offences. The completion date for this measure is the second quarter of 2009.

### **Action 18**

See under Action 2

## **Workplace**

### **Action 19**

*Develop guidelines for workplace alcohol misuse policy*

#### Progress to date

The Health Service Executive along with IBEC and ICTU are working together to develop and publish these guidelines.

## **Below Cost Selling**

### **Action 20**

*Below cost selling of alcohol should be prohibited*

#### Progress to date

The Groceries Order was removed by the Minister for Enterprise, Trade and Employment in March 2006. The order had given effect to minimum pricing and banned below-cost selling. The Implementation Group explored the possibilities of prohibiting below-cost selling in the absence of legislation. Advice from the Competition Authority was provided to the Group to the effect that –

- (a) legislating to impose mandatory minimum pricing for alcohol sales would be anti-competitive, anti-consumer, and at odds with the Government's stated policy on Better Regulation; and
- (b) implementing such pricing via a Code of Conduct would potentially leave industry participants open to complaints that they were thereby violating the price-fixing prohibitions of the Competition Acts.”

#### Observation of the Implementation Group

The Implementation Group is hopeful that the Report of the Government Alcohol Advisory Group which reported to the Minister for Justice, Equality and Law Reform will lead to some progress being made on the issue of alcohol pricing.

## **Off-Trade**

### **Action 21**

*Develop a Code of Practice with the off-trade sector and consider draft legislation to address areas of concern e.g. under-age, promotions etc*

#### **Progress to date**

Early in 2007, the Department of Health and Children on behalf of the Implementation Group, through Retail Ireland, invited major players in the off-trade sector to become involved in the process of developing a “Code of Practice” on the sale and promotion of alcohol. Discussions took place with Retail Ireland on the development of a Voluntary Code on the Sale and Promotion of Alcohol in the Off-Trade/Retail Sector. Representatives from all the major supermarkets expressed their willingness to be involved in the process. Work commenced on drafting a document. However the establishment by the Minister for Justice, Equality and Law Reform of the Government Alcohol Advisory Group (GAAG) resulted in work on this voluntary code being suspended.

Following on publication of the GAAG Report and the enactment of the Intoxicating Liquor Act 2008, the Minister for Justice, Equality and Law Reform has indicated that he is in favour of a strong Code of Practice being put in place with the off-trade sector. His Department is leading this process.

## **Alcohol Advertising**

### **Action 22**

*Stakeholders who negotiated the Voluntary Code on Advertising to consider further representation from Social Partners on the Monitoring Body; a 9pm watershed before which alcohol advertising would not be broadcast and an audience profile of 25% should be used to determine if an alcohol advertisement could be placed in any programme*

#### **Progress to date**

The first Annual Report of the Alcohol Marketing Communications Monitoring Body (AMCMB) for 2006 was submitted to the Minister for Health and Children in July 2007. The Monitoring Body was established to oversee the implementation of and adherence to Voluntary Codes of Practice, agreed between the Department of Health and Children and representatives of the advertising and drinks industries, to limit the exposure of young people under the age of 18 to alcohol advertising.

The Monitoring Body actively monitored compliance with the Codes through quarterly reports, ongoing review of complaints examined by the Advertising Standards Authority for Ireland (ASAI) and commissioned research. The Monitoring Body has concluded that there has been overall compliance with the Voluntary Codes. There had been a number of breaches of the Codes throughout 2006. However, the

Monitoring Body were generally satisfied that where breaches were identified immediate remedial action was taken to rectify the situation and prevent recurrence.

Following consideration of the Annual Report the Department of Health and Children entered discussions with the relevant stakeholders from the advertising industry and the alcohol industry (Association of Advertisers in Ireland - AAI, Institute of Advertising Practitioners in Ireland - IAPI, Alcohol Beverage Federation of Ireland ABFI and Drinks Industry Group of Ireland – DIGI) with a view to strengthening and expanding the current codes on alcohol marketing and communications in order to provide significantly greater protection for children and young people. A set of strengthened codes were negotiated which have been accepted by Government and came into effect on 1<sup>st</sup> July 2008.

The revised Codes make provision for the establishment of a Consultative Panel to bring the views and the concerns of a broader constituent of stakeholders to the attention of the AMCMB in its consideration of the operation and implementation of the Codes.

#### Observations of the Implementation Group

The representative from ICTU expressed concern that other social partners were not involved in the negotiation of the revised codes on advertising. Some social partners also expressed the view that legislation was preferable to voluntary codes as a means of protecting children and young people.

### **Drink Driving**

#### **Action 23**

*Introduce random breath testing (Mandatory Alcohol Testing)*

#### Progress to date

Section 4 of the Road Traffic Act 2006, which was commenced on 21 July 2006, provides for the establishment of Mandatory Alcohol Testing Checkpoints. This means that the Gardaí can set up checkpoints and require drivers to provide breath samples without the need to form an opinion that an intoxicant was consumed.

The Gardaí have successfully operated MAT checkpoints since July 2006, with over 30,000 drivers being tested at those checkpoints each month. Since its introduction, the system has created a significant deterrent effect on those who drink and drive and there has been a marked reduction in the number of road fatalities.

The downward trend in the number of people killed as a result of road collisions continued in 2007 with 338 fatalities. This compares with 365 in 2006 and resulted in 2007 being the second lowest total in 40 years.

## **Action 24**

*Promote high visibility enforcement of traffic laws*

### **Progress to date**

High visibility enforcement of traffic laws is constantly being promoted through a variety of initiatives which include:

- Presentations on the TV Programme Crimecall in relation to road safety;
- Increased enforcement as set out at Strategic Goal Three of the Garda Policing Plan 2007;
- Increased public awareness of the importance of safe driving practices by way of media interviews and press releases;
- Development of a Garda Road Safety Awareness Communications Programme;
- The constant development of new strategic initiatives with a view to providing more focused and higher visibility enforcement at the more critical times when there is greater propensity for collisions.

## **Action 25**

*Reduce the blood alcohol level from 0.8mg% to 0.5mg% in the context of the introduction of random breath testing*

### **Progress to date**

The Road Safety Strategy for the period 2007 - 2012 identifies the need to legislate for and introduce a reduction in the legal Blood Alcohol Content (BAC) level for drivers. The Government has accepted that recommendation. The precise level to which the BAC will be lowered will follow consideration of the recommendations made by the Board of the Road Safety Authority's (RSA) Policy Advisory Group in 2008. The target date for completion of this measure in the Strategy is the second quarter 2009. This allows for the enactment of the necessary legislation and the adaptation of the enforcement technologies.

## **Action 26**

*Introduce an administrative alternative to going to Court with disqualification remaining as a deterrent, irrespective of which alternative was chosen.*

### **Progress to date**

Section 5 of the Road Traffic Act 2006 (not yet commenced) provides for a new fixed charge for certain drink driving offences. Drivers who have a blood alcohol level between 80mg and 100mg per 100 ml of blood, will be given the option of paying a fixed amount (€300) and accepting a six-month disqualification. This will apply only where drivers have no drink driving convictions in the previous 5 years, and will only be made available once to an individual in any 5-year period. The same applies to drivers who have the equivalent alcohol level in urine or breath. No prosecution will

be instigated if the person pays the administrative charge. However, should no payment be received, court proceedings will be commenced.

The commencement of Section 5 is dependent on the necessary administrative, logistical and IT arrangements being in place to support the proposed disqualification system, and work on this is continuing.

The issue of the proposed reduction in the legal blood alcohol level following the RSA review referred to earlier will have implications for Section 5 and a review in 2008 will be required.

### **Action 27**

*Re-structure provisions to ensure that the period of disqualification for a drink driving offence cannot be subsequently withdrawn or reduced.*

#### **Progress to date**

Section 6 of the Road Traffic Act 2006 provides for the introduction of a significant increase in the minimum periods established for consequential disqualification orders following a conviction for intoxicated driving offences. This section was commenced in March 2007.

Section 7 of the 2006 Act replaces previous arrangements through which persons who have been subject to an ancillary or a consequential disqualification order may apply to the courts for the restoration of their licence. The decision to restore a licence or not is totally at the discretion of the Courts. The 2006 Act limits the scope for an application to a person who has been the subject of a disqualification of more than 2 years and provides that, at a minimum, the person must serve up to two thirds of the period of the original disqualification. The provisions contained in the Act are based on the premise that the facility to apply for a reduction in the period should in future only be available to a person who has not been disqualified in the preceding 10 years.

These new provisions mean that where a person is disqualified for any period of not more than two years, the full period of disqualification applies and where a person is the subject of repeat disqualifications, he or she is not able to avail of the facility to apply for the restoration of their licence.

### **Action 28**

*Lower BAC level for provisional drivers should be kept under review, following the introduction of random breath testing*

#### **Progress to date**

The Road Safety Authority is examining the issue of lower Blood Alcohol Concentration for learner drivers in the context of a Graduated Driver Licensing System and the review of BAC levels.



## **Labelling**

### **Action 29**

*A Group to be established to consider what useful information could be included on non-draft alcohol products*

#### Progress to date

A Sub-Group was established to consider the issue of alcohol labelling and met on four occasions. The following recommendations were agreed by the members of the Sub-Group and were subsequently agreed by the Implementation Group:-

1. Additional health related consumer information should be included on labels of all alcohol product containers.
2. Such additional information should be made mandatory in Ireland for all alcohol containers.
3. The Department of Health and Children should commence the drafting of the necessary legislation to support mandatory health information labels.
4. The Department of Health and Children should comply with Ireland's obligation regarding notification of such measures to the EU, Member States and the World Trade Organisation.
5. The label should include advice on the dangers of alcohol consumption in pregnancy.
6. A pictogram or wording should be used to convey this advice. The Group recommends a pictogram similar to the pictogram proposed in France. The Group further recommends that the pictogram message is to be used on a minimum of 50% of all alcohol containers placed on the Irish market.
7. Information on the amount of alcohol contained in a particular bottle or can should be shown on the label of that container in both Units (10grams = 1 Unit) of alcohol and in grams of alcohol.
8. Awareness and education campaigns will be required in order that the consumer can understand the information being provided on units and grams and the relevance of this information in the context of the amount of alcohol being consumed.
9. The Group recommends that the Department of Health and Children commissions market research on the awareness and effectiveness of alcohol labels in relaying messages to the consumer. This would include research on awareness and understanding of the units and gram measurements. The Group further recommends that a baseline be established in advance of the implementation of any mandatory labelling provisions in order to track changes in awareness, knowledge and attitudes over time.

10. An evaluation and review of the effectiveness and awareness of any mandatory labelling provisions should be undertaken at an appropriate time following implementation of these provisions.
11. Developments in general labelling requirements in the context of the discussions on labelling at the EU level need to be taken into account. Proposed National measures on mandatory labelling should have regard to any changes being implemented on an EU-wide basis and changes to labels should be aligned, where possible and practicable, with changes in European labelling requirements.

## **Overall Assessment and Views of the Implementation Group**

There were mixed views among the Social Partners in relation to the progress achieved in relation to the 29 actions identified in the Report “**Working Together to Reduce the Harms Caused by Alcohol Misuse**”. There was agreement among members of the Implementation Group that this forum allowed a broad range of stakeholders to work together towards a common goal on some issues i.e. to reduce the harms caused by alcohol misuse. It was agreed by the Group that one year was a short timeframe in which to implement many of the recommendations.

The Group is of the view that there is merit in having a stakeholder group in place to progress and monitor the measures needed to address alcohol-related harm in Ireland. However, some social partners expressed concern that the present Group had a narrow focus and did not encompass the broad range of recommendations contained in the Strategic Task Force on Alcohol. It was agreed, however, that a remit to monitor and seek implementation of a smaller number of actions would improve the possibility of progress in the area. The benefits of assisting and promoting the establishment of a small number of broadly based Community Mobilization Projects is seen a very worthwhile initiative.

The constitution of a new Group with some additional stakeholder involvement using the same Partnership model would appear to be a worthwhile way of moving forward. There is merit in continuing with this type of model which can work in parallel with other regulatory or legislative remedies being proposed or introduced by Government. This Group could also act as a useful consultative forum for any emerging proposals or legislation seeking to address the harm caused by alcohol misuse in our society.

## Appendix A

<i>Proposed Action</i>	<i>Key actors</i>	<i>Timeframe</i>
<b>Local Community Responses</b>		
1. Establish at least 4/6 community mobilisation projects (CMP) based on best practice, an integrated multi agency approach with multiple actions and an evaluation process.	One lead organisation (HSE) supported with all relevant stakeholders	4 CMPs in place by end of 2006
<b>Treatment Intervention Services</b>		
2. Pilot Screening and Brief Intervention (SBI) programmes in appropriate healthcare settings such as A&E, health clinics etc.	HSE in conjunction with CMPs	A pilot SBI in each of the community projects in 2006
<b>Awareness and Education</b>		
3. Continued roll-out of Social, Personal Health Education (SPHE) Programme in schools	D/E&S in partnership with HSE/DoHC	Special attention to CMPs during 2006
4. Develop appropriate education initiatives in out of school settings	D/E&S in partnership with youth sector	
5. Increase awareness among parents through the provision of appropriate information including distribution of information booklet, "Straight Talking"	HSE in cooperation with Family Resource Centres and other community groups	Distribution through 2006
6. Increase training for community/youth workers on alcohol issues, building on the Code of Ethics currently being prepared by the National Youth Work Advisory Committee	Community and Voluntary Sector, with support as appropriate	Publication of Code of Ethics in 2006, Implementation through 2007 onwards
7. Further develop local road safety promotional initiatives in co-operation with local communities.	National Safety Council and other stakeholders, in co-operation with local communities and CMPs	2006 / 2007
8. Increase public awareness within communities through local media campaigns.	As part of CMPs	Awareness campaigns in CMPs 2006 - 2010
<b>Alternative Facilities</b>		
9. Promote and develop alcohol-free recreational facilities and events in the community, especially for young people	Government and appropriate Stakeholders with the capacity to make facilities available.	At least one alcohol-free facility in CMPs by end of 2006 / early 2007
10. Involve young people in management of such venues and facilities where appropriate	Community and youth sector	Management structure in place by end of 2006 / early 2007
11. Promote responsible approaches to alcohol by sporting organisations at local level	All sporting organisations in community.	2006 - onwards
<b>Compliance and Enforcement</b>		
12. Support more visible enforcement and compliance with liquor licensing legislation and examine potential for trace-back initiatives	Gardaí & CMPs	2006 / 2007
13. Promote responsible serving and trading programmes such as the RSA and RTC Programmes.	CMPs in co-operation with business interests	2006 / 2007

<i>Proposed Action</i>	<i>Key actors</i>	<i>Timeframe</i>
<b>Compliance and enforcement</b>		
14. Improve security for National Garda Age Card to help prevent forgery	D/JELR/ Gardaí	New cards by 2007
<b>Treatment Intervention</b>		
15. Establish Screening and brief intervention (SBI) protocol for appropriate healthcare settings	HSE in conjunction with DoH&C	Develop national protocol by end of 2007
16. Further develop early intervention within the Justice System, building on existing juvenile liaison programme	HSE, Gardaí and D/JELR in conjunction with DoH&C	Feasibility plan by end of 2006
17. Examine potential benefits and feasibility of mandatory alcohol awareness and rehabilitation courses for repeat offenders convicted of drink driving offences	HSE in co-operation with D/JELR	Examine feasibility by end of 2006
18. Develop counselling services for those affected by drink related accidents	HSE in co-operation with the Gardaí	Examine feasibility by 2007
<b>Workplace</b>		
19. Develop guidelines for workplace alcohol misuse policy	IBEC, ICTU, DoHC, HSE, HSA	Commence early 2006
<b>Below Cost Selling</b>		
20 Below cost selling of alcohol should be prohibited	Government Depts and Social Partners	Feb / March 2006
<b>Off-Trade</b>		
21. Develop a Code of Practice with the off-trade sector and consider draft legislation to address areas of concern e.g. under-age, promotions etc.	IBEC with other relevant stakeholders including D/JE&LR	Commence early 2006 Completed by end 2007
<b>Alcohol Advertising</b>		
22. Stakeholders who negotiated the Voluntary Code on Advertising to consider further representation from Social Partners on the Monitoring Body, 25% cut-off and 9.00pm watershed	Monitoring Body and all other stakeholders to the agreement	Examine Proposal in 2006
<b>Drink Driving</b>		
23. Introduce random breath testing	D/Transport	During life of road strategy
24. Promote high visibility enforcement of traffic laws	Gardaí	To be agreed
25. Reduce the blood alcohol level from 0.8mg% to 0.5% in the context of the introduction of random breath testing	D/Transport in co-operation with Gardaí	Following the introduction of random breath testing
26. Introduce an administrative alternative to going to Court with disqualification remaining as a deterrent, irrespective of which alternative was chosen.	D/Transport in co-operation with Gardaí	In association with introduction of a system of random breath testing
27. Re-structure provisions to ensure that the period of disqualification for a drink driving offence cannot be subsequently withdrawn or reduced.	D/Transport in co-operation with Gardaí	Following the introduction of random

		breath testing
28. Lower BAC level for provisional drivers should be kept under review, following the introduction of random breath testing	D/Transport in co-operation with Gardaí	Following the introduction of random breath testing
<b>Labelling</b>		
29. Group to be established to consider what useful information could be included on non-draft alcohol products	All relevant stakeholders	To be established 2006

**Membership of the Implementation Group**

**Peter Cassells, Chairperson**

**Prof Joe Barry, Irish Congress of Trade Unions**

**Dr Declan Bedford, Health Service Executive**

**Chief Superintendent Gerry Blake, An Garda Síochána**

**Denis Breen, Department of An Taoiseach**

**Robbie Breen, Department of Health and Children**

**Mary Cunningham, National Youth Council of Ireland**

**Evelyn Daly, Department of Enterprise, Trade and Employment**

**Rosemary Garth, Alcohol Beverage federation of Ireland**

**Declan Hayes, Department of Transport**

**Paul Landers, An Garda Síochána**

**Sean Mackell, Irish Congress of Trade Unions**

**Colm Markey, Macra Na Feirme**

**John Moloney, Department of Education and Science**

**Geraldine Moore, Department of Justice, Equality and Law Reform (replaced by Noreen Walsh)**

**Brian Mullen, Department of Health and Children**

**Brian Neeson, Health Service Executive**

**Michael Patten, Drink Manufacturers of Ireland**

**Michael Rowland, Road Safety Authority**

**John Shaw, Department of An Taoiseach**

**Kieran Sludds, Health and Safety Authority**

**John Tracy, Irish Sports Council**

**Membership of Sub-Group on Labelling**

<b>Prof Joe Barry</b>	<b>Irish Congress of Trade Unions</b>
<b>Dr Declan Bedford</b>	<b>Health Service Executive</b>
<b>Robbie Breen</b>	<b>Department of Health and Children</b>
<b>Rosemary Garth</b>	<b>Alcohol Beverage Federation of Ireland</b>
<b>Sean Mackell</b>	<b>Irish Congress of Trade Unions</b>
<b>Brian Mullen</b>	<b>Department of Health and Children</b>
<b>Brian Neeson</b>	<b>Health Service Executive</b>
<b>Kathleen O'Connor</b>	<b>Department of Agriculture and Food</b>
<b>Michael Patten</b>	<b>Drink Manufacturers of Ireland</b>
<b>Ciaran Rapple</b>	<b>Department of Agriculture and Food</b>
<b>Joan Regan</b>	<b>Department of Health and Children</b>

**Membership of Sub-Group on Off Trade Sector**

<b>Prof Joe Barry</b>	<b>Irish Congress of Trade Unions</b>
<b>Dr Declan Bedford</b>	<b>Health Service Executive</b>
<b>Robbie Breen</b>	<b>Department of Health and Children</b>
<b>Rosemary Garth</b>	<b>Irish Business and Employers Confederation</b>
<b>Sean Mackell</b>	<b>Irish Congress of Trade Unions</b>
<b>Brian Mullen</b>	<b>Department of Health and Children</b>
<b>Brian Neeson</b>	<b>Health Service Executive</b>
<b>Tracey O'Keeffe</b>	<b>Department of Justice, Equality and Law Reform</b>