

Submission on

Notification of Draft Regulations Under Section 12 of the Public Health (Alcohol) Act 2018

TRIS Notification Number: 2022/441/IRL

**Alcohol Forum Ireland**

### Alcohol Forum Ireland ([www.alcoholforum.org](http://www.alcoholforum.org)) is an independent national charity that provides a range of supports and services to individuals, families and communities impacted by alcohol and other drug harm, while also working at the wider levels to change Ireland’s problematic relationship with alcohol. We offer a range of services and activities that aim to change Ireland’s relationship with alcohol and other drugs. Over the past 15 years, the organisation has developed a range of specialised and evidence-based supports and services to individuals across the North West and the border counties of Ireland, including youth work, family support programmes and an under 18s addiction service. We are the only organisation in Ireland that provides specialised rehabilitation and recovery services for individuals who have developed an alcohol related brain injury and their families. Over the 15 years of our existence, we have seen a worrying increase in the level of need and the impact that alcohol is having on family life in Ireland. We have also seen and documented an increase in the numbers of individuals who require support for an Alcohol Related Brain Injury (ARBI) which refers to a group of conditions that arise due to changes in the structure and function of the brain resulting from long term consumption of alcohol. International research suggests that as many as one in eight people dependent on alcohol could have some form of an alcohol related brain and onset is typically in a person’s 40s or 50s. We lobbied for the introduction of the Public Health Alcohol Act in 2018 and support the introductory of mandatory health warnings on alcoholic products and in licensed premises where alcohol is sold.

Alcohol Forum Ireland welcomes the opportunity to share our views on the TRIS notification about alcohol warning labelling in Ireland. In addition to our own contribution, we strongly support the contributions made by Eurocare, the Irish Community Action on Alcohol Network, Alcohol Action Ireland and ENDpae.

**Summary**

Globally, in Europe and in all EU Member States, many people are not fully aware of, misunderstand or underestimate the risks for morbidity and mortality due to alcohol use. Currently, alcohol packaging is used as a marketing and promotional tool to decrease the perception of the level of harm and increase products’ appeal, especially among young people. For governments, packaging and labelling is an important medium for communicating health messages, as has been done previously with tobacco packaging. Health warnings and labelling messages on alcohol products and packages are a cost-effective means to increase health literacy in the population around of the health effects of alcohol use.

In October 2018, Ireland adopted its Public Health (Alcohol) Act 2018 which introduced a range of provisions to reduce population alcohol consumption and alcohol-related harms. In June 2022, Ireland notified the European Commission of its Draft Regulations setting out its proposals for the rules on alcohol information. These include rules for alcohol content, energy values and health warnings labelling on containers, documents and notices in licenced premises and rules for online sales. The adoption of the Public Health Alcohol Act in 2018, was a significant step forward both at a national and global level in implementing high impact strategies to reduce alcohol harm

The Draft Regulations propose labelling alcohol containers with three warnings: “Drinking alcohol causes liver disease”, a silhouette of a pregnant woman enclosed in a red strikethrough circle, and “There is a direct link between alcohol and fatal cancers”. Rules are set out on labelling the quantity in grams of alcohol contained in the container, the energy value in kilojoules and kilocalories contained in the container, and the public health information website.

Data demonstrates that the Irish population has a low level of awareness of the health risks associated with alcohol. The draft regulations submitted to the Commission are designed to ensure that the population is directly informed of those risks and are assisted to make healthier choices about their alcohol consumption. Our work across communities in Ireland, makes us acutely aware of the low level of awareness of and normalisation of alcohol harm, and we strongly support health labelling of alcoholic products as an effective measure for informing the public.

More effective labelling is supported by both the European Union and the World Health Organization. It is entirely consistent with the EU’s duty to promote a high level of consumer protection and public health. Giving consumer information helps fulfil their right to information. The Draft Regulations are adopted under powers retained by Member States under EU law and constitute an evidence-base, proportionate measure. There are already a number of examples of Member States taking initiatives on alcohol labelling. In view of the Irish Government’s ambition to reduce alcohol harm through a comprehensive programme of action, and the possibility of delays to harmonisation at EU-level, the Commission should support the labelling provisions outlined in the Public Health Alcohol Act.

 Alcohol Forum Ireland urges the Commission to support Member States in their efforts to address the devastating effects of alcohol. We, therefore, ask the Commission to issue a detailed opinion on the Draft Regulations to support its adoption.

# Background

The public health approach to alcohol policy has been articulated in Ireland for approximately 30 years. The issue has been on the policy agenda intermittently for all of this time and has been the subject of numerous committees, task forces and working groups. In 2009, the Government of Ireland introduced a decision to include alcohol in a National Substance Misuse Strategy. A Steering Group was established to advise Ministers on a new Strategy and the Steering Group Report on a National Substance Misuse Strategy was published in February 2012 which set out a range of recommendations.[[1]](#endnote-1)

Following the publication of the Steering Group Report, on 17 December 2015, the government of Ireland introduced the Public Health (Alcohol) Bill 2015 (‘the Bill’) to Parliament. This faced extensive lobbying, supported by the alcohol industry, to weaken the evidence-based measures it sought to introduce. The Public Health (Alcohol) Act 2018 was then adopted on 17 October 2018. The Irish political system has been subject to constant and increasingly sophisticated lobbying by alcohol industry interests.

The Act introduced a range of provisions to reduce population alcohol consumption and alcohol-related harms. These include minimum pricing, labelling of alcohol products, health warnings, alterations to licensing rules, restrictions to exposure and sale of alcohol in certain premises and circumstances, restrictions on advertising and sponsorship, as well as enforcement measures.

# Alcohol Harm in Ireland

Alcohol use is a risk factor for many major diseases, behavioural disorders, social and societal problems, alcohol disorders, and early death. Ireland has one of the highest levels of alcohol use in Europe, in part due to its complex role in Irish society as integral to many celebrations, commiserations, and events. Recent evidence shows there is “no safe amount” of alcohol to consume. As such, reducing alcohol use is a priority for health in the most recent National Substance Misuse Strategy (O’Dwyer et al., 2019). From this came the Public Health Alcohol Act (2018) which contains a range of internationally recognised evidence-based options to reduce harm.

Alcohol is no ordinary product. It has major public health implications and is responsible for a considerable burden of health, social and economic harm at individual, family and societal levels. The Irish Government’s Regulatory Impact Analysis which accompanied and informed the adoption of the Public Health Alcohol Act includes policy options, costs, benefits and impacts of bringing forward this piece of legislation. The Regulatory Impact Analysis accompanying the Public Health Alcohol Bill (‘RIA’) noted that alcohol:

* was responsible for at least 83 deaths every month in 2011;
* is associated with 8,836 attendances in 2012 to specialised addiction treatment centres;
* is involved in one of every three poisoning deaths in Ireland in 2012 and remains the substance implicated in most poisonings;
* is a contributory factor in half of all suicides and in deliberate self-harm;
* is one of the factors associated with higher rates of self-harm presentations to hospitals on Sundays, Monday Public Holidays and around the hours of midnight;
* is associated developing health problems, including alcohol dependence, liver cirrhosis, cancer and injuries;
* is a factor in many assaults, including sexual assaults, and in rape, domestic violence and manslaughter;
* is a factor in many road collisions including a quarter of fatal road collisions; and
* alcohol-related cancers are estimated to more than double for females and increase by 81% for males up to 2020 [[2]](#footnote-1).

The National Drug and Alcohol Survey 2019–20 found that:

* 74.2% of respondents reported having consumed alcohol in the last 12 months (aged 15 years and over);
* the median age at which 15–24-year-olds initiated alcohol consumption has increased from 16 years to 17 years since 2002–03.
* one-third (34.1%) of current drinkers typically consume at least 6 standard drinks per drinking occasion, which increases to a half for male drinkers;
* two-fifths (39.9%) of drinkers engaged in heavy episodic drinking at least once per month; and
* the prevalence of alcohol use disorder in the general population was found to be 14.8%, corresponding to one in every seven or 578,000 adults in Ireland.

The most recent study on alcohol from the Health Research Board examined results from previous alcohol consumption surveys in Ireland and illustrating that these do not match up with alcohol sales figures, suggesting that people tend to under-report or underestimate how much alcohol they drink.[[3]](#footnote-2) Many previous reports also highlight the fact that there is a low level of population level awareness in Ireland of the risks posed by alcohol consumption.

The OECD has estimated, based on Ireland’s current levels and patterns of alcohol consumption, that the burden of health care costs alone will consume 4.1% of its health expenditure[[4]](#footnote-3). Previous estimates of the societal cost of problem alcohol use have produced estimates of €2.4-3.7 billion per year, with annual healthcare costs alone having been estimated at €0.8-1.5 billion[[5]](#footnote-4).

# The Policy Context

# Ireland and the Public Health (Alcohol) Act 2018

For alcohol sold in containers, section 12 of the Act prohibits sales of alcohol products to anyone in the state without labelling on the container in the prescribed form. This labelling concerns:

1. a warning that is intended to inform the public of the danger of alcohol consumption;
2. a warning that is intended to inform the public of the danger of alcohol consumption when pregnant;
3. a warning that is intended to inform the public of the direct link between alcohol and fatal cancers;
4. the quantity in grams of alcohol contained in the container;
5. the energy value expressed in kilojoules and kilocalories contained in the container; and
6. details of a website providing public health information in relation to alcohol consumption.

It is an offence to contravene this requirement.

Section 12 permits the Minister for Health to prescribe the form of warnings under (i), (ii) and (iii) above, including its size and colour, and the size, colour and font type of the printed material. It also permits the Minister to prescribe the form of the information under paragraphs (iv), (v) and (vi) above, including the size, colour and font type of the printed material.

Section 12 also contains provisions on alcohol information on alcohol in reusable containers, in licensed premises, and for sales online.

# Draft Regulations

## **Notification**

The Bill was notified to the Commission on 27 January 2016 under the Technical Regulation Information System (TRIS) under Directive (EU) 2015/1535 laying down a procedure for the provision of information in the field of technical regulations and of rules on Information Society services. Amendments were notified on 3 February 2018. As regards the proposals on labelling of alcohol products, the Commission’s response on 2 May 2018 stated that it could not assess the draft measure without more detailed information.

On 21 June 2022, Ireland provided the detailed information to the Commission by notifying its draft regulations under section 12 of the Act (‘Draft Regulations’).

This notification was sent under the TRIS. It was also sent under Articles 40, 43, 44 and 45 of Regulation (EU) No. 1169/2011 on the provision of food information to consumers

## **Alcohol Information**

Part 2 of the Draft Regulations sets out the rules for labelling of alcohol containers. The Draft Regulation states that there will be three warnings:

* “Drinking alcohol causes liver disease”;
* a silhouette of a pregnant woman enclosed in a red strikethrough circle; and
* “There is a direct link between alcohol and fatal cancers”.

Rules are set out on labelling the quantity in grams of alcohol contained in the container, the energy value in kilojoules and kilocalories contained in the container, and the public health information website.

The size, colour, font, layout, etc are specified.

The labelling will appear similar to the following typical example, as set out in Schedule 1 of the Draft Regulations.



Part 3 of the Draft Regulations sets out the rules for a document provided with alcohol sold in reusable containers. Part 4 of the Draft Regulations sets out the rules for the notice to be displayed in licensed premises. Part 5 of the Draft Regulations sets out the rules for information to be given with online sales.

These measures are part of a broader strategy to reduce alcohol-related harms. As the Explanatory and Financial Memorandum accompanying the Bill stated, “It is expected that the effective implementation of the suite of measures contained in the Steering Group Report on a National Substance Misuse Strategy along with the measures provided for in this Bill will significantly reduce consumption and related harm.” In this respect, labelling and health warnings will help to build public support for the Irish alcohol comprehensive policy approach and thus contribute to a reduction in consumption.

**European and Global Policy context**

Ireland’s introduction of labels on alcohol products under section 12 of the Public Health (Alcohol) Act 2018 aligns with, and is supported by, European and global policy.

The European framework for action on alcohol, 2022–2025, adopted in September 2022, draws on the latest evidence on alcohol-attributable harms and the best evidence to reduce such harms. It reflects the current issues faced by Member States, including dealing with the impacts of the COVID-19 pandemic, and highlights priority areas for action. The European Framework clearly recommends the importance and effectiveness of mandatory labelling on alcoholic products. One of the six priorities for action and implementation at the national and subnational levels focuses on labelling and health information and provides for:

 • Independent mandating, monitoring and enforcement, working in the interests of public health and consumer rights and free from influence or interference from corporate interests

• Statutory labelling, informed by WHO guidance, including nutrition and ingredients and health warnings

• If self-regulation is permitted, requirements that the advice of independent and nationally recognized public health agencies has been sought and followed

• Research to understand the effects of health warning labels

 • Consideration of principle of a statutory “right to know” in relation to alcohol content and risks.[[6]](#footnote-5)

The World Health Organization (WHO) adopted its Global strategy to reduce the harmful use of alcohol in 2010. In Area 8 on “Reducing the negative consequences of drinking and alcohol intoxication”, policy options and interventions included “providing consumer information about, and labelling alcoholic beverages to indicate, the harm related to alcohol”.[[7]](#endnote-2) The WHO ‘Best buys’ and other recommended interventions for the prevention and control of noncommunicable diseases recommend that States should “Provide consumer information about, and label, alcoholic beverages to indicate, the harm related to alcohol”.[[8]](#endnote-3)

The WHO draft Global alcohol action plan 2022-2030 to strengthen implementation of the Global Strategy to Reduce the Harmful Use of Alcohol, agreed at the 150th session of the Executive Board in 2022, proposed that Member States “Ensure appropriate consumer protection measures through development and implementation of labelling requirements for alcoholic beverages that display essential information for health protection on alcohol content in a way that it is understood by consumers, other ingredients, caloric value and health warnings.”[[9]](#endnote-4)

**Liver Damage**

Alcoholic liver disease (ALD) is a major cause of both liver cirrhosis & hepatocellular carcinoma (HCC) in Ireland. Ireland is seeing a rise in both ALD-related hospital admissions & deaths, including HCC which increased three-fold in the decade ending in 2016. ALD is preventable, and public health interventions are of proven benefit and are required to reverse this trend. The proposed liver health warning on alcohol products would be an important tool in informing the public and consumers of the impact of alcohol on liver health.

A study published earlier this year examined the number of hospital discharges for patients with ALD or HCC expressed per 100 000 population and the mortality rate associated with ALD and the prevalence of complications associated with ALD[[10]](#footnote-6). 33 794 hospital discharges were examined for the period. Deaths for Alcoholic Liver Disease rose by 29% for the period and a 300% increase of Hepatocellular carcinoma (HCC). HCC is the most common type of primary [liver cancer](https://en.wikipedia.org/wiki/Liver_cancer) in adults and is currently the most common cause of death in people with [cirrhosis](https://en.wikipedia.org/wiki/Cirrhosis). HCC is the third leading cause of cancer-related deaths worldwide

Consumption of alcohol remains the main cause of liver disease and associated complications and deaths.[[11]](#footnote-7) Consuming alcohol in heavy quantities over a longer period may lead to the development of chronic conditions such as alcoholic liver disease, pancreatitis, or alcohol dependence.

The HSE conducted research in 2021 on the ‘Ask About Alcohol’ website and campaign and found that in a representative sample of the population, despite liver disease being the highest associated health problem associated with drinking alcohol, fewer people associated liver disease with drinking alcohol compared to a survey the HSE conducted in 2015 (88% in 2015 down to 84% in 2021). This suggests that health literacy around the risks of alcohol to the liver could be reducing.

**Pre-Natal Alcohol Exposure**

Alcohol use during pregnancy causes Fetal Alcohol Spectrum Disorders (FASD) and is the leading preventable cause of neurodevelopment disorder. [[12]](#footnote-8) A 2017 systematic review found that Ireland had one of the highest rates of FASD in the world, with an estimated prevalence of 2.8-7.4% of the population. [[13]](#footnote-9) FASD is often an invisible disability and is associated with lifelong physical, mental, educational, social, and behavioural difficulties. It is preventable through avoiding alcohol during pregnancy. There is no evidence-based, defined, safe amount of alcohol that can be consumed during pregnancy to prevent a child being born with FASD.

Pre-natal alcohol exposure is the leading cause of preventable intellectual disability in the world. More children are born every year with FASD than with Autism Spectrum Disorder, Spina Bifida, Cerebral Palsy, Downs Syndrome and SIDS Combined. Fetal Alcohol Spectrum Disorders are brain-based impairments resulting from pre-natal alcohol exposure.

Alcohol had been documented as a toxic teratogenic substance for over 40 years. It passes freely through the placenta during pregnancy resulting in a range of learning and neurological disabilities, behavioural deficits, difficulties with regulation of mood, behaviour, cognitive deficits and impaired executive functioning.

People with FASD are at increased risk for a range of difficulties. More than half will serve jail sentences, or be confined in drug treatment or psychiatric facilities. 428 co-occurring conditions have been identified from 127 studies of children impacted by pre-natal alcohol exposure. These including epilepsy, heart defects, compromised auditory function and compromised immune system[[14]](#footnote-10).

In an international review Ireland featured as one of the 5 countries with the highest prevalence of FASD[[15]](#footnote-11). Research conducted by the Health Services Executive in Ireland to inform its ‘Ask About Alcohol’ website and campaign found that women do not always receive clear and consistent information on the importance of avoiding alcohol during pregnancy. In 2018, a survey with a representative sample of 1,000 adults and 3 focus groups were also conducted, with the online survey finding that just over 1 in 2 adults (53%) were aware of illnesses/conditions that affect babies after birth as a result of exposure to alcohol during pregnancy, with just 1 in 8 adults citing FASD. This indicates low health literacy on the harmful effects of alcohol during pregnancy. Another survey conducted by the Department of Health with a representative sample of the population aged 15 and older living in Ireland found that 7% believed it to be safe to consume a small amount of alcohol while pregnant, and 9% did not know.[[16]](#footnote-12)

FASD is preventable by supporting women to have alcohol free pregnancies. However, available data show a high level of alcohol consumption in pregnancy in Ireland, as reported by an international birth study which found Ireland had the highest proportion of drinking during pregnancy. This 2015 study found 80 per cent of women in Ireland drank at some point in their pregnancy compared to 65 per cent in the UK, 38 per cent in Australia and 53 per cent in New Zealand. Eighty per cent of the 1,774 women recruited to the Irish part of the study had consumed some alcohol in the first 15 weeks of pregnancy. More than 20 per cent reported drinking moderate to heavy amounts of alcohol at 15 weeks of pregnancy, while 31 per cent of women in Ireland admitted to two or more episodes of binge drinking in the first 15 weeks, compared with just 4 per cent of women in New Zealand.

Available evidence indicates that when combined with other public health initiatives, pregnancy warning labels can contribute to increased awareness of the risks of drinking alcohol while pregnant and encourage behaviour change. It can also contribute to the development of social norms to support this behaviour change.[[17]](#footnote-13)

Alcohol Forum Ireland strongly supports the introduction of mandatory labelling rather than self-regulation of labelling proposals from alcohol industry interests. Given the resistance that alcohol industry interests have demonstrated to the introduction of mandatory pregnancy warnings on alcoholic products in Australia and Canada, we believe that the labelling measures proposed by the Irish government are both proportionate and necessary. The alcohol industry have also been a significant source of confusion and misrepresentation regarding the risk of alcohol during pregnancy. Petticrew et al have found that alcohol industry funded organisations are statistically significantly less likely than public health websites to provide information on FASD and less likely to advise that no amount of alcohol is safe during pregnancy. Some alcohol industry–funded (and no public health) websites appear to use “alternate causation” arguments, similar to those used by the tobacco industry, to argue for causes of alcohol harms in pregnancy other than alcohol. [[18]](#footnote-14) Clarity, awareness and increased health literacy are all needed given the ongoing false narrative being promoted and supported by the alcohol industry.

**Alcohol Related Cancers**

Europe's Beating Cancer Plan of 2021 outlines a “political commitment to leave no stone unturned to take action against cancer”. Under the proposed prevention actions on “Saving lives through sustainable cancer prevention”, it outlines the need to “give people the information and tools they need to make healthier choices”. The Plan recognises that “Alcohol-related harm is a major public health concern in the EU. In 2016, cancer was the leading cause of alcohol-attributable deaths with a share of 29%, followed by liver cirrhosis (20%), cardiovascular diseases (19%) and injuries (18%)”. The plan commits the Commission to “propose a mandatory indication of the list of ingredients and the nutrition declaration on alcoholic beverage labels before the end of 2022 and of health warnings on labels before the end 2023”[[19]](#footnote-15). In this context, Ireland’s proposed mandatory labelling of alcohol products is entirely consistent with the aims of Europe’s Beating Cancer Plan.

The evidence that “There is a direct link between alcohol and fatal cancers” is also well-established. Alcohol is classified as a group 1 carcinogen by the International Agency for Research on Cancer (IARC) as there is a proven, causal link between alcohol and several types of cance[[20]](#footnote-16)r. There is strong evidence that consuming alcoholic drinks increases the risk of mouth, pharynx and larynx, oesophageal and breast cancers. Two or more alcoholic drinks a day increases the risk of colorectal cancer while three or more alcoholic drinks a day increases the risk of stomach cancer and liver cancer.

Alcohol is classified as a group 1 carcinogenic agent (the highest level of evidence for carcinogenicity). It is reported that between 5.5% - 5.8% of cancer cases globally are attributed to alcohol consumption.[[21]](#footnote-17),[[22]](#footnote-18) All alcohol-related cancers show a dose-response relationship with alcohol use and there is no safe threshold for alcohol consumption.[[23]](#footnote-19) There are several biological pathways by which the consumption of alcohol, as ethanol, can lead to cancer development. The mechanism by which alcohol consumption can exert its carcinogenic effects can vary,[[24]](#footnote-20) but there are many biological pathways that can lead to cancer development, and these can include DNA, protein, lipid alterations, alterations to the regulation of hormones, and damage by acetaldehyde.10 Alcohol plays a causal role in cancer of the oral cavity, pharynx, larynx, oesophagus, liver, colon, rectum, and female breast. There is also a probable relationship between alcohol and cancers of the stomach, pancreas, prostate and melanoma8,30 As alcohol can affect hormones levels (oestrogen, androgen), this increases the risk of breast cancer in women (pre/post-menopausal). It is shown that light and regular drinking increases the risk, and no lower threshold has been found.[[25]](#footnote-21)

In Ireland, 1,000 people per year are diagnosed with alcohol-related cancers. In 2020, it caused 32% of new mouth and upper throat cancer cases, 24% of cancers of the larynx, 20% of oesophageal and liver cancers, 12% of colorectal cancer, and 7.5% of breast cancer in women.[[26]](#footnote-22)

Globally, public awareness of alcohol as a carcinogen at any level of consumption is very low and is the case for Ireland.[[27]](#footnote-23) In the 2022 National Survey on Cancer Awareness and Attitude by the HSE’s National Cancer Control Programme, nearly three-quarters (74%) named drinking alcohol as a cancer risk factor. However, survey findings on perceptions of the link between alcohol consumption and cancer/other health outcomes indicate that there is significant uncertainty around the risks. While half of respondents (50%) agreed that “drinking alcohol, even moderately, increases the risk of getting cancer”, a significant minority (37%) disagreed with this statement. When it came to the statement “drinking alcohol can only cause cancer if you drink a large amount over a long period of time”, 46% disagreed and a similar proportion (45%) agreed. In addition, 64% disagreed that “drinking alcohol is only bad for your health if you drink enough to get drunk” and a sizeable minority (30%) agreed with this statement. These findings indicate that the public have conflicted views on the health effects of alcohol, and demonstrates that significant uncertainty exists about cancer risk.

In addition, a survey conducted by the Department of Health with a representative sample of the population aged 15 years and older living in Ireland found that 79% were unaware of the risk of breast cancer associated with alcohol and 60% were unaware of the bowel cancer risk.[[28]](#footnote-24)

# CONCLUSION

Alcohol Forum Ireland strongly welcomes the Commission’s commitments to propose effective legislation on alcohol labelling and warnings. We urge the Commission to support Member States in their fight against the devastating effects of alcohol. We, therefore, ask the Commission to issue a detailed opinion on the Draft Regulations to support its adoption.

1. [↑](#endnote-ref-1)
2. [Regulatory Impact Analysis (RIA) (drugsandalcohol.ie)](https://www.drugsandalcohol.ie/34033/1/Alcohol_Regulatory_Impact_Analysis.pdf) [↑](#footnote-ref-1)
3. [Drinking in Denial: In Ireland we underestimate harmful alcohol consumption (hrb.ie)](https://www.hrb.ie/?id=223&tx_news_pi1%5Bnews%5D=1371&tx_news_pi1%5Bcontroller%5D=News&tx_news_pi1%5Baction%5D=detail&cHash=46ded638762fca5e4abf213f092241b0) [↑](#footnote-ref-2)
4. Preventing Harmful Alcohol Use. OECD (2021). <https://www.oecd.org/publications/preventing-harmful-alcohol-use-6e4b4ffb-en.htm>

2 https://data.oireachtas.ie/ie/oireachtas/bill/2015/120/eng/memo/b12015s-memo.pdf [↑](#footnote-ref-3)
5. [↑](#footnote-ref-4)
6. [european-framework-for-action-on-alcohol-2022-2025-cheat-sheet-en.pdf (who.int)](https://cdn.who.int/media/docs/librariesprovider2/regional-committee-meeting-reports/rc72/european-framework-for-action-on-alcohol-2022-2025-cheat-sheet-en.pdf?sfvrsn=8e63aef4_2&download=true) [↑](#footnote-ref-5)
7. [↑](#endnote-ref-2)
8. [↑](#endnote-ref-3)
9. [↑](#endnote-ref-4)
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15. https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30021-9/fulltext [↑](#footnote-ref-11)
16. Healthy Ireland Survey 2021. https://www.gov.ie/en/publication/9ef45-the-healthy-ireland-survey-2021/ [↑](#footnote-ref-12)
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# Pregnancy, Fertility, Breastfeeding, and Alcohol Consumption: An Analysis of Framing and Completeness of Information Disseminated by Alcohol Industry–Funded Organizations. *Journal of Studies on Alcohol and Drugs, 80*(5), 524–533 (2019)

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