The Joint Committee met at 9.30 a.m.

MEMBERS PRESENT:

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<tr>
<th>Deputy Catherine Byrne,</th>
<th>Senator Colm Burke,</th>
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<td>Deputy Robert Dowds,</td>
<td>Senator Thomas Byrne,</td>
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<td>Deputy Seamus Healy,</td>
<td>Senator John Crown,</td>
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<td>Deputy Billy Kelleher,</td>
<td>Senator Imelda Henry,</td>
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<td>Deputy Sandra McLellan,</td>
<td>Senator Jillian van Turnhout.</td>
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<td>Deputy Mary Mitchell O’Connor,</td>
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In attendance: Deputy Maureen O’Sullivan.

DEPUTY JERRY BUTTIMER IN THE CHAIR.
Drug Addiction and Recovery Models: Discussion

Chairman: I remind members, delegates and those in the Visitors Gallery that all mobile phones should be switched off or left in airplane mode for the duration of the meeting because they interfere with the broadcasting of proceedings and cause unnecessary disturbance on staff members’ headsets. We had an episode last Tuesday evening with some type of mobile device.

At this meeting, the first of several, we will examine drug addiction and recovery models. I welcome Professor Joe Barry, chair of population health medicine, Trinity College Dublin; Mr. Tom O’Brien, addiction services manager, Health Service Executive; and from Soilse Mr. Gerry McAleenan, head of services, and Ms Sonya Dillon, project worker.

By virtue of section 17(2)(l) of the Defamation Act 2009, witnesses are protected by absolute privilege in respect of their evidence to the joint committee. However, if they are directed by it to cease giving evidence on a particular matter and continue to so do, they are entitled thereafter only to qualified privilege in respect of their evidence. They are directed that only evidence connected with the subject matter of these proceedings is to be given and asked to respect the parliamentary practice to the effect that, where possible, they should not criticise or make charges against any person or an entity by name or in such a way as to make him, her or it identifiable.

Members are reminded of the long-standing parliamentary practice to the effect that they should not comment on, criticise or make charges against a person outside the Houses or an official either by name or in such a way as to make him or her identifiable.

I invite Mr. McAleenan to make his opening statement.

Mr. Gerry McAleenan: I thank the joint committee for giving us the opportunity of appearing before it to discuss the contents of a report entitled, Addiction Recovery: A Contagious Paradigm, which has been circulated. I will start by giving an overview of Soilse, the addiction rehabilitation service, from which the report came. I will then go through the main issues related to the report in a question and answer format.

Soilse is the HSE’s daytime drug rehabilitation project in Dublin’s north inner city. It was established in 1992 and works with people who are either preparing to detox or who have completed a residential drug treatment programme and are in the early stages of recovery. Our service users are former heroin addicts.

What is the status of drug use in Ireland today? In the 1970s, 1980s and 1990s the drug abuse problem was mainly opiate, primarily heroin, addiction. Today people are using not just heroin but also benzodiazepines, alcohol and other drugs. This is known as poly-drug abuse. Since the 1970s the response has been to treat opiate addiction by substituting methadone for heroin. Known as the public health model, it seeks to reduce harm to society by reducing the need to commit crime to get heroin and eliminating the use of heroin and the sharing of needles. Prescribing methadone and needles exchange reduce the health risks associated with heroin addiction. About 10,000 people are in methadone treatment, one third for more than a decade. Their struggles are captured in the case studies in Addiction Recovery: A Contagious Paradigm and the characteristics of the four case studies are very telling. All have family dysfunction,
were early users of drugs and early school leavers, grew up in chaos, have been on methadone and benzodiazepines programmes, have been associated with prison or charges, have suffered homelessness, health problems, suicides and death within their immediate circumstances.

What can recovery offer? In Ireland and internationally there is an emerging focus on recovery from addiction. This view of recovery sees services being re-framed around service users. Unlike the public health model, a recovery model puts service users at the centre of treatment and rehabilitation responses and looks to enhance their quality of life by involving them fully in their own care. This means reorienting treatment and rehabilitation services towards a recovery paradigm, recognising that service users’ voices are important and enabling them to direct their own goals and thus change and re-frame their lives. Essentially, it is a service user, service-led response.

What evidence supports this approach? The concept of recovery was first introduced in the addiction research literature in 1999 with the work of Granfield and Cloud. They showed how 46 individuals had been able to overcome their addiction independently of services primarily because they had had what Granfield and Cloud called “recovery capital”; in other words, pre-existing jobs, qualifications, income, family support, social networks and a home. Subsequently, Cloud and Granfield published their theory of recovery. It comprises four elements: social capital – relationships, supports and groups to which we belong; physical capital – property and income; human capital – education and skills, positive health and aspirations; and cultural capital – values, beliefs and attitudes. Focusing on these assets helps a person to build recovery capital. This approach has been taken in England, Wales, Scotland and further afield as the main organising construct for addiction services. The approach in Scotland is that recovery should be the explicit aim of all services providing treatment and rehabilitation for those with problem drug use and the service delivery principle is that recovery should be the focus of care. Assessment and recovery plans should address the totality of people’s lives.

Does Ireland want to move towards a recovery framework? Addiction Recovery: A Contagious Paradigm sets out the case in Ireland for a move towards a recovery framework to deliver addiction services. Over a decade ago the mid-term review of the drug strategy in 2005 showed that stakeholders felt service users should not be kept on methadone indefinitely but assisted in “moving on” towards recovery and social integration. The report of the working group on rehabilitation that emerged from the mid-term review elaborated on this and signposted the key elements of social integration: housing, work and education. These are the key indicators from the European Monitoring Centre for Drugs and Drug Abuse. It stated the overall aim of services should be “to maximise the quality of life, re-engagement, independent living and employability of the recovering problem drug user in line with their aspirations”.

In 2011 Martin Keane conducted research in Soilse and showed how an adult learning approach that fused education and recovery could help service users to develop recovery capital, progress in education into college and successfully move away from the drug culture. The HSE Dublin north addiction service review in 2013 recommended this recovery focused approach and the addiction services in north Dublin are putting structures in place to enable recovery. In the review recovery was defined as “a person-centred journey enabling people to get a sense of control over their own problems, the services they receive and their lives and providing opportunities to participate in wider society”.

The national drug rehabilitation implementation committee’s evaluation in 2013 which was authored by Professor Barry also reviewed the mechanisms which would underpin a recovery approach and found broad support for them. Therefore, at both a practice and policy level,
momentum has been building in the past decade towards a recovery response in Ireland. The HSE’s 2015 primary care division operation plan states each service user should have a key worker and care plan, that service users should be transferred from HSE clinics to GP surgeries and that regular client satisfaction surveys should be carried out. Again, it puts the service user at the centre of the process.

Addiction Recovery: A Contagious Paradigm describes in detail the principles of recovery which give shape to the emerging framework and also supports each of the principles with a substantial amount of research and literature. The principles are the key drivers of many of the responses in the countries I have listed. There are 12 principles, the first of which is that there are many pathways to recovery. Again, we speak in the document about natural recovery, about which Sheedy and Whitter spoke. Granfield and Cloud talk about recovery capital. Our own work in Soilse is about a continuum of care. There are other forms of recovery, for example, fellowship recovery and Christian enlightenment recovery.

The second principle is that recovery is self-directed and empowering. The paradigm shift means that the service user is the agent of his or her own change and fully involved with the goals and targets being addressed. When I thought about coming here today, I remembered how during my early days working in this area a man had broken down in a group and began to cry. I asked him why he was crying and he said it was the first time in 15 years that he had been asked his opinion. Very often people are treadmilled through processes and not actually engaged at their centre.

The third principle is that recovery involves a personal recognition of the need for change and transformation. One of the big goals people will have is to move from being in services or treatment to abstinence. Again, McKeganey said 56% of service users in Scotland saw this as the type of transformation they wanted. The third principle is that recovery is holistic. It is not one-dimensional treatment but concerns broader quality of life issues. Again, a process of life change involves the physical, social, emotional, spiritual and mental health needs of the individual. That is what the process of recovery should work towards.

The fourth principle is that recovery has cultural dimensions. There will be drug problems in other groupings such as Travellers, the LGBT community and new communities and cultural dimensions that need to be addressed. Our own people face challenges when they leave the safety and security of our services. In his research Keane looked at how these cultural dimensions changed the person.

The fifth principle is that recovery occurs in a continuum of improved health and well-being. De Maeyer talks about quality of life and states improved health and well-being means new relationships, being independent, having work and feeling good - having a meaningful life. These are basic, simple things, but to a recovering drug user, they are imperative.

The sixth principle is that recovery emerges from hope and gratitude. People in recovery become models of success. In communities where there is little positive at which to look in terms of the drugs problem people who become drug free, get their lives back together, find work, get back with their families and give back in terms of voluntary activity are seen as models of success and inspire others.

The seventh principle is that recovery involves a process of healing and self-redefinition. Owing to the needs I mentioned and the characteristics of addiction, multiple recoveries are needed and lead to complete identity transformation.
The eighth principle is that recovery involves addressing discrimination and transcending shame and stigma. Drug use discredits identity. Therefore, there must a complete shift in social functioning which is facilitated by the pursuit of mainstream activities.

The ninth principle is that recovery is supported by peers and allies. When people get into recovery, they rekindle old relationships and form new ones, find a sponsor and receive family and community support. Again, there is a massive social support network available. People who interact with the services and work towards recovery will seek strength from others in the services and the groups with which they are involved. Recovery involves rejoining and rebuilding life in the community. On page 35 of the report Buchanan, in relation to the wall of exclusion, is quoted. The vast majority of service responses work below what is termed the line of control into the area of chaos. This is where treatment is focused in the main.

There is a disparity in terms of the resources devoted and attention paid to support and recovery. One of the contentions is that the paradigm should shift to prioritise recovery. Recovery is a reality. The document was launched in the Mansion House in July, at which time I recall Mannix Flynn saying there was such a thing as “recovered”. It is so simple a word, but it is so real and telling. Through my work over many years I have met hundreds of people who have recovered. However, given the phenomenal level of stigma attached to drug addiction, they are unwilling to appear before the committee or on camera. When we asked a few people how they felt about appearing before the committee, they said they could not do so because of their families, children and so on. In terms of recovery being a reality, Sheedy and Whitter reckon about 58% of people can achieve recovery. I know from research undertaken by Soilse that the outcomes for those who recover and regain a holistic quality of life when drug free are significant. These principles were put together after 20 years of research and widespread consultation. They are well grounded and scientific.

I will now move to how recovery services operate in other countries. The United Kingdom, including Wales and Scotland, the United States and Australia have recovery academies which are groups of people, including researchers, service users, families and community support workers, who come together to research and advocate on behalf of those in recovery. Recovery champions are people who are positive role models in the community who are in recovery, icons for the possibility of recovery and drivers of change. Recovery coaches are people who give advice and support on addiction and life issues. This is a major plank of the support provided for people in other countries getting into recovery. Fellowships such as Narcotics Anonymous, Alcoholics Anonymous and Gamblers Anonymous are operational countrywide. In other countries events such as International Recovery Month are celebrated. In September last year a parade was held in Manchester to celebrate recovery. This shows that other jurisdictions have a better infrastructure in place and that the paradigm has moved more considerably towards this. Recovery infrastructure such as cafés and houses is common in many of the main towns in the United Kingdom where more than £1 million has been provided for the development of a new facility in Birmingham called “Recovery Central”. This facility is due to open this year and will include a one-stop-shop for recovery information and services, including work experience, volunteering, employment opportunities, community-based social enterprises, furniture restoration, bike repairs, car maintenance, property maintenance, an art and design studio, a recording studio and a drama studio. It is a creative holistic response. As I said, the facility will be called “Recovery Central”, an icon that will send the message from a high street location that recovery is important and possible.

I will focus on how all of the aforementioned relates to Ireland. Soilse is an example of
services implementing a recovery response. We believe people have fantastic potential and will get their lives back together and achieve things that they would never have dreamed of because their expectations had been reduced by the fact that they had been in treatment for so long. Soilse is part of the HSE addiction services’ continuum of care. We provide clinical pathways, which means that the service can stabilise people and prepare them for detoxification in an in-house residential detoxification unit, Cuan Dara. Drug free residential treatment follows in Keltoi. This is followed by a drug free day time programme in the Soilse facility in the north inner city. We are in partnership with the VEC and thus have a balance of therapeutic and educational inputs. The service has been vocationally designed and developed. We are very clear on the outcomes we want to achieve. We want people to abstain from drugs and alcohol; to have support structures around them in terms of counselling, after care, meetings and sponsors and to become involved in day time or education programmes. That is a recovery package.

Soilse is also involved in an innovative European Union lifelong learning project called RECoveU. It involves five countries - Ireland, England, Cyprus, Romania and Italy. Following a review of policy and practice in these countries it became evident that there was a dearth of channels and opportunities for people from an addiction background who wished to move to the mainstream, be it in the area of work or education. A leaflet setting out where we are at in that regard has been circulated. We are about half way through the project and the real work begins in the next couple of months. What we are trying to do is design facilitation packs and learning modules that will facilitate people in their journey to recovery and into college.

Soilse uses recovery coaches who are trained by the Finglas addiction support team and Dublin City University. We have eight recovery coaches who help people with resourcing, advocacy and lifestyle issues. Soilse also supports International Recovery Month and in this regard, held a number of activities in Dublin last September which, unfortunately, were not widely covered by the media. We held three large events, including a conference in the Ashling Hotel, a health and fitness event in the Phoenix Park which was attended by more than 200 people and various social activities. A lot happened during recovery month. We need to focus on making people aware that there is a recovery community and movement and getting them to buy into it.

Soilse has been consistently involved in research, including, as I mentioned, the Keane research and has also contributed to research by the Northern Area Addiction Service. The document made available to members is the result of two years of work.

Many service users and service providers see recovery as a viable option. I engage consistently with service users, many of whom have fantastic ideas. In terms of the outcomes in the four case studies, one of those involved has travelled the world, while another spent 15 Christmases in prison at great cost to the State. He is now in recovery and cannot believe that when his neighbours go on holidays, they leave the keys to their houses with him. There are many good anecdotes that support this transformation. Recovery offers hope and a vision for those caught in services long term. The model will challenge fatalism and stigma. As I said, stigma is a huge issue. Recovery also contributes to building inclusive communities and options for those who want to change.

The document before the committee was triggered by a symposium which brought together more than 100 people in recovery to talk not about war stories or the desperation and depression associated with drugs but about their futures and what they would like to see happen. The solutions and ideas proposed are embodied in our recommendations. They include the use of recovery champions, coaching, existing community assets and a reconfiguration of some ser-
vices to ensure they will be more holistic and outcome focused. The emphasis is on solutions. The desired outcome of today’s meeting and as a result of the document is that recovery will become a central plank of the drugs strategy review which is due for completion next year. As I said, the report reflects stakeholders’ views and their principles, case studies, workshops and literature on recovery.

I will be happy to answer questions members may have.

Chairman: I thank Mr. McAleenan for his very interesting presentation.

Professor Joe Barry: My presentation will be shorter. It was important for the joint committee to hear about the reality of addiction from Mr. McAleenan. It sounds simple, but it is hard work that requires dedication across the board.

I thank the committee for giving me the opportunity to speak to it on this topic. I have been involved in the drugs service since the early 1990s. Mr. McAleenan and I are now almost dinosaurs in the service. In the summer of 2012 I attended the 20th anniversary celebration of Soilse, the symposium that Mr. Gerry McAleenan mentioned. It was a moving and very powerful experience, involving a mix of service users, service providers and community activists as well as those with an interest in the country’s response to our heroin epidemic mostly, although this goes beyond heroin. It was very well attended and inspiring.

Shortly afterwards I was asked by Mr. McAleenan whether I would be interested in contributing to a document with the aim of promoting recovery among drug users in Ireland. I was very happy to do so and we were joined by Mr. Martin Keane from the Health Research Board, who has prepared much of the literature on this, including much of the international literature Mr. McAleenan quoted. Over the course of the following year we worked on the document and spoke to four of the people who had presented their stories at the symposium. We asked if they would be happy to have their stories published in the report. Personal stories make more of an impact than statistics. Mr. McAleenan has alluded to the stigma. People were very brave in standing up in public and talking about their problems and allowing those problems to be in the document before the committee today.

The document was launched in the Mansion House and we had a couple of meetings with the then Minister of State with responsibility for the national drugs strategy, Deputy Alex White. We have since been in contact with Department of Health officials and are hoping to arrange a meeting with the Minister, Deputy Leo Varadkar, subsequent to our attendance here today.

Mr. McAleenan has given the details of the many benefits and we can come back to them during the discussion. However, it will not happen by just wishing it to happen. We prepared the document to try to turn what everybody believes is a good idea into practice. It is a reorientation, obviously. The public health model is still part of the strategy within the HSE, but there is much more scope for recovery if people are given the supports Mr. McAleenan mentioned. There are 10,000 people on methadone and more people can recover if they are given the supports. They are very basic supports; they are not high-flying or technology based. Our document outlines a series of recommendations which we can come back to. We are very keen that members of the committee are aware of the challenges and how we can make recovery a reality.

The document is essentially based on hope. Many people claim that people addicted to opiates have no hope, but that is not true. Of course, opiate addiction causes many problems and kills a number of people in Ireland. About one person dies from an overdose of drugs in Ireland
every day. People die, but people can also recover. People want to take control of their lives and many drug users are parents who want to do the best for their children. The recovery model would give them the skills and capacity for parenthood as well as everything else. For any of us who are parents, parenthood is probably the most important activity of our lives.

People will respond positively if offered supports. These supports include access to second-chance education, or maybe even first-chance education for people who have not had it, and literacy training. Obviously the economic recession has not helped drug users and with us, one hopes, coming out of that, there is potential for employment and self-esteem to be restored.

Many drug users are also caught up in the current homelessness crisis. We talk about people who have been squeezed by the recession. Most of the people who are addicted to opiates were squeezed well before 2007. They have had a lifetime of being squeezed and there is a lot to be made up. The community of Dublin’s north inner city has been disproportionately affected, but there is enthusiasm.

As Mr. McAleenan mentioned, I was involved in an evaluation of the HSE’s recovery model document, The National Drug Rehabilitation Framework. Many of the staff in the drugs services are enthusiastic and are keen to be part of this recovery, but it needs structure and support. This does not apply just to north inner city Dublin. Addiction affects every community in the country, particularly when alcohol is factored in. The principles of recovery apply to alcohol as well as to other substances. There is not as big a difference between alcohol and other drugs as people think. There is polydrug use and benzodiazepines. There has been an explosion in the prescribing of benzodiazepines in this country and it is an increasing cause of death. It is a huge problem and is costing the State a fortune. There are ways of finding money to support things like recovery.

We point out in the document that much of what we are recommending has been the policy of the Department of Health and the national drugs strategy for about ten years. Some excellent documents promoting a way of doing things have been published. We have a bit of a difficulty in Ireland; we are better at writing documents than implementing them. This is about the reality of implementation. The devil is always in the detail. We have the detail here and Mr. McAleenan has given a flavour of it. We hope the members of the committee will take some time to read it in more detail because obviously today is, we hope, the start of a process to push for this to be done in a better way in the future.

The current national drugs strategy is due to end in 2016 and we are aware that discussions are taking place with regard to its successor. We want these principles to become mainstreamed in a more effective way in the new drugs strategy. That is our timescale. We are only three people and Mr. Tom O’Brien from the HSE is very supportive. Obviously Ms Sonia Dillon and all the staff in Soilse work on this every day. They have enormous expertise. We need to disseminate that in other parts of the country. Mr. McAleenan can outline the success stories. There is capacity for more success if we re-orientate. It would be a terrible mistake not to grant recovery a much higher profile in the new strategy.

We urge the committee to support recovery across all Departments. It is not just a health issue. It also affects education and I mentioned homelessness, so it is a housing issue. There is a big problem with a shortage of accommodation. Drug users in recovery are having to be placed in wet hostels and hostels where people are taking drugs. Obviously the public consciousness about housing problems is about people stuck in mortgage arrears, etc. However, there is a continuing housing and accommodation issue among the drug-using community.
What we are suggesting is completely in line with the Government strategy, Healthy Ireland. It is about a multi-sectoral approach because the issue of drugs is not just a medical issue but it is also a social issue. There are issues in Cork and there is also a drugs task force in Cork. There are problems throughout the country. The heroin issue is still concentrated in Dublin with approximately 9,000 of the 10,000 people on methadone in the Dublin area. However, when benzodiazepines, tranquilisers, pills and alcohol are added in, this is a national issue.

I thank the members of the committee for their attention.

Deputy Billy Kelleher: I thank the witnesses for their presentations. We have had this debate on an ongoing basis. Professor Barry noted that we are very good at writing reports but that the implementation sometimes lacks commitment. I wonder about our treatment programmes for opiate addiction. I have often got the impression that while there is great goodwill in terms of the effort of the HSE and others at the coalface, deep down as a society we are saying to keep giving them the methadone and as long as they leave us alone on the street, we will keep moving on as a society. I do not believe we have confronted the real challenges that individuals face in their chaotic lives as drug addicts. The collective view of society seems to be that if they are not hassling us on the boardwalk or wherever, we are happy enough once we think they are getting their methadone.

Given that there are individual cases and individuals lives, we need to accept that we need individual pathways for recovery. We have to assess more deeply the individuals' problems rather than just having them queue up for a cup of sugary methadone every morning and letting them off. I know it will take huge resources. I know that methadone is cheap, but it does not really succeed in getting users to move from heroin abuse to involvement with the health services and into a recovery treatment programme. That pathway is fairly poor to say the very least. It is poor for many reasons. Clearly, one of the main reasons is that it is not resourced. As a result, people fall back on methadone, fall out of the treatment programmes and go back on heroin.

I have no in-depth knowledge of the matter. I come from Cork. We do not have a major heroin problem in Cork, but I can sense little clusters of the problem developing in certain parts of the city. We know what happens if people in a community turn a blind eye to heroin. This was evident in the late 1970s and early 1980s in Dublin, where it quickly becomes an epidemic and caused major social problems.

I am highlighting all the problems while I look blankly when someone asks me for solutions. Many people have referenced the Lisbon approach. If we legalised or decriminalised drugs would we have more engagement? That may involve looking at it from a social and health point of view. The idea is that we would not have heroin addicts walking around, ducking the law and trying to avoid any form of contact with the State because of the threat of criminal convictions and everything that flows from that. If they engage and come out of a system with criminal convictions, that does not look great on anyone’s curriculum vitae.

Have the witnesses examined other trials? Let us be honest. I presume that, collectively, society is experimenting all the time with how to deal with these issues. I have read a number of reports on Lisbon and how the city is dealing with the problem as well as other areas that have tried this approach. Is there any merit in examining it? Would we be simply wasting our time by examining what they have done? Should we instead work on the strategies in place at the moment?

Professor Barry said that with the upturn in the economy, there would be more resources and
potential to do more. Previously, we had an economy that was rather upturned for a while, so to speak. Was there any correlation between a drop in heroin use or abuse and better outcomes for heroin addicts when we had endless resources and a lot of money to spend on everything and anything? Is it the case that we have to think smarter now about how we use our resources? My view is that it did not seem to reduce substantially. I recall walking the streets of Dublin at night during the Celtic tiger and seeing major heroin problems. Perhaps we were less inclined to notice them because we were so busy booking flights to Spain and elsewhere. I do not mean to be flippant but I believe we should examine it, because if we are turning into an economy that will have more resources in the coming years, we must not repeat the same mistakes or take the view that money will solve the problem without inherently addressing the underlying issues. That remains a concern.

The witnesses commented on how the pathways to drug addiction are fairly defined, including dysfunctionality in the family, unemployment, poor educational outcomes, lower socio-economic backgrounds and so on. I presume the quid pro quo is that if we could address these problems, we would have fewer people taking the path to drug addiction. Even during the Celtic Tiger, when we experienced unemployment at 4%, which is full employment in a modern economy, we still had that problem. How can we address it?

I am asking questions rather than having any solutions in mind. One thing is for sure, and that is a review of the drug strategy will be completed next year. As with any strategy, we should review how successful it was and where it failed. There is no doubt that we still have a major problem in certain areas of 10,000 people who are consistently on methadone. I do not expect people to be critical of their employers but I am seeking an honest appraisal of whether we should look at other programmes in other parts of the world. Are we stuck with what we have? Is it a question of trying to make the best of it?

**Senator Jillian van Turnhout:** I appreciate the presentation from the witnesses. I am mindful that people are substance misusing. The witnesses referred to the recovered. It is a question of the transition period and the services during that transition period. Professor Barry commented on the homeless wet hostels. I was thinking of that because I have received representations from Dual Diagnosis Ireland about the issues of mental health and substance misuse. Often we have different pathways for someone to get support, help and recovery, but we do not always see the interconnectedness. Let us consider the homeless situation. I am not trying to compound the issue but the reality is that there is interconnectedness between these issues. How we as a society respond to these issues is relevant. Often we force people into homelessness because we do not have an appropriate mechanism to deal with it.

I am still trying to work it out in my head. I agree with everything I hear from the witnesses. How do we move from being good on paper to actual implementation? What are the tangible items that, as parliamentarians, we should be calling for? The idea is that I can leave here saying clearly what is needed.

How do we ensure the approach is replicated throughout Ireland? While I understand that methadone is rather Dublin-based, the reality is that on the basis of the figures given by the deputation, it is not limited to one area. Certainly, we have no wish to be moving people into an area simply because that is where they will get services and support. How do we ensure the approach is agreed? We have a geographical lottery and, therefore, a consistent approach is important.

The drugs strategy is due to end in 2016. We seem to have a number of strategies that will
end of 2016. What work has been done? How much consultation has there been with the organisations and those involved with the delivery of services? Is there a move to consider an implementation plan rather than an additional strategy? Perhaps we could take some of the principles from the current strategy and move the document more towards deciding which Department should take a lead. Ideally, it should be a Government strategy rather than a departmental strategy. That is what occurred in the children area and with the Healthy Ireland initiative. I am trying to see where the process lies. It is something about which I am concerned.

**Deputy Catherine Byrne:** I thank the deputation for the presentation. I compliment a former colleague and Deputy, Mr. Pat Carey. Any time he had to deal with this issue as a Minister of State, he always made clear the role of addiction in families. The same applies to the previous Minister of State with responsibility in this area, Deputy Alex White.

I will set out where I am going with this. We should have a Minister at the Cabinet table with responsibility for this area rather than a Minister of State. He or she could make decisions on these issues. If we are ever to go the road of recovery, we must have someone who is batting all the time at the Cabinet table on behalf of people. I will lay my cards on the table in that sense.

The report is excellent. I have not read it all but I have read most of it. I come from an area that has had serious drug problems for many years. We still have people using not only drugs but also alcohol. It has become a serious problem in poorer communities.

I read the four stories of the recovering addicts. It was clear from the stories that I had met them all in my life in the community centre where I worked as a youth leader. When children came in at the age of seven years, I probably knew by looking at them that they were not going to reach the age of 18 years or, if they did, they would have multiple problems along the road. Many families lost not just one but two or three members. It is devastating for every community when this happens.

One of the biggest problems I have found through the years is that all these services are based on one particular area with a poorer social class of people, or whatever we are called. Although there may be five or six services within less than a kilometre, that does not lend itself easily to the rest of the community who may not believe that they have a role to play in helping people to recover. It brings significant problems and that is still the case today.

While I could go on, I will not because the Chairman will not let me, so I will ask two questions and try to make them brief. I am going to read the rest of the report. I will certainly make it my business as a member of the Fine Gael parliamentary party to speak to the Minister, Deputy Leo Varadkar, and the Taoiseach on what I believe is a very serious issue that has never been addressed properly by any Government. It is not just about the addict; it is about families and communities as well.

What is needed to implement Cloud and Granfield’s theory of recovery in Ireland? It is operating in Wales, Scotland and England, as was said. Will the witnesses tell us what is needed here? What role do they think the national drugs task force and the local drugs task forces should have in making Cloud and Granfield’s theory of recovery happen?

I will finish with a personal opinion. Down through the years I have always believed there are too many organisations in this area. Many people who are trying to recover or get away from addictions seem to wander physically from one service to another. I have tried to find
out if there is a register anywhere where we can see all these people’s names and who they are, whether they are men or women, their age group and where they have come from. Is there some kind of register like this? I always feel that when some people do not get what they want in one service, they continue on to the next service. They seem to go in a vicious circle and some, unfortunately, do not come out of that circle. My personal view, from working in the community, is that there is duplication of services.

There is only one way to deal with addiction in this country, particularly around drug abuse and alcohol abuse, and that is to have a specific Minister who will take on the challenges that face every Government and do something about them. That is why I started off by speaking about the former Minister, Pat Carey, and the Minister, Deputy Alex White. I want to mention Pat Carey especially because I know him a long time. When he worked as a teacher in Finglas many moons ago, he had a theory on addiction and on working with people who came from poorer families and socially deprived backgrounds. That never changed, even when he was elected to the Dáil. I cannot find words to describe the man only that I have never met anyone in my lifetime who had such a passion about this service.

**Deputy Mary Mitchell O’Connor:** Today has been very uplifting. The witnesses spoke about stigma and discrimination. I read in one of the reports that people with drug issues and drug problems are a target of moralistic judgments, and I often hear that as a Deputy in the community. It is gratifying and uplifting, therefore, to read that the witnesses are talking about recovery because sometimes drug addicts are just written off. We will give them methadone, which is fine, and let them get out of town as quickly as we can get them out, and everything is back to normal.

I want to ask about methadone, given I only know what I hear, which is that 30% of patients have been attending drug clinics for more than 20 years. As a question to Professor Barry, if methadone were withdrawn, and there are those in the community who say it should be, what would be the outcome? I understand the issue of education, but education and issues like housing are long-term solutions, although we have to work towards that. In the short term, if methadone were withdrawn, what would be the result?

The service in a town is called the drugs clinic, which I think is a terrible name. It should be the recovery clinic. One would think people were going there to get drugs. Is counselling among the services currently provided in different towns?

I loved the sound of Mr. McAleenan’s model and what he is doing. He should, please, keep doing it. I hope we can talk to him later about what we as Deputies can do in our areas. Those are the questions I wanted to ask.

**Chairman:** I call Deputy Maureen O’Sullivan and thank her for being in contact with the committee and helping to organise today’s meeting.

**Deputy Maureen O’Sullivan:** I thank the Chairman and the clerk for allowing this debate to take place. It vital that we keep recovery as the optimum aim for people in addiction. Harm reduction measures certainly have a role to play but they cannot be at the expense of full recovery for individuals. It is only when we see people in recovery that we realise the difference it makes to their lives. Although harm reduction measures are important, sometimes it is almost like throwing in the towel when it comes to addiction. We can give a person a needle exchange or methadone and do this, that and the other, but the person continues in their addiction.
Professor Barry mentioned the north inner city drugs task force. I acknowledge it was the very first to include a person from the user’s forum, UISCE. They were listening to the voices of the users right from the very beginning in talking about this issue.

Back when heroin hit the north inner city, it gradually became a one-size-fits-all approach to recovery, and not even recovery, given the use of methadone. I have no doubt methadone has saved lives but, because of what we have seen in terms of the increase and the variety of drugs, it is not the answer in many cases now. What Mr. McAleenan has outlined today is very heartening. It is only when we go to Soilse and the other projects I know in the north inner city and we see people in recovery that we can know the difference it makes to them, their families and their communities. It is really important that recovery is with the Committee on Health and Children and it is to be hoped it is going to be central.

I am glad the fellowships and the 12-step programmes were mentioned because I do not think they get the credit they deserve. They do not cost anything, except perhaps putting a euro in a bag at the end of the meeting, but they continue to do amazing work, as they have done through the years. They have saved lives.

Accommodation is a major issue. It became a crisis because of the other issues with homelessness. I know we have a problem with accommodation, but when a person is in recovery, that should not be jeopardised by bringing people who are using and who have chaotic lives into the same accommodation. I know about supported temporary accommodation. If a person is in recovery, however, we cannot put a limit on how long they can stay in that accommodation. For some people it might be three months, but for others it could be nine or ten months. It must be based on the individual. I know the difficulties with housing accommodation, but given the price people pay to get into recovery, we cannot jeopardise that. While great work is being done with prisoners, if a person has become clean in prison by getting into a programme and going to a fellowship, only for them to be released and go back into homelessness, it is a recipe for disaster.

I ask that the committee would ensure that recovery would be part of whatever submission it makes or paper it sends to the national drugs strategy, and I ask that recovery would be at the heart of that strategy. My own private focus at the moment is on prevention and education, which are undoubtedly the Cinderella of the national drugs strategy. Perhaps that might be a debate for another day. I thank the committee for allowing me to speak.

Chairman: We have had correspondence with and I have met a gentleman from Cork, Mr. Jim O’Connell, who has carried out a great deal of work on the issue. He has lobbied the committee regarding the excessive use of methadone. Professor Barry might comment on his surveys.

Professor Joe Barry: I will take that item first. I received a copy of Mr. O’Connell’s report and know there is a lot of detail in it. Many of the issues he raises are being raised by this committee. I e-mailed him back about two months ago and said I would meet him. He responded and said he was not quite sure what that would do. I reiterate my offer to meet him. I do not know whether the committee has seen this letter.

Chairman: It is correspondence that came to the committee.

Professor Joe Barry: He is raising many of the issues we and this committee are raising. These are about methadone, benzodiazepines, alcohol and the framework of drug policy in Ire-
I turn now to the answers to some of the questions, and my colleagues may then wish to come in. I have underlined the issues I think I need to cover, but if I forget anything, the committee members can let me know. I have been involved in the drugs issue for about 20 years. As Deputy Maureen O’Sullivan outlined, methadone has a place - about that there is no doubt - and it has helped many families. There was a review of the opiate treatment protocol carried out in 2010 by Professor Michael Farrell, who is a professor of addiction in the Maudsley in London. Some type of public health approach is needed in most communities where there is opiate addiction, but it should not be the overall emphasis. That review stated that there needed to be shift to promote recovery. If we stopped prescribing methadone in the morning, we would have major problems.

We have discussed needs assessments and care workers, which Mr. McAleenan mentioned. Every single person on methadone needs a full and proper assessment of his or her needs, desires and wishes, a point which needs to be repeated and has been recommended in several reports. That is how I would approach the issue. I may be wrong and Mr. McAleenan might disagree with me. We agree on most things, but we do not necessarily agree on everything. If one took methadone away, one would immediately have organisational problems. Our approach is to focus on recovery. They are not mutually exclusive, but the balance needs to shift in terms of resources towards recovery. A person assessed on day one may have a certain opinion and may return in six months time to say he or she is ready or wants to stop.

**Deputy Mary Mitchell O’Connor:** Have people been on methadone for 20 years?

**Professor Joe Barry:** Some people have been on it for 20 years. I do not know whether they have had an assessment or it is what they want to continue doing. People need to have a full assessment. They should have an annual assessment. If that were happening, fewer people would be on methadone for a long time.

**Mr. Gerry McAleenan:** Agreed care plans are needed.

**Professor Joe Barry:** Yes. Many people are now working with drug users. Most are trying to move people along, but that requires more concerted action. The model Mr. McAleenan mentioned needs to be available on a much more widespread scale. People who do well and come off and stay off methadone do not necessarily want to be the poster boy or girl for recovery for the reasons of stigma we mentioned. I would approach the issue of how many should be on methadone in terms of a thorough needs assessment of everyone. Methadone was introduced to eliminate or reduce blood-borne viral transmission, which has happened.

**Deputy Mary Mitchell O’Connor:** Will Professor Barry repeat that?

**Professor Joe Barry:** It was introduced because of HIV. As Deputy O’Sullivan said, we have had heroin in Ireland since the late 1970s. In the 1980s the response to the problem was to tell people if they came off drugs, they would receive help, but that did not work. Perhaps the approach was not well resourced, but there was chaos, riots, shootings and protests. A structured drug service shifts drug users from dealing exclusively with a criminal environment and dealers to working with social care professionals, nurses, doctors and counsellors. It involves a shift in emphasis to recovery. One will not do everything in one day. We would like this issue to be taken on board and to have a genuine implementation plan. That would make a significant difference.
In terms of measuring outcomes and the register, which Deputy Byrne mentioned, there is a register of people on methadone and it has been recommended in numerous reports that there should be data linkage to follow, with appropriate privacy protections. That has not happened, and not just in the drugs area. I do some work with the HSE and I am quite often asked to answer parliamentary questions. We receive questions on the success of a programme or what is happening. It is very difficult to measure some outcomes if one has no way of following someone on a longitudinal basis.

The Health Identifiers Act is not enough. There needs to be a next stage, which is a step that has long been advocated outside of the Oireachtas. If we want to measure outcomes in the health services generally, the next stage of the legislation needs to be commenced. The only information available is on cancer, and the national cancer registry can measure outcomes and survival rates because it is a good register which is appropriately staffed and confidential. We need something like that for drugs services.

I refer to legalisation, decriminalisation and considering things in another way. Legalisation and decriminalisation are different. I do not think drugs should be a criminal issue, but that is not to say that I would support legalisation. Members may remember head shops opening in 2009. People who had never thought of taking drugs took them when they were legal. The world is made up of two types of people, those who are risk takers and those who are risk averse. We would have a much larger problem with pills than we currently have with other substances if we legalised them. Decriminalisation is different.

Mr. McAleenan will discuss recovery academies. In terms of an all-Ireland approach, we currently have 14 local drugs task forces in the Dublin area, including Bray, and Pat Carey is the chair of one. I have worked on this issue for 20 years and it has been a genuine cross-party initiative. We have had Ministers and Ministers of State from three parties involved. It helps to have a focus because it is not just about medicine and clinical matters but a much wider issue encompassing homelessness and so on.

We have ten regional drugs task forces. In each part of the country there is a structure of people who are trying to help, but that is not enough. There is a framework and more of a consensus, which is not absolute, among those working in the area that we need to do things differently. We all need a wake-up call, which is what this is about.

Mental health was mentioned, which is a major issue. The dual diagnosis rate is about 30%. Some 30% of those who use opiates have mental health issues. The Vision for Change document excludes addiction, which is crazy and needs to change.

Senator John Crown: What is crazy?

Professor Joe Barry: A Vision for Change is a blueprint document on mental health which is quite good in many ways, but it explicitly excludes dealing with addiction which does not make sense.

I am not sure if I covered everything. If I have forgotten to answer a specific question members can ask it again. I have tried to cover everything.

Mr. Gerry McAleenan: I will address a few of the points. What we are discussing today was known 30 or 40 years ago. A paper written by Gerald Bury in 1979 stated heroin affected the communities which had the least ability to deal with it the worst. Ever since then the problem has involved trying to deal with it.
Deputy Kelleher asked about individual care pathways. Everyone should have an individual care plan, key worker, case management, SMART goals and the totality of their needs named and actioned. That is the approach we take in our work. Within a two-year spectrum, a person can go from being on the streets to being in recovery, off drugs and engaging in daytime programmes, housing and quality-of-life issues.

On decriminalisation and legalisation, we mention in the report the issue of spent convictions. One woman mentioned in the case studies discussed her life. She went to college when she finished using drugs in 2003 and got a degree. Again, as there was a drug experience and prior convictions, she has lost several jobs. She is drug free for 12 years but it is still an issue that reappears. We advocate along the lines that the spent convictions Bill should address people who are in recovery and enable them after a period, such as five years, to have a conviction quashed. Generally, if a person is drug free for five years, there is more than a 90% chance that he or she will be drug free for the rest of his or her life.

There are other jurisdictions and models and, as I noted, we are involved in a European project. There is a dearth in responses in the countries we are discussing, including ourselves, England, Romania, Cyprus and Italy. This relates to access to learning programmes or work options. If we are talking about recovery and normalising people’s lives, these are key elements that redefine how people see themselves. That is important. We have examined other European countries, and Spain, for example, has co-operatives where people can set up and train for the first year before getting a business start-up in the second year and becoming independent in the third year. This exemplifies the social economy options in other countries that are very viable. We have never had a cultural tradition of co-operatives in Ireland. On the Continent, there are approximately 300,000 co-operatives with 60 million people working in them. We are involved with Italy and that country works with a co-operative model.

There may be other models and there are certain models regarding housing. In England, it is very much like a continuum of care. If a person is detoxing, he or she can go to a housing facility and when that person is drug free, he or she goes to another facility in the recovery community with people who are drug free. Those people can move to permanent accommodation afterwards. Deputy O’Sullivan raised the housing issue. There are models we can consider.

There is the question of how to move this forward. We are talking about events on the ground and Professor Barry mentioned a Minister with responsibility for drug issues with respect to the task force in the north inner city. It is relevant across the city. On the ground, the feeling is that the issue is off the political agenda. Having a Minister with responsibility for drug issues is important. The next drugs strategy should be oriented to a recovery paradigm, and again that will send a message to services that we must focus on more integrated qualitative approaches in how we do our work and delivery. We must be more ambitious for service users, focus on outcomes and ensure people are not languishing for years in medication processes. Quality of life issues must be addressed.

The narratives of people in recovery will give us insight and guidance and provide hope, demonstrating that recovery does happen. That is part of the issue on the ground, as people do not believe that recovery happens. When one is stuck in a void for years, all one can see is the recycling of failure. We must promote recovery and demonstrate that success does happen. By addressing stigma, making this more of a public issue and getting people who have gone through it successfully talking about their experiences, we can hope that, in turn, it will infuse the idea and notion in others.
There is an implementation committee and there has been an attempt to try to implement what is laid out through strategies and documents. The big challenge is to get key agencies working together. The HSE does its work well with respect to methadone and the process has plateaued. The required people are in place now. As we heard earlier, we need to work with the likes of the housing bodies because there is a massive homelessness problem. We need to work with the mental health services, with what is now SOLAS and with the education and training boards. There is poor educational attainment and a consequent lack of marketability and progression options. For example, literacy is also a problem. Dyslexia stands out, and we have found it is far more common within our cohort than within the general population. There is a dearth of response, as there is only one project in Dublin dealing with the issue. These are the elements facing us in the implementation area. A small but empowered group of approximately five or six senior people can make these decisions and get these matters progressed. It would be an effective working group.

Mr. Pat Carey, the north-east drugs task force chairman, visited our project before Christmas. He was there for more than three hours and went back over some of what he would have liked to have happened when he was Minister. The housing issue was important to him as he pioneered housing changes and policies, and he said the process had gone in a direction he did not foresee. He does not believe it is conducive to the needs of people. Outcomes in the housing area are very important.

There is an array of clinical services, with counselling offered to people and other interventions concerning mental health needs or any other medical conditions. Detoxification is also offered along with residential treatment. There was a report in 2007 by Dr. Corrigan and Dr. O’Gorman which indicated we should elaborate on the options for bed capacity in the detoxification and residential treatment areas. If we are to make a major change and liberate people from services, there must be options for moving forward. We need more residential beds and detoxification options. The 2007 report is good and comprehensive.

Deputy O’Sullivan spoke eloquently about recovery and that supports the notion of getting this discourse going in the north inner city. That is appreciated. We can see a change, even at task force level, with people looking at outcomes. It may sound trite despite the times we live in but one of the goals for all the projects has been for everyone in the services to have a meal every day. That is the basic level we are talking about when we are starting to work with people. It is about getting them some nourishment, something to do during the day and getting a roof over their heads at night. It is about getting some company and friendship. These are the basic needs we start with and people respond to this, buy in and become inspired.

There is an issue with prisoners and we should be far more effective in dealing with them, planning for their release and having the array of options we are talking about. There are planned releases but there must be work and education options when prisoners are released. They should have other support as well. I spoke about a model involving a recovery coach, which would be a good link or buddy system for people when they emerge from prison.

Senator John Crown: I apologise that I was not present for the beginning of the presentation. I pay tribute to the great work ongoing in the area of drug rehabilitation and treatment, harm reduction and population safety. When I was elected to the Seanad a few years ago, I set off on a personal series of fact-finding missions. I visited Merchant’s Quay, Hyde Park and other treatment centres. Quite a few people came to chat with me. I feel quite strongly about drug policy and we are doing it wrong. I am delighted to hear some of the opinions aired at this meeting.
I like to think I am a rationalist and an empiricist. One does a bit of research, looks at the results and sees if something has worked. What we have done in the war on drugs has clearly not worked, and by any logical definition what the western countries in general have done in trying to contain the drugs problem and reduce the associated harm, particularly to individuals with drug problems, has not been successful. We have as high a number of drug addicts as we have ever had.

I get accused of a little inconsistency in this but we can consider the different types of substance problems, and one size does not fit all. We should be aiming for the elimination of legal commerce in tobacco at some fixed stage in the future. If people want to sell tobacco at that point, they will not be doing it in a boardroom in New York or London but in the way the Medellin cartel does its business. It would not be feasible. As a society we need to acknowledge that we probably drink two or three times too much compared with what we used to, and in individual cases this may be much more or else just fine. We need to reduce the number of units of alcohol consumed in society.

The different forms of illegitimate non-alcohol and non-tobacco drugs have different problems as well. I have always been of the opinion that opiate or opioid heroin or morphine addiction is a specific problem. I saw some data approximately two years ago that suggested if we considered a timeframe before the economic bubble, during it and afterwards, cocaine use went up as we got more money and went down as we lost it. Heroin use, on the other hand, stayed the same, which told us something very powerful about heroin. Heroin addiction is as much a medical problem as cancer or diabetes, and the treatment must be medical. I took a tremendous amount of flak a couple of years ago when I suggested that we medicalise heroin. It is something we need to consider.

I apologise for my absence earlier. The delegates may have given us the figures, but do we know how many heroin or opiate addicts there are in Ireland and how many are regularly engaged with treatment, rehab and other services? I have kept asking this question and nobody seems to be clear on it, but I get the sense that many are not engaged with services. For some, this is owing to a lack of access. When I first came here, I was surprised to discover how centralised methadone services were and that many people on methadone programmes had long commutes to access them, which is a disincentive in some cases. How many of those who are not engaged with services are not engaged because methadone does not do it for them and they still want heroin? How many of those outside our net of interaction with caring social, medical and rehabilitation services and are instead buying drugs on the street from some of the worst elements of society could be brought into the net if we were giving them heroin and not methadone? There is an element of a guesstimate in this regard. I thank the delegates for what they do.

Professor Joe Barry: In Ireland we use a capture-recapture methodology to estimate the numbers of problematic opiate users. It has been done three times in Ireland, in 1996, 2001 and 2007, and is being examined again by the National Advisory Committee on Drugs and Alcohol, NACDA. It is done by counting the persons in receipt of methadone treatment, the people on charges with the Garda and those who have been in an acute hospital and using mathematical modelling. We know how many problematic opiate users there are and, depending on the size of the overlap, we estimate the number of hidden users. It is technical. According to the most recent estimate, there were approximately 14,000 to 15,000 problematic opiate users. Some of them would not take much heroin, for example, those who are participating in methadone programmes but also taking a little heroin as they are still addicted to opiates. Approximately
two thirds are reckoned to be in treatment or contact with services. Of the one third outside treatment, I can only speculate. Some do not want to have any contact with the State and the HSE, as people in low threshold programmes tell us. They are taking drugs - people take drugs for many reasons. In Dublin the level of access to treatment is high and outside Dublin it has improved. Most people who are not engaged are not engaged because it is not attractive. Some would engage if they were to receive heroin instead of methadone. On a cost-benefit analysis, it would not be very effective to do this.

Patterns of use have changed. Injecting was the norm in the 1990s, but it is less common now. The culture has changed, as drugs go out of fashion. Opiates have gone out of fashion somewhat, but stimulants are a major problem. Given that there is no opiate response to these non-opiate drugs, we need to provide a psycho-social response to them. There are heroin droughts from time to time and we see many changes. Heroin supply is controlled by the criminal gangs. Some opiates such as morphine are given in medical settings. Morphine is a good drug in treating certain conditions. Although specialists in palliative care use methadone for pain relief, it is not part of the methadone protocol.

We are asking that the time be shortened between a person being on the street and entering recovery. Mr. McAleenan referred to a period of two years and knows much more about it than most people or I do. We are talking about narrowing the gap and then reappraising. Given that every policy change can have unintended consequences, we must examine the upsides and downsides of everything.

Deputy Maureen O’Sullivan mentioned prevention and education, which are important. In the parts of the country where heroin use is most common, particularly Dublin, the vast majority of youngsters do not take opiates. Among those who do, there is a pattern of early school leaving. If I could do one thing to try to reduce the need to take psychoactive substances, it would be to improve the level of school retention. Many children do not make the transition from primary to secondary school. We have forgotten what it is like. While primary school is very sheltered, secondary school is a completely different environment into which young people are thrown and some just fall and cannot sustain it. I would also invest more in preschool services. Other European countries put much more emphasis on it. We need to invest in children if we want to reduce the chances of people taking drugs, but we will never eliminate drug use. There are many issues related to marginal benefits such as giving people self-esteem and teaching them skills. While the schools SPHE programme can and does do it, there is a limit to what it can do if the child’s environment is moving in a different direction.

Deputy Maureen O’Sullivan: This morning we have heard about the theory of recovery. I understand what Mr. McAleenan said, that the people participating in the programme do not wish to come before the committee because our meetings are televised and they wish to remain anonymous. However, we have missed out on hearing the voices of those who have gone through exactly what Mr. McAleenan has set out. If the proceedings were not televised, we could hear from one or two people who could show how the theory worked in practice.

Chairman: This is the first of a number of meetings we will hold on this issue and we might take it on board at a private meeting.

Deputy Billy Kelleher: I have a question on methadone and our obsession with it. Although individual pathways for users were mentioned, they always end up on methadone treatment programmes. One can argue that we do not have individual pathways to recovery. Is there any use of other heroin substitutes such as buprenorphine? We seem to have no individual
pathways to recovery because everybody is on methadone. It cannot be suitable for everybody.

**Senator Colm Burke:** I apologise for not being present for the entire briefing. I had to deal with a matter in the Seanad.

The delegates have much experience in the dos and don’ts based on what has happened during the years in Dublin. In Cork there has been a major increase in heroin use. What should we do, or not do, in areas outside Dublin, particularly in Cork, to deal with the issue, given the mistakes that were made?

**Mr. Tom O’Brien:** The HSE is only one part of the continuum of care. The external review has suggested recovery is the way to go. In the past it was treatment based. It was a 15 to 20 year old service that was focused on methadone. There are discussions at the methadone implementation committee on using buprenorphine and naloxone treatments. We have also recognised that there is a serious gap when somebody leaves one of our recovery centres and moves into a treatment or homeless environment in which others are using. We have met Mr. McAleenan to discuss a new step-down facility which will, I hope, have no time limit in getting people into a new facility where there would be ongoing treatment and counselling supports available for them. The area manager in HSE Dublin North has passed this. We are developing a national approach to service provision. In Waterford where I am from and Dublin there is a difference in the treatment options available for clients. The national addiction advisory group, together with the HSE and Mr. Pat Dunne, assistant national director for primary care, are looking at standardising the clinical approaches to treatment. That is also a recovery model. We know that in many cases people have been on methadone for too long and that we need to offer alternatives to them. We are, therefore, looking at that issue also.

I am working as part of a sub-committee of the advisory group on an ICT system with a case management piece which will follow clients through their recovery process. I hope that ICT programme will produce data indicating the gaps in an individual’s treatment options. The HSE is also bringing service users on to its boards of management and boards of rehabilitation and we are looking at producing updated leaflets for clients on what types of care service are on offer to them outside methadone maintenance only.

There is a great deal going on. Our review coincided with the report and it is interesting that both found that the recovery model and the service user are central to the process.

**Professor Joe Barry:** Senator Colm Burke asked about services in Cork. What would be of help is what we are trying to do nationally. I do not know what the numbers are, but I would make a proper needs assessment with a recovery focus. We are trying to shift the balance and that needs to happen all across the service. That is what I would do if I was in Cork. I reiterate this in replying to Deputy Mary Mitchell O’Connor’s question because it is the hardest one. What happens if the giving of methadone stops? We are trying to shift the focus. Most people want to do this, but that does not mean it will happen. Treatment and rehabilitation were always linked in our previous drugs strategies. Therefore, we are recommending a new strategy of recovery to give it a focus, but it needs people with knowledge who have seen it work. There are pathways to recovery, including Soile, but there are just not enough of them. It might not take a huge amount to flip the coin around in order that when somebody addicted to opiates presents to the health service, the professionals will sit down with them in a few sessions and outline the options to genuinely involve them more. Equally, issues such as dyslexia and so on can be game changers. The devil is in the detail in the assessment which has to have a recovery focus. Initially when methadone was introduced, it was meant to be detoxification.
Deputy Billy Kelleher: On the issue of dyslexia, I assume, without having to conduct a detailed analysis, the reason they are drug addicts is the condition was not dealt with during their time in the education system and that they experienced a poor educational outcome. For example, they sat at the back at the class and were ignored. Traditionally, that is what happened to such persons in the education system, although the position has improved in recent times.

Professor Joe Barry: Indeed. Many of these issues are linked, but they need to be addressed and there would be resource implications. We are here to try to point to the pathways and are talking about reorientation.

Mr. Gerry McAleenan: A failure to identify can lose somebody 20 to 25 years. Dyslexia should be identified when a person is at school, but there is now greater awareness. We are seeing a correlation between adults and their children also, but, as the Deputy said, outside the classroom, they become disruptive, get a bad name before being expelled and are out on the street. They end up having difficulties with the Garda and begin to use drugs at ten, 11 or 12 years of age. That is what happens. It is small, but it has huge significance.

Ms Sonya Dillon: In response to Senator Colm Burke, our thought in coming here was that we had to promote recovery, but this is about people exiting services and preventing them from becoming dependent on services across the board. Early intervention needs to start with teaching people how to be parents. Breaking the cycle is the only way we will alleviate this problem in 20 years time. We need a seamless recovery process. There is a window of opportunity with clients and if they can go from door to door, from service to service, and have two years with a good solid foundation, as Mr. McAleenan said, they will not be attending services in ten years. That is part of the learning we have gained during the years. Recovery has to be part of a package which must start early. We need to do the groundwork and provide options, but that will only be done through care planning.

Chairman: I thank the delegates for attending. This is the first in a series of meetings we will have on the issue.

Sitting suspended at 11.15 a.m. and resumed at 11.30 a.m.

General Scheme of Public Health (Alcohol) Bill 2015: Discussion (Resumed)

Chairman: In the second segment of the meeting we will continue our pre-legislative scrutiny of the heads of the public health (alcohol) Bill 2015. I ask witnesses to speak to the heads in their presentations. The committee has a long record of promoting a range of health promotion measures. As part of its pre-legislative scrutiny, it is consulting a wide range of stakeholders on the issue. Today we have a large number of witnesses before us. I ask them to keep to the five minutes of speaking time. I welcome formally to our meeting Professor Joe Barry, chair of population health medicine, Trinity College, Dublin; Ms Suzanne Costello chief executive officer of Alcohol Action Ireland; Ms Evelyn Jones, chairperson of the National Off-Licence Association; Mr. Ross Mac Mathúna, director of the Alcohol Beverage Federation of Ireland; Mr. Donall O’Keeffe, chief executive officer of the Licensed Vintners Association; and Mr. Padraig Cribben, chief executive officer of the Vintners Federation Ireland.

Before we commence, I wish to remind witnesses and members about privilege. Witnesses are protected by absolute privilege in respect of the evidence they are to give this committee. If
they are directed by the committee to cease giving evidence in relation to a particular matter and they continue to do so, they are entitled thereafter only to a qualified privilege in respect of their evidence. Witnesses are directed that only evidence connected with the subject matter of these proceedings is to be given and they are asked to respect the parliamentary practice to the effect that, where possible, they should not criticise nor make charges against any person, persons or entity by name or in such a way as to make him, her or it identifiable. Members are reminded of the long-standing parliamentary practice to the effect that members should not comment on, criticise or make charges against a person outside the House or an official by name or in such a way as to make him or her identifiable.

I welcome all witnesses again and remind members that in their pack for today’s meeting there are lengthier versions of the submissions from today’s witnesses.

Professor Joe Barry: I thank members of the committee for the opportunity to speak to them today on the important topic of the public health (alcohol) Bill. We welcome this Bill as a watershed in that it represents the first time that the Department of Health is introducing legislation on the public health aspects of our national alcohol problem. I will concentrate on issues relating to labelling and minimum unit pricing.

I have been involved in the issue of labelling and warnings through a variety of working groups since the middle of the last decade, beginning with social partnership. Agreement was reached on labelling in 2007, eight years ago, so this legislation is overdue. It is encouraging to see recommendations of almost ten years ago progressing towards the Statute Book. There is confusion currently about the exact quantity of alcohol in any alcoholic drink. The move to use grams is a step in the right direction. Grams are used to label foods all over Europe and represent the same thing in Ireland, the United Kingdom and continental Europe. Grams are understandable in many languages. Importantly, there is a direct dose response effect between daily intake of grams of alcohol and a variety of alcohol induced health harms. A pint of beer contains 20g of alcohol. If a man drinks 50g to 60g of alcohol every day, his chance of developing liver cirrhosis is increased ninefold. If a woman drinks 20g to 40g of alcohol per day, her chance of developing liver cirrhosis is increased almost tenfold. Epilepsy is increased sevenfold for each gender with each of these intakes. We have a major obesity problem in Ireland and information on the calorie count on alcohol containers will help with weight control. A pint of lager contains more than 200 calories, a standard 175 ml glass of wine, one quarter of a bottle, contains 130 calories, and a pub measure of spirits contains 80 calories, minus the mixer. Accurate information on grams and calories, coupled with images of the harms caused by excess alcohol use, will greatly help individuals take a more proactive role in monitoring their alcohol consumption.

The topic of minimum unit pricing has been discussed at length by Dr. Holmes from Sheffield. This is a proven effective measure with gains in the short term. It is aimed at two groups of vulnerable drinkers: very young drinkers or teenagers who can buy drinks, particularly beer, at pocket money prices, and dependent drinkers or alcoholics for whom any very cheap alcohol is very attractive. The benefits in the short term include reductions in mortality, reductions in crime, a positive impact on the direct costs to health care services and a reduction in workplace absence. Helping young people to delay the onset of heavy drinking, and any drinking, reduces their chances of developing alcohol dependence in later life.

It has been claimed that this strategy is an attack on the poor. That is not the case. It is an attempt based on evidence to provide support to vulnerable drinkers to reduce their drinking regardless of their economic circumstances. I am the chairperson of the north inner city local
drugs task force, in which Members of the Oireachtas from the Dublin Central constituency and members of Dublin City Council actively participate. We are all of the view that drinking patterns in the north inner city, one of the most deprived parts of the country, are at a serious level, with a proliferation of off-licences selling cheap drink. The measures outlined in this minimum unit pricing legislation will be very beneficial to the health and well-being of this community and all communities throughout the country, regardless of social class. It will lessen health inequalities when brought in.

The final issue I would like to address briefly is enforcement, which cuts across some of the heads. I welcome that environmental health officers will be given enforcement powers under this legislation. They provide excellent enforcement within the health arena regarding environmental tobacco smoke and food safety. They will have a key role in enforcing section 9 of the Intoxicating Liquor Act 2008, which deals with structural separation in mixed trading stores. Alcohol is not an ordinary commodity and must not be treated as such by our retailers. We thank members for their attention.

Ms Suzanne Costello: I, too, thank the committee for the invitation to appear today. It is a substantial achievement to have brought this legislation forward. The measures it contains have the potential to save many lives and make our society a healthier, safer and better one in which to live. As Professor Barry has focused on labelling, pricing and enforcement, and members have also heard a detailed presentation on minimum unit pricing from Dr. John Holmes, I will focus on alcohol marketing and advertising, including the sponsorship of major sporting events by alcohol brands.

The history of alcohol regulation in Ireland is not one of which we can be proud. We have paid, and continue to pay, a very heavy price for this. We are the second heaviest binge drinkers in the world and our children are growing up in a society where three people die every day due to alcohol. It is a society in which liver disease rates are spiralling, increasing fourfold in the past 20 years, with the greatest level of increase among 15 to 34 year olds, in which more than 100,000 children are suffering due to a parent’s drinking, and in which alcohol is a prominent driving factor in serious issues such as crime, suicide and mental illness, as well as a huge burden on our under-pressure health service and State finances. Prior to the public health (alcohol) Bill the lack of action on alcohol harm is a stark reflection of how we have normalised not only heavy and harmful drinking in Ireland but also the huge costs that come with it, primarily the loss of so many lives and the serious harm suffered by young and vulnerable members of society due to alcohol.

Many people seem to ask why so many children and young people in Ireland start to drink so early and then drink so often and so much, habits which sadly stay with the majority of Irish people into their adult life. When it comes to drinking, young people are, in many ways, a product of their environment and we have created an environment for them that is saturated with alcohol, so much so that many of us fail even to recognise it anymore and are willing to turn a blind eye to the harms that come with it. As Dr. Patrick Kenny pointed out to the committee on Tuesday, there is no longer any debate surrounding the impact of alcohol marketing and advertising, including sponsorship, on children. A significant number of large studies which tracked children over time, measuring their exposure to marketing and their alcohol consumption, have shown that the more alcohol marketing to which children are exposed, the more likely they are to start to consume alcohol and to drink more if they have already started consuming alcohol.

Only vested interests continue to deny this evidence while simultaneously spending millions finding more creative ways to reach and engage people and influence them to drink their
products. Even if we were to accept that children are not targeted directly by the alcohol industry, to say that children are not influenced by alcohol marketing is equivalent to saying that they only suddenly begin to see and hear on their 18th birthday. Sport, in which we quite rightly encourage children to participate, both for the physical benefits of exercise and the many other important values it can teach them, is one of the primary vehicles the alcohol industry uses to sell its products in Ireland. Sponsorship of sporting events by alcohol brands is an especially potent form of sales promotion, and comprehensive evidence shows that children are not only exposed to a large amount of alcohol promotion through sports sponsorship, but that their beliefs and behaviour in relation to alcohol are influenced by the alignment of alcohol brands with their sporting heroes and everything they represent. Every day Irish children are continually exposed to positive, risk-free images of alcohol and its use in many different ways and through many different channels, including social media, television, billboards, sports sponsorship, product placement in films and music videos. These all work to reinforce one another and are sophisticated and powerful influences on children’s drinking expectations and behaviour. Ultimately, they all work together to sell more alcohol.

Due to the failure to introduce effective regulations and legislation governing this area, the alcohol industry has in effect become Irish children and young people’s primary educator on alcohol. Therefore, proposals to place existing voluntary codes governing alcohol advertising and alcohol sponsorship of sport on a statutory footing are deeply concerning. To date, regulation of the promotion of alcohol has been structured and undertaken by the alcohol industry itself, mainly through these voluntary codes of practice. The alcohol industry writes the rules it sees fit to adhere to and decides whether they are being obeyed. Like most systems of self-regulation in Ireland, the alcohol industry’s codes have proven to be wholly ineffective and have done nothing to protect the young and vulnerable members of society from alcohol harm.

Self-regulation is no regulation. We did not allow the tobacco industry to regulate itself and the robust legislation put in place by Government in relation to tobacco, including marketing, advertising and sponsorship, has seen the number of Irish children taking up smoking fall significantly. If the Government fails to act to phase out alcohol sponsorship of sport and allows the existing self-regulatory codes governing marketing and advertising to pass, unexamined by independent experts in public health, onto the Statute Book, it will have allowed the alcohol industry to write the law that governs alcohol marketing and advertising in Ireland and spurned the opportunity to make a significant difference to the health and well-being of future generations of Irish people.

Mr. Padraig Cribben: I thank the Chairman and members of the committee for the opportunity to address the committee. As the committee will be aware, we represent the publicans in the 25 counties outside Dublin and have a membership of approximately 4,000. These publicans are dotted throughout the country, in urban and rural areas, and provide much-needed employment on the one hand and tourist infrastructure on the other.

We broadly welcome the provisions as set out in this Bill. Many of its provisions have been sought by our federation for a long period. What is important is that the details of the Bill are considered carefully and are implemented in a way that achieves its full aims without unintended consequences. There are four main areas provided for in the Bill: health labelling of alcohol products, minimum unit pricing for retailing of alcohol products, regulation of marketing and advertising of alcohol, and enforcement powers for environmental health officers in relation to some of these provisions.

On the health labelling of alcohol products, we have no problem supporting the objectives...
set out in the Bill. As we understand it, it would be the responsibility of manufacturers to ensure all bottles, cans and other containers contain the relevant information. In the on-trade, it would be the responsibility of the licensee to display a notice prominently inside the premises with the information required. It is imperative a standardised format be agreed for this notification. We need to avoid different administrative officers having different impressions of what is required. This standardised format should be agreed in advance with the Department of Health to ensure ease of compliance and full disclosure for the consumer.

We fully support the principle of minimum unit pricing. To be effective it needs to be set at a rate that will achieve the stated objectives. The Department of Health has indicated that the minimum unit price will be exclusive of VAT and excise. We fail to see how this can operate. If the minimum price is exclusive of VAT and excise, it will be meaningless unless it is pitched at an enormously high level. It will be meaningless in that supermarkets may decide, when it suits them, to absorb the excise and they will continue to use alcohol as a loss leader. We believe the rate should be the final rate below which alcohol cannot not be sold.

We believe there has to be a logic as to how this rate is arrived at. We would suggest that the appropriate logic is to go back to before the abolition of the groceries order in 2006, which was the catalyst for most of the problems in this area today. The average price from the CSO figures at that point should be taken and the rise in the cost of living overall in the interim should be applied to reach a new minimum unit price. This would equate to a minimum unit price of approximately €1.90 per 500 ml can of beer at 4.3% alcohol by volume. This figure should then be used pro rata for other products like wine, spirits, etc. on the basis indicated in the Bill of the price being based on a certain number of cent per 10 grams of alcohol. We believe that is a significant issue that needs to be addressed in the Bill.

In regard to the control of marketing and advertising of alcohol, by and large the issues raised in the Bill do not affect the on-trade and are more centrally issues for brand owners than for the pub trade. However, we have a concern with certain elements in head 9, specifically subsection (3)(g) which states: “A requirement that an advertisement for an alcohol product shall include a notice or statement containing health information”. The committee will be aware that outside of many pubs there are signs, many of which are there for generations, denoting product types and brands. These particular signs do not have that health information or are not amenable to having that information superimposed. While we do not believe it is the intention of the proposed Bill to affect such signs, it could be interpreted by those charged with the responsibility of implementing the measures in the Bill that these signs could be affected. We would ask that this be specifically addressed in the final Bill.

Head 15 of the Bill refers to section 9 of the Intoxicating Liquor Act 2008. It allows for environmental health officers to enforce section 9 of the Intoxicating Liquor Act if and when the Bill is enacted. Our position is that section 9, which covers the segregation of alcohol in mixed trading outlets, that is, supermarkets, should be brought into play immediately. However, in recent discussions with the Department of Justice and Equality, which I understand has jurisdiction in this matter, it has indicated that it has no intention to commence section 9 of the Intoxicating Liquor Act 2008 any time soon. Instead, it intends to put the current voluntary code of practice on a statutory footing for a two-year period and then assess its success or otherwise.

The problem with this is that no one is designated to monitor its enforcement during this two-year period. We suggest the current legislation needs to be amended to allow for the environmental health officers to monitor the workings of the statutory code of practice during the two-year period in order that a valid and objective assessment can be made of its implementa-
We support the objectives and the broad content of the heads of the Bill. We would like to ensure there are no unintended consequences as I have highlighted and that the legislation will be implemented without delay. We believe that addressing the points raised will strengthen the Bill, improve outputs and result in a better situation all round.

Ms Evelyn Jones: I thank the Chairman and members of the committee. The National Off-Licence Association, NOffLA, represents independent, specialist and pure off-licences, generally owner-operated, community-based, and employing local expertise. As alcohol is our primary product, it is a mandatory requirement for membership of NOffLA that all members are trained and examined in NOffLA’s responsible trading certificate. Failure to adhere to the law is not an option for us as loss of licence is loss of livelihood.

NOffLA welcomes the commitment to implement structural separation in tackling underage exposure to alcohol, the calculated placement of alcohol products with other groceries, and sale of alcohol through self-service terminals. Alcohol is a controlled substance whose purchase must be a conscious decision, transacted under the strictest conditions and supervision.

NOffLA queries why structural separation will not be enacted under the law already in place, that is, section 9 of the Intoxicating Liquor Act 2008. The scheme plans to achieve the same principles of section 9 through a statutory code under the Civil Law (Miscellaneous Provisions) Act. The sanctions set out under the statutory code are notably weaker than section 9 and, as such, will pose much less of a deterrent. For example, a breach of the statutory code provisions is not a criminal offence, but merely a possible basis upon which an objection to a licence renewal can be made. A breach of section 9 of the Intoxicating Liquor Act 2008 can result in a summary conviction and a fine not exceeding €100,000. These sanctions represent a much more powerful deterrent than a possible objection at renewal time. This proposed code will see continued non-compliance by mixed traders. NOffLA views the undertaking to enact section 9 of the Intoxicating Liquor Act after two years as something that should be commenced now.

The Bill will amend section 16 of the Intoxicating Liquor Act 2008 which will allow the Minister for Justice and Equality to make regulations to restrict certain advertisements and promotions. In the absence of a ban on below invoice cost selling, section 16 can be implemented.

NOffLA accepts that alcohol marketing needs to be regulated. The restriction on alcohol advertisements in the media in relation to volume and type of publication is a vital step in establishing a responsible retailing platform. Minimum pricing in isolation will not tackle irresponsible promotions because premium branded alcohol can still be heavily discounted. Many of the promotions in the media currently are priced at a level that will still be legal under minimum unit pricing. Indirect marketing is not an appropriate tool for the sale of alcohol. Alcohol should not attract loyalty points, money back vouchers and meal deals, and promotions earned on groceries, petrol and so on should not be applied against alcohol purchases.

NOffLA welcomes the policy change on alcohol pricing away from excise duty while still addressing the issue. Excise duty increases upfront cash requirements and therefore costs jobs. We support the introduction of minimum unit pricing, MUP, and see it working at approximately €1 or more. Some might wish it to be higher but we must be conscious of the proportionality of the measure on health grounds versus the freedom of movement of goods under EU law for it to have any chance of approval. However, there is no backup plan should it prove illegal or
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to address the fact that minimum unit pricing does not deal with the discounting of premium brands. Minimum unit pricing targets one socio-economic group and age profile. The legislation is an opportunity to introduce a ban on below invoice cost selling, which will work in tandem with MUP to ensure alcohol is sold responsibly across all social strata and ages.

Appendix 4 in the submission shows that minimum unit pricing and banning below invoice cost selling have complementary merits. Where minimum unit pricing legally permits a six pack to be discounted by €4.50 from its invoice cost, this could not happen with a ban on below invoice cost selling. Appendix 6 highlights that while some supermarket promotions may not be legal under minimum unit pricing, the discounting of premium brands will continue untouched. A ban on below invoice cost selling would also save the State an estimated €24 million in VAT rebates per annum. NOfLA suggests that a ban on below invoice cost selling using the regulation in section 16 of the Intoxicating Liquor Act 2008 prohibiting the sale of alcohol at a reduced price would be very useful.

This Bill has potential but it might be a missed opportunity if section 9 of the Intoxicating Liquor Act 2008 continues to be unimplemented or if section 16 continues to permit the sale of alcohol below invoice cost price. I wish to add a note of caution from someone who had high hopes for the reforms in 2008. In appendix 1 members will see that we are in the current position as a direct result of decisions taken by the Department of Justice and Equality to deregulate certain laws and not to enact others, all of which have had a negative consequence from a health perspective due to increased availability. I ask the committee to be vigilant in this regard.

Mr. Ross Mac Mathúna: I thank the Deputies and Senators for the opportunity to address the committee on the heads of the public health (alcohol) Bill. I am the director of the Alcohol Beverage Federation of Ireland, ABFI. We represent manufacturers and distributors of alcoholic beverages on the island of Ireland.

To give the members some background information on the sector, in economic terms it generates in excess of €2 billion in excise and VAT receipts annually for the State, makes more than €1 billion in purchases and has exports of more than €1.2 billion. It also supports in excess of 92,000 jobs in rural and urban Ireland.

The ABFI recognises that alcohol misuse, which manifests itself in harmful drinking, drinking to excess and under-age drinking, must be addressed. The ABFI fully supports efforts to reduce alcohol misuse and welcomes the opportunity to engage with the Oireachtas on this important legislation. We support the education of consumers to allow them to make the right choices about their alcohol consumption, and we support the use of evidence-based approaches that will reduce the harm associated with the abuse of alcohol.

The consumption of alcohol has fallen by approximately 25% over the past 15 years, based on Revenue Commissioners clearance and Central Statistics Office population data. The most recent research from the European School Survey Project on Alcohol and Drugs, ESPAD, showed under-age drinking in Ireland has declined across many metrics between 1999 and 2011. While the trends are moving in the right direction, there is still much work to be done.

With regard to specific elements of the Bill, we welcome the intention to move the voluntary codes of behaviour on advertising, marketing and sponsorship to a statutory basis. The voluntary codes already in existence work well and this move will strengthen them. Marketing and sponsorship activities undertaken by companies operate under the principle of audience profiling. This means that at least 75% of the audience for any marketing initiative must be older
than 18 years of age. We work closely with the Government and industry body, the alcohol marketing communications monitoring body, AMCMB, independently chaired by Mr. Peter Cassells, which has strict rules on the volume and placement of all alcohol advertisements in all media, that is, how much advertising and where an alcohol advertisement is permitted to be placed. These codes were drawn up between the Department of Health and the industry and were reviewed and updated in 2008.

We also work with the Advertising Standards Association of Ireland the independent self-regulatory body set up and financed by the advertising industry and committed, in the public interest, to promoting the highest standards of marketing communications. Since 2003, an independent pre-clearance house, CopyClear, has been in existence. All advertising copy is sent for pre-clearance to CopyClear, a group of independent advertising professionals who vet any marketing for compliance with the ASAI codes on content. This process is unique to Ireland. No other market puts its alcohol advertising through such rigorous scrutiny to ensure it complies with both the letter and spirit of the codes.

The codes in operation today function well, and the ABFI welcomes the intention to move them to a statutory basis. The statutory code system should cover the general areas of volume, content and placement. There should be strict penalties for non-compliance with the codes. There should be a strong and comparative evidence base for all measures arising out of the detailed information available on viewership and readership profiles. The drafting of the regulations should involve a wide group of stakeholders, including the Department of Communications, Energy and Natural Resources, the Broadcasting Authority of Ireland and other regulatory bodies, to ensure the system functions correctly and does not unfairly disadvantage domestic media companies.

Regarding the proposal to introduce a watershed ban on advertising on television and radio, a watershed will only apply to domestic broadcasters. It will not apply to broadcasters operating outside the jurisdiction. A watershed will not apply to programming that is viewed on demand or online. The ABFI restates its view that the best way to limit the exposure of those under 18 to alcohol advertising is through audience profiling.

Regarding structural separation, the ABFI welcomes the proposal in the heads of the Bill to move the Responsible Retailing of Alcohol in Ireland voluntary code to a statutory basis and to review the effectiveness of the code in two years. We believe this takes into account the success of the code. Compliance with the code is high, at 83% overall and 95% at multiple level in the latest annual report. It is an example of an industry code that works well.

The ABFI welcomes appropriate labelling which enables the consumer to make informed decisions when purchasing alcohol. The purpose of labelling on alcohol products, much like food, is for consumers to be provided with accurate information that is clear, consistent and easily understood. The ABFI recognises that calorific information, when portrayed in a consumer-friendly and scientifically verifiable manner, is of use to the consumer. The industry welcomes the Government’s proposed introduction of labels indicating the dangers of drinking while pregnant. In fact, some companies, such as Irish Distillers and Heineken, already do this on a voluntary basis. The ABFI has consistently called on the Department of Health to introduce a requirement for this labelling since 2007. It is essential the proposed inclusion of any health warning labels on packaged alcohol products is proportionate, measured and informative.

For consumers to understand the amount of alcohol they are consuming, the ABFI supports the inclusion of alcohol content information in the form of a standard drink or unit. The
The proposed introduction of grams as the measure of alcohol content will confuse consumers and compromise their ability to make an informed decision when purchasing or consuming alcohol. The research performed by Stockwell and Kerr that the heads of the Bill references also states that “grams or other weight-based measures are unlikely to be useful in helping drinkers to understand alcohol”.

Member states take their lead on alcohol labelling from EU legislation. An EU committee is reviewing the potential for a harmonised unit at EU level. It is also evaluating the various issues associated with alcohol products, specifically around nutrition and calories. The Commission is expected to publish the findings of its research in a report due in 2015, and as the issues are being considered formally at EU level, now might not be the most appropriate time to develop national measures.

Regarding minimum unit pricing, the ABFI supports the Government’s intention to address the sale of cheap alcohol. In 2014, an industry-wide initiative called on the Government to address the sale of cheap alcohol, introduce a statutory ban on price-based advertising and introduce statutory codes to regulate the merchandising of alcohol. There is full agreement in the ABFI that the best and quickest way to do this is by the reintroduction of a ban on below-cost selling of alcohol. The ABFI calls on the Government to reintroduce the relevant section of the groceries order to deliver this.

Our view is that minimum unit pricing will be ineffective as a measure to address the sale of cheap alcohol. It is based on a theoretical model with a multiplicity of assumptions, some of which might not be relevant to Ireland. Specifically, the model deals with the impact of a change in price on demand for alcohol or price elasticity. There is no price elasticity data available for Ireland. The Sheffield report states: “While we have attempted to estimate Irish-specific elasticities, the current data do not allow this to be done robustly”. This calls into question the validity of the model for MUP that is used and the outputs it delivered in an Irish context, particularly how individual groups respond to changes in price, which is the foundation for the model and the conclusions drawn. Minimum unit pricing is also currently before the European Court of Justice and it might be a number of years before its legality is ruled upon.

Chairman: I ask Mr. Mac Mathúna to conclude.

Mr. Ross Mac Mathúna: Regarding education and the responsible serving of alcohol, these are two important elements which are not included in the Bill. We ask the committee to examine them and ensure they are dealt with in this important legislation.

The ABFI wishes to work with the Government to address the important issue of alcohol misuse. We call on Government to work with industry to ensure speedy enactment of the legislation.

Mr. Donall O’Keeffe: I thank the Chairman and members of the committee for the opportunity to present the views of the Licensed Vintners Association, LVA on this important Bill. We are the representative organisation for the publicans of Dublin. Collectively, our members sell almost 30% of the alcohol in the on-trade in Ireland and employ more than 12,000 people.

We broadly welcome the thrust of this Bill and feel that many of its provisions are long overdue. I will outline specific comments on each of the main headings of the Bill. With regard to head 5 – labelling of alcohol products, in principle, the LVA does not oppose the requirement that alcohol product containers set out the specified information. However, we believe that the
information about quantity in grams of alcohol will be of no benefit to consumers as they will
not understand it. We note that subhead 5(4) requires licensees with an on-licence to display a
notice prominently inside the premises setting out this information. We believe that this is the
most appropriate and feasible means for publicans to comply with the labelling requirements. In
addition, to minimise the administration and bureaucracy required to comply with the labelling
requirement, we propose that a standard notice template be developed, in conjunction with the
Department of Health, that sets out the required information by category rather than by brand.
This information would also be supplied by standard pub serving. Providing this information
by brand would be an administrative nightmare and prove overwhelming for consumers.

On head 6, the LVA fully supports the proposed introduction of a minimum price for alco-
hol. In addition, we believe that the minimum price must be set at a high enough level to make
a significant impact on consumption patterns. The minimum price must be significantly higher
than the off-trade market price levels in March 2015. We also fully support subhead 1(e) but
propose it should go further, namely, that alcohol should not be permitted to be sold as part
of a so-called bundled offer under any circumstances. Our concern is that the other bundled
products would be deeply discounted to drive alcohol sales. Such promotions could potentially
be funded by the increased retailer margins under minimum price. This scenario should not be
permitted by the legislation.

The LVA argues that the policy objective under head 7, calculation of minimum unit price of
alcoholic products, should be to return off-trade alcohol price levels to those existing at the time
of the abolition of the groceries order in March 2006, adjusting for inflation in the intervening
period. Accordingly, based on CSO price levels applying at the time of abolishing the groceries
order, and adjusting for inflation of 13.6% since, the rounded off-trade prices that should apply
today should be: €2 for a 500 ml can of lager, €23.50 for a 700 ml bottle of vodka, and €10 for a
75 cl bottle of table wine. We understand that the minimum price will be exclusive of VAT and
excise and that it is intended to be applied at the same rate, whether the alcohol is sold in beer,
cider, spirits or wine form. However, excise is levied at varying rates depending on the alcohol
category involved. Excise levels in Ireland are extraordinarily high and VAT at 23% is further
applied to all alcohol categories. The Government needs to take care that in the imposition of
a minimum price, excise and VAT applies fairly and equally across all alcohol categories. The
LVA recommends that the focus be to achieve minimum retail prices, inclusive of the minimum
price, excise and VAT, similar to March 2006 levels adjusted in real terms. This may require the
minimum price to vary by category. Ultimately, the aim of a minimum unit price is to impact
the retail price. Accordingly, it needs to be communicated in retail price terms, including all
taxes, to consumers and the public. The retail price levels proposed will eliminate deep price
discounting in all categories, and will have an immediate and direct impact on alcohol con-
sumption levels and patterns.

Head 9 relates to the control of marketing and advertising of alcohol products. The LVA
supports the provision to prohibit the marketing and advertising of alcohol in a manner that is
intended or likely to appeal to children. The main brand owners are responsible in this regard.
We urge the Government to ensure a fair and appropriate balance between prohibiting advertis-
ing and marketing likely to appeal to children, which is a priority, and facilitating brand owners
to invest in their brands and implement responsible advertising and marketing programmes.
We urge the joint committee to consider the prohibition of price-based advertising of alcohol as
this would have a much more immediate and direct impact on consumer behaviour.

Head 15 concerns the amendment of section 9 of the Intoxicating Liquor Act 2008. The
LVA’s position is that section 9 of the 2008 Act should be commenced immediately. Developing and implementing a statutory code for a two-year period is a poor substitute for full structural separation. We believe there is no scenario where such a statutory code could prove more effective than structural separation. The LVA notes that the current voluntary code operated and monitored by Responsible Retailing of Alcohol Ireland, RRAI, is completely ineffective. Full structural separation would achieve the aim of dramatically reducing the visibility of alcohol in mixed trading retail environments. In addition, the structurally separate unit must be required to have its own dedicated staff and its own customer pay points and till systems. These are required to ensure there is specific staff accountability for alcohol retail sales, to facilitate specific staff training in the responsible retailing of alcohol and to provide for effective point-of-sale control. This head provides environmental health officers with the powers to enforce the provisions of section 9 in the event of its commencement. There appears to be no clarity on which State organisation or officers are responsible for enforcing the proposed statutory code on the display, sale, supply, advertising, promotion or marketing of alcohol, and this needs to be made explicit.

The LVA welcomes the publication of the general scheme of the Bill and supports many of its key provisions. In particular, we urge the Government to ensure a minimum price, including excise and VAT, is achieved that results in significant change in consumer behaviour and purchasing patterns. Returning alcohol prices, in real terms, to the levels that applied prior to the abolition of the groceries order is a rational approach and would be a positive step. In addition, reducing the availability and in-store visibility of alcohol via structural separation is also essential and we urge the committee to recommend full structural separation in this regard. There is no scenario where a statutory code would prove more effective than structural separation.

Senator Thomas Byrne: I will have to leave shortly, as I am due in the Seanad to move a matter. I note what has been said and will take into consideration all the viewpoints. There seems to be an issue about the labelling of products. I cannot envisage customers demanding the calorific or gram content of a pint of beer at midnight in a pub and I do not know if that is a huge issue. It is a positive move and I do not see it placing a major burden on pubs. The drinks industry can provide such labelling in the same way it provides free beer mats and so on. Perhaps the information could be put on beer mats, although it probably would put people off their drink.

Previously, in a different role, I dealt with the issue of light alcohol. I missed some of the submissions and this may have been mentioned. Has the labelling of light alcohol ever been addressed? Many years ago, there was a debate about whether such products were light in alcohol or in calories. Does that issue come up? If so, does it need to be addressed?

Senator Jillian van Turnhout: I thank all the witnesses. I will focus on three issues: price, availability and promotion. It is interesting to hear divergence in opinion on minimum unit pricing. I will read up more about it and take these views into consideration. We heard compelling evidence from Dr. John Holmes of the University of Sheffield, to whom some of the witnesses referred. Perhaps the committee could put supplementary questions that have arisen today to him in order that he can give his perspective to members. His evidence was compelling but I would also like to consider what today’s witnesses have said. Mr. Mac Mathúna said the minimum unit pricing issue is before the European courts, but that is because the drinks industry is taking an action against the EU and, therefore, that will not stop me on the issue.

I have raised in the Seanad on several occasions the issue of structural separation of products because I strongly believe in this. I do not understand why the Government has not moved
to commence this section of the legislation. I have a difficulty with putting the voluntary code on a statutory basis because legislation is in place. It is a first in my experience for a Minister to have a choice provided for in legislation rather than having to make the choice before the legislation goes through the Oireachtas. However, even with that provision, I do not understand why section 9 of the Intoxicating Liquor Act 2008 has not been enacted. The committee should take this into consideration when we discuss our feedback to the Minister.

I come to the issue of the promotion of alcohol wearing my children’s rights hat. I can understand that people will say that alcohol is not being marketed at children, but the evidence in the reports I am reading is that regardless of whether it is intentional, the fact is it is being marketed at children. All the evidence that I in research clearly concurs with that point of view. Dr. Patrick Kenny and Mr. James Doorley, deputy director of the National Youth Council, who appeared before the committee on Tuesday, concur with that point.

The effect of sponsorship of sport by the alcohol industry, in particular the effect on children and young people, has been raised at the committee on a number of occasions. We need to discuss how the committee can feed back this information. I do not understand why we do not set a date and agree when the industry’s sponsorship of sport should cease. We all know the cessation of the link of alcohol to sports sponsorship will come in the future. We need to look at that issue.

There is an issue with marketing and I have a difficulty with the code of practice. Again, we heard that drinks industry advertising is limited at a bus stop, but we are all aware of the advertisement at successive bus stops. Anyone driving or taking the bus will see the effects of advertising. I see its effect on my young passengers whom I bring to school each morning. In terms of the advertisements they see, having the advertisement appear at a succession of bus stops has an impact. Another example is audience profiling. One of the issues Mr. James Doorley raised on Tuesday is that if 1 million watched a rugby match, approximately 250,000 could be under 18 years, so it will have an effect. That is an issue for me.

I have a question on the role of education. This was mentioned in the course of the presentations by the Alcohol Beverage Federation of Ireland and Alcohol Action Ireland. We are getting conflicting messages on education. Certainly the Alcohol Beverage Federation of Ireland supports the initiative of an education programme by DrinkAware in schools. The HSE has been very involved recently with the revision of the social, personal and health education programme in schools. Certainly I understand from the DrinkAware Trust in the United Kingdom that its experience is not what it has been purported to be in our reports. Certainly the National Youth Council of Ireland says that education has a role, but it is not education that stops us speeding or changes behaviour. I do not pick up my mobile phone in my car now. I probably swear once a day about the current Minister for Health, who was the previous Minister for Transport, Tourism and Sport and who introduced legislation on the use of mobile phones in the car. I knew it was wrong to use the phone. I need the legislation to ensure I will not use my mobile phone when driving. That is the reality, when I look at other areas, such as speeding and so on. I would like to tease that point out further. These are the questions I would like discussed.

**Senator Colm Burke:** I thank each of the delegates for their comprehensive and constructive presentations. Has the Department given a logical reason as to why it will not implement section 9 of the Intoxicating Liquor Act 2008? If the terms of section 9 were to be implemented, what period would be envisaged to allow outlets carry out the necessary changes? Would it be proposed to allow them three, six or 12 months or longer to carry out the changes? What period should be allowed for that to occur?
The point was made that sporting organisations are dependent on sponsorship. If the alcohol industry is banned from sponsoring sporting events or organisations, do the delegates think that part of the money raised from minimum pricing should be ring-fenced for sporting organisations? What level of funding would be required to replace the funding from the alcohol industry? I understand substantial sponsorship money goes to sporting organisations. If we propose to ban that, it must be replaced by other funding. What level of expenditure would be involved?

My colleague has touched on the subject of education. The winners of the Young Scientist Exhibition this year conducted research into young people and their drinking habits. In their project they raised the issue of the attitude of parents and how that affects children and their attitude to drink. I understand they will appear before the committee and make a presentation on 16 April. No matter what programme of education we provide, children are influenced by the attitudes of their parents. We need to consider where we should focus our attention. We can focus on schools, but do we need to do additional work by focusing it on parents? How would we go about that? Would we need to focus on a number of different areas or is there a specific area on which we need to focus in respect of the role of parents?

I thank the delegates for their presentations which were comprehensive and constructive.

**Deputy Mary Mitchell O’Connor:** I have spoken to many of the delegates and I know they have put a great deal of work into this subject. Our interest is patient health and we are here for the good of society. I have had a number of e-mails and messages on social media pointing out that people should be able to drink cheap alcohol, and how dare we try to raise the price of alcohol. People sent personal details to me. I heard Professor Barry speak about drug addiction and in the course of the discussion he said there was no big difference between drug addiction and alcohol addiction. I think what Professor Barry meant is that one has to deal with it in a similar way to an addiction. It is a major medical problem.

I was not present when Ms Evelyn Jones made her presentation but I listened to it in my office. Both Ms Jones and Mr. Donall O’Keeffe spoke about structural separation. I have been in different shops and supermarkets where the point has been made to me that it will be a significant cost to put this in place and they raised issues on how will they regulate and watch this area. Has Ms Jones an idea of the costs involved to a supermarket? Minimum unit pricing is an important issue. There is no point bringing in minimum unit pricing unless it is set at a realistic rate. Will Ms Jones indicate what she thinks is a realistic minimum unit price?

We all know from the previous meeting on drugs that it comes down to parenting. We all know that we should be responsible for our children. We know they are binge drinking when they should be under our care. As a parent and a former school principal, parents need to know where their children are. It is no good complaining to Government or complaining that it is everyone’s fault if they are out in the park binge drinking and then perhaps have to be brought to accident and emergency departments. Parents are the primary carers of their children. That is the message we have to send out. It is all very well to say the school will do its part, and while I believe schools play their part, the primary educator of a child is the parent, and he or she is not just the educator but the carer as well. Parents have a responsibility to their child and to society.

My questions are on structural separation and the minimum unit price.

**Senator Imelda Henry:** I thank the delegates for their presentation. People will know that I have spoken regularly for the past four years on this issue. It has taken far too long for us to
get to this stage, but it is welcome we are at it now. The two main problems we have with alcohol abuse in this country are availability and price. Some members have mentioned segregation of alcohol in supermarkets and why section 9 of the Intoxicating Liquor Act 2008 has not been implemented for many years. The supermarket industry is a very strong lobby. That is probably the reason it has not happened, which is shocking. Cost should not come into it. When the Government decided to ban smoking from pubs, did anyone ask publicans how much it was going to cost? The alcohol for sale in supermarkets is far too cheap. I remember photographs submitted to this committee two years ago of selection boxes on top of slabs of beer. This issue has gone on far too long. I welcome the fact we will have minimum pricing, but as Mr. Padraig Cribben has said, it has to be at the correct price.

Professor Joe Barry: There are a few themes coming through. It is important to say we welcome the thrust of this legislation because it is in a wider World Health Organization framework. The one area of alcohol legislation on which this country has worked successfully is drink driving, and one can see the immediate effect that has had. While education is important, regulation is required for certain things. The reason drink driving has dropped is because of regulation. I listened to the committee’s live stream from Tuesday and it was mentioned why structural separation did not come in. It was because interests lobbied a former Minister for Justice and Equality. Comments were made about the Department of Justice and Equality with which I would agree. We have sleepwalked into a situation where alcohol is way too available. When we were all growing up, one bought alcohol in a pub. After a while off-licences came into being, but now alcohol is everywhere. Specialist off-licences and pubs are not the issue; mixed trading stores are the issue. I agree with Senator Henry that the interests will not want change and they will raise the costs issue, as was raised this morning. If we are interested in dealing with the health and safety of our population, and not just children because adults also have a problem with drink, then structural separation is required.

Chairman: Could Professor Barry argue that had he heard Mr. White’s testimony on Tuesday, when figures were presented to this committee on Responsible Retailing of Alcohol Ireland’s inspections of, court cases and challenges against its members, and coming back to Ms Costello’s point that self-regulation does not work in the tobacco industry-----

Professor Joe Barry: I do not believe it does. I know Mr. Padraic White because he was chairman of the national drugs strategy team when I was on it. I have a lot of time for him. I do not think self-regulation works. It does not work in the banks. Intuitively, there has to be regulation of corporations which make money and are publicly listed. That comes down to the State and the Members of the Oireachtas whom we elect on our behalf.

Chairman: I gather he is an independent chair or is that too much of-----

Professor Joe Barry: The issue with the responsible retailing of alcohol, given that is not on a statutory basis, is compliance. Mr. Ross Mac Mathúna mentioned there was 83% compliance, but for mixed trading stores it is 74% compliance. That is 26% non-compliance, which is massive, and nothing has happened about it. These are the stores that have signed up. Regulation does away with all that. We have to take this much more seriously. I was involved in the alcohol monitoring body in the previous decade. We asked that the public health institutes be allowed on that monitoring body and we were explicitly excluded. That was before Mr. Mac Mathúna’s time, but we were excluded, so it is not an independent body. One cannot have self-regulation, it does not work in any walk of life and intuitively one can see why. The legal obligation of the manufacturers is to maximise shareholder value. That is fine. The role of the State is to decide when to regulate. We have such a problem in this country. According to the
Health Research Board, 10% of people who drink are alcohol dependent. That is huge.

No one likes getting abusive texts or messages as received by Deputy Mitchell O’Connor, but the silent majority want the State and the Government to do something about this. Any time politicians legislate on public health issues, they get huge praise because that is what we elect them to do - to take the balance of all the evidence. In this issue the evidence is overwhelming that we need to be much more proactive.

Chairman: Professor Barry said in his presentation that minimum pricing would lessen health inequalities, yet some would argue, and have argued on this committee, that the introduction of minimum pricing would affect, more than anyone else, the most lowly paid, the unemployed and those depending on State aid.

Professor Joe Barry: We would all rather have cheap anything, but alcohol is not an ordinary commodity because it causes huge harm. Did I mention that I am chair of a local inner city drugs task force? It is a very deprived part of the country. There is a proliferation of off-licences. The difficulty with off-licences is that greater availability drives prices down. The evidence is that this causes harm. If marketers want to increase the sale of the product, they make it available. It is fairly straightforward. This is an unusual meeting today because quite a few industry people have differing views on the issues, but we are always consistently on the public health side and that is our brief. Obviously this is a health committee and the Government has decided to bring in this legislation and we want it brought in. I will let Ms Costello comment on the marketing.

Strict penalties for voluntary codes is a bit of an oxymoron. Voluntary codes mean voluntary. They do not work on this issue. It has been said that people will not understand grams, but they will understand grams if it is supplemented with information. The importance of grams is that epidemiological evidence on harm is linked to grams. I do not believe we should underestimate the intelligence of people. Obviously labelling and education on its own will not work, but this is part of a bigger package.

Chairman: If Professor Barry had his choice, would he envisage labelling going the route of tobacco in terms of graphics on bottles? Could it be put onto a pint glass or a wine glass?

Professor Joe Barry: There is huge detail in this. My understanding is it will be on packages. A pint in a pub is different. We want to get the public aware in a way currently it is not because of the alcohol by volume. How much alcohol are we consuming? It sounds like a no-brainer that we should have that information. In fairness it was agreed by the industry as well under social partnership eight years ago, but it has not happened. We are just moving along leisurely. At least the Minister for Health, Deputy Varadkar, has put a Bill on the table and we welcome that. It will help in reducing harm. While everyone says they do not want harm, some of us, more than others, want less harm. The minimum unit pricing is being challenged in the EU courts which does not imply that people see this in the same light.

Advertising works. I have been at meetings over recent years where I have argued with advertisers. I have been saying that advertising works and they have been trying to disagree with me. It works and any human being who says they are not influenced by advertising is fooling themselves because most of it is subliminal. We will not go near social media and yet that is where the real education is. That is where young people are getting their information. That cannot be regulated. It is huge, and pop-ups can be done and so on. The marketing spend by some companies in the industry is 20% on social media. That is because this is the future
and the area in which young people are engaged. This issue has to be addressed also because it counters what students receive under the social, personal and health education programme.

Senator Colm Burke referred to the Young Scientist competition. Of course, parents are the primary educators, but in some situations there is a trend for them to be their children’s friends. They are meant to be their parents, not their friends, and there is a difference.

We are disappointed that the opportunity has not been taken to deal with the issue of sports sponsorship. One committee member asked about the money being pumped into sports by the alcohol industry. We do not know what the figure is. I was part of the groups which dealt with the matter and during the years have come to know many of those involved on the alcohol side. For commercial reasons they do not say how much is being spent. Therefore, we do not actually know what the loss to sports organisations would be.

The national substance misuse strategy had rather modest aspirations. It was published in 2012. The idea was that it would be phased out from 2016 and no more by 2020; in other words, there is plenty of time for alternatives to be considered. Surely, if the country is on the up, there are other companies, apart from those involved in the alcohol industry, that could support sports.

Ms Suzanne Costello: I am keen to add to what has been said. There have been some comments on the external environment and how we are all heavily influenced by it. One of the major influences is advertising. I do not want to bore people with a detailed examination of the codes, but I am keen to examine one aspect in particular, that is, audience profiling. This tenet of the existing voluntary code is inherently flawed and it is worth bearing with me on the matter.

In audience profiling a threshold is set for the number of under 18 year olds who can be exposed to alcohol advertising. It is rather limited in its ambition because it is set at 25%. The reason this is difficult is that the population structure in Ireland is somewhat different from that elsewhere. We have a larger number of children and young people. A high threshold allows many children to be exposed to alcohol advertising without breaching the code. For example, reference was made to a sports event with 600,000 viewers. It could feature alcohol advertising, even if the viewership included 150,000 children and young people. It should be borne in mind that babies and children under four years of years usually do not attend sports events and that children between the ages of five and 17 years account for 19.3% of the population over five years. Therefore, some 19.3% of the attendees at a well-attended sports event could be children, which means that we would be well below the threshold. It is virtually impossible, therefore, to breach the threshold for a sports event. That is one of the flaws in the existing audience profiling figure and why we are suggesting the threshold ought to be brought down to 10%, similar to the figure in other countries, in particular, New Zealand.

There was a discussion about the alcohol monitoring communications body. When it started, the idea was that there would be co-regulation, but in practice it is self-regulation. Reference was made to the codes of the Advertising Standards Authority for Ireland, to which Alcohol Action Ireland makes several complaints each year which largely are not upheld, but that could say more about us than it does about it. I figured it would be useful to bring forward a case report. We complained about a well-known alcohol brand. Committee members are probably familiar with the advertisement which involves a small furry squirrel making beer in a cute acorn cup. Within the code alcohol advertising is not supposed to appeal to children, but, generally, small furry animals appeal to children. We made the complaint on the basis of what was included in the code, as well as on the reaction of my colleague’s three year old daughter who ran at the
screen shouting, “Mummy, look at the squirrel.” Our complaint was not upheld. The response of the advertiser was that the company took its commitment to market brands in a responsible way seriously. It claimed that the campaign did not appeal to children based on the appearance of the squirrel which has been deliberately designed to look old, grey, wizened and dishevelled. It also claimed that the animation was not cartoonish or Disney-like in nature but instead had a harder or older edge to it. The argument was that this had been done to ensure the squirrel did not look cute or appeal to children. The company stated the squirrel’s character had been carefully crafted to appeal to adults, portraying it as crafty, experienced and nosy, not cute, comical or cartoonish. The correspondence continued at length about the dark setting and the music chosen. The company had chosen a Kaiser Chiefs song designed to appeal to adults rather than children and restated the audience profile of the band.

All of this is complete nonsense to me and really makes a mockery of regulation. It does not do justice to the advertising industry and certainly does not do anything to protect children from this exposure. That is why we believe so strongly in the need for an independent examination of the current codes which need to be strengthened. Of course, the monitoring body needs to include people from the industry because of their expertise, but this is a health matter. The regulations are to protect the health of children and young people. Moreover, it is useful to reflect on the fact that the Government is committed to a long-term health strategy, Healthy Ireland, to create an environment in which people’s health and well-being, including their physical health and mental well-being, will be priorities. If the State is prioritising this issue, I imagine committee members should automatically see the relevance of these pieces and how they fit. To achieve the goals of Healthy Ireland, we must have the constituent pieces that are robust and meaningful, rather than continue with this set-up. I accept that the intent of advertisers may not be to target children, but that is the effect, particularly in cases such as the one I have outlined.

Mr. Padraig Cribben: I will deal with two or three issues that have been raised, the first of which relates to structural separation. In terms of compliance, figures were quoted in respect of the Responsible Retailing of Alcohol in Ireland code. Reference was made to figures of 83% and 74%. The question is: with what were they compliant? Has anyone actually read the RRAI’s voluntary code on segregation? It states alcohol should be placed at the back of a store and that customers should not have to pass alcohol products to get to others. However, there are four words in a two or three page code which render it absolutely meaningless. They are “as far as possible”. Let us consider a store in which there is refrigeration equipment along the side. The store owner can have rashers and sausages in one fridge and alcohol in another beside it. It is possible for a shopper to place his or her trolley in one place, put his or her left hand in one fridge and take out sausages and put his or her right hand in in the other and take out beer. That is in compliance with the code which is rubbish and meaningless because of the four words “as far as possible”.

Chairman: Does Mr. Cribben accept that they have made significant progress?

Mr. Padraig Cribben: Absolutely none. We are all consumers. Let us suppose a person goes into his or her local store or a filling station. Are you telling me he or she has to go to the back of the store and pass everything else before he or she gets to the alcohol products? The compliance figure is 83%. I maintain that is rubbish; that is not the reality. The reality is very different. It is that the code has been written in a particular way to suit the objectives of those who set it up in order that they can go back to the Government to make the case for not introducing section 9 because the voluntary code of practice in place is working. It is a fraud.

Chairman: They are not here, but could they argue in defence that, given the prism of Mr.
Cribben’s viewpoint, “you would say that anyway”? 

**Mr. Padraig Cribben:** No; I am telling you precisely what is in the code. The compliance level is 83%. When we receive figures from the RRAI, we should be cognisant of what it is it claims people are compliant with.

Senator Colm Burke asked whether the Department had given a reason section 9 was not being introduced. The answer is no, but we are all big boys and know what the reason is. It has been said to us unofficially that for small stores the cost would be too great. As pointed out by Senator Imelda Henry, when the smoking ban was introduced, pubs were not asked how much it would cost them. It was a matter of it being the right thing to do. The same applies in this instance. Everyone recognises-----

**Chairman:** Many of Mr. Cribben’s members fought against it.

**Mr. Padraig Cribben:** Absolutely and they lost.

**Chairman:** They did not walk voluntarily with their hands up in full compliance. That is the case in this instance also.

**Mr. Padraig Cribben:** Absolutely not, but the point is that we were made to comply. If this is the right thing to do, vested interests should not stop it. These issues are important.

This measure has to be introduced in a reasonable timeframe. We cannot flick a switch and say it has to be in place by the beginning of May. It probably should be introduced within a six, nine or 12 month timeframe, but what is important is the commitment to do it and it is not there.

Senator Thomas Byrne spoke about the issue of labelling. We do not have a particular concern about it, other than if there is a requirement in the on-trade for labelling or notification, we do not want 40 to 50 administrative officers with 40 to 50 interpretations of what it should be. It then becomes a nightmare where one thing is needed in one county but something different in another. What we are saying is that we should sit down with the Department of Health and work out what needs to be done.

Deputy Mary Mitchell O’Connor raised the question of what the rate should be. Our view is that there has to be logic to it. There is a need to go back to when the problem started in 2006 with the abolition of the groceries order. The consumer price index figure for the interim period would be applied, which would give us, in round terms, a price for a 500 ml can of 4.3% lager of roughly €1.90 to €1.95, with a *pro rata* figure for other products.

**Chairman:** To go back to Mr. Cribben’s comment in the presentation on head 15 concerning environmental health officers, in the event that the Government does not implement the measure on structural separation, is he calling for an enhanced role for environmental health officers? How would this work?

**Mr. Padraig Cribben:** If the statutory code is meaningful and the words “as far as possible” are taken out, they can very easily go in and assess whether a particular outlet is compliant with the code. If it is not compliant, it should have a period of time in which to become compliant. If it does not, there should be an objection to the renewal of its licence. It is as simple as that.

**Ms Evelyn Jones:** On the question of structural separation, the implementation of section 9 versus section 17 and whether there is a logical reason in this regard, Professor Barry is correct that there is no logical reason. The reality is that my predecessor, Mr. Jim McCabe, chairman
of the National Off-Licence Association, was present at a public meeting in Jury’s Hotel Croke Park, at which an appeal was made to the Minister by the chief executives of all of the major multiples in Ireland. They pleaded with him not to enact section 9 and promised to develop a code under section 17 which would have the same impact a section 9 but without the regulation. That is how it happened. We remember it well because it was the day they made us close at 10 p.m. Although sections 9 and 16 were meant to impact on everybody else, nothing happened. That is the reality. I also sat down with subsequent Ministers for Justice and Equality. There is no obvious reason coming across the table, except my own personal impression that the Minister takes guidance from the relevant civil servants within the Department.

On the expense associated with structural separation, I always find it quite amusing because I am a shopkeeper. When a shop is built, the first thing that is put up is a shelf and the first thing that is put beside is another shelf. A structure is not a wall but a shelf, in this case, back-to-back shelving with two turnstiles. If members look at pages 9 and 10 of the appendix, there are architectural drawings showing how simple it is to achieve this.

**Chairman:** Would Ms Jones have a glass partition? I also asked this question last week.

**Ms Evelyn Jones:** We can get hung up on the structure provided.

**Chairman:** No, but it is-----

**Ms Evelyn Jones:** A structure is a structure. We see stainless steel bars in check-out areas, airports and so on. We are looking to have a defined area to isolate alcohol products from the rest of the products on sale so as not to expose young people or children in buggies as they are pushed around when a parent is buying bread, nappies and the odd bottle of wine. Alcohol products must be located in an area that is structurally separate. All I am saying is that a structure is a shelf, with access through a little turnstile.

**Chairman:** Ms Jones did not cost her proposals on page 9.

**Ms Evelyn Jones:** No, I am a shopkeeper, not an architect or an engineer.

**Chairman:** No, but in fairness Ms Jones went to the trouble of producing them professionally.

**Ms Evelyn Jones:** We generally try to do things professionally, but I do not think two turnstiles, one at the entrance and other at the exit, would cost much. The reality is that the shelving is already in place.

Another point I would like to flag, bearing in mind the abuse mentioned, is that it is the very small shopkeeper who has been set up by the larger players in the marketplace to convince people like the committee members that he or she cannot afford to do something a major multinational needs to do. There is radio silence from the big players in the industry. Meanwhile, the little lads-----

**Chairman:** Does Ms Jones mean the large retailers?

**Ms Evelyn Jones:** Absolutely. At the meeting in Croke Park it was not the drinks industry that asked the question but the chief executives of the large multiples. The committee can take this for what it is worth.

On the Chairman’s point about breaches of the RRAI’s code, if we turn to page 13 of the
appendix, there is a photograph of alcohol products located opposite the till area. This was a complaint we had made on behalf of one of our members, but it was held not to be relevant. The reply we received from the RRAI was that people did not have to pass through the area in which alcohol products were on sale to get to the food products. However, they do have to pass through it to get to the till.

**Chairman:** I made a complaint on two occasions. In fairness to Ms Jones, I have encountered what is depicted in the first illustration on page 13. I rang Mr. White’s office and within 48 hours it was gone.

**Mr. Padraig Cribben:** That was always going to happen when it was Deputy Jerry Buttimer who was making the call.

**Ms Evelyn Jones:** The recent picture of alcohol products on sale beside the till was taken in a shop in Rathmines.

**Chairman:** The bottom photograph.

**Ms Evelyn Jones:** No, I am talking about the first one, in which we can see the till.

**Chairman:** Ms Jones might refrain from mentioning locations because people are not here to defend themselves.

**Ms Evelyn Jones:** I just mentioned the area - Rathmines. The photographs were taken very recently.

**Chairman:** This one was taken last Christmas.

**Ms Evelyn Jones:** Yes. We have the documentary replies which state placing alcohol products beside a till is not in breach of the code because customers do not have to pass through the area in which alcohol products are located to get to food products. It is a double standard because, as Mr. Cribben said, the code states that, as far as possible, alcohol products should be located in a place through which people do not have to pass to get to food products.

On minimum unit pricing, there is a formula included in the legislation. At a figure of €1, we are looking at a price of a can of 5% beer of about €1.97, a can of 4.3% beer of about €1.50 and a bottle of vodka of about €20. Will it be legal and will it get through the European court? These are very big questions, about which I have reservations. That is the reason I am suggesting we have nothing to lose in bringing forward in tandem a ban on invoice cost selling. Let us introduce minimum pricing, but what will happen if it is not legal? What is our back-up plan? I say this because it is going to be argued that it is proportional on health grounds to impose a minimum unit price. These are my thoughts. If I am a farmer in Bulgaria, I have access to cheap land and cheap labour and can make a wine for €1. Who is to say my bottle of wine is less healthy than a similar bottle of wine manufactured in France but which costs €5? Bulgaria is objecting to the introduction of minimum unit pricing because one cannot say that just because it can produce something inexpensively, it is less healthy. Unfortunately, my fear is that this could happen.

**Chairman:** Does Ms Jones think we have too many off-licences?

**Ms Evelyn Jones:** There was a great law in force for 98 years from 1902 to 2000, under which one was not allowed to create a new off-licence, that if one wished to open one in a city, one had to close down two to do so. Then somebody came along in 2000 with the bright idea
of swapping one for one and removing the requirement to extinguish two licences. If we had continued with the situation in 2000, each year somebody opened an off-licence there would have been a closure of two and gradually there would have been a reduction in the number. Unfortunately, however, the Department of Justice and Equality went down this road after 2000 and destroyed 98 years of good work.

**Chairman:** The reason I asked Ms Jones the question is that she referred to it in her submission.

**Ms Evelyn Jones:** Yes. Appendix 1 outlines exactly why we are in the current position.

**Chairman:** Where I live, if one draws a straight line from my house to a distance of one mile, one will encounter five off-licences.

**Ms Evelyn Jones:** Are they pure off-licences or mixed traders?

**Chairman:** Both.

**Ms Evelyn Jones:** All I can say is the pure off-licence was always in place.

**Chairman:** One is a stand-alone concern. The other four are mixed.

**Ms Evelyn Jones:** Yes. Was the stand-alone off-licence always there when you were growing up?

**Chairman:** No.

**Ms Evelyn Jones:** It is a new one.

**Chairman:** Yes, within reason.

**Ms Evelyn Jones:** It is relatively new. In my experience, we are seeing a proliferation of mixed trading. It is an add-on to the product mix, not really a vital part of the business. Therefore, it is not policed or considered to be an important aspect of it. For a pure off-licence, loss of licence means loss of livelihood.

**Chairman:** How would Ms Jones envisage revisiting the 2000 Act?

**Ms Evelyn Jones:** It is unbelievable. I do not know if we can legally take away licences that have been granted. However, the extinguishment requirement could be reintroduced, be it two for one or whatever one wishes.

**Professor Joe Barry:** I wish to comment on what Ms Jones said. The strategic task force on alcohol was established in 2002 when this first became an issue. Before that, it was not really seen as a problem, but it has been for approximately 15 years. The general idea was that alcohol was not an ordinary commodity and that it was causing huge harm. The feeling was that it should only be sold by people for whom it was their livelihood, whether it be a specialist off-licence or a pub. It was recommended that there be no increase in the number of licences. The mixed trading stores, whether they are multiples or corner shops, now present a huge problem. One probably cannot take licences from people, but it is certainly possible to stop issuing new ones. It has been obvious for a long time that the mixed trading stores are the problem. The structural separation provision was lobbied against successfully six years ago. That is the reason it is such a problem. I was listening to what was said on Tuesday. Obviously, the advertisers see alcohol as an ordinary commodity. There was the discussion about Barry’s Tea and
Lyons Tea, but the alcohol problem is much more serious.

**Chairman:** I accept that.

**Professor Joe Barry:** We must act far more proactively. There must be a serious discussion with the Department of Justice and Equality. I have heard things today that I had not heard previously which are extremely serious. If that is really what is happening, I do not know if it is in the public domain.

**Mr. Ross Mac Mathúna:** I thank Deputies and Senators for their questions. There were probably three broad groups of questions. One was about sponsorship and advertising; one was about education, while one was related to labelling.

With regard to advertising, there is a large body of research and it is probably fair to say it is split, with a large body of evidence on each side. The National Institute on Alcohol Abuse and Alcoholism in the United States produced a special report for the US Congress on alcohol and health. It stated that when all of the studies were considered, the results of research on the effects of alcohol advertising were mixed and not conclusive. The balance of evidence in general does not support a direct causal relationship between overall alcohol marketing and drinking levels or harmful drinking patterns, whether chronic or episodic.

It is important to outline what the producers of alcohol do when they advertise. It is about trying to drive market share or trying to compete with the brands competing with each other. None of the brands markets to children. That is both forbidden-----

**Chairman:** Does Mr. Mac Mathúna accept that it happens subliminally?

**Mr. Ross Mac Mathúna:** If people walk past an advertisement and see it, they see an advertisement. To be fair-----

**Chairman:** I do not wish to put Mr. Mac Mathúna on the spot, but I wish to mention something that was said last Tuesday. If one was to ask children to name their top three advertisements, at least two would be by alcohol companies advertising a product.

**Mr. Ross Mac Mathúna:** There are a number of issues, one of which is that awareness of a brand is not linked with an intention to do something. I am not trying to simplify it. We all know of various brands, but that does not mean that we will buy a particular brand or increase our consumption of that product. In relative terms, the market for alcohol in Ireland is mature; it is unlikely, therefore, that advertising has the ability to influence or expand the market. If that was the case, companies would just keep advertising and people would keep buying products for which they had no need.

**Chairman:** Why advertise at all?

**Mr. Ross Mac Mathúna:** It is about market share and competition between brands.

**Chairman:** Could one not do that internally within the on-licence or off-licence trade?

**Mr. Ross Mac Mathúna:** The question is how one would do it. Price would be one element. We have a view that there should be a ban on below cost selling of product. As we said, the consumption figures for the past 15 or 20 years show marked declines. There are up and down periods, but overall the trend is down. In that time there has been a great deal of advertising. As there is much competition, sales of individual brands will grow or contract from time
to time based on this, but the overall market is declining. Our view is that we welcome the intention to move the voluntary codes to a statutory basis. It is welcome that sanctions will be put in place for those who step outside the codes.

With regard to CopyClear, an independent group-----

**Chairman:** Its representatives appeared before the committee.

**Mr. Ross Mac Mathúna:** It is an independent group of people who are independent of the industry. Occasionally I hear members complain because advertisements they wish to use are rejected by CopyClear. That is good, as it means it is doing its job, which we welcome. That process is unique to Ireland. One cannot have an advertisement on television, radio or in a magazine without having a clearance number, which means it must be pre-vetted.

There was a comment about social media, digital advertising and advertising online. The industry would welcome regulation in that space. It is a place to which young people, in particular, are migrating. They are online a great deal; for example, they spend much more time online than they do watching television. All of us present probably watch television, but young people consume media in a very different way. They are either online or watching television programmes that are delayed or on demand. We would welcome legislation in that regard.

**Chairman:** How would Mr. Mac Mathúna introduce it in terms of apps on an iPhone or on other devices?

**Mr. Ross Mac Mathúna:** There are a number of ways in which one might go about it. People can have parental controls on televisions, iPhones or computers. We have some of the foremost minds in information technology in Google, YouTube, Facebook and the like which are based in Dublin. It is not beyond the bounds of possibility that there is a system of age verification that is robust which we could use to prevent children from having access to advertising or information that may not be appropriate to them.

From my perspective, sponsorship comes within the advertising piece. Brands sponsoring sports events is a particularly emotive topic for obvious reasons. The market in the consumption of alcohol has declined a great deal in the past 15 years. The companies that sponsor sports events are typically beer companies, but the level of consumption of their product has declined probably faster than the market has. It is interesting to look at the consumption figures for various product categories. The level of wine consumption is increasing, yet the spend on advertising by wine companies is probably lower than for the rest of the companies and they do not sponsor sports events. We need to be very careful in drawing conclusions about what may seem at first glance like something that is logical but on which the evidence does not stack up.

**Senator Jillian van Turnhout:** Did the level of consumption of beer not go up last year by 4%?

**Mr. Ross Mac Mathúna:** I said that, overall, the trend was down, although there will be years when the rate will go up and down. Overall, it is fair to say the level of consumption is down dramatically since 2000.

**Deputy Mary Mitchell O’Connor:** I have notes which indicate that the number of people dying from cirrhosis of the liver is way up, particularly women. People could not be drinking less if doctors are telling us this. I am not sure about it.
Chairman: Sales of wine have increased.

Mr. Ross Mac Mathúna: Individual groups of consumers are drinking in different ways. There are clear issues for people who abuse alcohol. I am not trying to suggest this is not a problem, but I am trying to put the figures in context.

Deputy Mary Mitchell O’Connor: I am trying to understand the context.

Chairman: The numbers with liver issues, particularly women, are affected by the increase in wine sales.

Deputy Mary Mitchell O’Connor: There is also a connection between breast cancer and drinking.

Chairman: Why do wine companies not sponsor sports events?

Mr. Ross Mac Mathúna: The target market for wine companies is probably a group of people who do not watch sports events. Beer consumers are usually middle-aged men, which is why the companies go after them to buy their product.

There were two other issues concerning education and it is interesting to note that its role was acknowledged. Like many things in life, there is good and bad education and what is in the middle. The industry would like to see initiatives that would work well being promoted. It is interesting to hear about the role of the parent, as I am the parent of three young children and focused on the fact that I am primarily responsible for when or how they will consume alcohol. That is up to me and I want to ensure they will not drink until it is appropriate and legal to do so. People must be very careful about when they consume alcohol. There is an educational role and we could spend much time discussing who should play it. We should provide relevant information for students to allow them make proper and informed decisions to avoid consuming alcohol until it was appropriate for them to do so.

Senator Jillian van Turnhout: It is part of the social, personal and health education programme.

Mr. Ross Mac Mathúna: Labelling comes under the provision of trying to help people to make an informed choice about consumption. We need to be mindful of the fact that in giving them information, the label may not be the most appropriate point. We live in the age of technology and people have applications on their phones that may be able to give them information on the volume or content of alcohol in a product. That may be easier for them to recognise than information on a label that could become very crowded. We want to ensure they can be given the right information that will allow them to make an informed choice about the alcohol being consumed. It is appropriate for this to continue. There is a body of work ongoing in the European Commission on alcohol and labelling and it may be appropriate for us to take our guidance in Ireland from that piece of work.

Chairman: Do the French have pictograms on their alcohol packaging?

Mr. Ross Mac Mathúna: That relates to information on drinking while pregnant. As far back as 2007, we are on the record as saying we would like to have such labelling on products. Many suppliers already do this on a voluntary basis.

Mr. Donall O’Keeffe: Most of the points I wanted to make have been covered by the group. I will emphasise a few points for Deputy Mary Mitchell O’Connor on structural separation and
minimum prices.

On structural separation, it is our clear view that section 9 should be commenced immediately and that there should be full structural separation. In addition, there would be a requirement to have dedicated staff rather than general retail personnel and a dedicated till system. The operation should be that of a business within a business. That would force the retailer to train staff specifically on their responsibilities and the responsible sale of alcohol and ensure clarity in enforcement, including who was responsible for selling to customers in the store. Structural separation is not sufficient without a dedicated staff and till systems. In our submission we have argued that the Responsible Retailers of Alcohol in Ireland is completely ineffective and a waste of time. I do not understand why we would debate it at all.

With respect to minimum price, our figures are broadly similar to what has been put forward by other groups. We propose a minimum price of €2 per 500 ml can of beer and €23.50 for a bottle of vodka which is 37.5% proof. It would be €10 for a bottle of wine. That is based simply on taking the pre-groceries order price and adjusting for inflation. The committee must think carefully about how to handle the issue of excise duty in this case, as excise duty rates vary by category, and for spirits and wine they are extremely high. If there was a high minimum price of 90 cent and excise duty and VAT were loaded on top, the price could become completely unrealistic. Focusing on a retail price to include the minimum unit price and excise duty and VAT must come to a retail price that customers will understand. That is key.

Chairman: How will the organisation help to reduce the consumption of alcohol and change the attitude and behaviour surrounding it?

Mr. Donall O’Keeffe: Everybody up to the Minister for Health has made the point that the pub is a controlled environment in which to consume alcohol, with the publican having a duty of care to his or her customers and staff to run an orderly premises. No self-respecting publican wants-----

Chairman: Is that happening?

Mr. Donall O’Keeffe: Absolutely. No good publican wants to have a pub full of customers who are out of control. That is not an attractive environment and business will worsen if that is the case. A publican wants to have an environment in which people can enjoy themselves and have a few drinks. It is a social environment and it should be fun to be in it. That is what good publicans strive to achieve.

Since the abolition of the groceries order, we have seen a fundamental shift in patterns of consumption from the on-trade to the off-trade. When I joined the Licensed Vintners Association ten years ago, 70% of all alcohol was consumed in pubs and hotels. Today, 60% is accounted for by the off-trade, while 40% is consumed in pubs and hotels. That will shift to 70%:30% in the next five years. We have public health issues because of the changing nature of consumption at home, as well as a changing product mix. As people shift from pubs to the off-trade, they shift from beer to wine and spirits. There are different public health concerns as a result. The pub trade is absolutely the best environment in which to consume alcohol and good publicans take their responsibilities seriously.

Under the law, there are enforcement mechanisms. Every year we see a publican or two or three in trouble with the Garda because of public order problems in enforcement. That does not apply to off-trade sales. Sanctions under the RRAI code are non-existent. What is the penalty
for not complying with the code?

**Chairman:** The presentation referred to the standard note to be developed on labelling.

**Mr. Donall O’Keeffe:** There are 7,300 pubs and 1,000 hotels in the country, amounting to 8,300 individual businesses. If we let them loose, there will be 8,300 interpretations and an enforcement authority that may have a different interpretation again. It seems like common sense to have a standard template to be agreed by the Department of Health that would make it mandatory for all businesses.

**Chairman:** What would it state?

**Mr. Donall O’Keeffe:** It should be by category, including stout, ale, lager, cider, as well as the main spirit categories of vodka, gin and whiskey, red and white wine, rosé and sparkling wine. It would also take in pub measures of pint, half pint and glass. It would indicate grammes of alcohol, calorie count and a standard warning label. If we were to get into individual brands, we would have to give some of the bigger pubs up and down the country a booklet that would be completely disregarded by everybody as the information provided would be overwhelming. People must understand that in the case of stout, it would be X; in the case of lager, Y; and in the case of spirits, Z with respect to both grammes and calorie count. We have no issue with providing information which is straightforward, but it must be uniformly applied. If there was a mandatory format for the display of information, agreed by the Department of Health, it would be the most effective way to do it.

**Senator Colm Burke:** With respect to the claims of decreasing levels of alcohol consumption, in the case of young people, the level has gone up, particularly of spirits. I have seen this in colleges, in particular. In the first eight weeks after colleges return after the summer, there is a major increase in the drinking culture, particularly in the case of first-year students. There has been a switch to spirits, which also relates to advertising. Advertising has an effect on attitudes and spirits are seen by young people as fashionable.

**Mr. Padraig Cribben:** A member asked how we can redress the problems created by what happened in 2000 and the availability. Structural separation will go a long way towards solving many of those problems.

**Ms Suzanne Costello:** On two points made by Mr. Mac Mathúna, while the copy clearance has some merit, all the advertisements we see have passed copy clearance, including the squirrel advertisement I mentioned earlier. We hear much about market share. Alcohol companies have to create markets for good. Alcohol is not necessarily for life, and good marketing creates a need for it. Advertising targets competitors’ customers but also tries to increase the consumption by existing customers and recruit new customers. It is important we remember this, given that it sometimes gets lost in the market share argument. We talk a lot about alcohol brands sponsoring sports. Increasingly, women’s events, such as ladies’ days and fashion shows, are being sponsored by alcohol brands. This, too, is a particularly potent form of sponsorship. There has been a complete change in women’s drinking habits over the past ten years, and the association of alcohol brands, especially wine brands, with fashion shows and ladies’ day events is very much part of it.

**Professor Joe Barry:** Given that the alcohol companies are also chasing women for beer, it will be a future trend and another problem for women, on top of wine and spirits. Alcohol consumption peaked in 2002. The major contributor to the reduction occurred immediately
after that when the Government was worried about alcopops and imposed a 20% excise duty on spirits. Consumption decreased precipitously because of this. It then reached a plateau and has increased in the past year. It has not been dropping steadily but dropped because of legislation. It has been mentioned today that perhaps we should defer to Europe on some of these matters. This would be kicking the can down the road and we cannot do it. We would be postponing it.

One of the greatest things a parent can do for his or her children is delay the age at which they start drinking. This must be an unambiguous message for parents. It is a bad idea to introduce alcohol to children in the home. Children who begin drinking at the age of 14 or 15 have a fourfold increase in dependency in adulthood. This is why it is important the issue is taken more seriously than it has been through regulation balanced with education. The Bill is not just about children but also adults.

Ms Evelyn Jones: I wonder that anyone is surprised at women’s consumption of wine, given that it is brandished under their noses every day when they go to the supermarket to buy the bread and milk for the house. Although I do not have children, given that parents frequently drink to excess, often in front of their children, they find it difficult to take the high moral ground.

Chairman: It is a fair point.

Mr. Ross Mac Mathúna: Given that there are people who drink too much and others who do not, legislation must be balanced. As part of the Sheffield study, 6,000 people kept an alcohol diary, and approximately 20% of the participants consumed approximately 66% of the alcohol, which was stark. Some people have a serious issue with alcohol. The industry supports the use of effective, evidence-based measures to address the misuse of alcohol.

Chairman: I thank all our witnesses for a very challenging and illuminating presentation and question and answer session. The committee will not sit next Thursday morning and questions for the quarterly meeting on health, which will take place on 14 May, must be submitted by next Thursday.

The joint committee adjourned at 1.15 p.m. until 9.30 a.m. on Thursday, 16 April 2015.