

# The Public Health (Alcohol) Act: Spatial issues and glaring gaps

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## Introduction

Ireland's Public Health (Alcohol) Act 2018 is an important development in the regulation of alcohol in Ireland. Such regulation is clearly required given the significant adverse impact of alcohol on Irish society. However, although some spatial issues in relation to alcohol are addressed in the legislation, three glaring issues still remain. The first of these relates to the minimal distance covered by the general prohibition on alcohol advertising near schools, crèches and playgrounds. The second liability lies in the exemption in such exclusion zones for licensed premises. The third deficit in the Act relates to the meagre number of facilities allotted an alcohol advertising prohibition zone.

The Public Health (Alcohol) Act is to be welcomed (Houghton, 2019). It contains a significant number of important provisions designed to help combat Ireland's significant drink problem (Houghton and Houghton, 2013; Mongan and Long, 2014; 2016; WHO, 2014; 2018; IPSOS MRBI, 2017; Health Research Board, 2019). Some of the most important elements of the Act include the introduction of minimum unit pricing, the introduction of warnings on alcohol products, and increased restrictions on alcohol advertising and sponsorship. It is hoped that this, and other measures, will help limit both binge drinking and comparatively high annual levels of alcohol consumption in Ireland (WHO 2014, 2018a).

The adverse impact of alcohol in Ireland is significant. Research indicates that in Ireland alcohol is responsible for approximately 3 deaths per day, and one in four deaths of young men aged 15-39 years (Health Research Board, 2019). The significant impact of alcohol is also evident in relation to manslaughter, rape, sexual assault and domestic violence, suicide, self-harm, public order offences, child neglect, road traffic incidents (Mongan and Long, 2014, 2016; WHO, 2014, 2018; IPSOS MRBI, 2017; Health Research Board, 2019). The economic costs of alcohol are also substantial. 10% of State hospital spending in Ireland is spent on alcohol related morbidity, at an annual cost to the taxpayer of €1.5 billion (2012 data), while a total of 1500 beds in Ireland are occupied with

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alcohol related issues on a daily basis (Department of Health, no date; ICF International, 2016; Health Research Board 2019). Further health costs include primary care services, psychiatric admissions and alcohol treatment services (Martin *et al.*, 2011; Mongan and Long, 2016).

Despite the ‘unhelpful stereotype’ internationally of the problematic relationship between the Irish and alcohol (Foster, 2003:58), Ireland is not alone in experiencing its adverse impact (Lim *et al.*, 2012). The World Health Organization (2018b) estimate that 5.3% of all deaths result from the harmful use of alcohol. This equates to 3 million deaths annually. A similar figure, 5.1%, has been suggested by the WHO (2018b) as the global burden of disease and injury caused by alcohol when measured in DALYs (disability-adjusted life years). The WHO also note that harmful alcohol use has been identified as a causal factor in more than 200 diseases. In addition, a causal relationship has been mapped between alcohol and a range of mental health disorders. Of particular interest is the impact of alcohol on young adults. The WHO (2018b) note that in the 20-39 years age group roughly one in eight deaths are alcohol-attributable.

A considerable volume of research has examined spatial aspects of the relationship between alcohol, deprivation, and neighbourhood and individual factors. Research examining the drinking patterns of Scottish adolescents has noted the impact of both rurality and deprivation (Shortt *et al.*, 2015; Macdonald *et al.*, 2018; Martin *et al.*, 2019). Research in Scotland has also noted that the most deprived sections of society may be disproportionately adversely impacted by alcohol outlet density (Shortt *et al.*, 2018). Further research there has also noted not only the adverse impact of alcohol on mortality and morbidity generally, but a small though significant increase in deaths in neighbourhoods with higher off-sales outlet densities (Richardson *et al.*, 2015).

## The Public Health (Alcohol) Act

Ireland’s Public Health (Alcohol) Act does specifically address a number of spatial issues in relation to alcohol, and these are to be commended. For example, the Act, when it is fully introduced, will prohibit alcohol product advertising at sporting venues, at events targeted at children, and at locations such as bus and train stops, local authority parks or in or on taxis, trains or buses. In addition, it will require a physical separation between alcohol and other products in retailers. This is crucial, as it is important to remember that alcohol is ‘no ordinary commodity’ (Babor *et al.*, 2010). The Act has also outlawed alcohol advertising within 200 meters of schools, crèches, and local authority playgrounds.

However, the Act has already been criticized for only targeting the advertisement of alcohol products at sporting venues routinely attended by young children, rather than also including a ban prohibiting adverts for bars themselves (Houghton and McInerney, 2019). The Act, despite curtailing sponsorship and advert, also fails to prohibit crowd shots in media coverage of major sports tournaments that serves to valorise and promote both alcohol and the link between alcohol and sport (Houghton and McInerney, 2020). There are three further glaring spatial issues that urgently require redress in the Act.

Firstly, the meagre distance of an exclusion zone of 200 meters from schools, crèches, and local authority playgrounds is too short. This is particularly important because evidence already exists from Ireland demonstrating children's knowledge of alcohol sponsorship of sporting events (Houghton *et al.*, 2014). However, even in relatively crowded urban landscapes, at a distance of 200 meters, adverts for alcohol products are often still visible, particularly 'oversize' adverts that are commonplace. The visibility, interpretability and recognition of certain alcohol brand adverts is often enhanced through features such as a particularly notable script, such as Tennent's lager (Houghton and McInerney, 2019), or logo, such as the Guinness Harp (Houghton and McInerney 2020, see Figure One). A figure of 400-500 meters is far more appropriate to reduce visibility, particularly given neighbourhood size, and children's routine travel routes to schools, crèches and play parks. Children's travel routes often include main thoroughfares, where such advertising is likely to be located (Smith *et al.*, 2010; Azmia *et al.*, 2012). It is estimated that with the curvature of the earth, a six-foot tall person can see 5000 meters in open flat terrain (Brookes, 2014). It has also been suggested that, as a broad guide, the average person can walk the following distance in one minute: 90 metres at a brisk pace; 60-70 metres at a moderate speed; 40-50 metres at a slow pace; 30-40 at a very slow pace. Given an average walking speed of 1.4 meters per second, a 200m distance is usually covered in just over two minutes or 143 seconds (Department of Transport, 2008). It must also be noted that data from Ireland's 2016 Census indicates that the average travel time for primary school children to school was 11.6 minutes, while for secondary school students it was 19 minutes (CSO, 2017). CSO data for the same year also indicates that nationally, at both primary and secondary level, approximately 70% of children are either driven to school in cars or in buses/ minibuses/ coaches (CSO, 2017). In this context, the 200m exclusion zone appears paltry and blatantly inadequate.

Secondly, the prohibition of alcohol advertising within 200m of schools, crèches, and local authority playgrounds includes an exemption for licensed premises and the premises of alcohol manufacturers and wholesalers. This exemption, at least for licensed premises, needs to be challenged and removed. Licensed premises do not need to advertise alcohol products externally. To do so only contributes to the creation of an intoxicogenic environment (McCreanor *et al.*, 2008; Griffiths and Casswell, 2010). The significant impact of exposure to alcohol advertising on youth uptake and use of alcohol is well known (National Youth Council of Ireland, 2009; HSE and TUSLA, 2019; Jernigan, 2010; Lobstein *et al.*, 2015; Anderson *et al.*, 2009; Smith and Foxcroft, 2009).

Finally, the list of designated premises and grounds allotted an exclusion zone in relation to alcohol advertising is too limited. Although schools, crèches and local



**Figure 1.** One Current Example of the Guinness Logo within 200m of an Irish National School (Source: Author).

authority playgrounds are an important start for such zones, equally important are hospitals, health centres, premises housing psychiatric, psychological and counselling services, youth service premises, and public libraries. Other premises to seriously consider extending alcohol advertising exclusion zones to include community centres, cinemas, theatres, zoos, wildlife parks, public swimming pools, ferry ports, airports and, potentially, churches.

It can be argued that there may be a legacy issue here in relation to schools and health services in small towns historically having often been built near their commercial hub, which will also routinely include numerous alcohol outlets. It should be acknowledged though that schools are increasingly located on the periphery of towns to access larger and cheaper plots of land. However, even where that is not the case, the negative impact of exposure to alcohol advertising and visibility is such that an enhanced alcohol advertising free zone beyond 200m is essential. It is unacceptable that youth spaces continue to function as intoxicogenic environments.

## Conclusion

This short commentary is primarily concerned with youth exposure to alcohol advertising outdoors. However, it must also be noted that significant exposure to such advertising and products also occurs inside, particularly in supermarket settings (Jones *et al.*, 2012; Chambers *et al.*, 2017; McBride-Henry *et al.*, 2020;). The use of GPS and wearable cameras in innovative research with children in recent years has significantly enabled such research, which has amply established the importance of such exposures (Chambers *et al.*, 2017, 2018). Alcohol consumption also involves what may be termed a complex spatiality. Youth consumption of alcohol in the family home and under parental guidance may be considered 'safe', whereas unsupervised youth consumption in public consumption may be seen as linked to aggression, violence, and disorder (Jayne *et al.*, 2012).

The negative impact of alcohol on Irish society necessitates that the current opportunity to curtail this problem is not missed, as has happened in the past. (Houghton, 2010). Tackling youth and problematic alcohol use and misuse requires a robust response. The current Public Health (Alcohol) Act is a valuable start but contains a number of serious deficiencies that must be remedied. Past examples of equivocation by Government on this issue are unacceptable (Houghton, 2012, 2013). Deficits in this legislation must be addressed through amendments as forthcoming sections are brought into force.

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