Ireland’s Public Health (Alcohol) Bill: Policy Window or Political Sop?

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Abstract
In the wake of the Steering Group Report on a National Substance Misuse Strategy in 2012, the Irish government announced in October 2013 that it had approved a number of alcohol policy measures to be incorporated into a Public Health (Alcohol) Bill to be drafted and enacted as quickly as possible. Against a historic backdrop of previous alcohol policy proposals in Ireland in recent decades, this article looks critically at this recent development with a view to determining to what extent it represents, in Kingdon’s terms, a “policy window” for the public health approach to alcohol issues. It is argued that while some specific public health measures may be introduced, the various “streams” of the Irish policy process have not joined together in an unambiguous, consensual acceptance of the public perspective on alcohol, and that the “politics stream” has not to date deemed this perspective to be consonant with the “national mood.”

Keywords
public health, alcohol, policy window, Ireland

On October 24, 2013, it was announced that the Irish government had approved a number of policy measures to reduce alcohol-related harm and that these measures would be incorporated into new legislation, the Public Health (Alcohol) Bill, to be drafted during 2014 and enacted as quickly as possible. This governmental decision had been taken in light of the Steering Group Report on a National Substance Misuse Strategy, which had been compiled under the aegis of the Department of Health and published in early 2012. The primary task of the Steering Group was to advise government as to how alcohol could be integrated into Ireland’s existing National Drugs Strategy, a strategy which had heretofore dealt only with illicit drugs and which operated in an explicitly managerial mode through its four main “pillars”—supply, prevention, treatment rehabilitation, and research (Butler, 2007). No standing committee or permanent policy structure for managing alcohol
issues had previously been established in Ireland, and the Steering Group was the most recent in a sequence of ad hoc alcohol advisory bodies appointed by government in recent decades (Hope & Butler, 2010). What was significant about the Steering Group, however, was that since its major task was to insert the alcohol policy function into the National Drugs Strategy—which had permanent policy structures and an ongoing work program—it appeared to signal the end of ad hoc alcohol policy making in Ireland. The Steering Group was chaired by the Chief Medical Officer in the Department of Health and its membership included: civil servants from several central government departments; representatives from the healthcare and criminal justice systems; members of the community and voluntary sector; and, in the spirit of social partnership, two representatives of the drinks industry. Given the size of its membership (43 different people are listed in the final report as having attended Steering Group meetings) and the presence of industry representatives who could be expected to take issue with mainstream public health approaches to alcohol, delays in the completion of this report were not entirely unexpected; and its report, which was due to have been submitted to the Minister for Health in October 2010, was not in fact submitted until February 2012.

The Steering Group’s recommendations were generally reflective of a public health approach to alcohol issues (Babor et al., 2010) in calling for tougher control measures to reduce total consumption; and it was clear that drinks industry representatives—who dissented from these recommendations and produced two minority reports (Minority Report by Mature Enjoyment of Alcohol in Society, 2011; Minority Report by the Alcohol Beverage Federation of Ireland, 2011)—had been outvoted by their colleagues on this committee. The Steering Group did not comment explicitly on the fact that the overall thrust of its recommendations was similar to that of previous health policy documents dealing with alcohol, none of which had been acted upon by policy makers; but perhaps the fact that it refused to include the drinks industry minority reports as appendices to its majority report (merely making them available separately on the Department of Health website) indicates a degree of public health disgruntlement on this score.

Over the past 30 years, alcohol policy issues have rarely been out of the news or off the public policy agenda for long in Ireland and, as previously noted, the Steering Group’s report was merely the latest in a line of policy reviews—most of which have recommended the establishment of an integrated national alcohol policy based upon public health principles (Butler, 2009). The case for setting in place such a policy has been based upon research which has generally confirmed that total alcohol consumption is high by international standards, that the Irish are particularly prone to binge drinking and, consequently, that the country has a high prevalence of alcohol-related problems. Irish alcohol consumption increased dramatically during the economic boom years between the mid-1990s and 2001, the era of the so-called Celtic Tiger; and an earlier health policy document, the Strategic Task Force on Alcohol, Interim Report (2002) had noted that “Between 1989 and 1999, alcohol consumption per capita increased by 41% [from 7.6 liters of pure alcohol per capita in 1989 to 10.7 liters per capita in 1999], while ten of the European Union Member States showed a decrease and three other countries showed a modest increase during the same period” (p. 5). Ramstedt and Hope (2005), using the methodology of the European Comparative Alcohol Study, looked at Irish drinking habits for the year 2002 and confirmed not only that the Irish drank more than their counterparts in other western European countries but that out of every 100 drinking events, 58 ended up in binge drinking for men and 30 for women. The adverse health and social consequences of such drinking habits have also been researched and presented for the consideration of policy makers on a regular basis (e.g., Mongan, Hope, & Nelson, 2009; Mongan, Reynolds, Fanagan, & Long, 2007).

The 2012 Steering Group report pointed out that while total alcohol consumption had dropped since the economic recession which began in 2008 (from a high of 14.3 L of alcohol per adult in 2001 to 11.9 L in 2010), Irish consumption levels remained high by international standards as did the prevalence of adverse consequences of such consumption. The report linked continuing high consumption levels during a period of reduced disposable incomes to changes in purchasing and consumption habits, with
Irish consumers now tending to abandon pub drinking in favor of off-license purchase for home consumption. It noted that this change had been facilitated both by an increase in off-license outlets (“a 161 per cent increase in the number of off-licenses operating between 1998 and 2010” [p. 7]) and by the availability of cheap or discounted alcohol in “mixed trade” off-license outlets: the latter referring to the sale of alcohol in supermarkets and grocery stores which sold alcohol below-cost as a “loss leader”—a practice which had been permitted in Ireland since the abolition of the Groceries Order in 2006.

The October 2013 announcement contained two legislative proposals specifically targeting this change in Irish alcohol purchasing habits. The first of these, as recommended by the Steering Group, was a governmental decision to legislate for minimum unit pricing of alcohol which would set a “floor price” and effectively do away with the sale of very cheap alcohol. The second was a decision to implement a provision for the structural separation of alcohol from other products in mixed trading outlets—a provision that had been contained in previous legislation but never in fact “commenced” legally. This structural separation would prohibit retailers from displaying alcoholic beverages alongside foodstuffs and other consumer goods and was intended to reduce the visibility of alcohol in supermarkets, convenience stores, and filling stations—and generally discourage the purchase of alcohol as just another item in grocery shopping. However, the government also announced that its structural separation measures were to be implemented on a 2-year trial basis. In relation to advertising and promotion, the announcement indicated a willingness to go some way toward the tougher statutory controls called for by the Steering Group. However, the government announcement made it clear that the Steering Group’s recommendation for a statutory ban on drinks industry sponsorship of sporting and other major public events had been deemed politically unacceptable.

Apart from its specific policy details, what was interesting about this October 2013 announcement was the novelty of its stated commitment to tackling long-standing alcohol problems from a broad, public health perspective. The legislative proposals were made at a press conference attended by the Minister for Health, the Minister for Children and Youth Affairs, and the Minister of State at the Department of Health who had responsibility for the National Substance Misuse Strategy; and the accompanying press release announced that these proposals had been approved by Cabinet and reflected a cross-sectoral consensus on alcohol policy. Alex White, Minister for State, who took the lead on this issue, was quoted as saying: “This is a landmark day. It is the first time alcohol misuse has been addressed as a public health issue” (Department of Health 2013, para. 2).

The aim of the present article is to look critically at this proposed legislative initiative and, against a historic background of previous alcohol policy initiatives, to explore to what extent it may be deemed indicative of a real window of opportunity for an “evidence-based” public health approach to alcohol policy in Ireland.

**Methodology and Theoretical Framework**

This article draws on previous research by this author (Butler, 2009), which tracked earlier alcohol policy initiatives in Ireland dating from the late 1970s and which found that despite the frequency and consistency of the public health recommendations emanating from earlier policy documents, no significant implementation of public health measures in relation to alcohol took place in this country. Against this historic background, the present article seeks to analyze recent policy developments, primarily through documentary analysis of the reports already mentioned (the Steering Group Report, the government press release of October 2013, and the General Scheme of the new legislation which was published in February 2015) with a view to assessing the degree to which they represent a new and unequivocal policy commitment to managing alcohol consumption and related problems from a public health perspective.

Theoretically, this article starts from an assumption that alcohol policy making is not primarily a technical/rational phenomenon in which government accepts and acts upon the advice offered by
scientific researchers as to the most efficient and effective means to achieve agreed goals; instead, it views the policy process as more complex—involving multiple stakeholders, conflicting value systems, and economic interests, as well as frequent and fundamental disagreements about the nature of the problem being managed or prevented (Stevens & Ritter, 2013). Specifically, the promised governmental action on Irish alcohol issues will be looked at in terms of Kingdon’s (2011) model of public policy making, which sees the policy process as consisting of three main “streams”:

- the **problems** stream which is concerned with defining the problems facing public policy makers, explaining how they arise and measuring their prevalence and gravity;
- the **policy** stream which proposes solutions and advises policy makers as to the most effective course of action to take in resolving these problems;
- the **political** stream where government, while perhaps not ignoring advice from the policy stream, makes policy decisions which essentially reflect its judgment as to what is politically acceptable.

In Kingdon’s view, these three streams are largely independent of one another, and substantial policy changes occur only on those—relatively rare—occasions when the streams come together and provide a “policy window” for the issue under consideration. The question for this article, therefore, is whether or to what extent we can regard current Irish developments as indicative of such a policy window for the implementation of evidence-based alcohol policy.

**Findings**

**Irish Alcohol Policy—Problems Stream**

As previously mentioned, the 2012 Steering Group Report summarized existing data on alcohol consumption in Ireland, pointing out that while consumption levels had dropped from the levels reached during Ireland’s economic boom, they were still high.

The average Irish adult drank 11.9 liters of pure alcohol in 2010. . . . Given that 19 per cent of the adult population are abstainers, the actual amount of alcohol consumed per drinker is considerably more. While alcohol consumption has reduced since 2000, adults in 2010 were still drinking more than twice the average amount of alcohol consumed per adult in 1960. . . . If every adult (15+ years) restricted his/her alcohol consumption to the recommended maximum low-risk limit on every week of the year, the actual per capita consumption would be 9.2 litres of pure alcohol per adult (15+ years), or 23 per cent less than was consumed in 2010. (p. 7)

The report provided detailed epidemiological data on a range of health and social problems associated with alcohol, concluding that the “burden of health harms and social consequences of harmful use of alcohol demanded the implementation of further measures to protect and preserve public health” (p. 10). The Steering Group also drew attention to drinking patterns in Ireland and in particular to the Irish tendency to binge drink.

If one were to read this report from a governmental perspective, its message was a simple one: the Irish are drinking too much, drinking in a particularly risky pattern, and consequently are experiencing a high prevalence of alcohol-related problems. However, far from being a new message from the scientific community to policy makers, this was merely the most recent version of a message which in various ways has been communicated to Irish policy makers over almost 40 years. The disease concept of alcoholism, which originated in post-Prohibition United States and had been promoted internationally by the World Health Organization during the 1950s and 1960s, attributed causal responsibility for this putative condition to the vulnerability of a minority of individual alcohol consumers and regarded...
population consumption levels as being of no epidemiological significance (Beauchamp, 1980). This concept had a relatively short shelf life in Irish health policy (Butler, 2002); and from the mid-1970s, commencing with Irish participation in the International Study of Alcohol Control Experiences (Makela et al., 1981; Single, Morgan, & de Lint, 1981), Irish epidemiologists had worked at tracking changes in national consumption and linking increased levels of consumption to an increased prevalence of a range of related problems.

In terms of Kingdon’s problems stream, therefore, we can conclude that Irish policy makers have since the 1970s been presented regularly and consistently with research evidence on levels and patterns of alcohol consumption, and with researchers’ conclusions that causal linkages exist between these consumption trends and the prevalence of a range of related problems—not just a single discrete disease. In several instances, official health policy documents, apparently endorsed by government, have drawn heavily on alcohol research of this kind (e.g., *The Psychiatric Services: Planning for the Future*, 1984; *National Alcohol Policy—Ireland*, 1996; *Strategic Task Force on Alcohol—Interim Report*, 2002); and the Health Research Board, a statutory body, carries out and publishes regular epidemiological reports into Irish drinking habits. In summary, Irish policy makers have been presented for more than 30 years with research evidence which has argued, as the recent slogan has it, that alcohol is “no ordinary commodity.”

**Irish Alcohol Policy—Policy Stream**

As previously stated, the dominant tone of the policy recommendations contained in the Steering Group Report of 2012 was one of control and regulation. Furthermore, since these recommendations were being fitted into a policy framework that had been created to deal with illicit drug issues, many of them were presented under the framework’s “supply pillar”: an approach that was challenged and resented by drinks industry representatives since it appeared to equate alcohol, a legal commodity, with illicit drugs (e.g., *Minority Report of the Alcohol Beverage Foundation of Ireland, National Substance Misuse Strategy*, 2012).

Again, however, the policy recommendations made by the Steering Group were not new in an Irish policy context but were substantially the same as those made in previous health policy documents. In terms of Kingdon’s *policy stream*, Irish policy makers had been told on numerous occasions and in an increasingly explicit way that (1) alcohol-related problems could be primarily attributed to the fact that alcohol was an inherently risky commodity which was being consumed excessively and in dangerous patterns by Irish people and that (2) traditional liberal approaches to problem prevention and management (such as public education and awareness campaigns, and treatment and rehabilitation systems) were relatively ineffective and that, if it really intended to tackle the issue, government should implement measures to make alcohol more expensive, less accessible at retail level, and less normalized culturally through advertising, promotion, and marketing. The publication of *The Psychiatric Services: Planning for the Future* (1984) marked a transition in health-based alcohol policy discourse in Ireland, since this report summarily dismissed the disease concept of alcoholism, arguing that if alcohol consumption continued to grow it was foolish to expect Irish mental health services to stem the tide of related problems that would inevitably result from such increased consumption. Instead, the authors of *Planning for the Future* called for the creation of a public health approach to alcohol in this country. Of the many subsequent reports published and ostensibly accepted by government in relation to alcohol, perhaps the report that stands out most is *National Alcohol Policy—Ireland* (1996). This ambitious policy document had been called for by a Minister for Health who saw his alcohol policy venture as a flagship initiative for his broader health promotion aspirations and who may not have fully appreciated the political complexities involved in implementing multisectoral projects of this kind (Butler, 2002).

It is noteworthy that the *National Alcohol Policy* document was 7 years in the making, having been initially requested in 1989. It was no surprise, therefore, given the relatively brief tenure of cabinet
ministers, that by the time of its eventual publication several ministers had come and gone in the health sector—so that no individual political leader was consistently involved in or committed to pushing its public health agenda at governmental level. However, quite apart from alcohol policy work done by official committees, the period from the mid-1990s saw the emergence of what Kingdon would refer to a policy community, that is a group or network of experts with specialist interest and expertise in this area who were committed to lobbying for the implementation of their public health ideas on how alcohol-related harm might be reduced. This loosely constituted policy community included physicians, public health doctors, psychiatrists, health promotionists, and various other interested parties; and a degree of formality was added to its activities through the establishment early in the new millennium of a charity Alcohol Action Ireland which functioned as a national lobby group and a challenge to drinks industry promotional activities.

Irish Alcohol Policy—Political Stream

As previously described, the political stream consists of the actual policy initiatives decided upon and implemented in light of government’s judgment as to what is politically acceptable. Kingdon (2011) uses the phrase “the national mood” to refer to the political culture or the climate of public opinion as it relates to specific issues and potential policy responses; and given that very few of the evidence-based, public health measures recommended in previous policy reports were actually implemented, it seems safe to assume that successive Irish governments were of the view that the national mood in Ireland was not favorably disposed to these “drier” policy strategies. As a predominantly Catholic country, Ireland has never had what Levine (1992) describes as a “temperance culture”: that is, a culture which has experienced the enduring influence of a large, religiously based temperance movement—which views alcohol as inherently evil and which is supportive of tight alcohol controls, if not downright prohibition. The Pioneer Total Abstinence Association, Ireland’s mainstream Catholic temperance movement, which attracted huge numbers of adherents for the first half of the 20th century, has always been an ideologically moderate movement which does not see alcohol as morally evil but rather sees abstinence as a free choice available to those Catholics who opt for it on personal religious grounds; this movement still exists albeit with much smaller membership numbers (Fagan & Butler, 2011). It is also significant that during Ireland’s economic boom, between the early 1990s and 2008, formal “social partnership” institutions—involving trades unions, employers/business sector, farmers and, latterly the community/voluntary sector—existed to draft agreed programs for key social and economic policies (O’Donnell & Thomas, 2006); the dominance of this consensual, social partnership ideology clearly contributed to a national mood which would have looked askance at any suggestion that the drinks industry be excluded from the alcohol policy process. And since 2008, as the country has slowly moved toward economic recovery, government has been equally wary of policy developments which might be seen to challenge multinational business interests: A much cited mantra is that “Ireland is the best small country in the world in which to do business.”

Hope (2014) has reviewed “the ebb and flow” of public attitudes toward a number of alcohol policy initiatives between 2002 and 2010 as measured by survey research, and her findings reveal reasonably strong support for some of the main public health proposals in this sphere. From a political perspective, however, what seems most important is that public attitudes as indicated in survey research are not reflected in grassroots activism of any kind. There is no tradition in Ireland of community mobilization in favor of tighter alcohol controls comparable, for instance, to the periodic experience of bottom-up agitation by urban neighborhoods for stronger action against illicit drug problems (Lyder, 2005). The only large and vociferous public protest about any aspect of Irish alcohol policy in recent decades appears to have been one mounted by the two licensed vintners’ groups in January 1995, in opposition to what were regarded as draconian new penalties for drink-driving convictions. This protest march to Dáil Éireann (the national parliament) involved an estimated 3,000 people and succeeded in having the
penalties softened at this time. It should be noted, however, that a decade later no major public opposition was raised to the introduction of mandatory alcohol testing, which is similar to random breath testing in other jurisdictions; and Hope (2014) reported that survey research indicated that public support for drink-driving countermeasures was consistently high.

A second factor identified by Kingdon as influencing the political stream of the policy process is the existence and activity of organized political forces. And in Ireland, as in other jurisdictions, the drinks industry (including both manufacturing and retailing elements) constituted such an organized political force, lobbying vigorously and to considerable effect against the implementation of public health strategies (Hope, 2006). It is noteworthy that the International Center for Alcohol Policies, a Washington-based body that is funded by the multinational drinks industry, presented one of its early attempts at promoting partnership between the public health community and the drinks industry as the Dublin Principles (Coors, 2005) since the drafting of these principles had taken place at a seminar in Dublin. The drinks industry in Ireland manages its promotional and lobbying activities through a number of institutions, with an umbrella body, the Drinks Industry Group of Ireland, acting as coordinator for the various strands of the industry. A social aspects group, Mature Enjoyment of Alcohol in Society (MEAS), was founded in 2002 and carries out the usual functions of such groups in promoting the industry’s concept of corporate social responsibility and professing its willingness to work in partnership with public health interests.

As has occurred in other jurisdictions where public health advocates are at odds with industry interests in the alcohol policy process (e.g., Hawkins, Holden, & McCambridge, 2012), relationships between these two stakeholder groups in the Irish policy scene have been far from smooth or consensual. This is particularly evident, for example, in the Minority Report of the Alcohol Beverage Federation of Ireland (ABFI) for the 2012 Steering Group. In this minority report, ABFI expressed fundamental disagreement with the overall tenor of the majority report, starting with its objections to the group’s terms of reference: “ABFI objected to the fact that the terms of reference referred to the ‘harm caused by alcohol’ and suggested that instead it refer to the ‘harm caused by alcohol misuse’” (p. 4). In general, ABFI questioned the evidence base for the main recommendations and expressed concern about the “devastating impact that many of these recommendations will have on jobs, businesses, and livelihoods in our industry at a time of deep recession” (p. 2). Similarly, MEAS—the social aspects group represented on the Steering Group, disagreed with the main recommendations contained in the majority report. In particular, MEAS objected to a recommendation that government would impose a “social responsibility levy” on the drinks industry which would be used by the health sector to create its own social marketing and awareness campaigns, and as an alternative financial support for sporting and other large public events currently sponsored directly by the drinks industry:

MEAS/drinkaware.ie cannot support this recommendation. To endorse this proposal would amount to an admission on the part of MEAS that it has not been discharging its alcohol social responsibility remit (and that this initiative would be more effectively and efficiently discharged by the HSE [Health Service Executive]). (Minority Report of MEAS, National Substance Misuse Strategy, 2012, p. 3)

In addition to the drinks industry, Ireland’s major sporting organizations become directly embroiled in the policy arena on foot of the Steering Group’s recommendation that drinks industry sponsorship of major sporting events should be phased out legislatively by 2016. A parliamentary committee decided to investigate this issue and, following meetings with representatives of the public health community and the sporting organizations, rejected the Steering Group’s recommendation:

Some Committee Members were firmly of the view that sponsorship by alcohol drinks [sic] companies should be phased out. . . . However, the majority held the view that the link between sponsorship and the misuse of alcohol in society had not been established . . . and the Committee feels that banning sponsorship
of sports by the alcohol industry is not merited at this time. (Joint Committee on Transport & Communications, 2013, p. 8)

On the other hand, another parliamentary committee (the Joint Committee on Justice, Defence and Equality) had listened with apparent sympathy in March 2014 to a detailed, technical presentation on minimum unit pricing which had been made by representatives of Alcohol Action Ireland and by Professor Tim Stockwell from the University of Victoria in Canada. This committee appeared to have been persuaded by the research evidence presented to it that problems relating to the sale of very cheap alcohol would be more effectively resolved by minimum unit pricing than by legal abolition of below-cost sales (Houses of the Oireachtas, 2014).

The final factors identified by Kingdon as influencing governmental response to advice from the policy stream are institutional governmental factors. One of these already alluded to is the turnover of key personnel, particularly cabinet ministers and junior ministers whose tenure is typically no more than 2 years or 3 years: which obviously makes it difficult for ministers to see policy projects through to completion. In this context, it should be pointed out that Junior Minister Alex White, who had presented the Public Health (Alcohol) Bill and described it being of “landmark” importance, was transferred from his primary health care brief less than 9 months later. Of greater significance, however, is the conventional structuring of government on a division of labor basis, with ministers being allocated responsibility for specific sectors of public policy and administration. Kingdon quotes the maxim “Where you stand depends upon where you sit” (p. 155), by which he means that in governmental situations the views of individual ministers are more likely to reflect the ministries within which they are currently situated rather than deeply felt, ideological or personal beliefs. In relation to alcohol, therefore, it is to be expected that whatever their abstract views about the merits of health promotion, ministers who are not based within the health sector will evaluate policy proposals in terms of how these proposals are likely to impact upon their own sectoral interests. On this basis, ministers with responsibilities for finance, revenue, jobs, sport, tourism, and exports are unlikely to favor public health strategies on alcohol if these strategies have negative effects on their own sectoral interests. It came as no surprise, therefore, that during the period of the Steering Group deliberation, the Department of Transport, Tourism and Sport had signaled its dissent from the majority recommendation that drinks industry sponsorship of major sporting events should be phased out. However, in contradiction of the “where you stand depends upon where you sit” epigram, Minister of Transport, Tourism and Sport, Leo Varadkar, continued to support drinks industry funding of sporting events even after being transferred to the health ministry in mid-2014. His ongoing support for such sponsorship had previously been linked to his conviction that an Irish bid to host the Rugby World Cup in 2023 would be impossible without substantial funding from drinks companies; and Irish media had provided detailed coverage of disagreements between Varadkar (himself a medical doctor) and Minister Alex White on this issue (e.g., Irish Independent, February 21, 2013).

The National Alcohol Policy—Ireland (1996) document may be seen as an example of evidence-based public health discourse that was proved to be correct in its basic contention that if government allowed alcohol to become increasingly accessible and affordable, Ireland would inevitably experience increased consumption levels and an increased prevalence of related problems. The most obvious reason why this policy document had little or no practical effect is that it remained essentially a health initiative, and that its “action plan” never moved beyond aspiration in securing the full cooperation of all other sectors of Irish government. In light of this, we may ask to what extent things have changed or to what extent Ireland has now moved toward “joined-up” government or “cross-cutting” management, so that the Department of Health as “lead department” for the implementation of evidence-based recommendations of the Steering Group Report on a National Substance Misuse Strategy (2012) can count upon general support from other sectors of government? The answers to these questions are largely dispiriting from a health promotional perspective. Of particular significance is the fact
that political enthusiasm for “cross-cutting” management of important policy issues which cannot be managed effectively from within the remit of any single department has waned in recent years. This cross-cutting approach had been a feature of Ireland’s attempt to introduce public sector reform of a New Public Management variety (Boyle, 1999; Lynn, 2006) under the rubric of a Strategic Management Initiative since the mid-1990s; and there had been concrete applications of these concepts to the National Drugs Strategy through the creation of “cross-cutting” structures which took senior civil servants and other public sector leaders out of their home agencies so as to facilitate a joined-up response to these complex issues. However, as with previous attempts at public sector reform, the Strategic Management Initiative gradually lost momentum, and the cross-cutting institutions that were part of the National Drugs Strategy were dismantled in 2009, effectively negating the promise of having alcohol policy managed from within permanent, multi-sectoral policy structures. Furthermore, following the cabinet reshuffle of 2014, responsibility for substance misuse issues at the Department of Health, which had been the specific responsibility of a junior minister (Minister of State) for almost 20 years prior to this, reverted to the Minister for Health: a minister, it should be said, for whom general health issues are invariably at crisis point and for whom alcohol and drug issues are unlikely to a priority. There is little reason to believe, therefore, that in political terms much has changed since the Department of Health drafted and published National Alcohol Policy—Ireland: in the sense that ministerial commitment to public health–based alcohol policy may still be equivocal and that the health sector may not be in a significantly better position to command the cooperation of other sectors of government than it was in 1996.

On February 3, 2015, some 15 months after it had been originally promised, the Irish government published the General Scheme or “Heads” of the Public Health (Alcohol) Bill 2015, essentially containing the legislative proposals announced in October 2013. The fact that it took so long to advance the legislative process was in itself remarkable, in that it did not reflect any sense of urgency on the part of government and raised doubts as to the likelihood of the government publishing a bill and having it enacted in the year that remained of its term of office. The press release that accompanied the publication of the General Scheme, while generally reflecting departmental claims as to the virtues of this proposed legislation, also contained what appeared to be more personal views of the minister: indicating frustration with the slow pace of the legislative process, but also acknowledging that what was now proposed was a political compromise between the conflicting views of the two main protagonists:

The matter has been debated for six years, since the establishment of the Working Group on a National Substance Misuse Strategy. A Bill has been on the cards since the Government decision in 2013. We have been talking about it for too long. It is time to take action. . . . These Heads won’t satisfy everyone. Industry will complain about the impact on them. Health campaigners will be disappointed that a complete ban on alcohol sponsorship has not been introduced. But I am not prepared to postpone this legislation and continue to have endless discussions and delays. (Department of Health Press Release, February 3, 2015)

Conclusion

The main conclusion of this review of Ireland’s evolving alcohol policy process is that the proposed Public Health (Alcohol) Bill is not quite the “landmark” event claimed by the junior minister at the time of its announcement in October 2013. Considered from the perspective of Kingdon’s framework, there is no reason to regard the development as reflecting a policy “window,” since the three streams—problems, policies, and politics—have obviously not come together in any significant way. As in all democratic systems, Irish government controls the politics stream and is the ultimate arbiter of what alcohol policy developments are in keeping with the “national mood” and acceptable across all governmental sectors. It seems, then, that while successive Irish governments have paid lip
service to the views of public health experts, they have not ultimately been persuaded that implement-
tation of alcohol policies based upon such views would command sufficient popular support or deliver
such unequivocally positive outcomes as to justify their adoption. Drawing on Gusfield’s conceptual
exploration of American alcohol policy developments (Gusfield, 1981, 1996), one could say that
although the Irish public mental health system has “disowned” alcohol problems, claims by Ireland’s
public health community to ownership of these problems have not been acceded to by government.
While there is widespread acceptance of the contribution of alcohol to physical and mental health
problems, public order offences, domestic violence, and a host of other difficulties, it is also the case
that in this country alcohol is symbolic of relaxation, sociability, and sport—not to mention its role in
the economic life of Ireland.

From a public health perspective, we can envisage worst and best possible policy outcomes result-
ing from this most recent initiative. Notwithstanding Minister Varadkar’s acknowledgment of the frus-
tratingly slow pace of these recent policy developments, it might be premature to accept this as
evidence that government is now treating this issue with a sense of urgency. The worst outcome, which
seems increasingly likely, is that the ongoing legislative process will not have come to fruition before
the term of the present government ends in early 2016; and should this happen, the present legislative
proposals will either disappear completely from the policy agenda or go to the back of the new legis-
lative queue. The best outcome, which would signify that public health has won a battle if not the entire
war, is that the legislation envisaged in the February 2015 General Scheme will be enacted within the
next year, with the introduction of minimum unit pricing clearly emerging as having most potential to
reduce total alcohol consumption and related problems. However, since the question of minimum unit
pricing is still the subject of European legal proceedings, even this measure is not as yet guaranteed. On
balance, then, it seems reasonable to view the October 2013 legislative proposals more as political sop
than policy window.

Acknowledgment

This article is based on a presentation made to the thematic meeting of the Kettil Bruun Society on the
theme of Alcohol Policy Research: Putting together a global evidence base, which was held in Mel-
bourne, Australia, September 8–11, 2014. The author is grateful for feedback from participants at this
meeting and for the comments of two anonymous reviewers.

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or
publication of this article.

Funding

The author(s) received no financial support for the research, authorship, and/or publication of this
article.

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demand for drugs—ten years on. Administration, 55, 125–144.


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