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‘I didn’t realise there was a connection’: A qualitative study exploring public awareness of and support for alcohol policy in Ireland

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Abstract

Introduction: In Ireland, there has been a shift to a public health approach to alcohol policy through the enactment of the multi-component Public Health (Alcohol) Act 2018. Public opinion is an important factor influencing the legitimacy and sustainment of policies during implementation. However, public opinion can be influenced by industry tactics, which seek to shape narratives and weaken public support for policies. This study aims to explore public awareness of and support for this comprehensive alcohol policy in Ireland.

Methods: We conducted a qualitative study using online focus groups with members of the public. We used purposive sampling to ensure a mix of gender, age, geographical location and drinking levels. Data from the focus groups were analysed using thematic analysis.

Results: A total of 29 participants across five focus groups took part in the study. We found that there was limited awareness and understanding of the Act and its policy measures among participants. While participants were aware of some of the policy measures, many did not associate them with an overarching Act. Support for the policy measures was mixed. Participants showed strongest support for measures that they perceived as targeting children or young people and people with alcohol dependence. We found that price-based measures generated the lowest support and were perceived by many as unfair and ineffective.

Conclusion: The study suggests that participants’ perspectives on alcohol policy solutions are strongly influenced by industry narratives. Greater awareness-raising of industry tactics among the public and the use of more evidence-informed framing approaches for public communications on alcohol are among the measures we suggest to help build public understanding of and support for public health alcohol policies.

Introduction

Alcohol is a leading risk factor for a diverse range of diseases and injuries (World Health Organization [WHO], 2024a) and no level of alcohol consumption is deemed safe for health (Anderson et al., 2023; WHO, 2023). The WHO (2022) recommends a range of evidence-based policy interventions or ‘best buys’ for reducing alcohol consumption, including policies that regulate the pricing, availability, and promotion of alcohol products. A stronger alcohol policy environment is associated with lower levels of alcohol consumption (WHO, 2018), which in turn are linked to reduced health, social and economic harms (Madureira-Lima & Galea, 2018). Tackling alcohol consumption can also contribute to achieving various United Nations Sustainable Development Goals, including reduced inequality by addressing health disparities (Kilian et al., 2023; Sperkova et al., 2022).

While evidence on the effectiveness of alcohol policy interventions is growing (Kilian et al., 2023; Rehm et al., 2023; Wyper et al., 2023), research on their implementation remains limited. Implementation is essentially what happens after a bill becomes law (Bardach, 1977). It is the link connecting inputs (policy design, resources, jurisdiction) to outputs that are expected to result in desired outcomes and impacts (Hassel & Wegrich, 2022). Understanding implementation is crucial because policies “do not succeed

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or fail on their own merits" (Hudson et al., 2018, p. 1), rather their progress is dependent on implementation. One aspect of policy implementation is consideration of public opinion on such policies. Public support for health policies is described as a sometimes overlooked, but an essential element of both policy development and implementation (WHO, 2024b). Public support may influence not only the likelihood of whether the policy will be introduced, but also how likely it is to remain implemented and its success (WHO, 2024b). For instance, negative public attitudes towards policies may lead to problems with implementation and adherence (Howse et al., 2022; Kaskutas, 1993). Moreover, unpopular policies can be repealed once implemented. Kingdon's (2014) Multiple Streams Framework, for example, highlights how feedback processes, such as shifts in public opinion or the "national mood" (Kingdon, 2014, p. 20), can create windows of opportunity, prompting settled policy issues to re-emerge on the policy agenda. The recent repeal of minimum unit pricing (MUP) in the Australian Northern Territory illustrates this dynamic (Taylor & Wright, 2025).

In the alcohol policy field, public support is recognised as crucial to policies' effectiveness and long-term viability, increasing their legitimacy (Room et al., 1995). Public support may influence compliance levels once alcohol policies are introduced (Giesbrecht & Livingston, 2014). Decision-makers and political representatives may also give greater weight to public opinion than to scientific evidence, as perceived public support can affect the political feasibility and legitimacy of policy action (Howse et al., 2022; Room et al., 1995). This dynamic is especially evident regarding alcohol policy, where industry actors use their political and economic power to shape narratives, influence policymakers, and weaken public support for regulation (Chalmers et al., 2013; McCambridge et al., 2018, 2023; Tobin et al., 2011). Industry tactics to shape narratives are multifarious and researchers have identified several framing types. These include: a "regulatory redundancy frame" (Savell et al., 2015, p. 23), which posits that population-level health measures are unnecessary, and that the alcohol industry already encourages responsible consumption; an emphasis on *misuse* or *harmful use* of alcohol, which implies that alcohol problems are a behavioural rather than a health issue (Butler, 2009; Petticrew et al., 2016; Room, 2013); and the *personal responsibility* or *responsible drinking* framing, which seeks to shift the blame onto the consumer and away from industry or governments (Fitzgerald et al., 2025; Savell et al., 2015). Research on industry framing is important because it can shape how the public think about alcohol policy (McCambridge et al., 2023).

A further aspect of public opinion, albeit one that receives less attention, is public awareness of policy change. *Awareness* is defined as the state of being cognisant or informed of something (Collins, n.d.a), whereas *support* is defined as the act of agreeing with, helping or wanting something to succeed (Collins, n.d.b). While distinct, policy awareness, the ability to identify and understand a policy, has been shown to influence public support for or acceptance of a given policy. It is noted, for example, that low levels of understanding or inadequate information about a policy can result in lower public support or acceptance of a policy (Park & Lee, 2015), as analyses in a range of policy areas have shown (e.g. Boeri et al., 2002; Heinemann et al., 2009; Steel & Lovrich, 1998). In the field of alcohol policy, while there is limited research on policy awareness, one aspect that has received greater attention is public understanding of policies. Public support for restrictive alcohol policies has been found to be stronger when people understand which measures are effective for reducing alcohol-related harms (e.g. Greenfield et al., 2007; Room et al., 1995). Storvoll et al. (2013) explored the mediating role of changes in beliefs on attitudes to alcohol policy measures. The authors concluded that strengthening people's belief in the effectiveness of restrictive measures and in the harm caused by drinking may increase public support for restrictive alcohol policy measures. Other research has shown that when the public are more informed about alcohol-related risks such as cancer, there is higher support for alcohol policies (Weerasinghe et al., 2020). The field of behavioural psychology also acknowledges the importance of information to form beliefs, which in turn influence attitudes, intentions and behaviours (e.g. Ajzen, 1985), as illustrated in several alcohol-related studies (Conner et al., 1999; Fernández-Calderón et al., 2025).

The potential link between policy awareness and support reinforces the importance of measures aimed at enhancing public awareness. For example, alcohol labelling featuring cancer warnings is one strategy for communicating alcohol-related harms and has been shown to increase support for pricing policies such as MUP (Weerasinghe et al., 2020). Another burgeoning area of communications research is developing and testing evidence-based framing approaches aimed at deepening public understanding of alcohol-related harms and building support for effective policies to reduce those harms (Fitzgerald et al., 2025). Recent research in this area has yielded novel framing approaches and key tasks for consideration in public communications on alcohol, and it underlines the importance of adopting a more evidence-informed approach to framing for public health policy advocates (Fitzgerald et al., 2025).

Alcohol Policy in Ireland

Alcohol control policies differ considerably across countries in terms of the type and combination of policies implemented (Berdzuli et al., 2020; Madureira-Lima & Galea, 2018). In the Republic of Ireland, the alcohol policy landscape has witnessed a milestone change in policy direction with the implementation of the Public Health (Alcohol) Act 2018 (Government of Ireland, 2018). Hailed as a "world-leading package of alcohol policy reforms" (Lesch & McCambridge, 2021, p. 135), the Public Health (Alcohol) Act encompasses a suite of measures aligned with the WHO's 'best buy' recommendations, including measures regulating the price, availability and advertising/marketing of alcohol products. These measures include MUP, structural separation of alcohol products in mixed trade outlets, advertising restrictions, and mandatory health labelling of alcohol products. Enacted in October 2018, the Act's measures are being implemented on a phased

basis, with many, although not all, implemented to date (Alcohol Action Ireland [AAI], 2025).

Previous public opinion research has found majority support (greater than 50%) for alcohol policies in Ireland, including those contained in the Act (AAI, 2017; Calnan et al., 2023; Davoren et al., 2019). However, support tends to be higher among low-risk drinkers and older individuals (Davoren et al., 2019) and among women and those with greater awareness of the health risks of alcohol (Calnan et al., 2023). Moreover, public support can vary depending on the type of alcohol policy. For example, a representative household survey conducted in Ireland in the post-enactment phase found that public support was strongest for a ban on alcohol advertising near schools and crèches and for warning labels (greater than 80%), while price restrictions generated the lowest level of support, e.g. MUP (61%) and a ban on price promotions (50%; Calnan et al., 2023).

Public opinion research in other jurisdictions has similarly found that although support for alcohol policies may vary between countries and over time (Callinan et al., 2014; Österberg et al., 2014), younger people, males, and heavier alcohol consumers are often less likely to support government intervention (Greenfield et al., 2014; Hawks et al., 1993; Latimer et al., 2001; Li et al., 2017; Wilkinson et al., 2009). Moreover, public support tends to be higher for informational or educational approaches than for policies that restrict the affordability or availability of alcohol (Chalmers et al., 2013; Room et al., 2005; Tobin et al., 2011). This perspective aligns with prevailing industry narratives, which emphasise alcohol information and education provision, as well as more targeted interventions (Bakke & Casswell, 2025; Mialon & McCambridge, 2018).

Study Aim

This study aims to examine public awareness of and support for alcohol policies in Ireland using qualitative research. In so doing, it addresses two key gaps in the existing literature. First, there is a lack of qualitative research exploring factors shaping public attitudes to alcohol policies. In their integrative review, Howse et al. (2022) note that studies on the public acceptability of population-level measures have largely relied on surveys, offering limited insight into how such views are formed. They suggest that qualitative approaches can provide a more nuanced understanding of the reasoning and experiences underlying these attitudes. Second, research on public support for alcohol policies assumes prior public awareness of those policies. This study responds to these gaps by providing qualitative insights into both public awareness of and support for a comprehensive, multi-component alcohol policy in Ireland, specifically the Public Health (Alcohol) Act 2018. To the authors' knowledge, it is the only study to date in Ireland to examine public opinion on alcohol policies using qualitative research.

Methods

Study Design

A qualitative study design using focus groups with members of the public was undertaken for this study. Focus groups are used to gather data that is generated in a discussion between the focus group members with the help of a moderator (Matthews & Ross, 2010). The decision to use focus groups was based on available resources and the unique advantages of focus groups. These include their ability to generate additional material through the group interaction process, as participants not only present their own views but also hear from others, considering their own standpoint further (Finch et al., 2014). It is also argued that focus groups provide a more natural environment than the individual interview because participants are influencing and influenced by each other just as they are in real life (Krueger & Casey, 2009). In addition, focus group research has shown that people may be more, rather than less, likely to self-disclose or share personal experiences in group rather than dyadic settings (Farquhar, 1999).

Recruitment and Sampling

We recruited adults (aged 18 and older) through a market research company's in-house, nationally representative research panel to take part in five online semi-structured focus groups. Participants were offered a financial incentive to take part (€50).

Participants were recruited using purposive sampling to ensure diversity in gender, age, social grade, alcohol consumption levels and geographical location. Alcohol consumption levels were categorised in this study as: occasional (drinks once/a few times a year); moderate (drinks less than the Health Service Executive (HSE) lower-risk drinking guidelines of 11 standard drinks a week for women, 17 standard drinks a week for men); and regular (drinks four or more times a week, and above the HSE lower-risk drinking guidelines). Participants were also recruited from different geographical locations, based on the eight Nomenclature of Territorial Units for Statistics (NUTS 3) regions in Ireland, all of which are represented in this study. These criteria were deemed important given the differential views on alcohol policy that have emerged in previous research based on variables such as gender, age and alcohol consumption levels (e.g. AAI, 2017; Calnan et al., 2023; Davoren et al., 2019; Greenfield et al., 2014; Latimer et al., 2001; Li et al., 2017; Wilkinson et al., 2009).

The study was approved by University College Cork's Social Research Ethics Committee (SREC) (Log No: 2023-278A1).

Data Collection

A total of five focus groups was conducted by one researcher (SC) experienced in group facilitation in March 2025. Each focus group had six participants, with the exception of one group which had five participants. Thirty-one participants were recruited and of these two did not attend.

Development of the topic guide for the focus groups was informed by the main research questions focusing on participants' awareness of and support for the policy measures contained in the Public Health (Alcohol) Act 2018. Participants were also asked questions about communication

of the policy measures, their concerns about alcohol, and perceived policy solutions.

Participants were informed about the study in advance through a Participant Information Leaflet, and consent was provided in advance of the focus group by signing a digital Consent Form. The focus groups were conducted online via the MS Teams platform to facilitate ease of participation in different parts of the country. At the start of each focus group, the moderator provided a brief overview of the Public Health (Alcohol) Act and its measures to participants through a short PowerPoint presentation.

The focus groups were audio recorded and lasted approximately 60 minutes. The recorded focus groups were transcribed verbatim by a professional transcriber (Devon Transcription). Interview transcripts were anonymised, removing participant names and the names of any individuals cited.

Data Analysis

Data were analysed using thematic analysis, in line with Braun and Clarke's (2006) six-phase approach (familiarisation with the data; generating initial codes; searching for themes; reviewing themes; defining and naming themes; and writing the report). Following transcription, the focus group transcripts were re-read for familiarisation and then imported into NVivo software (Version 12) for analysis.

A mixture of deductive and inductive coding was undertaken by one researcher (SC). Deductive coding was conducted in relation to the main research question topics (i.e. policy awareness, support for policy measures), while inductive coding was undertaken for any miscellaneous data deemed extraneous to the main research question (e.g. views on alcohol, alcohol-free products), generating a list of initial codes. These codes were grouped into categories to form initial themes, which were described using thematic summaries. The summaries were discussed with the wider research group, leading to further refinement of the themes before compiling the draft study. Further feedback was provided by the research team to inform the final study draft. Anonymised interview excerpts were provided to illustrate the findings. Excerpts were labelled in parentheses according to the focus group number (i.e. FG1, FG2, etc.) and participants' gender (F/M), numbered to differentiate between the different speakers within each focus group (i.e. F1, M2, etc.).

Results

A total of 29 participants took part in five focus groups. Table 1 provides an overview of the demographic profile of the focus group participants.

Key findings are elaborated under the following thematic headings with accompanying interview excerpts.

Theme One: Awareness and Understanding of the Policy Measures

The first theme comprised two sub-themes: (a) limited policy awareness; and (b) lack of understanding of the policy measures.

Table 1

Demographic Profile of Participants

Demographic	*n*
Gender:	
Male	14
Female	15
Age:	
20-39 years	10
40-59 years	14
60-79 years	5
Geographical location:	
South-West	3
South-East	1
West	5
Mid-West	3
Dublin (city & county)	10
Mid-East	3
Border	2
Midlands	2
Alcohol consumption:	
Occasional	9
Moderate	12
Regular	8
Social grade:*	
ABC1	16
C2DE	13

Note: *Social grade: ABC1 = Managerial, administrative or professional workers; C2DE = Skilled, semi-skilled and unskilled manual workers, casual workers, pensioners and unemployed.

Limited Policy Awareness

Participants' awareness of the Public Health (Alcohol) Act 2018 and its policy measures was limited, and participants indicated that they were aware of only some of the measures. Most participants said they had not heard of the name of the Act itself, noting that they *"didn't realise there was an Act in relation to it all"* [FG1, F2]. Moreover, many did not associate individual policy measures with an overarching piece of legislation: *"Yeah, I thought they were all just individual, I didn't realise there was a connection between them"* [FG3, F2].

In terms of individual measures contained in the Act, participants most commonly reported being aware of structural separation, MUP, advertising restrictions in relation to sports, and the ban on supermarket loyalty card points for alcohol products. Regarding structural separation, where alcohol products are separated from other products in mixed trade outlets using a physical barrier, participants said

they were aware of this measure largely due to physically seeing the barrier in store when doing their shopping.

Some participants said they had heard of MUP. Awareness was mainly attributed to hearing about it *"in the media"* [FG2, M1], such as through debates on radio or reading about it in the newspaper. A few female participants noted that they had heard about MUP through social media or word-of-mouth with family and friends. Debates about MUP were described by some as a contentious issue, generating increased media: *"That was very much in the news whenever it happened, because a lot of people would have been giving out* [complaining] *about it"* [FG5, M1].

In terms of alcohol advertising restrictions, some participants said they were aware of restrictions at sports events (e.g. no alcohol advertising on the field of play). However, there was little awareness of the other types of advertising restrictions contained in the Act (e.g. advertising restrictions on bus/transport and within 200 metres of schools):

> *I wasn't aware of the school restrictions. That's news to me. But I was very aware of, yeah, the association with the sport.* [FG2, M2]

> *I go to a lot of sporting events and I just remember it kind of it stood out for me for a while that they weren't using alcohol as much as before.* [FG1, F2]

Participants also reported being aware of loyalty card points bans for alcohol products in supermarkets. Awareness was mainly attributed to encountering it when at the supermarket check-out or seeing it on their supermarket receipts; a few recalled supermarkets forewarning customers about the measure because *"none of them want angry customers at the end of the day"* [FG2, M1]. In relation to enforcement, none of the participants were aware of who was responsible for enforcing the Act and its measures. The limited levels of policy awareness were attributed by some to a perceived lack of policy communications. When asked about communication of the policy measures contained in the Act, a few participants questioned whether the government *"maybe don't want it advertised"* [FG1, M3], and argued that *"there's no public feedback or input… it's all secrecy"* [FG3, F3]. Moreover, because the policy measures are being introduced on a phased basis, some perceived a lack of sustained communications linking the various policy measures and phases:

> *I think it was just all spaced apart. I mean, it came out in 2018 and they're still doing bits and pieces of it now… they don't link it all up.* [FG5, M1]

> *It probably should have been advertised a bit more, like you know that there are different phases.* [FG1, F1]

Participants highlighted the need for multiple channels of communication. While older participants underlined the importance of traditional media, especially radio, for debates and information on policies, younger participants expressed a preference for particular social media platforms as a source of information. However, a few of the female participants believed there was also a need for alternative means of communication such as physical signage in supermarkets notifying customers about the policy measures "*because a lot of people… might not have time to listen to the news, but when they're going to buy stuff, they'll see the signposts"* [FG5, F1].

Lack of Understanding of the Policy Measures

A further aspect of policy awareness was participants' understanding of the policy measures, which was found to be limited. While participants were aware of certain measures, they did not always understand the mechanism behind the measure or that it was part of population-wide legislation. For example, one male participant in his mid-20s deemed price increases arising from MUP to be a result of natural inflation rather than a measure aimed at reducing alcohol consumption: *"So like I hadn't associated it. If I saw the price increase, you'd just think that's natural inflation, you don't think it's increased because of the law that's come in"* [FG4, M4].

Regarding structural separation, a few participants *"figured it must be a law"* [FG4, M3] due to its ubiquity. However, others thought it was an initiative introduced by certain supermarket chains rather than a government legislative measure designed to reduce alcohol consumption at population level, as perceived by one female participant in her late 40s and a male in his 20s: *"I wouldn't have linked it to the legislation. I thought it was an initiative by supermarkets to try and stop underage children going in the section… I didn't realise it was law"* [FG2, F4]; and *"I just thought it was maybe like a shop fit-out, just segregating it. I wouldn't have associated it with a law"* [FG4, M4].

When asked what aspects of the Act they were interested in being informed about, some participants felt they lacked understanding about the rationale for the Act, including its goals and potential impact. It was noted that greater understanding of the policy rationale could help to increase public support, as highlighted by one female participant in her 30s: *"Knowing the reasoning for it would make people feel a bit more positively towards it… just a bit of background on why"* [FG3, F2].

A male participant in his 60s stated:

> *I think with regard to the implementation of the measures, the rationale for them, some people think 'well it's obvious', but other people wouldn't, and they kind of think 'oh, why is the government doing this?'... It's the rationale behind them, I don't think that comes out...What's the thinking behind it?* [FG5, M3]

Participants also felt they lacked understanding about the effectiveness of the measures, and some older participants expressed an interest in evaluation data on their effectiveness and impact: *"So in five years' time, yeah, our consumption is down, and we attribute it to this. That would be nice to know, that losing our points was worth it"* [FG2, F2].

A further observation was as follows:

> *Well, it would be nice. You're going, 'Well, we've done this' And you go, 'Okay, well, it's changed as a result of that, then it cost the state X less in the hospitals or freed up this number of beds for people that need it, or*

whatever… Or 'what's the cost benefit of doing it?' [FG2, M1]

Theme Two: Support for the Policy Measures and Perceived Solutions

The second theme encompassed four sub-themes: (a) support for targeted policy measures; (b) lower support for price-based measures; (c) mixed support for health labelling; and (d) perceived policy solutions.

Support for Perceived Targeted Policy Measures

Although participants acknowledged the need for alcohol policy measures, believing that alcohol was still a significant issue, support was divided regarding the types of policy measures. Participants expressed strongest support for measures that they perceived as targeting particular groups in society, especially children and youths and people with alcohol dependence.

Support was highest overall for structural separation and for advertising restrictions, which participants perceived as targeted measures rather than in line with their intended population-wide scope. This suggests that participants expressed support for population-level interventions aimed at reducing overall consumption, even when they understood them as targeting specific groups. Participants' support for structural separation was largely attributed to the belief that children and younger people need to be protected the most from exposure to alcohol owing to their greater vulnerability to alcohol-related harms, a point highlighted by participants across different age groups. For example, one female participant in her early 20s noted the risk of alcohol dependency among teenagers because they *are "dealing with so much stuff at the moment in terms of the world they live in and social media, and that's where drinking can become an unhealthy crutch or a dependency"* [FG4, F2]. The importance of prevention was highlighted in order *"to target young people before alcohol becomes a problem"* as noted by another female participant in her 40s [FG3, F3].

Participants supportive of structural separation believed it was a worthwhile preventative measure because it *"takes it out of the view of children"* [FG1, M1 (early 30s)], and because *"anything that tries to change that exposure to alcohol at an early age or teenage years is a positive thing"* [FG2, F4 (late 40s)] . However, a few of the participants in their 20s questioned the potential impact of the measure, arguing that *"kids love running through the doors"* [FG3, F1] and that *"it's just pushing open a gate … you still go through and just get what you need"* [FG4, M4].

Alcohol advertising restrictions near schools also received favourable support. Participants believed that such restrictions would help to protect children and younger people from exposure to alcohol and the risk of alcohol-related harms, although one participant in her late 20s argued that young people are still *"going to get it* [alcohol] *anyway somewhere"* [FG3, F1]. Other participants emphasised the importance of *"starting with the youth and trying to create a cultural change"* [FG1, M2], as noted by one male participant in his mid-40s. When asked if they would report breaches of the Act, breaches impacting children or grandchildren were cited as a potential motivating factor.

Support was more variable for the population-based approach underpinning the Act, and some believed that alcohol policy measures should also be more targeted at people with alcohol dependence. Several male participants argued that people with alcohol dependence are among those most at risk of alcohol-related harms and that the Act was therefore *"not targeting the main issue, which is alcoholism and the diseases caused by overuse of alcohol"* [FG4, M3]. One male participant, a moderate drinker in his 60s, further noted that the issue was not *"alcohol per se"* but rather *"the misuse or abuse of alcohol"* [FG4, M1]. A few male participants in the regular drinkers' category also described the Act as *"nanny state stuff"* [FG1, M1], perceiving it as *"encroachments onto people who are already able to control their drinking"* [FG1, M3]. Alcohol policy measures aimed at moderate drinkers were perceived as unnecessary and ineffective by some participants, who believed that such drinkers could already control their drinking:

> *Moderate drinkers are already taking responsibility for managing their relationship with alcohol, I don't think legislation is going to make any difference to what drinkers like that do. It's not going to affect my consumption.* [FG4, M1]

However, a few of the older participants felt that the Act had symbolic importance. One female participant, an occasional drinker in her mid-40s, believed the Act drew attention to the *"overall conversation we should be having in Ireland about our drinking and the way every social event seems to have a theme of drinking"* [FG1, F2]. Another participant, a regular drinker in his 50s, believed the Act would *"at least stigmatise it* [alcohol] *a little bit … and stop pushing it on people, which is what Ireland does"* [FG5, M2]. Several participants, including one female participant who was a moderate drinker in her 50s and a former smoker, believed that many of the measures within the Act had at least some merit:

> *Nearly all of the measures have a little bit of merit. I was a smoker, and the things that helped me give them up were the health warnings, and the price increases, and them being taken out of my line of vision in the supermarket... they did help… I know the problem is bigger in this country than just that, but it's public health and it has to start somewhere. [FG4, F1]*

In addition to the importance of measures protecting children and young people and people with alcohol dependence, some participants referred to issues regarding alcohol's potential harm to others. In particular, they highlighted the need for policy measures targeting drink driving and public disorder. A few of the older participants in both suburban and rural locations expressed concern about a *"culture of drink driving"* [FG5, M3] in their areas.

Lower Support for Price-Based Measures

Support was lowest overall for the Act's price-based restrictions, and participants generally highlighted the economic impact of such measures rather than their potential health merits. Participants were especially critical of MUP as a measure, perceiving it as ineffective. It was argued that *"if you want to buy alcohol, you're going to buy it anyway"* [FG3, M1] and that *"people who have a problem with drink will always find the money"* [FG5, M4].

Minimum unit pricing was also perceived as being unjust for both moderate drinkers and those on lower incomes. One male participant, a regular drinker in his 30s, described MUP as being *"unfair on the moderate drinker"* [FG1, M1], while another, a regular drinker in his 40s, viewed it as a *"punishment"* [FG1, M3] for those on lower incomes. A few male participants also argued that the price of alcohol in Ireland was already high enough and that MUP was *"just another tax on people…*[and]*…a step too far"* [FG2, M2], or *"like some kind of extortion"* [FG5, M2]. While one female participant (a moderate drinker in her 20s) believed that MUP *"would work well"* [FG4, F2] to deter younger people from buying cheaper alcohol products, another (an occasional drinker in her 50s) argued that *"it didn't stop people from smoking when they raised the price of cigarettes"* [FG5, F2].

Another price-based measure, the ban on loyalty card bonus points for alcohol products, also engendered criticism. Like MUP, participants viewed the measure as ineffective and unfair. They emphasised the economic impact of such measures and the importance of personal choice over any health concerns. For example, one female participant, a moderate drinker in her early 60s, argued that it would have *"absolutely zero effect"* on the amount of alcohol purchased, noting that *"our choice is to do that"* and that *"we're just losing out on getting a better deal"* [FG2, F2]. Another female participant, a moderate drinker in her late 40s, contended that *"you just feel like yet again value has been taken out of our pocket"* and that those on lower incomes are *"probably being priced out a little bit unfairly"* [FG2, F4] as a result.

Mixed Support for Alcohol Health Labelling

The issue of health labelling of alcohol products, due to be introduced in May 2026 but now further delayed until 2028 (Calnan, 2025), generated significant debate. Participants' support for health labelling was mainly attributed to the belief in consumers' right to be informed, and it was noted that alcohol companies should be required to add labels since *"having more information out there is always a good thing"* [FG3, M2]. Other arguments in favour of labelling included the belief that it would help to deter people from drinking too much and that alcohol labelling should be brought into line with labelling of other products. The idea of linking to more detailed information about the warnings, e.g. using a QR code, was also suggested.

Participants' views differed in terms of the type of labelling information. Support was strongest for calorie labelling, especially among younger participants. There was a perception that alcohol companies had *"got away with"* [FG1, M1] not having to specify the calorie content and that *"most other foods have it so why shouldn't alcohol"* [FG5, M3]. However, there was greater scepticism and even complacency among participants across all age groups about the idea of adding cancer warnings on alcohol products. A few participants argued that cancer labelling did not work to deter smoking and there was also a perception that people are more interested in the short-term effects, as noted by one male participant, a regular drinker in his 40s:

> *I think the problem with putting things like cancer or cirrhosis of the liver, they're all kind of things in the future and I think people don't really think about that when they're in the here and now. They're like, it'll never happen to me.* [FG1, M3]

One participant, a moderate drinker in her early 60s, even raised questions about the evidence on the link between alcohol and cancer, asking *"how can an oncologist take one thing out of your lifestyle…*[when they]*…don't know your stress levels, they don't know your food consumption"* [FG2, F2]. A few participants also perceived cancer warnings as being ubiquitous, possibly reducing its messaging potential for alcohol, as noted by some of the younger participants:

> *In general, the whole cancer thing is kind of trite for some people, so basically everywhere about everything…* [FG3, M2]

> *I'd probably be looking at the calorie count. I don't know that I'd look that much at the associating with cancer, because they say everything's associated with cancer.* [FG3, F1]

One possible explanation for participants' views on labelling was their greater concern expressed regarding the short-term instead of the long-term effects of alcohol. When asked about their concerns about alcohol, participants generally placed a stronger emphasis on the more immediate effects of alcohol such as low mood, having a hangover and not being able to function properly the next day. A few participants conceded that *"cutting down…*[on alcohol]*…happens naturally as you get older"* due to the health implications [FG1, M3]. However, there seemed to be less concern overall about the longer-term health impacts of alcohol consumption, and moderate drinkers in particular did not perceive their drinking as a major risk factor for disease:

> *I never really think of long-term health issues with alcohol. I suppose I wouldn't drink a massive amount, so I wouldn't feel I'd be in that category that might get illness from drinking directly. And maybe that's wrong for me to assume that.* [FG2, F4]

Perceived Policy Solutions

In terms of policy solutions proposed (besides those contained in the Act), participants expressed support for measures with both a behavioural and an environmental policy focus. Alcohol was often viewed by participants as a cultural issue, described as *"a cornerstone of Irish identity"* [FG2, F1], whereby *"we have drink in every social event"* [FG1, F2], although a few believed that cultural change was already evident among younger people who *"don't seem to be drinking as much"* [FG1, M3]. The persistence of

stereotypical attitudes such as *"you're not Irish if you don't drink"* [FG4, M2] was also noted by some participants.

To help generate cultural change, a few participants expressed support for policies that would enable environmental change through the provision of social spaces and events that offered an alternative to alcohol-based venues or activities. As argued by one younger participant, a moderate drinker in her 20s, *"we don't have many third spaces to socialise that isn't the pub, like most cafés close in the afternoon and there's nowhere else to go"* [FG1, F1]. Another female participant, an occasional drinker in her 40s, believed there should be more events, such as sporting and music events, where *"you just don't have alcohol available"* [FG1, F2].

The increased availability of alcohol-free products also received support. Although a few participants viewed zero alcohol advertising as a means of circumventing current advertising restrictions, many were supportive of the greater availability of these products. Reasons for their support included the belief that zero alcohol products are enabling cultural change in Ireland's drinking patterns, providing *"more acceptable"* [FG2, F4] alternatives when going out and for those driving, and allowing people to *"enjoy not drinking while still being a part of it"* [FG5, M2]. One male participant, a regular drinker in his 40s, argued that providing alternatives was a more effective approach than increased regulation:

> *I'd prefer to be offered or to be shown an alternative rather than to have the bottle slapped out of my hand… I think it's all about showing either whether that's like a healthier way to do things or a different way to spend your evening or a different way to socialise rather than just, no you can't have that.* [FG1, M3]

In terms of other solutions proposed, some participants expressed support for policies focused on behavioural issues such as underlying mental health issues and on education about alcohol's harms. A few of the female participants viewed mental health as a root cause of alcohol issues, noting that *"when people are in a bad situation they turn to alcohol"* [FG3, F1]. As a result, it was argued that policy solutions needed to prioritise mental health first in order to tackle alcohol consumption and related harms: *"So I think that's a huge thing, unless they sort out mental health, they're not going to help with alcohol problems"* [FG3, F3].

The need for more education and awareness-raising around alcohol was also highlighted, and some participants believed that it should start earlier, i.e. by targeting younger people in schools. The need for more rehabilitation services was also noted. A few participants believed that alcohol messaging should be included as part of a more holistic focus on health promotion and positive messages about health and well-being, rather than solely focused on alcohol and its harms.

Discussion

This study explores public awareness of and support for Ireland's comprehensive alcohol policy reform, the Public Health (Alcohol) Act 2018 (Government of Ireland, 2018). The study found limited awareness of the Act's policy measures among participants as well as a lack of understanding of the measures, including their rationale, goals and effectiveness. There was mixed support for the measures, with participants expressing stronger support for measures perceived as targeting children and young people and people with alcohol dependence. Price-based measures generated lower support and were deemed by some participants as ineffective and unfair on consumers. Participants were more supportive of health labelling, especially calorie labelling, on the basis of consumers' right to be informed. Policy solutions proposed included a mixture of both behavioural and environmental focused measures.

The limited policy awareness (i.e. cognisance and understanding) found among participants in this study underlines the reality that policy enactment does not necessarily guarantee public awareness of the policy in question. As Canary and Taylor (2020) highlighted, policies permeate contemporary lives and "are so pervasive that they are often taken for granted and not attended to because they represent what seems to be natural, like the air that we breathe" (Canary & Taylor, 2020, p. 675). Public awareness is not essential for policy implementation, i.e. policies become implemented regardless of whether people are aware of them or not. However, public awareness is an important consideration in garnering support for policies (Park & Lee, 2015; Storvoll et al., 2013; Weerasinghe et al., 2020). Building public awareness is not only important to keep people informed about *what* policy changes are occurring, but also *why* they are being implemented. As noted, enhancing public understanding of which measures are effective for reducing alcohol-related harms has been shown to increase support for policies (Greenfield et al., 2007; Room et al., 1995; Storvoll et al., 2013). Conversely, a lack of public awareness and understanding could increase the potential for misinformation and/or disinformation to negatively influence public beliefs and attitudes to policies.

One potentially powerful driver of beliefs and attitudes among the public is industry narratives. As highlighted, a growing body of research underlines how alcohol industry actors consistently use framing approaches to reinforce their preferred narrative (e.g. Fitzgerald et al., 2025; Petticrew et al., 2016; Room, 2013; Savell et al., 2015). Such narratives, it is argued, seek to deflect attention away from industry drivers of alcohol consumption, placing the focus instead on individual responsibility and behavioural issues faced by only "a minority of biologically vulnerable drinkers" (Butler, 2009, p. 345). Although participants in this study acknowledged the need for alcohol policies, many of the viewpoints expressed seem to align more closely with industry narratives than public health perspectives. This suggests that public views are heavily influenced by industry perspectives, likely due to longstanding industry efforts to control alcohol-related discourses. Such viewpoints include participants' belief that universal population-based measures such as MUP are excessive and ineffective, that moderate drinkers are readily able to control their own drinking, and that targeted measures are more important. Participants also emphasised behavioural focused solutions such as

education, and support for mental health and rehabilitation services, although a few acknowledged the need for environmental change. Moreover, the proliferation of alcohol-free products was generally viewed favourably by the participants, rather than as a cynical marketing ploy by industry to reach new audiences, avoid advertising restrictions and increase brand visibility (Edwardes, 2025). Given the different framings of alcohol that exist in societal discourses, it is possible that such beliefs may reflect the "individualistic approach" (Bakke & Casswell, 2025, p. 2) promoted by the alcohol industry, associated organisations and even some EU Member States. This approach is characterised by solutions focused on education and treatment along with targeted interventions to reduce 'alcohol abuse', while supporting individual responsibility and moderate consumption (Bakke & Casswell, 2025; Mialon & McCambridge, 2018). This sits in contrast to the public health approach focused on promoting evidence-informed alcohol policies to reduce consumption (Anderson et al., 2023; Bakke & Casswell, 2025; WHO, 2023), including policies increasing alcohol prices which have been consistently shown to reduce consumption (Sharma et al., 2017).

Notwithstanding participants' opposition to some of the policy measures, support was shown for other measures within the Act, echoing the findings of other studies which show that alcohol polices generate differential levels of support depending on the type of policy (AAI, 2017; Calnan et al., 2023; Chalmers et al., 2013; Davoren et al., 2019; Room et al., 2005; Tobin et al., 2011). This study offers further insight into potential reasons for such differences in support. They include the belief by some participants that particular cohorts of society, especially children and young people and people with alcohol dependence, should be the key target of government alcohol policies due to their greater perceived vulnerability to alcohol-related harms compared to the rest of society. Moreover, while moderate drinkers were perceived to be able to manage their own drinking, there was an emphasis on consumers' right to be informed and a desire for alcohol products to be brought into line with other products in terms of labelling. The preference for targeted policy measures found in this study echoes Tobin et al.'s (2011) research, which concluded that targeted policies such as those protecting children or innocent third parties were likely to be strongly supported, whereas universal controls were liable to be unpopular. The authors suggested that alcohol control policies framed as protecting children or innocent third parties may be "a good starting point for policy reform" (Tobin et al., 2011, p. 7). Moreover, ensuring that the intent of new policies is well understood and that the rationale for change is explicit to the public may help to generate greater public support. However, the authors also underlined the importance of identifying gaps in public understanding through public opinion data and routinely responding to such "knowledge deficits" (Tobin et al. 2011, p. 7).

One potential knowledge deficit is the lack of public awareness about industry strategies and the pervasiveness of alcohol industry narratives in debates about alcohol. Petticrew et al. (2016, 2020) in their analyses of industry-funded 'responsible drinking' campaigns, suggest the need for awareness-raising efforts about alcohol industry strategies among various stakeholder groups, including the public (although they concede that other measures such as sanctions against industry misinformation would also likely be required). Their analysis suggests that consumers are exposed to extensive misinformation from alcohol industry "choice architects" (Petticrew et al., 2020, p. 1319) in ways that benefit industry but increase the risk of harm to consumers. Our analysis supports this contention, further suggesting that industry narratives may not only influence public perceptions of alcohol, but also their perceptions of what are effective policy solutions.

A further element for consideration is the importance of framing approaches in public communications about alcohol problems and solutions. Some of the participants in this study highlighted the perceived lack of policy communications regarding the Act and its measures. However, there is growing recognition of the need for more evidence-informed strategies regarding public communications on alcohol. Fitzgerald et al. (2025) emphasise the importance of framing and building a convincing narrative by health stakeholders and charities seeking to increase recognition of and support for evidence-informed action to reduce alcohol-related harms. Their research has yielded a set of narrative framing approaches and communication tasks that were co-developed to help inform future framing approaches in this field. Among the six key communication tasks recommended is the need to build public understanding of alcohol as a toxic drug that causes diverse harms for diverse people as a result of marketing, policy deficits, and commercial activities. Given participants' reported appetite for more proactive and sustained policy communications found in this study, such recommendations offer important points for consideration in any future public communication campaigns on alcohol and policy solutions.

Future Research

This study underlines the gap in research on policy awareness in the alcohol research field. Future research on alcohol policies could include a greater focus on public awareness given its potential influence on public support for policies. Exploring the direction of influence would also be interesting, given that greater awareness does not necessarily guarantee increased policy support and may not have the desired impact as public trust in government can vary (e.g. Kearns, 2022). Moreover, demographic differences in public awareness (e.g. by age, gender) would be worth investigating as a potential factor mediating policy awareness levels.

Although not a central focus of this study, demographic differences in levels of support would also be worth exploring in greater depth – for example, through gender or age specific focus groups – given that such differences have been a feature of survey findings (e.g. Greenfield et al., 2014; Li et al., 2017; Wilkinson et al., 2009).

The study also reinforces the suggested need for greater education and awareness-raising of alcohol industry tactics among the public (Petticrew et al., 2016, 2020). The parallels between participants' views and industry narratives noted in this study is particularly striking and reinforces the importance of building public awareness of industry tactics. Although education and awareness raising is unlikely to be enough, future research would be useful to explore and to help inform potential awareness-raising strategies of this nature.

In addition, the aforementioned research on framing approaches for alcohol communications (Fitzgerald et al., 2025) offers promise in forging new avenues for research. Future research testing these framing approaches could be worthwhile, including testing such approaches in a variety of jurisdictions such as Ireland.

Strengths and Weaknesses

This study has a number of limitations but also several strengths. Participants for this study were purposively sampled to ensure that there was diversity across age, gender, alcohol consumption levels, social grade and geographical location. There was an almost equal level of male and female participants in the study, and all of the geographical NUTS regions in Ireland were represented. The use of an independent market research company and provision of a financial incentive sought to reduce the potential for selection bias which might arise, for example, if participants were recruited through organisations with a vested interested in this area (e.g. community organisations involved in alcohol prevention work). From a methodological perspective, the use of qualitative research aimed to provide greater depth in the findings that may not otherwise have been achieved through the more frequently used quantitative method employed in public opinion surveys.

A potential limitation of the research is that it is specific to the Irish context and may therefore be less relevant to other jurisdictions. However, there may be potential lessons to be drawn for other jurisdictions across the world that are considering similar comprehensive policy reforms and/or in similar contexts. Regarding the topic guide, participants were asked for their views on communication of the policy measures, rather than unprompted feedback, which may have yielded different results. Moreover, the study did not use a validated alcohol screening tool (e.g. AUDIT) to measure participants' alcohol consumption levels and the reliance on self-reported levels may mean that participants could underestimate their own consumption levels. In terms of the research design, it is possible that the use of focus groups may have yielded different results to individual interviews, although the use of a researcher experienced in group facilitation sought to ensure that the groups were as inclusive as possible.

Conclusion

This study found limited policy awareness and mixed levels of support among focus group participants for a multi-component alcohol policy in Ireland. Although participants were aware of some of the individual policy measures, many did not associate them with an overarching piece of legislation. Support was strongest for targeted policy measures perceived as protecting children and youths and people with alcohol dependence. There was lower support for price-based measures such as MUP. The study suggests that participants' perspectives on alcohol policy solutions are strongly influenced by industry narratives, likely due to industry efforts to control alcohol-related discourse. Greater awareness-raising of industry tactics among the public and the use of more evidence-informed framing approaches for public communications on alcohol are among the measures suggested to help build public understanding of and support for public health alcohol policies.

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