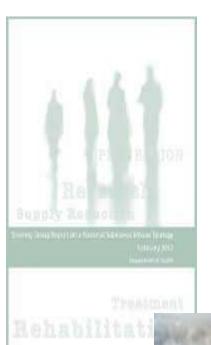
HSE Alcohol Programme







An Bille Släinte Poibli (Alcól), 2015 Public Health (Alcohol) Bill 2015

Mar a tionninatedly

As initiated









collisions.



of all 867 collisions involved at least one drives or motorcyclist with a record of alcohol consumption prior to the collision.



of the 867 fatal collisions involved a pedestrian who had consumed alcohol.



Half of all drivers and motorcyclists over four times the current drink driving limit. A quarter of drivers were five times over the current legal limit and a fifth of motorcyclists were five times over the current legal limit.

Alcohol as a Factor in Fatal Collisions



Almost half (47%) of the 15 and 24 years had a



Over half (52%) of the rians were on the road ith a EAC in excess of 201mg.



Overall, over half (58%) of the 330 alcohol-related collisions occurred between 5pm and 5am with a sarboular peak between 2 and 3am.



Almost 1/3 of the alcohol-related

The majority of drivers who had consumed alcohol were Overall, the speed limits

Alcohol, Cancer and Your Health





a quick question



is your drinking affecting your life, your work, your relationships, your health?

Do you know how much is too much?

This leaflet is designed to encourage you



Connecting for Life

beland's National Strategy

to Reduce Suicide 2015-2020

to consider drinking less.



€1.5 billion

spent on alcohol related hospital discharges. That's €1 for every €10 spent in public health in 2012*

"This sactudes wrisitgancy care, parent practice, apprint to been and abotic manner transfers."

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Harm to health

In 2013:

Deaths per day were alcohol related

cases treated for problem alcohol use

Rate of

alcohol-related

trebled between

liver disease



people suffered an alcohol

-related assault

In 2014:

self-harm cases were alcohol-related

@ Health Research Board

1995 - 2013: 2001 - 2010:

More than

breast cancer cases attributed to alcohol

1995 and 2013

Reduce alcohol consumption to reduce harm

- Target is to reduce consumption to 9.1 litres per capita by 2020 in order to reduce alcohol related harms.
- Key measures in the Public Health Alcohol Bill minimum unit price, statutory regulation of advertising and promotion of alcohol brands including sponsorship and reducing the availability of alcohol will all help reduce the supply of alcohol.
- Measuring the individual and societal harms is critical to build understanding of the problem and support for public health approach to reducing harm.
- Providing support and treatment to individuals and family members negatively impacted by alcohol is critical.
- Benefits of reducing alcohol consumption are significant for drinker and non-drinker alike.

Primary areas of activity from 2017

- Screening and Brief Intervention: SAOR, MECC Making Every Contact Count, online self-assessment tools.
- External Communications Campaign on Alcohol Risk; a website, digital campaign, and print resources in the first phase 2017.
- Accompanying internal campaign on alcohol risk
- Data collection and analysis to measure the impact of alcohol harm on the health services.
- To work with colleagues to improve access to treatment services for people with alcohol related problems.
- To establish a special interest group on FASD

HSE Alcohol Programme Activity

- HSE Alcohol Programme Implementation Group: members from a range of HSE divisions including public health, communications, NOSP, addiction services, knowledge management, acute hospitals, mental health, human resources, Healthy Ireland and policy expertise.
- Subgroups on: Data, Communications and Screening and Brief Intervention and a special interest group on FASD.
- HSE Alcohol Programme External Stakeholders Group.
- HSE Alcohol Programme Implementation Plan 2017-2020 will be completed by the end of the year.

THANK YOU

PLEASE DON'T HESITATE TO CONTACT US

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Alcohol in Ireland - Getting the Measure of it! National Conference

Regional Drug & Alcohol Task Forces

The Heritage, Killenard, Laois. 06.10.16, 9am - 4.30pm.