

Letter to the Editor

The importance of continued and full implementation of the Public Health (Alcohol) Act: a comment on Barry and Lyne (2023)

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To the Editor,

We read with interest Barry and Lyne's (2023) perspective piece chronicling the development of public health alcohol policy in Ireland, which culminated in enactment of the Public Health (Alcohol) Act in October 2018 (hereafter 'the Act'). At the heart of the piece is an interesting reflection on the circular nature of evidence in public health alcohol policy. It begins by highlighting how the formative stages of policy development in Ireland sought inspiration from the World Health Organization's evidence-based framework for alcohol policy. It concludes with details of how Ireland has established a Public Health Alcohol Research Group, with remit to advise on monitoring and evaluating the Act, thus instigating a 'feedback loop' of real-world evidence which will inform the development and implementation of future public health alcohol policy internationally. The Act and plans for evaluation therefore once again position Ireland as a global leader in public health policy, as was the case in tobacco control (Studlar 2015).

Another important point made by Barry and Lyne (2023) is that, in the wider narrative arc of public health alcohol policy in Ireland, we find ourselves only at 'the end of the beginning' (pg. 105). This is an important recognition of the progress still to be made and challenges yet to be overcome. While passage of the bill into law was undoubtedly a crucial step, the intended public health benefits of the Act, to both individuals and wider society, will only be fully realised once all measures have commenced. The measures in the Act are wide ranging, covering how alcohol can be priced, where and how it can be marketed, and the provision of health information and warnings. While there are certainly merits to each individual measure, they are ultimately designed to work in a complementary and cumulative manner.

As Barry and Lyne (2023) detail, some progress on commencement has already been made, including several marketing restrictions (November 2019 and 2021), structural separation in mixed-trade retailers (November 2020), price-promotion restrictions (January 2021), and minimum unit pricing (January 2022). At the time of writing, Ireland is also moving closer to enacting Section 12, the provision of mandatory health information and warnings on alcohol packaging and in licensed premises, after receiving no formal objection from the European Commission

(Lancet Gastroenterology & Hepatology, 2023). Commencement, however, is still contingent on a final order from the Minister for Health, and progress on this continues against a backdrop of industry opposition (O'Leary, 2023), something that Barry and Lyne (2023) highlighted as a possible issue during the pre-enactment stages.

Nevertheless, despite approaching five years since the Act was passed into law, other key controls on alcohol advertising are yet to be progressed and there no clear timeline for commencement (Alcohol Action Ireland 2022). Specifically, Section 13 intends to limit alcohol advertising to factual product information (e.g. alcoholic strength-by-volume) and mandate the presence and design of health information and warnings in advertising. Evidence supports the impact these measures may have on consumers and marketing practice. For example, research with young adults in France, where a similar policy already exists under the Évin law, has found that removing characters and wider context, as is broadly proposed in Ireland, reduces the attractiveness of alcohol advertising and limits the potential behavioural impact (Gallopel-Morvan et al., 2022). Moreover, a study of health information in digital alcohol marketing in Ireland found that marketing rarely contained consumer protection messages, and none contained explicit health warnings or references to independent sources of public health information about alcohol (Critchlow and Moodie 2022).

Progress is also still to be made relation to Sections 18 and 19, which will introduce restrictions on how alcohol can be advertised in print publications (i.e. no more than 20% of advertising space in a publication) and a time-based 'watershed' for alcohol advertising broadcast on television and radio. As above, evidence supports the potential impact these unimplemented measures may have. For example, recent survey data shows that approximately three quarters of adults in Ireland recall seeing alcohol advertising on television in the past-month, around half recall seeing alcohol advertising in newspapers or magazines, and around two-fifths recall hearing alcohol advertising on the radio (Critchlow et al., 2023). The same study also supports that Ireland's restrictions on alcohol advertising on public transport and at the cinema, which commenced in November 2019, have reduced self-reported past-month awareness among adults, even after accounting for the likely impact of the COVID-19 pandemic. Evaluations of conceptually similar restrictions for tobacco advertising also demonstrate the potential consumer impact (Harris et al., 2006; Moodie et al., 2008).

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We also agree with Barry and Lyne that ‘there remains the very practical issues of enforcement, monitoring, and future amendments’ (pg. 105). Such challenges have also been documented in key stakeholder interviews during the post-enactment period in Ireland (Purves et al., 2022). A key challenge relates to alcohol companies promoting products with zero alcoholic strength-by-volume or related cultural attractions using similar branding as the regular strength counterpart (e.g. names, logos, and colours). Such ‘brand sharing’ or ‘alibi marketing’ has already been documented on public transport and within the sporting area during events, both places where advertising for regular strength products is now prohibited (Critchlow et al., 2022; Harrison, 2023). To what extent brand sharing advertising is compliant with the Act, and to what extent exposure to such advertising is detrimental to the aims of the Act, remain issues to consider.

In the past, the Irish Government has been criticised for missed opportunities and stagnation in relation to alcohol control policies that affect health (Houghton 2010, 2012). As documented by Barry and Lyne (2023), however, it is evident that meaningful progress can be made through perseverance, strong political leadership, and coherent and cohesive action among those involved in health and harm-reduction. It is therefore important that future stages of this journey continue in a similar manner to that chronicled by Barry and Lyne (2023), thus sustaining Ireland’s reputation as a nation of progressive evidence-based public health policy.

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Ethical standards. The authors assert that all procedures contributing to this work comply with the ethical standards of the relevant national and institutional committee on human experimentation with the Helsinki Declaration of 1975, as revised in 2008.

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