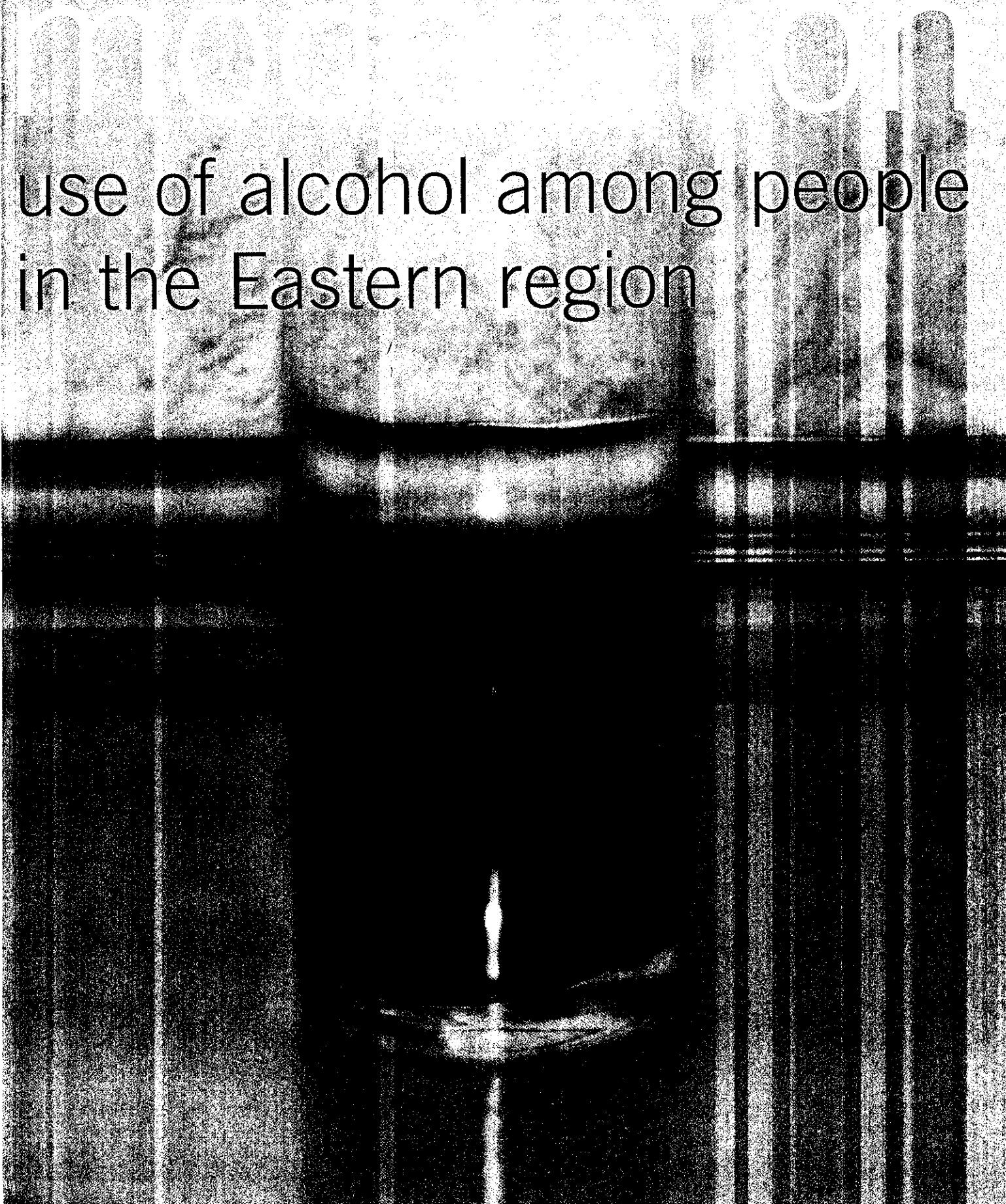
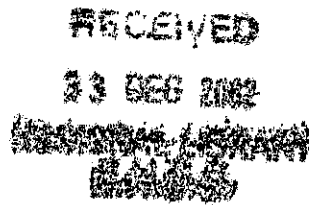
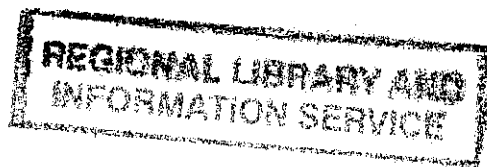


Low alcohol consumption

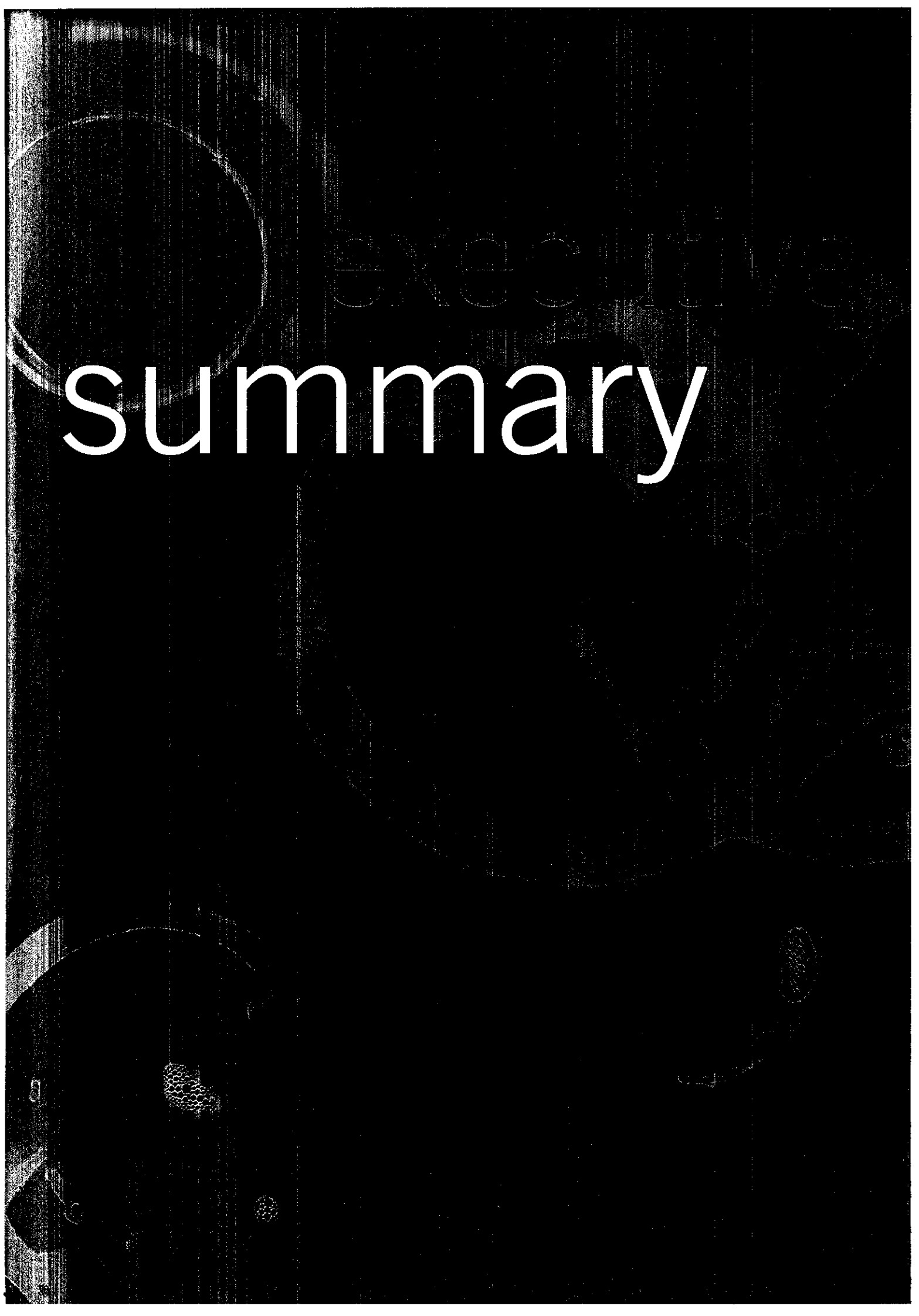
use of alcohol among people
in the Eastern region





towards moderation

use of alcohol among people
in the Eastern Region



executive

summary

Executive Summary

The purpose of this document is to review recent research in the Eastern Region regarding the use and misuse of alcohol. Following on from this, recommendations have been developed to promote sensible drinking in the Region and to reduce the emergence of problems related to alcohol.

The National Health and Lifestyle survey, Regional results from SLÁN [Survey of Lifestyle, Attitudes and Nutrition] and HBSC [Health Behaviour in School-aged Children]

The Health Promotion Unit of the Department of Health and Children commissioned the Department of Health Promotion, National University of Ireland, Galway to carry out two baseline surveys of health-related behaviours among adults and school-going young people in 1998.

The SLÁN study, a representative cross-sectional study of adults aged 18+ in the Irish population, found that three-quarters of respondents nationally had consumed alcohol in the month before completing the questionnaire. In regional analysis, the highest rate of regular consumption was observed in the Eastern Region. The lowest rates of abstinence were seen in the East. Overall, there were more frequent drinkers in the Eastern Region and significantly higher percentages of middle and older aged people in the East drank alcohol on five or more days of the week. In the Eastern Region 28.5% of men and 20% of women consumed more than the recommended weekly limits for alcohol. Corresponding national figures were 27% and 21% respectively.

The Health Behaviour in School-aged Children (HBSC) study is a World Health Organisation (European) Collaborative study in which 29 countries participated in 1997/1998. The regional results of the Irish component of this study found that respondents in the East reported more involvement with alcohol than in other areas in the country. In the region, young (9-11 years) boys reported more monthly drinking; 12-14 year old boys were more likely to have reported ever having had an alcoholic drink, drinking monthly and ever having been drunk and 15-17 year old boys were more likely to report having ever been drunk than those in the rest of the country.

Girls in the region were also more likely to have been involved with alcohol than those in the other boards. In the East, girls in the 12-14 age group were more likely to have ever tried alcohol, to drink monthly, and to have ever been drunk. Older (aged 15-17 years) girls in the East were more likely to drink monthly and to have ever been drunk than those in the rest of the country.

Health Behaviour in School-aged Children in the Eastern Health Board

The former Eastern Health Board (EHB) carried out a survey of the health behaviours of 11 to 18 year old school pupils in the region in 1998. More than four fifths of pupils reported that they had ever tasted an alcoholic drink. Overall, 45% of respondents said that they had an alcoholic drink at least every month. Boys were more likely to report current drinking than girls. Drinking alcohol increased with age in all social classes. Altogether, 42% said that they had ever been drunk.

A study of the health-related attitudes, knowledge and behaviour of young males in an Irish occupational setting

A study of the health-related attitudes, knowledge and behaviour of a group of young Irish males in an occupational setting in the Eastern region was undertaken in 1997. The prevalence of current alcohol consumption was 94% and there were no significant age or social class differences. Two-thirds of respondents consumed greater than 21 units of alcohol weekly (recommended level for safe consumption), with 45% categorised as drinking within "hazardous" limits (between 22 to 49 units per week) and 21% within "dangerous" limits (≥ 50 units per week). Respondents had poor knowledge of the safe recommended limits for safe alcohol consumption.

background

Background

The National Health Strategy (1994) and the ensuing Health Promotion Strategy (1995) referred to the development of a national policy to:

"promote moderation in alcohol consumption and reduce risks to physical, mental and family health associated with alcohol misuse".

The National Alcohol Policy published in September 1996 stated its main policy objective as being:

"to promote moderation in alcohol consumption, for those who wish to drink and to reduce the prevalence of alcohol-related problems in Ireland, thereby promoting the health of the community".

The Eastern Health Board subsequently developed a policy on treatment and prevention of alcohol problems in line with the recommendations in the National Alcohol Policy.

An increase in alcohol consumption was predicted in the national policy. Factors contributing to this increase were:

1. Current and projected economic growth
2. Anticipated increase in the number of people drinking more beer which is less sensitive to price increases
3. Possible greater access to alcohol through increased special exemptions for longer opening hours
4. A greater number of young people starting to drink at a younger age and a higher percentage of regular drinkers by the age of 18 years with a preference for beer
5. Strong alcohol advertising campaigns in all media in terms of volume and exposure, and extensive sponsorship promotions with high visibility sports.

Expenditure and consumption of alcohol

In 1998 the personal expenditure on alcoholic beverages in Ireland was £3.191 billion (Table 1) (Source: National Income and Expenditure 1998, Central Statistics Office). Table 1 and Figure 1 illustrate the changes in personal expenditure on alcohol (total and each category of drink), over time, using current prices. Figure 2 demonstrates the same expenditure using constant prices which have been calculated using the year 1995 as the base year. This shows the 'volume' of expenditure development over the period eliminating any growth due to price changes over the period. The consumption of beer, spirits and wine (including cider and perry) per capita over the past ten years is shown in Table 2. As can be seen, the expenditure on and consumption of alcohol has been increasing over the past number of years, particularly so for beer and wine. The consumption of beer per capita has increased by 37% between 1988 and 1998 and the consumption of wine has more than tripled in that time.

TABLE 1
Personal expenditure on alcoholic beverages for each year (current prices IR£ millions)

Year	Total Alcohol	Beer (a)	Spirits	Wine (b)
1975	303	175.9	109.2	18.2
1980	696	404.8	241.1	50.0
1985	1234	767.0	369.6	97.0
1990	1799	1204.8	435.2	159.1
1995	2465	1695.2	478.4	291.8
1998	3191	2066.7	612.8	511.8

(a) Comprising stout, ale and lager

(b) Including cider and perry

Source : Central Statistics Office

FIGURE 1:
Personal Expenditure on Alcohol in IRE (millions)

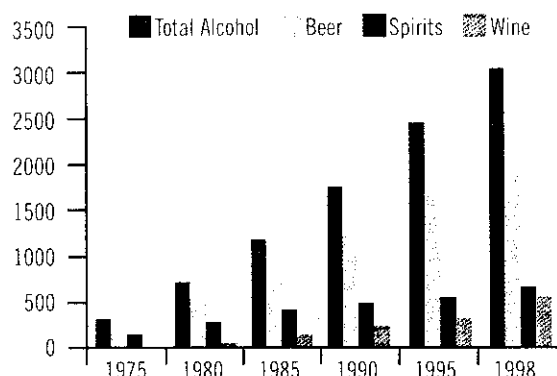


FIGURE 2:
Personal Expenditure on Alcohol in IRE (millions) at 1995 prices

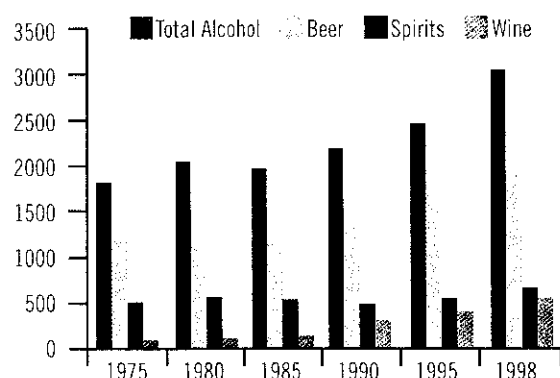


TABLE 2
Consumption of Beer, Spirits and Wine
(incl Cider & Perry) per capita 1988-1998.

	Beer	Spirits	Wine (incl Cider and Perry)	Low Alcohol Beer*
Year	(Litres)	(Litres pure Alcohol)	(Litres)	(Litres)
1988	109.2	1.7	7.4	0.4
1989	115.9	1.7	8.1	0.6
1990	121.8	1.7	8.7	0.6
1991	123.1	1.7	10.2	0.5
1992	130.1	1.6	11.6	0.5
1993	125.6	1.7	15.0	0.5
1994	134.4	1.6	14.4	0.5
1995	138.1	1.6	19.1	0.5
1996	144.9	1.8	19.8	0.5
1997	151.5	1.8	22.6	0.5
1998	150.0	1.8	25.6	0.5

* Low alcohol beer category applies to beer containing not more than 0.5% of alcohol by volume. Source : Central Statistics Office

Health Promotion Strategy for the Eastern Region

The Eastern Health Board's Health Promotion Strategy (January 1999) stated that its goal with respect to alcohol consumption in the region was that moderate drinking become personally and socially acceptable and favoured as the norm, by those who drink and that abstinence as a choice be respected. Objectives to achieve this included:

- To promote sensible drinking among the population, incorporating 'Less is Better' into the public's awareness of health enhancing behaviour
- To ensure that all people from an early age are aware of and understand the recommended sensible limits for alcohol consumption
- To reduce substantially and prevent problems associated with misuse of alcohol
- To ensure that health care staff are equipped with the necessary knowledge and skills to address alcohol misuse as a risk factor.

A number of research projects concerning alcohol and other lifestyle behaviours have recently been completed in the Eastern Region. This document collates and investigates their findings in order to support the development and evaluation of future health promotion programmes with the overall aim of promoting sensible drinking amongst young people and adults in the region.

review of recent
studies on alcohol
in the Eastern
Region

1. National Health and Lifestyle Survey:

Health Behaviour in School-aged Children [HBSC] Eastern Regional Results

The Health Promotion Unit of the Department of Health and Children commissioned the Department of Health Promotion, National University of Ireland, Galway to carry out two baseline surveys of health-related behaviours among adults and school-going young people in 1998 (published in 1999). The Health Behaviour in School-aged Children (HBSC) study is a World Health Organisation (European) collaborative study in which 29 countries participated in 1997/1998. In the Republic of Ireland sampling was conducted in order to be representative of the proportion of children in each of the then 8 health boards. The objective was to achieve a nationally representative sample of school-aged children. A sample of 8,497 pupils was obtained in total, 2,255 of whom attended schools in the Eastern Region. The survey instrument was a self-completion questionnaire. The questionnaire included questions regarding nutrition, exercise, injuries and safety, tobacco, alcohol, use of illicit substances and general aspects of health.

KEY FINDINGS CONCERNING ALCOHOL

Regional findings of the national Health Behaviour in School-aged Children study found that respondents in the East reported more involvement with alcohol than in other areas in the country. Young (9-11 years) boys in the region reported more monthly drinking (33% vs 22%). 12-14 year old boys in the region were more likely to have reported ever having had an alcoholic drink (92% vs 84%), drinking monthly (39% vs 29%) or ever having been drunk (36% vs 23%) than boys of the same age in the rest of the country. Boys in the 15-17 age group in the East were more likely to report having ever been drunk (68% vs 52%) and having been drunk ten times or more (23% vs 16%) than those in the rest of the country.

Girls in the region were also more likely to have been involved with alcohol than those in the other

boards. Young girls in the East were more likely to have ever tried alcohol (71% vs 59%) and those in the 12-14 age group were more likely to have ever tried alcohol (90% vs 80%), to drink monthly (32% vs 22%) and have ever been drunk (23% vs 16%). Older (aged 15-17 years) girls in the East were more likely to drink monthly (65% vs 51%), have ever been drunk (60% vs 47%) or have been drunk more than ten times (15% vs 7%) than those in the rest of the country.

2. Health Behaviours of School Pupils in the Eastern Region

The Health Promotion Department of the former Eastern Health Board (EHB) carried out a survey of the health behaviours of 11 to 18 year old school pupils in 1998. The study instrument and methods were similar to that of the 1998 National Health Behaviour in School-aged Children study (see Study 1 above). *In view of the size of the population of the Eastern Region (1.3 million) and because a large proportion of that population is comprised of young people, it was decided to carry out a regional survey to obtain data to guide further development and evaluation of health promotion services.*

The overall aim of the survey was to collect information on health behaviours and lifestyles of young people in the region. A random sample of schools was chosen, stratified by county and school type. Altogether 64 schools participated in the survey. 4750 school pupils between the ages of 11 and 18 completed the questionnaire; 52% were boys and 48% were girls.

KEY FINDINGS CONCERNING ALCOHOL

Pupils were asked about their alcohol consumption – had they ever tasted an alcoholic drink, how frequently they took an alcoholic drink such as wine, spirits, beer, cider or alcopops, and whether they had ever been drunk.

Just over 85% of pupils (88% boys, 82% girls) reported that they had ever tasted an alcoholic drink (**Table 3**). Over 60% of pupils in the 10 to 11 age group had already tasted an alcoholic drink, increasing to over 96% among the 15 to 18 age group. Therefore, most pupils between the ages of 15 and 18 had tasted alcohol. This was evident in all social classes in both sexes. Both boys and girls from social classes 1 and 2 were more likely to have ever tasted an alcoholic drink than pupils from the other social class groups.

TABLE 3
Number (%) of pupils in the different age groups who had ever tasted an alcoholic drink (N=4645)

Age group (Years)				
	10-11	12-14	15-18	Total
Boys	315 (70.2)	834 (87.4)	969 (95.9)	2118 (87.8)
Girls	306 (59.0)	722 (82.9)	815 (96.8)	1843 (82.6)
Total	621 (64.1)	1556 (85.2)	1784 (96.3)	3961 (85.2)

Current Drinking

Students were asked how often they drank anything alcoholic, such as beer, wine, spirits, cider or alcopops. Current drinking is defined as taking at least one of the above alcoholic beverages at least every month. Overall, 45% of school pupils said that they had an alcoholic drink at least every month (**Table 4**). The percentage of current drinkers ranged from 9% of 10-11 year olds through 32% of 12-14 year olds to 71% of those in the 15-18 age group. Overall, boys (51%) were more likely to report current drinking than girls (38%). This was also reflected within each age group. Drinking alcohol increased with age in all social classes (Figures 3 and 4). Younger boys in social classes 1 and 2 reported a higher percentage of current drinkers than those in classes 3 to 6. Girls in social classes 5 and 6 in the 15 to 18 age group were slightly less likely to report current drinking than girls in social classes 1 to 4. However, there was no obvious gradient across the social classes.

The pupils' responses regarding the different alcoholic drinks are shown in **Table 5**. Overall, boys were more likely to report drinking beer monthly (36% of boys compared to 17% of girls) and, to a lesser extent, cider (23% of boys compared to 16% of girls). Girls (15%) were slightly more likely than boys (12%) to report drinking alcopops.

Of note in the alcohol section of this study is the number of non-responders to the questions regarding current alcohol consumption (10% of the sample did not respond to the question regarding beer, 17% to the question regarding wine, 18% to the question regarding spirits, 15% to the question regarding cider and 16% to the question regarding alcopops). This non-response was distributed throughout sexes, school types, and age groups.

TABLE 4
Number (%) of pupils in the different age groups who take an alcoholic drink at least once a month (N= 4086)

Age group (Years)				
	10-11	12-14	15-18	Total
Boys	54 (15.8)	309 (38.4)	717 (73.8)	1080 (51.0)
Girls	16 (3.9)	196 (25.9)	535 (67.0)	747 (37.9)
Total	70 (9.3)	505 (32.4)	1252 (70.8)	1827 (44.7)

TABLE 5
Frequency of drinking different alcoholic drinks N (%)

	At least every week	Every month	Rarely	Never
Beer (stout, lager)	747 (17.5)	423 (9.9)	1246 (29.1)	1870 (43.6)
Wine	155 (3.9)	229 (5.8)	1478 (37.5)	2083 (52.8)
Spirits/ Liquor	389 (10.0)	428 (10.9)	828 (21.2)	2265 (57.9)
Cider	411 (10.3)	388 (9.7)	1082 (26.9)	2136 (53.2)
Alcopops	246 (6.2)	295 (7.4)	1076 (27.1)	2353 (59.3)

FIGURE 3

Percentage of boys who have an alcoholic drink at least every month

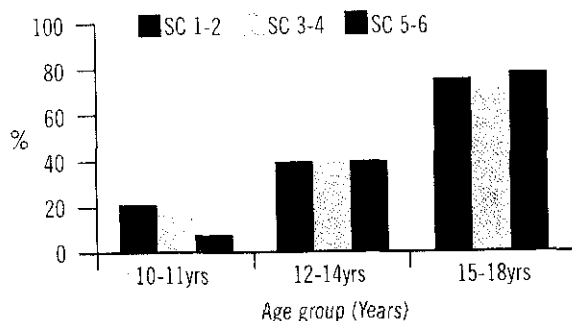
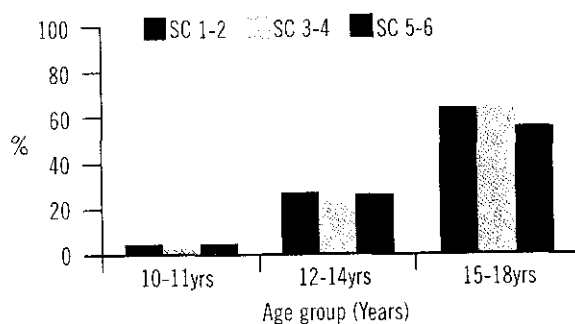


FIGURE 4

Percentage of girls who have an alcoholic drink at least every month



In response to the question, 'Have you ever had so much alcohol that you were really drunk?', altogether 42% said that they had ever been drunk (Table 6). Young people who report having been drunk on several occasions may be especially at risk. 30% (35% of boys and 25% of girls) said they had been drunk on two or more occasions. As can be seen in Figures 5 to 8, reported drunkenness increased with age and was higher in boys. Overall, 12% (15.5% of boys and 8.5% of girls) reported having been drunk on more than ten occasions. This increased with age from less than one percent of 10 to 11 year olds through 5% of 12-14 year olds to 25% of the over 15 year olds. Again, boys were more likely than girls to have been drunk on more than 10 occasions. In the 15-18 age group, 30% of boys compared with 19% of girls admitted to having been drunk on more than 10 occasions.

TABLE 6

Number (%) of pupils who had ever had so much alcohol that they were really drunk (N=4683)

Response	Boys	Girls	Total
No, never	1263 (51.8)	1457 (65.0)	2720 (58.1)
Yes, once	322 (13.2)	221 (9.9)	543 (11.6)
Yes, 2-3 times	285 (11.7)	224 (10.0)	509 (10.9)
Yes, 4-10 times	193 (7.9)	150 (6.7)	343 (7.3)
Yes, more than 10 times	377 (15.5)	191 (8.5)	568 (12.1)
Total	2440 (52.1)	2243 (47.9)	4683

FIGURE 5

Percentage of boys who had been drunk on two or more occasions

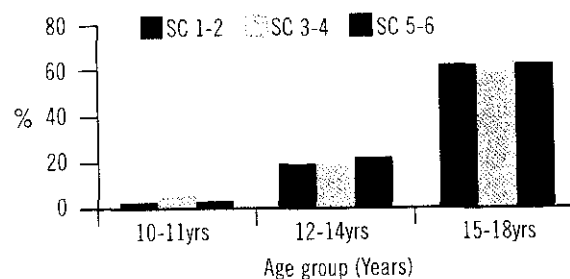


FIGURE 6

Percentage of girls who had been drunk on two or more occasions

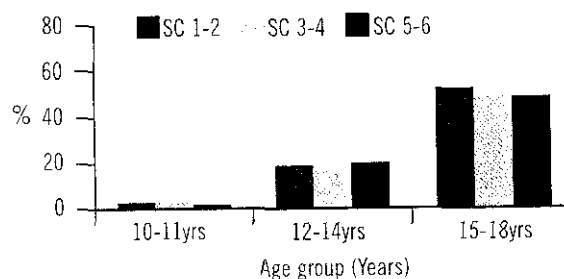
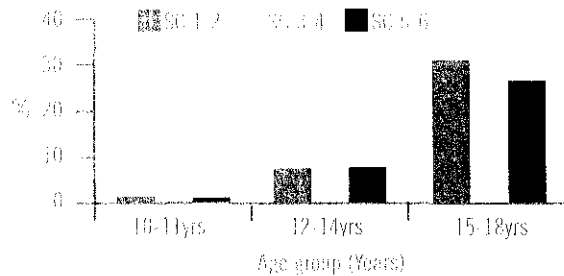
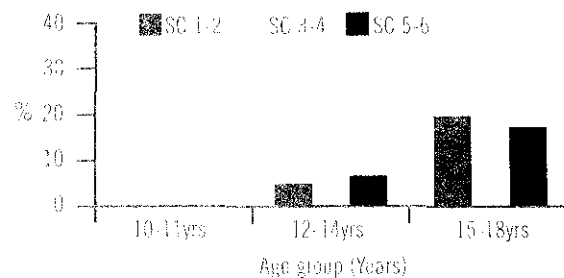


FIGURE 7

Percentage of boys who have been drunk on more than ten occasions

**FIGURE 8**

Percentage of girls who have been drunk on more than ten occasions



3. National Health and Lifestyle Survey:

Survey of Lifestyle, Attitudes and Nutrition (SLÁN) Eastern Regional Results.

The Health Promotion Unit of the Department of Health and Children commissioned the Department of Health Promotion, National University of Ireland, Galway to carry out two baseline surveys of health related behaviours among adults and school-going young people in 1998. The SLÁN study was a representative cross-sectional study of adults aged 18+ in the Irish population. A national response of 6,539 (62.2%) was obtained. Regional results were published. Out of a valid sample of 3,651 in the Eastern Region, 1,994 (54.6%) responded.

KEY FINDINGS CONCERNING ALCOHOL

The SLÁN study found that three-quarters of respondents nationally had consumed alcohol in the month before completing the questionnaire. The highest rate of regular consumption was observed in the East at 83%. Significantly higher rates of regular consumption were observed in each age group of the East than all the other health boards. Just over ninety percent of 18-34 year olds, 86% of 34-55 year olds and 63% in the 55+ age group were regular alcohol consumers in the region. Higher percentages of males than females consumed alcohol regularly. The lowest rates of abstinence were seen in the East (6% males and 9% females).

Most respondents in the SLÁN survey usually drank alcohol on one or two occasions in a typical week but 11% had an alcoholic drink 5+ days per week. The corresponding figure in the East was 13%. Overall, there were more frequent drinkers in the East and significantly higher percentages of middle and older aged people in the East drank alcohol on five or more days of the week. Men in each health board drank more on average than women when last out. Slightly less was consumed on a typical drinking occasion in the East across each of the age groups compared to the other boards. 28.5% of men and 20% of women in the East consumed more than the recommended weekly limits for alcohol. Corresponding national figures were 27% and 21% respectively.

4. A study of the health-related attitudes, knowledge and behaviour of young males in an Irish occupational setting

A study of the health-related attitudes, knowledge and behaviour of a group of 153 young Irish males aged between 15 and 44 years in an occupational setting in the Eastern Region was undertaken in 1997 (O'Donnell, 1998). The study examined health-related behaviours, attitudes and knowledge. The mean age of the young men was 20.4 years; 12% were aged 23 years and over. Males residing in urban (59.5%) and rural (39.5%) locations and from a range of social backgrounds (39% non-manual employment background; 61% manual background) and educational ability were represented. Two focus groups were undertaken as a preliminary exercise in order to gain insight into the males' health-related attitudes and to assist in generating questions for the questionnaire survey. A self-administered questionnaire was then carried out. Finally, an assessment of the workplace was undertaken in order to determine if it was supportive of health promoting lifestyles.

KEY FINDINGS CONCERNING ALCOHOL

The current prevalence of alcohol consumption was 94% and there were no significant age or social class differences. Beer was the most popular beverage, followed by cider. Two thirds (66%) of respondents consumed more than 21 units (see Figure 9) of alcohol weekly (recommended level for safe consumption), with 45% categorised as drinking within "hazardous" limits (between 22 to 49 units per week) and 21% within "dangerous" limits (≥ 50 units per week) (see Table 7). The mean number of units consumed per week by those consuming more than the recommended amount (21 units) was 44 units (Figures 9 and 10). These findings suggest substantially greater alcohol consumption compared with previous surveys. The quantity of alcohol consumed per week was greater among younger males and among those from manual backgrounds, though these differences were not statistically significant. Only 1% of respondents knew the recommended units of alcohol for males (Table 8). The vast majority of the men (93%) stated that they were very or quite healthy. Not drinking alcohol in excess was rated as the least important

health-enhancing behaviour. Compared to older males, a significantly greater proportion of younger males did not consider avoiding excess alcohol use as an important health behaviour.

FIGURE 9
Alcohol Consumption Code

Alcohol was coded into standard units according to the scale used in The National Health Promotion Strategy.		
1 unit \approx 1 small glass of spirits \approx 1 glass of wine \approx 0.5 pint of beer		
Recommended limits for safe alcohol consumption are defined as 21 units per week for males and 14 units per week for females (Department of Health, 1995).		
The Royal Colleges of Physicians, Psychiatrists and General Practitioners in the United Kingdom proposed the following three categories of drinker in accordance with the number of units consumed weekly:		
	Men	Women
Safe	1-21 units	1-14 units
Hazardous	22-49 units	15-35 units
Dangerous	50+ units	36+ units

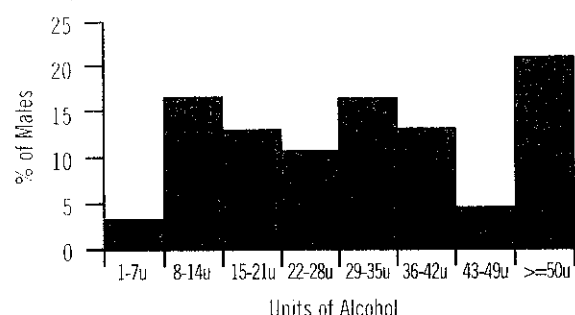
(Royal Colleges of Physicians, Psychiatrists and General Practitioners, UK, 1995).

TABLE 7
Categories of Drinkers (n=144)

Drinker Category	No	%
Safe	48	33.3
Hazardous	65	45.2
Dangerous	31	21.5
Total	144	100

FIGURE 10**Units of Alcohol Consumed By Males**

Units of Alcohol Consumed by males per week

**TABLE 8****Knowledge Levels For Recommended Alcohol Units For Males and Females**

Knowledge levels	No	%
Correct male units only	2	1.3
Correct female units only	2	1.3
Correct male and female units	1	0.6
Didn't know correct units	148	96.8
Total	153	100

CONCLUSIONS AND RECOMMENDATIONS

- It was concluded that substance misuse, i.e. smoking, alcohol and drug use was the most worrying health behaviour among the study population. This has physical, psychological and social consequences and may also impact on productivity at work.
- Males had very poor knowledge of the recommended limits for safe alcohol consumption and expressed an indifferent attitude to the health effects of excess alcohol intake. This may be cultural in origin and related to male socialisation.
- It was evident that those who misused one substance were at increased risk of misusing others. While it must be remembered that these findings are not applicable to the general population, it can be concluded that there is an urgent need at primary, post-primary and third level education centres for lifeskills programmes to address the issue of substance misuse.
- This study indicates that initiatives to improve men's health must incorporate the development of personal skills, in conjunction with explicit government and social policies, to develop physical environments which support health promoting behaviours at the worksite and in recreational settings.
- It is also concluded that the workplace is an essential setting to support all workers to improve lifestyle and health behaviours by providing health promoting conditions.
- In light of the recent increase in suicide rates in young males, further research is warranted regarding how society allows males to express emotion and to deal with mental illness and ill health.

5. Drinking Patterns and Attitudes to Alcohol in 16-35 year olds resident in the Eastern Region.

This qualitative research was carried out by the Region's Department of Health Promotion and the National Research Agency between October 1999 and March 2000. The aim was to study the drinking patterns and attitudes to alcohol of 16-35 year old people in the Eastern Region, with particular emphasis being placed on alcohol misuse. Focus groups were used to collect information on attitudes towards alcohol. A set of key topics regarding initiation into drinking alcohol and current drinking habits was used to direct each group.

A total of sixteen focus groups, representing four core target groups: 16-18 year old school boys; 16-18 year old school girls; 18-24 year olds of mixed gender in vocational training/apprenticeships, university students and in full-time employment; and 25-35 year olds of mixed gender who were in full-time employment were conducted. The sixteen groups were selected on the basis that collectively they would provide a cross section of people of the corresponding age group in the region.

KEY FINDINGS CONCERNING ALCOHOL

1. STARTING TO DRINK

Age at which People Started to Drink Alcohol

All of the groups indicated that people start to drink alcohol in their early to mid-teens. Some differences between the groups were, however, apparent. Young men (16-8 year olds), for example, reported having started drinking at a slightly younger age (12-14 years) than those in the remaining groups while those who are currently aged 25-35 started to drink alcohol at an older age (14-18 years). This suggests that teenagers of today are starting to drink at a younger age.

Reasons why People Started to Drink

One of the major reasons cited by the groups as to why young people start to drink was the influence of friends. Young people were perceived as being

insecure regarding their status within a group of friends and the consumption of alcohol was seen as a way of establishing oneself as a member of a peer group. The groups were also unanimous in their perception that young people were frequently bored and as a consequence experimented with alcohol. Participants in the younger age focus groups (16-18 year old girls and boys and 18-24 year olds) cited very similar reasons when explaining why they started to drink. They commented on the fact that young teenagers are *curious about alcohol and the 'buzz' experienced from drinking excessive quantities*. To a lesser extent, these groups commented on the influence of parents. They indicated that seeing one's parents drinking alcohol legitimised it as an activity for teenagers. They also proposed that parental attitudes toward teenage alcohol consumption were becoming increasingly lenient. Those in the older age group (25-35 years) debated the influence of alcohol in Irish culture suggesting that young people are brought up in a culture where alcohol pervades all social activities.

Reasons People Would Have Deferred Drinking

The four groups provided highly similar explanations as to why people in their age groups would defer starting to drink alcohol at a time when their peers were beginning to experiment. The influence of family and friends dominated. The consequences of being caught drinking alcohol by parents or a history of alcohol misuse in the family were thought to delay the age at which some young people started to drink alcohol. Socialising with non-drinkers was also thought to be a deterrent. Practical issues such as not having enough money to purchase alcohol and looking too young to be served alcohol were also cited by the groups. Other factors thought to deter young people from starting to drink alcohol included involvement in sport, disliking the taste of alcohol and having taken the Pioneer pledge. Finally, some groups highlighted the fact that young teenagers would be concerned about the effect alcohol might have on their behaviour.

Location of Drinking at a Younger Age

All of the groups identified outdoor venues such as fields or parks as the most common locations where young people in their cohort started to drink. On these occasions, alcohol would be purchased from the off-licence, usually by an older sibling or friend. Drinking indoors usually occurred in 'free houses' where parents were not present. Those in the younger age focus groups (16-18 year old girls) also suggested that as young teenagers, their cohort would drink alcohol while babysitting. Drinking alcohol en route to a social venue where alcohol would not be served was also cited, usually whilst travelling on public transport where alcohol was disguised in soft drink containers. Those in the older age group categories (18-24 and 25-35 years) made greater reference to their cohort drinking in pubs in their early to mid-teens. The owners of these pubs, referred to as 'kiddie pubs', would be aware that some of their customers were under the legal age for alcohol consumption. A pattern, therefore, emerged whereby 25-35 year olds were more likely to have started drinking in pubs in contrast with 16-18 year olds who had started drinking out of doors.

2. CURRENT DRINKING HABITS

Current Location of Drinking

Those in the 16-18 year age group indicated that drinking out of doors (fields or parks) is still prevalent for their age group. Drinking on public transport and smuggling alcohol into social venues also occurs because accessing pubs is difficult at this age. Strategies are used in order to increase the likelihood of being served in pubs, such as making oneself look older (by dressing smartly) and arriving in small groups. In contrast, those in the 18-24 year old age category drink mostly in pubs. Student pubs are particularly popular with students. Accessing pubs however may still pose difficulties for a minority who look younger than their 18 years. Attending nightclubs, house parties, and family gatherings are other occasions where alcohol is consumed by this group. A different pattern emerged for those in the 25-35 year old age

bracket. Due to family commitments drinking alcohol in a pub setting becomes less frequent and is replaced by drinking within the family home or at friends' houses.

Frequency of Alcohol Consumption

Friday and Saturday nights are the two nights of the week 16-18 year olds favour for meeting friends for a drink. Mid-week drinking is unusual in this age group as school performance may be affected and because of financial restraints. However, the frequency generally increases during the school holidays. In the 18-24 year old age group, a dichotomy emerged between those in education and those in full-time employment. Those in further education estimated that their cohort drink alcohol three nights a week. Financial constraints were again a feature limiting their frequency of consumption. For those in employment, the figure is considerably higher: possibly two or three nights over the weekend in addition to one or two nights during the week. Those in the 25-35 age group estimated their cohort go out for a drink three nights a week, mostly at weekends. They also acknowledged occasional mid-week drinking when wine may be served with dinner.

Drinking Companions

Those in the younger age groups (16-18 year old boys and girls) tend to drink alcohol with large groups of friends from their school or neighbourhood. These groups of friends are of mixed gender and are usually the same age or older, but rarely younger. Drinking with family rarely occurs in this cohort. A similar profile emerged for those aged 18-24 years where friends dominate the social set - generally college or work colleagues. Students generally drink with other students or, if from a rural area, with people from their home town. Turning to the older age group (25-35 years), friends and family dominate the social group. Drinking with colleagues is generally confined to an occasion such as a promotion. Neighbours were also mentioned as drinking companions by this group.

Reasons why People Drink Alcohol

Experiencing the 'buzz' of alcohol is the dominant reason 16-18 year olds drink alcohol. Having fun in the company of a large social network where they are excused for behaving 'irresponsibly' is perceived as an incentive to drink. Peer pressure may be a factor for some, but not all, of this age group. Having nothing else to do was also cited as a reason this age group consume alcohol. For those slightly older, in the 18-24 year old bracket, relaxation after a hard day was the main reason cited. Having said that, the opportunity to meet a large group of people, and perhaps meet a potential partner, contribute to the attraction of alcohol. *This age group also discussed how ingrained alcohol has become in Irish culture and how habit forming visits to the pub can become.* Turning to those in the 25-35 year old group, socialising and relaxation were again cited as factors contributing to alcohol consumption. While the role of alcohol in Irish culture was again mentioned, its role in business was also discussed i.e. using alcohol when entertaining potential clients. Finally, this group made reference to the use of alcohol, especially wine, to accompany food.

Pressures on People to Drink Alcohol

Gender differences arose between the 16-18 year old girls and boys regarding whether they perceived that people in their cohort were pressurised to drink alcohol. The boys suggested that while pressure may have influenced people to drink alcohol in their early teens, this was no longer the case in their mid-to-late teens. The girls differed in their perception, stating that while people in their cohort generally don't get involved in a round system, when this does occur they feel obliged to drink alcohol purchased on their behalf. The reaction from those aged 18-24 years regarding the pressure *their age group experience to drink alcohol* was mixed. Some felt that it was acceptable to refuse the offer of a drink. Others, however, felt they would have to provide a 'valid' reason for not drinking to avoid being cajoled or pressured to take an alcoholic drink. Those who were in full-time paid employment commented that the pressure to drink alcohol came from within. That is, there was a reluctance to miss out on a social gathering irrespective of one's commitments the following

day. In the 25-35 year old age group, there was acknowledgement that while it is acceptable for a tea-totaller to abstain from alcohol, people who normally drink alcohol are frowned upon if they attempt to abstain from alcohol on a night out.

Reasons why People Drink to Excess

Gender differences were also apparent with regard to young peoples' (16-18 years) perceptions of why their cohort drinks to excess. The boys commented that *drinking to the point of falling over* was a feature of younger drinkers and did not occur often in their cohort. They did, however, acknowledge that some young men are still testing their limits regarding alcohol intake. The girls distinguished between occasions where girls in their age group become drunk on purpose, and occasions where girls become drunk unintentionally. Drinking to celebrate, commiserate or impress friends were occasions where young women may intentionally become drunk. On other occasions, however, one drink simply leads to another. In the 18-24 year old groups, a distinction was also made between becoming drunk intentionally and unintentionally. Again, celebrations and commiserations were identified as occasions when people deliberately drink to excess. Financial constraints and commitments the following day, however, tend to limit these occasions. Finally, turning to those in their mid-twenties and thirties, drinking alcohol with the intention of becoming drunk is rare. On the occasions when people in this group unintentionally become drunk, contributing factors include failing to eat before drinking, going to a function with free alcohol and becoming involved in a round system.

Perceptions of Non-drinkers

Both the young men and young women (16-18 years) admitted that they had perceived non-drinkers negatively when they were younger. There was, however, mixed reaction regarding their current perception of non-drinkers. Some argued that they are considered the same as those who drink and may in fact be elevated to the point of being respected. Others however suggested that they were perceived as boring and were socially excluded. This perception was shared by those in the 18-24 year old age group. While some in this

group are supportive and have respect for non-drinkers, others would be more critical, perceiving them as boring and querying whether an alcohol problem had been previously experienced in the family. Those in the older age bracket (25-35 years) acknowledged that their cohort would have been critical of non-drinkers when they were younger but that nowadays they would treat them the same as drinkers. This group also commented on the lack of incentives to encourage people to drink more non-alcoholic beverages, which, according to this group, are currently grossly overpriced.

Perceptions of the Short-term Effects of Alcohol

Perceptions of the short-term effects of alcohol were highly similar across the four groups. Positive short-term effects were identified as having a good time, becoming more confident and sociable, and being able to have a post-mortem the following day with friends. Negative effects, which were more commonly muted, included being ill, becoming aggressive or overly sentimental and engaging in risky behaviour. Consequences experienced the following day included experiencing a hangover, regret at having spent too much money, having an unproductive day at work or school and feeling remorseful over one's behaviour.

Perceptions of the Long-term Effects of Alcohol

Physical health problems resulting from long-term alcohol misuse were identified by all groups. These included developing liver problems, possible brain damage and general loss of fitness. Psychological difficulties were also cited, including depression, apathy and paranoia. Associated problems such as a breakdown in relationships, job loss and financial difficulties were all perceived to result from long-term alcohol misuse. A link with illicit substance use and possible criminal behaviour was also debated. Those in the 18-24 year old bracket commented that people in their age group are unlikely to consider these factors as they perceive themselves immune to anything more than short-term effects. Finally, those in the mid-twenties to mid-thirties groups debated the likelihood of a person being shunned by their friends because of a developing alcohol problem and the consequences this would have for the individual.

Problematic Drinking

Those in the younger age groups (16-18 years) suggested that problematic drinking would constitute drinking every day, early in the day, and drinking alone. They also suggested that people who become abusive when they drink would be labelled as having a drink problem. Those in the older age groups suggested that their peers would consider drinking problematic when it affected the standard of a person's work and the quality of their relationships with other people.

Amount of Alcohol People Consume

Young men (16-18 years) estimated that people in this age group drink between four and eight pints on an evening out. The choice of alcohol would generally be beer, however this may be supplemented by spirits later in the night. Young women are estimated to drink between four and eight bottles when they go out. These bottles are generally alcopops or beer. The 18-24 year old groups distinguished the amount of alcohol consumed by each gender. Women were estimated to drink between two and five drinks on a night out, men between two and twenty depending on the type of night in question. Drinking in the oldest age category, 25-35 years, was estimated to vary between four drinks on a week night to ten drinks per night at the weekend.

Reasons why People Drink 'a Couple of Drinks' or 'Get Smashed'

For young men (16-18 years) getting drunk is often unintentional and is something that 'just happens' while socialising. Reasons why these young men restrict their alcohol intake centre largely around having commitments the following day. Not having enough money to purchase alcohol is also a major factor. The young women (16-18 years), in contrast, indicated that their age group generally drink alcohol to become drunk. They want to experience the 'buzz' of alcohol and impress their friends. Reasons for not drinking to excess on a night out were the same as for the young men, i.e. commitments the following day or a lack of money. Those in the older age category (18-24 years) indicated that people in their cohort who are in full or part-time employment drink to excess at

weekends to unwind after a hard week. The student groups differed in their pattern of drinking which occurs most frequently mid-week. This is largely due to the fact that many pubs hold promotional student nights mid-week when the price of alcohol is reduced. Drinking to excess would be considered the norm on these occasions. They also cited commitments the following day or a lack of money as reasons for restricting intake as well as if they were meeting a partner or a friend for a chat. Those in their mid-twenties and mid-thirties acknowledged that people in this age group drink to excess less frequently presently than when they were younger. Again, commitments on the following day were a consideration limiting the amount of alcohol people consume. This group also commented on the fact that they were likely to drink less alcohol on occasions where they were engaged in an activity such as going to the cinema or dining out. Finally, the demands of parenthood were cited as a reason to drink in moderation.

Amount of Money Spent on Alcohol Per Week

Full-time employees in the 18-24 year old age group spend the largest amount of money on alcohol, estimated at between fifty and one hundred and fifty pounds per week. The youngest age group reported spending between ten and forty pounds a week on alcohol. Finally, those in the mid-twenties to mid-thirties age group estimated that their age group spent between twenty and seventy pounds a week on alcohol.

Suggestions to Promote Sensible Drinking

Both young men and young women (16-18 years) called for a change in the current legislation which prohibits the consumption of alcohol by those under eighteen years of age. The groups suggested that the experience of other European countries, where legislation allows 16 year olds to drink beer, was that young people became more responsible in their attitude towards alcohol. The groups also made reference to the fact that many young people are bored and consider that there is nothing else to do apart from drinking alcohol. They suggested that alternative activities were generally expensive, were not convenient or were not open at night. As such, they argued that there are few opportunities for young people with a

limited income to meet large groups of friends. Strategies to promote moderate drinking, suggested by the 16-18 year old groups, focused on embarrassing young people who drink to excess. The groups indicated that, if young people, were reminded of how foolishly they behave when under the influence of alcohol, they may limit their intake. Therefore, they suggested that filming young people who are inebriated leaving a pub would embarrass them into drinking more sensibly. Another suggestion was to provide more support to young teenagers who feel peer pressure to drink alcohol. School classes to improve self-esteem were recommended along with school counselling facilities. Despite the many suggestions provided by this age group as to how sensible drinking can be promoted, the groups commented that young people will want to experiment with alcohol and consequently will drink to excess, irrespective of intervention.

Those in the 18-24 year old age bracket provided similar suggestions to promote sensible drinking in their age group. In addition, they recommended targeting health promotion campaigns at those in primary education and advocated the use of harm reduction strategies for older teenagers (e.g. not to mix drinks and not to drink on an empty stomach). This age group considered drinking to excess as a developmental phase and suggested that as people's responsibilities increase (e.g. buying property, starting families, etc.) their opportunities to drink to excess decrease.

Those in the 25-35 age group also indicated that drinking to excess was a developmental phase. They advocated that health promotion strategies be targeted at younger age groups in an attempt to foster a more mature attitude towards alcohol. While the effectiveness of scare tactics was debated, many in this age group felt that providing more attractive alternatives for young people would reduce their consumption of alcohol. Finally, this age group argued that there is no financial incentive at present for people to drink non-alcoholic drinks as they are currently as expensive, if not more, than alcoholic beverages.



commentary

Commentary

Alcohol abuse has been shown to be a prominent cause of morbidity and mortality and is also associated with social and economic problems. These problems include road accidents, crime, violence (including domestic violence), absenteeism from work and impaired work performance. Furthermore, consumption of alcohol appears to be increasing. Although there is evidence that alcohol reduces the risk of coronary heart disease in middle-aged men and older women, this protective effect is seen with modest consumption (1 or 2 drinks per day). In younger people, the risk of coronary heart disease is lower but the risks associated with alcohol use are greater. Over the years there has been a lack of recognition of alcohol abuse as a serious public health problem by Irish society as a whole. In 1997 the National Alcohol Policy identified reduction in the health-damaging consumption of alcohol as a priority.

ATTITUDES TO ALCOHOL IN IRISH SOCIETY

If we wish to encourage sensible drinking habits, it is important to understand how alcohol is perceived in society. Alcohol is seen as a part of social life today and most people drink. People drink alcohol to relax, to be sociable, to meet friends, and to be socially included. Younger individuals drink for much the same reasons but also to get a 'buzz' or a feeling of well-being. At an appropriate age, moderate alcohol consumption, and the whole socialisation process may indeed be a positive thing. However, there is no sharp dividing line between alcohol misuse and alcohol dependence. In this vein, the National Alcohol Policy aims to promote moderation in alcohol consumption for those who wish to drink, thus reducing the problems associated with alcohol misuse.

The policy identifies two main issues

- The frequency and excess of drinking in adults
- Under age drinking.

THE FREQUENCY AND EXCESS OF DRINKING IN ADULTS

We have seen from the above reports that the vast majority of adults drink. People in the Eastern Region had the highest rates of regular alcohol use when compared with the other health board areas. These rates were higher in men than in women. Over twenty-eight percent of men and 20% of women in the region consumed more than the weekly recommended limits for alcohol. A specific problem exists with young men amongst whom substance misuse is a worrying health behaviour.

UNDER AGE DRINKING

Under age drinking is common in this country. Seventy-four per cent of boys and 67% of girls between the ages of 15 and 18 in the region reported having an alcoholic drink at least every month. Over sixty percent of boys and 50% of girls in the same age group admitted to having been drunk on at least two occasions. Furthermore, young people in the East have more involvement with alcohol than in any of the other health boards in the country. Morgan and Grube (1994) carried out a survey of drinking in post-primary school pupils in 1984 and again in 1991. In their 1991 study, they found that nearly four fifths of their sample of Dublin pupils had consumed alcohol at some time in their lives. This was a considerable increase on their study in 1984. They also observed substantial increases in the number of drinks consumed on any one occasion and in the number who reported getting drunk in that time.

It is important to acknowledge that young people will persist in engaging in risk taking behaviour. It is also important to recognise that "the meeting place" for a large proportion of young people is 'the pub' or other outlets where alcohol is easily available. Recognition must also be given to the fact that in the present economic situation and manpower shortage, many young people have part-time jobs and, therefore, have more expendable income. In the qualitative research young people continually repeated that there was 'nothing else to do' and 'nowhere else to go'. Other activities were not accessible, too expensive or not open when they wanted to engage in them. It also appears that most young people start to drink in unsafe environments such as fields, 'free houses', etc. having acquired alcohol in an off licence or at

home. On a positive note, there is some evidence in the qualitative research that young people, in the main, are critical of driving under the influence of alcohol.

THE WAY FORWARD

No single measure will be effective alone in achieving change in people's attitudes and behaviour towards alcohol. A multisectoral and multi-faceted approach is necessary from a range of public sector agencies and from the private sector. One of the challenges facing those involved in health promotion in the region is to educate individuals to develop and maintain healthy lifestyles. Perhaps the biggest challenge facing the region is to enhance the self-confidence of each individual and increase their self-esteem and well-being through personal development, thus enabling individuals to develop sensible attitudes towards alcohol and responsible drinking behaviour in social settings. An increase in alcohol awareness is necessary, to increase the understanding of the negative effects of alcohol and knowledge of the sensible drinking guidelines. Education should take place in the four health promotion settings - schools, the community, the workplace, and the health services.

Acknowledging that factors associated with poverty present both a barrier to the adoption of a healthy lifestyle and a limit to the potential benefits of a health behaviour change, health promotion initiatives should specifically target low income and disadvantaged groups. It is also important to identify particular at risk groups in the population. Furthermore, future health promotion initiatives should recognise the effects the current economic growth may have on alcohol consumption.

The National Alcohol Policy identified three important messages:

- Sensible drinking guidelines (avoiding drinking to excess on any one occasion; taking a rest from alcohol on a few days each week; and never drinking and driving)
- Avoidance of alcohol for pregnant women
- Detecting early signs of alcohol dependence

The national policy document addresses "environmental strategies" to create a physical, social and cultural environment which promotes the healthy use of alcohol, under the following headings:

Licensing code
Road Traffic Acts
Advertising, promotion and sponsorship
Taxation and pricing
European Union dimension
Research

The health services have a role to play in these areas such as supporting initiatives to promote responsible advertising and sponsorship, supporting schemes to reduce teenage access to alcohol and by undertaking appropriate research. The ERHA has an important role as an advocate to promote public policies which encourage and support sensible alcohol use.

The following Action Plan identifies a number of interventions which our health services will strengthen and develop in partnership with schools, workplaces and communities. The overall aim is to promote sensible alcohol use and reduce harm associated with alcohol misuse in our region.

Action Plan to promote the Sensible Use of Alcohol in the Eastern Region

Action Plan

The Area Health Boards aim to promote a culture of sensible alcohol use in our region. This is a multisectoral task. In collaboration with a wide variety of partners we will promote policies, programmes and interventions to realise this goal. Community initiatives are an important way of supporting healthier lifestyles and also exert powerful pressure on national policy. Thus partnerships with community groups and local initiatives will play an important role in our action plan to promote sensible alcohol use.

- The Area Health Boards recognise that a change of attitude in Irish society towards alcohol is necessary to realise our goals. To promote this change of attitude, new information materials, education and training programmes will be developed and disseminated through the health services in our region.
- The Area Health Boards will commission public awareness campaigns in collaboration with the Department of Health and Children to promote sensible alcohol use and to highlight the harm caused by alcohol excess particularly at pertinent times such as Christmas and end of school term. These campaigns will emphasise the "Less is better" message.
- New and additional resources will be invested in the health promotion services of the Area Health Boards to develop community-based partnerships with youth clubs, community leaders and other networks to address problematic alcohol use in target groups such as underage drinkers.
- There is evidence that entry to pubs for underage individuals is difficult but still possible. On review of the international evidence it is recommended that the current legal age limit be left at 18 years and the possibility of increasing the age limit to 21 years be investigated.
- The majority of publicans are reported to be in favour of an identity card system to prevent and reduce underage access to alcohol. The Area Health Boards and other health service providers will collaborate to promote and advance this initiative.
- In 1998 an Alcohol Information Centre was opened in the community in CCA 7 on a pilot basis. This pilot project will be evaluated for effectiveness in reaching young people and will be extended to the other Area Health Boards if appropriate.
- The Health Promotion Departments in the Area Health Boards will collaborate with publicans and their staff to curb the problem of underage drinking and decrease the likelihood of those under 18 being served alcohol, including the use of ID cards.
- The Area Health Boards, will work closely with the drinks industry to provide training and education for staff and to ensure visible display of sensible drinking guidelines in all premises where alcohol is sold.
- An advertising campaign will be undertaken to persuade adults to refrain from buying alcohol, if requested, by those under age, at off licences or other venues.
- The Area Health Boards advocate that the price of soft drinks be reduced in comparison to alcohol and will work to encourage publicans to have coffee and tea more freely available on their premises.
- A multisectoral approach to promote sensible alcohol use is required at local level - including education, youth services, social services, health services, (primary care, alcohol services, health promotion) the Garda Síochána and the private sector. Through the Area Health Boards and the voluntary groups funded by section 65 grants, community initiatives to tackle the problems associated with alcohol misuse will be further developed, encouraged and supported.
- In collaboration with a wide variety of partners, the Area Health Boards will support the promotion and provision of alcohol-free leisure facilities for young people, e.g. sporting, bowling, roller skating, go-karting, etc., particularly in disadvantaged communities.

SUPPORTING SCHOOLS AS A HEALTH PROMOTING SETTING

School pupils

- Through the Drugs Education services within the Area Health Boards all schools will have access to information regarding the effects of alcohol consumption and abuse.
- The development of personal skills is a priority in the primary and post-primary school systems. The introduction of the Social, Personal and Health Education module on substance use, using the "Walk Tall" programme in primary schools (a primary prevention programme which aims to reduce the demand for legal and illegal substances) is supported by the Area Health Boards. The Health Promotion Departments collaborate towards the training of teachers in SPHE programmes, and the Education Officers of the Drugs/AIDS Service contribute to the delivery of these programmes. The corresponding module in post-primary schools, "On My Own Two Feet" is an education programme aimed at the development of personal and social skills for the avoidance of substance abuse. The overall aim of the package is to enable students to develop their ability to take charge of their health and specifically to make conscious and informed decisions about the use of drugs, legal and illegal, in their lives. The Area Health Boards will continue to collaborate with the Department of Education and Science to support the delivery of this and other social, personal and health education programmes.

School Teachers and Principals

- The Area Health Boards have recently launched a programme to support schools in the development of substance misuse policies for their premises. The active participation of students, parents, staff and management committees is required to develop and implement such policies for each school community.
- The Area Health Boards are keen to support educators in their role of preparing young people for the challenges of dealing with substance misuse. Research has recently been completed which identifies the training needs of teachers in primary and post-primary schools. This indicated that teachers recognise the need for a range of interventions around substance use – including

classroom teaching and individual work with students. In response, teachers and guidance counsellors have been offered courses in the Brief Interventions model which enables practitioners to encourage and support behaviour change in clients (in this case students). This has been shown to be an effective technique to increase smoking cessation. An inter-sectoral working group is presently examining ways to support schools in developing substance abuse policies at primary and post-primary level. The Area Health Boards through their Health Promotion Departments and the Drugs/AIDS Service are supporting follow-on research with service providers from the health, education, voluntary, and community sectors regarding recent findings in this area.

Parents

- Health information regarding sensible alcohol use and the signs of misuse and abuse will be made freely available to parents at all points in the health services, including local health centres, general practice waiting rooms, hospital waiting rooms, and health promotion departments.
- Parental attitude to alcohol is an important influence on their children's use. The Area Health Boards will be supported to provide community-based health education programmes for parents, including the Drugs Questions, Local Answers programme, helping them to reflect on their own use of alcohol and their contribution as role models.
- Many parents in our region now participate in parenting education programmes, many of which are provided, or supported and financed by the Area Health Boards. The Area Health Boards will work to ensure that the subject of sensible alcohol use will be addressed in parenting courses.
- The Area Health Boards currently provide a helpline which provides support, information and guidance on illicit drugs. This helpline will be further developed to address the issue of alcohol.

ACTION IN THE WORKPLACE

The workplace is a key setting for health promotion initiatives as it provides easy access to a large number of people, including those who do not regularly use the health services, particularly young men.

- In collaboration the Irish Heart Foundation, the Area Health Boards will continue to support workplace health promotion programmes. There is great potential in the workplace to develop a more integrated approach to health promotion, including health education, substance misuse programmes and stress management workshops.
- The provision of an active exercise policy in the workplace would enhance the level of physical activity, an important strategy in reducing stress and improving health. The Area Health Boards will support the development of such programmes and make them available to small and medium sized firms in the region.
- In conjunction with Dublin Healthy Cities, health promotion staff in the former Eastern Health Board have developed a package of health promotion policies for large workplaces, including a policy on alcohol. Further work is necessary to ensure the implementation of these policies and to disseminate them to small and medium enterprises.

ACTION IN AND THROUGH THE HEALTH SERVICES

The Area Health Boards are committed to supporting staff and health professionals in their health promotion work through the development of information materials, the provision of quality training and effective collaboration in health promotion programmes.

- The recently developed Irish College of General Practitioners initiative "Helping patients with alcohol problems" is a three year programme designed to help general practitioners become more aware of the issue of alcohol abuse and to help in the screening and detection of patients with alcohol-related problems. Training modules will be offered to established general practitioners and those in training via the general practice training networks.
- Information on available treatment services will be advertised in suitable settings to encourage uptake of those services.
- The Area Health Boards are committed to promoting the health of staff in the health services. Appropriate structures will be developed to oversee the implementation and monitoring of an alcohol policy for health care facilities.

ACTION TO SUPPORT AT RISK GROUPS

Young Males

Young males have a high prevalence of smoking, alcohol and illegal drug misuse. Furthermore, knowledge of health-related issues in this group, especially of male-specific illnesses, is often poor.

Multisectoral health education and health promotion programmes will be undertaken, targeted specifically at males, to highlight the effects of alcohol and to introduce an holistic approach to improving the health status of men. These programmes will include education about alcohol, diet and physical activity. The Health Promotion Departments are currently collaborating with vocational training programmes to develop a health promotion module for inclusion in training programmes.

Women of Child-bearing years

A similar programme will be developed in the workplace to target young women, addressing issues such as use of alcohol prior to and during pregnancy.

Homeless People

A recent study entitled "Health and Dental Needs of Homeless People in Dublin" found that almost 30% of homeless men drank dangerous levels of alcohol (> 50 units of alcohol per week). A multidisciplinary outreach team is currently being established to address the healthcare needs of homeless people. Alcohol abuse will be a priority issue for this team.

Future Research

Ongoing research is required to monitor patterns of alcohol use in society and to identify worrying trends at an early stage. In addition, research into the following areas is required:

- Alcohol policy, attitudes towards alcohol and drinking patterns in other European countries will be reviewed. In particular, the age limits in different European countries and especially the practice of allowing young people to drink beer but not spirits at a younger age will be reviewed for effectiveness in reducing alcohol problems among young people.
- Further research will be undertaken to identify best practice in community interventions to reduce alcohol misuse in high risk people and underage drinkers.

References

Department of Health. Shaping a Healthier Future. A strategy for effective health care in the 1990s. Dublin: Stationery Office 1994.

Department of Health, National Alcohol Policy, Ireland 1996.

Department of Health and Children and Department of Health Promotion, NUI, Galway. The National Health & Lifestyle Surveys. Results from SLÁN [Survey of Lifestyle, Attitudes and Nutrition] and HBSC [Health Behaviour in School-aged Children]. February 1999.

Department of Health and Children and Department of Health Promotion, NUI, Galway. The National Health & Lifestyle Surveys. Regional results from SLÁN [Survey of Lifestyle, Attitudes and Nutrition] and HBSC [Health Behaviour in School-aged Children]. June 1999.

Department of Health Promotion. A Health Promotion Strategy for the Eastern Health Board. Eastern Health Board. 1999.

Department of Health Promotion. Drinking patterns and attitudes to alcohol in 16-35 year olds resident in the Eastern Region. May 2000.

Eastern Health Board. Alcohol Treatment and Prevention Programmes in the context of the National Alcohol Policy. Eastern Health Board 1997.

Morgan M, Grube JW. Drinking among post-primary school pupils. General Research Series Paper No. 164. The Economic and Social Research Institute. 1994.

O'Donnell J. A study of the health-related attitudes, knowledge and behaviour of young males in an Irish occupational setting. MFPHMI thesis. Dublin: Royal College of Physicians. 1998.

Rhatigan A, Shelley E. Health behaviours of school pupils in the Eastern Health Board. Department of Health Promotion, 1999.

World Health Organisation (WHO) Policy Series: Health Policy for children and adolescents. Issue 1. Health and Health Behaviour among Young People. Health Behaviour in School-aged Children: a WHO Cross-National Study (HBSC) International Report 2000.

alcohol consumption. Excessive alcohol consumption, either directly or indirectly, is related to many physical, psychological and social problems, imposing a substantial burden on the individual, on families and on society.

This important document reviews recent research regarding the use and misuse of alcohol in the Eastern region and proposes actions to promote sensible drinking and reduce the emergence of problems related to alcohol.



**EASTERN REGIONAL
HEALTH AUTHORITY**
Oidars Reigiúnda
Sláinte an Oirthir



**NORTHERN AREA
HEALTH BOARD**
Bord Sláinte an
Limistéir Thuaisir



**EAST
COAST
AREA
HEALTH
BOARD**
Bord Sláinte
an Limistéir
Chosta Thoir