

## CONFERENCE ABSTRACT

# Knowledge and attitudes of frontline practitioners on Government policy to reduce alcohol consumption in Ireland

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**Introduction:** Alcohol consumption in Ireland is rated fifth highest in OECD countries. Measures to reduce consumption were proposed in 2013, the Governments response to the National Substance Misuse Strategy (NSMS) report [1]. Environmental Health Officer's (EHO's) were identified to enforce provisions of the Public Health (Alcohol) Bill 2015 regarding availability, sales and marketing.

The Environmental Health Service (EHS) is managed nationally by an Assistant National Director (AND) who reports to the National Director of the Health and Wellbeing Division within the Health Service Executive (HSE). The service is delivered through four Regional Chief Environmental Health Officers (RCEHO's) and 38 Principal Environmental Health Officers (PEHO's). Teams of EHO's carry out a broad range of statutory and non-statutory functions such as food control, tobacco control, cosmetics, water exceedences etc. Currently the staff resource required to complete this work on behalf of the HSE is 409. This study aimed to identify the supports required for effective implementation of this legislation by the EHS.

**Methods:** The approach was a single method quantitative questionnaire adapting the 2012 survey: Public knowledge, attitudes and behaviours towards alcohol [2]. An additional section included questions on the EHO's view of their enforcement role.

The sampling framework adopted was a census of EHO's (101) working for the HSE in the Dublin Mid-Leinster region. Descriptive statistics were used to describe the results and chi square analysis was undertaken to explore relationships.

**Results:** There was large agreement (85%) among EHO's that effective policies for alcohol control will protect population health and save lives. Over two thirds of respondents believe that effective implementation of the legislation to reduce alcohol consumption would be facilitated by active involvement by EHO's in the preparation stage.

The EHO was the professional officer selected for enforcing provisions of the legislation as follows: alcohol content labelling (68%); structural separation of alcohol products (76%); calorific content and health warnings on alcohol products (77%).

Over two thirds (68%) of respondents support a minimum price below which alcohol cannot be sold. 43% of respondents agree that Government should reduce the number of outlets selling alcohol.

**Discussion:** Although the majority of EHO's believe alcohol strength in grams should be displayed on the label, there was a low level of understanding (10%) of the HSE 'Low Risk Drinking Guidelines'. This is not unusual as studies have shown that 'standard drink' or units are widely misunderstood by society [3].

EHO's with less than 20 years' services were the cohort heavily disagreeing with a reduction in alcohol outlet density (46%). The evidence underlying this policy intervention is that demand for alcohol beverages is reduced by restricting physical availability [4]. Also, 38% of this cohort did not support minimum unit pricing (price increase is included in the strongest and most cost effective health interventions [4]).

**Conclusions:** Engagement is needed between policy makers, EHO's and other stakeholders during the formulation of legislation. Training resources are required for educating EHO's on the epidemiology of alcohol related disease and adequate staffing resources are needed to sustain enforcement. A public communication strategy to raise awareness of the harms caused by alcohol will support policy implementation.

**Lessons Learned:** Due to the small sample size no inferences could be made from data relating to the categorical variable (gender).

**Limitations:** A key limitation of this study was the small census population of EHO's invited to participate in this research. Volunteer bias (44% responded) and the quantitative nature of the research is a further limitation.

**Future Research:** A mixed methods approach incorporating qualitative, semi-structured interviews to further understand the EHO's role was a recommendation from this research.

#### **References:**

- 1- Irish Department of Health. Steering group report on a national substance misuse strategy. Dublin: 2012.
- 2- Health Research Board, Ipsos MR. Alcohol: public knowledge, attitudes and behaviours. 2012.
- 3- Kerr WC, Stockwell T. Understanding standard drinks and drinking guidelines. Drug and alcohol review. 2012 Mar 1;31(2):200-5.
- 4- Babor T. Alcohol: no ordinary commodity: research and public policy. Oxford University Press; 2010 Feb 25.

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