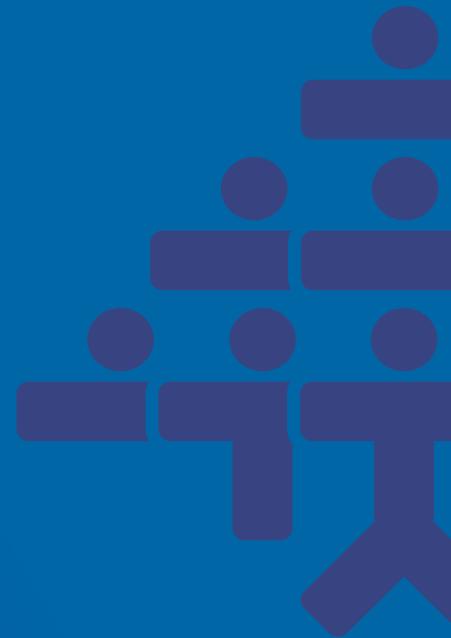


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Prevention of Alcohol Related Problems in Ireland

— *ICGP Position Paper*



The Irish College of General Practitioners

About the Irish College of General Practitioners

The Irish College General Practitioners (ICGP) is the professional body for education, training, research and standards in general practice.

College Activities

- Teaching, training and education at undergraduate and postgraduate levels
- Accreditation of specialist training programmes in general practice
- Operates a professional competence scheme under arrangement with the Medical Council
- Examining body for membership in general practice (MICGP)
- Continuing education and professional development
- Research
- Practice management support through training, advice and consultancy
- General practitioner health
- Public relations and media liaison on behalf of the profession
- General practice publications, guidelines and protocols
- Advice and support to members
- Advocacy on behalf of the profession with external agencies.

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November 2012

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Introduction

GPs in Ireland at an individual level have significant experience in dealing with alcohol related problems, given the extent to which their patients experience ongoing difficulties and harm from alcohol consumption.

The Irish College General Practitioners (ICGP) is the professional body for general practice in Ireland. The College's primary aim is to serve the patient and the general practitioner by encouraging and maintaining the highest standards of general medical practice. It is the representative organisation for education, training and standards in general practice.

Excessive consumption of alcohol in Irish society has generated well documented problems for individuals, families and society. The ICGP supports an evidence-based approach to the prevention of alcohol related problems.

Background

Alcohol is a major contributor to the global burden of disease, disability and death in high/middle and low-income countries. It is estimated that, in any one year, over 23 million EU citizens suffer from alcohol dependence (Anderson and Baumberg 2006). Excessive alcohol consumption is associated with an increased risk of cirrhosis, mouth and oropharyngeal cancer; oesophageal cancer; liver cancer; breast cancer; depression; epilepsy; hypertension and stroke (Rehm et al. 2003a). Psychiatric problems related to alcohol (primarily alcohol-use disorders) are estimated to account for 38% of the total disability-adjusted life-years attributable to alcohol (Rehm et al. 2003b). Furthermore the fallout from high levels of alcohol consumption have been linked to a number of problems, including physical illness, violence and crime, reduced productivity and absenteeism, family breakdown and accidental deaths (Rabinovich et al. 2009). Problems arising from excessive alcohol consumption are reflected in both admissions to general hospitals (Royal College of Physicians 2001, Hearne, Connolly and Sheehan 2002, Molyneux, Cryan and Dooley 2006 and Hope 2008) and attendances at Emergency Departments (Charalambous 2002, Hope et al. 2005 and Hope 2008).

Alcohol misuse is a major problem affecting Irish society. The misuse of alcohol creates physical, emotional and financial distress for individuals, families and communities. In 2007 the overall cost of harmful use of alcohol in Ireland was estimated to be €3.7 billion representing 1.9% of GNP that year (Byrne 2011). In a recent Irish public opinion survey (HRB 2012) 85% of respondents thought that the current level of alcohol consumption in Ireland is too high.

Hope et al. (2005) concluded that between 20% and 50% of all presentations to emergency departments in Ireland are alcohol related, with the figure rising to over 80% at peak weekend periods. A national study involving 2,500 patients in six major acute hospitals across Ireland, found that over one in four (28%) of all injury attendances in the emergency departments were alcohol related. The patient profile showed that three-quarters of those in attendance with alcohol related injuries were male and almost half were in the 18-29 age group (Hope et al. 2005).

Binge drinking is a particular problem in Irish teenagers with 54% reporting that they have been drunk at least once before the age of 16 years (Children's Rights Alliance Report Card 2012). Alcohol plays a part in child protection and welfare issues with one in six cases of child abuse attributed to alcohol (Children's Rights Alliance Report Card 2012). A recent study on death by suicide in the Cork Region found that 35.9% had consumed alcohol at the time of suicide (Arensman et al. 2012).

From a GP perspective misuse of alcohol is a common contributor to serious physical, psychological and social problems in all age groups and is encountered on a daily basis in Irish general practice. Due to the longterm relationship that GPs have with the majority of their patients they are in a unique position to witness the serious physical illness, psychological scars and family disruption caused by the misuse of alcohol. GPs often care for several generations of one family and can testify first hand to the longterm effects of alcohol misuse on families. In the GP surgery raw statistics become tragic realities.

GPs are in a unique position to highlight the dangers of excessive alcohol consumption. Irish people have expressed strong support for healthcare professionals enquiring about alcohol consumption linked to their condition or treatment or during routine history taking (HRB 2012).

Binge drinking (i.e. having 6 or more standard drinks on one occasion interspersed with periods of low or no intake) is a particular problem in Irish society especially in younger age groups (Morgan et al. 2007). While regular consumption of alcohol carries health risks, binge drinking is associated with a higher risk of health and behavioural difficulties including accidents and violent altercations (Rabinovich et al. 2009). Alcohol has been identified as a contributory factor in 97% of public order offences as recorded by the Gardai in the PULSE system (Hope 2008).

Effective Interventions

Multiple studies, including a growing number in developing countries, have demonstrated that increasing the price of alcohol reduces alcohol consumption and related problems, including mortality rates, crime and traffic accidents (WHO 2007, Wagenaar et al. 2009, Anderson et al. 2009). Despite its apparent effectiveness, taxation as a method of reducing harm from drinking appears to have been under-used. In recent decades, the real price of alcoholic beverages has decreased in many countries, at a time when other alcohol control measures have been liberalized or abandoned completely (Osterberg and Karlsson 2003, Cook 2007, Leppanen, Sullström, and Suoniemi 2001).

Introducing a minimum price for alcohol can be complementary to an excise duty/ tax increase initiative. This success however is tempered by the degree to which illegal alcohol production and sale can be controlled. The 2012 HRB survey illustrates the potential effects of price on alcohol consumption in Ireland. 50% of respondents aged between 18-24 years stated that they would buy more alcohol if supermarkets reduced prices. It would require "a 25% price increase to get at least two-thirds of those purchasing alcohol in supermarkets to reduce the amount of the alcohol they purchase". Interestingly 58% of respondents agreed with the concept of minimum pricing with the lowest support from those aged 18-24 years.

Many successful interventions restrict the availability and accessibility of alcohol. Restrictions limiting opening hours, locations and density of alcohol outlets have been shown to reduce harm. The enforcement of a minimum purchase age for alcohol is another very effective strategy (Alcohol and Public Policy Group 2010). Alcohol consumption at a young age has a strong effect on future consumption, magnifying the effects of dangerous consumption and highlighting the importance of early intervention (Chaloupka, Grossman and Saffer 2002).

Research suggests that licensed premises provide an opportunity for preventing alcohol-related problems through training bar staff in both responsible beverage service and managing or preventing aggression (Graham 2000, Ker and Chinnock 2008). However, responsible sale of alcohol is only effective if accompanied by enforcement. Enhanced enforcement of licencing laws and regulations by police (Gardai), municipal and local authorities is likely to have an impact through situational deterrents. Community action programmes, supporting the police are an effective strategy for reducing problem behaviour when focused upon licensed premises, possibly because they are able to incorporate broad multi-component approaches (Wallin, Gripenberg and Andreasson 2005, Warburton and Shepherd 2006).

While much of the research on the impact of alcohol advertising is not conclusive, the World Health Organization states that “increasing evidence can be found that exposure shapes positive perceptions of drinking and can increase heavier drinking. Therefore, it seems that restrictions on advertising and sponsorship should be part of a comprehensive alcohol policy, especially when it is targeted at young people” (WHO 2004).

In the general practice setting screening and brief intervention for early problems related to alcohol have been shown to be effective in the reduction of harmful and hazardous drinking (Babor et al. 2003, Chisholm et al. 2004, Ludbrook et al. 2001). The ICGP has provided training in screening and brief interventions for alcohol related problems for a number of years and will continue to do so (Anderson et al. 2006).

The ICGP welcomes the recent Steering Group Report on a National Substance Misuse Strategy (2012) and looks forward to its implementation.

Conclusion

Irish GPs encounter patients with problems related to alcohol misuse on a daily basis. The Irish College of General Practitioners supports government and public health policies to curb excessive alcohol consumption through taxation, restrictions on advertising, availability and accessibility of alcohol, responsible sale of alcohol and enforcement of licencing laws. The ICGP will continue to educate its members on skills related to alcohol screening and brief intervention in providing an accessible, effective, timely and efficient service to patients and their families experiencing alcohol related problems.

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