

Alcohol use in Ireland – can we hold our drink?

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"For one knows that, with the help of this 'drowner of cares' one can at any time withdraw from the pressure of reality and find refuge in a world of one's own with better conditions of sensibility. As is well known, it is precisely this property of intoxicants which also determines their danger and their injuriousness. They are responsible, in certain circumstances, for the useless waste of a large quota of energy which might have been employed for the improvement of the human lot."

Sigmund Freud, from 'Civilisation and Its Discontents'

Levels of alcohol use and related harm in Ireland

Alcohol use and related harm is now a major public health problem in Ireland. The statistics do not make for pleasant reading. Annual per capita consumption increased by 41% between 1989 and 1999 to 11 litres of pure alcohol per head of population, the second highest level in Europe, and 1.9 litres higher than the EU average. A more telling statistic, estimated alcohol consumption per adult (defined as 15 years and over), was 15.2 litres in the year 2000, the third highest level in the EU and the twelfth highest in the world. The dramatic rate of increase in alcohol consumption in Ireland over the past decade, in a time when the vast majority of EU countries have seen a reduction in levels of alcohol consumption, means that Ireland is soon likely to top the EU drinking table.²

These levels of consumption are made more meaningful when one considers that, based on analysis on changes in alcohol consumption in Ireland between 1950 and 1995, a one litre increase in per capita consumption is associated with increases in deaths due to hepatic cirrhosis, accidents, homicides, suicides and alcohol specific causes (eg. alcoholic psychosis, alcoholism or alcohol poisoning).³ Other harm indicators further reveal the impact of high levels of alcohol intake on Irish society. Alcohol has been implicated in 25% of Accident and Emergency cases, with 13% of cases being acutely intoxicated.⁴ In 1999, 26% of male and 11% of female admissions to psychiatric hospitals were accounted for by alcoholic disorders.⁵ 30% of male and 8% of female inpatients in a general hospital have been shown to have alcohol related problems.⁶ Marriage counselling services

report alcohol abuse to be the primary presenting problem in up to 25% of cases.⁷ Street violence offences, often associated with alcohol use, increased by 97% between 1996 and 2000.⁸

The figures for teenagers are perhaps the most dramatic, with one quarter of 15-16 year old school-goers reporting being drunk at least three times in the previous month.⁹ 'Intoxication in public places' among teenagers has increased by 370% since 1996.²

Alcohol problems are also common among the elderly, with 7% of Irish community dwelling elderly (16% males and 2% females) recently reported as drinking above 'sensible' limits of 21 and 14 units per week for men and women respectively.^{10,11} This figure may well be an underestimate of the true extent of the problem, in view of alcohol intake being based on self-report.

Furthermore, 'sensible' limits of alcohol intake for the population in general may not be appropriate for older people in view of increased sensitivity to alcohol, and medical and psychiatric comorbidity. Alcohol related problems in the elderly are associated with significant health and social impairments but tend to attract less medical and media attention and are frequently underdetected and misdiagnosed. There is a real danger that, with the ageing of populations worldwide, a 'silent epidemic' of alcohol problems in the elderly may evolve. Therefore, there is a need to develop age specific screening and diagnostic criteria, along with modified treatment strategies for older people, devised with elderly specific issues in mind.¹²

The rates of sexually transmitted infections have increased by 165% over the past decade,¹³ and alcohol use has been identified as an important contributory factor.¹⁴ Alcohol use is implicated in 30% of all road accidents and 40% of all fatal accidents.¹⁵ Alcohol use is also an important contributory factor in suicide, now the leading cause of death for Irish men aged 15-35 years. Furthermore, alcohol abuse is universally associated with illicit drug use, the rates for which are also rising substantially in Ireland. The financial cost to Irish society of alcohol use was estimated as 2.4 billion Euro in 1999, 1.7% of GDP.¹⁶

Factors associated with such dramatic increases in alcohol use and associated harm indicators include changes in societal structures such as reduced parental control and increased consumerism, leading to greater availability and marketing of alcohol. Increased alcohol consumption in Ireland has occurred in the context of dramatic improvements in the Irish economy over the past decade, with a marked increase in disposable income. But it is these very factors, which have been associated with Ireland developing a world-

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wide image of youthfulness, vibrancy and affluence, that have also been strongly associated with the reawakening of the traditional stereotype of the Irish drunk.

Alcohol policy measures and the role of the medical profession

The National Alcohol Policy of 1996 set out as its aims a reduction in the level of alcohol related problems and the promotion of moderation for those who wish to drink. The *Interim Report of The Strategic Task Force on Alcohol*, following on from this in 2002, has highlighted a number of important evidence based approaches in dealing with the problems.

As with all public health problems, primary, secondary and tertiary prevention measures should be employed. Despite the insistence of the Drinks Industry Group of Ireland to the contrary, reducing the total alcohol consumption for a society has been consistently shown to lead to reductions in the levels of alcohol related harm, regardless of the way in which alcohol is consumed in that culture.² Reduced availability of alcohol due to changes in government policy has been shown to lead to rapid and dramatic changes in the levels of alcohol related harm in several European countries during the 20th century.²

Measures with proven high effectiveness at a primary prevention level are generally based on reducing the ease of access to alcohol, such as alcohol control enforcement, a minimum drinking age and server liability. Using tough measures to tackle drink driving have also been shown to have high effectiveness in reducing alcohol related harm. Measures with proven but more moderate levels of effectiveness include limiting the hours and days of alcohol sales, government run retail stores and increasing taxation. Measures shown to have no effect include voluntary codes of bar practice, advertising content regulations, warning labels on alcohol products, encouragement of alcohol-free activities and alcohol education in schools. Ironically, education in schools is the only specific measure the Drinks Industry Group has offered to endorse.²

While societal and economic changes are outside the control of the medical profession, the profession has a central role in reviewing the best available evidence for primary prevention measures and health promotion, advising government agencies on effective interventions and auditing the efficacy of such interventions.

The existing large numbers of people with excessive alcohol consumption and established alcohol related harm must also be detected and treated. The medical profession has a more direct input into these secondary and tertiary prevention measures. Increased vigilance for and increased awareness of the potential role of alcohol use in various medical and psychiatric conditions should be fostered at undergraduate and postgraduate levels.¹⁷ In this respect, the pilot study Alcohol Aware Practice from The Irish College of General Practitioners is to be welcomed.²

Although psychiatric complications of alcohol are common, professional organisations representing psychiatrists in Ireland have yet to make official comment. Position statements and recommendations from the Irish College of Psychiatrists, the Irish Psychiatric Association and The Royal

College of Physicians would be timely at this stage.

The high levels of alcohol related problems in such diverse settings as accident and emergency departments, general hospitals and psychiatric hospitals implies that a significant proportion of those with alcohol related problems present to the medical profession in some capacity at some stage of their drinking career. Increased funding for screening and intervention measures in such settings is essential, and is likely to have significant benefits for those with at risk drinking and established alcohol related problems.

Conclusions

Alcohol use and related harm pose substantial problems for the health service, the criminal justice system and Irish society as a whole. The dramatic increase in alcohol consumption and related harm over the past decade can be viewed as both a symptom and a cause of significant changes in the order and structure of Irish society.

While a number of important contributory factors such as societal changes, the economic climate and the marketing of alcohol are largely outside its control, the medical profession has an important role in influencing public health policy and guiding government strategies. Furthermore, the medical profession has a central role in highlighting the impact of alcohol related problems on an already stretched health care system, and in leading initiatives aimed at improved detection and treatment.

The worryingly high levels of alcohol use and alcohol related harm in Ireland tell us that Irish society can no longer hold its drink. The time for last orders has most certainly come and gone.

Declaration of interest: None

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