



Local Drug & Alcohol Task Force

Alcohol Survey 2015

**A study of pattern and trend of alcohol use within
Canal Communities Drug & Alcohol Task Force areas
(Bluebell, Inchicore and Rialto)**

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Chairperson's Foreword

Ireland has a very well documented relationship with alcohol. It is so immersed in Irish society that it is not only part of everyday life but it is also central element to our international reputation. Ireland knows too well that when used inappropriately alcohol can have a detrimental effect on an individual's health and can also be the source of harm more broadly within our families and communities. There can hardly be a family in Ireland that is not in one way or another touched by alcoholism.

In February 2015 the Canal Communities Local Drug & Alcohol Task Force officially adopted alcohol into its remit. Notwithstanding the issues of resources or concrete local evidence in relation to alcohol, members believed that the interagency partnership working, which is the hallmark of Drug Task Forces, was the best area in which to place a response to alcohol use and misuse.

Alcohol use has been the subject of much research over the years, we now know a great deal about how alcohol affects our health. Research has given its insights into the prevalence of use, how alcohol affects mortality rates, and how different people consume alcohol. This research was commissioned to understand the nature and extent of alcohol use in the Canal Communities. This will provide the Task Force with the knowledge and evidence it needs to begin to work in this new area. It will allow the Task Force to identify gaps in services, and resource permitting, to begin to provide new services to the community.

The results of this research are concerning. Alcohol is clearly having detrimental effects both at the level of the individual and the local community. While much of the information reinforces the information gathered in national studies, it also gives more specific insights into the alcohol consumption patterns in the Canal Communities. As a Task Force we were particularly struck that 87.4% of adult drinkers were classified as harmful compared to 54.3% national figures.

The current research is an initial step and – as with all good research – raises as many questions as it answers. It marks the baseline against which the Task Force's work in this new area will be measured. It will allow us to measure whether the services that we put in place to respond to the issues raised result in successful outcomes. It will also be an input into our annual and strategic planning.

I would like to acknowledge the leadership of the Task Force members in this area. It is important that the Task Force respond to the most immediate concerns of members and community members. I would especially like to thank the Task Group who coordinated this important initial research.

Finally and most importantly, I would like to thank the community members who took part in this research.



Fiona Coyle *Chairperson*

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Executive Summary

This research was undertaken to establish the prevalence, pattern and trend of alcohol use within Canal Communities Local Drug & Alcohol Task Force (CCLDATF) areas. The availability of this information is a necessary first step in the design of an appropriate response strategy to those within the community who are experiencing alcohol and drug related difficulty. Since Task Forces throughout the country have been charged with developing alcohol related service provision, the information generated is also useful in assessing the potential effect of those experiencing alcohol related difficulty on service resources and service delivery more generally. The findings produced, indicate that the potential impact of alcohol use on both community functioning and effective service delivery could be pronounced and that adequate resourcing and training for services will be a requirement if these services are to meet what would appear to be an embedded and growing problem .

To undertake this research, two questionnaires were designed and utilized in gathering data from the two cohorts within the communities of Bluebell, Inchicore and Rialto.

It is generally known that alcohol is widely used in Ireland but very little is known about the use and misuse of alcohol in marginalised areas. This report presents data gathered to establish a baseline for alcohol use within CCLDATF.

It was apparent from the findings that alcohol use within CCLDATF exceeds national alcohol consumption in many areas. It was no surprise however that the level of harm resulting from alcohol use on not only the drinker, but the immediate community was also higher in these communities.

Key findings for the 18-80 year olds

- Age range for the adult sample was 18 – 80 years old, with an average age of 40 years (Mean age: 40.86, SD: 14.54).
- Almost every person surveyed (96.4%) had previously tried alcohol.
- The rate of abstinence, defined as consuming no alcohol in the previous 12 months was 12.2%, while 20.6% in the national sample¹, and lower than (13%)- NACD 10/11².
- The percentage of those who drank alcohol in the last 12 months was 87.8%, while 77% was recorded in the national survey³.
- Nearly half (42.5%) of people surveyed have never heard of a ‘standard drink’ or did not know if they have ever heard of it.⁴
- Majority (87.4%) of 18-80 year old drinkers were classified as harmful drinkers using the World Health Organization’s AUDIT-C screening tool.
- At 27.6%, 35-49 year olds were categorised as the most harmful drinkers while the least was 65-80 year olds at 5.6%.
- Nearly a third (32.7%) of the respondents reported consuming alcohol two or more times a week. 21% found in a recent national study⁵
- Only 15.2%, (26.1%- national sample)⁶ of drinkers reported consuming one to two standard drinks on a typical day when they were drinking (within the low-limits of HSE recommended daily alcohol consumption).

¹ Long & Mongan (2014) Alcohol Consumption in Ireland 2013: Analysis of a national diary survey. Dublin: Health Research Board

² National Advisory Committee on Drugs (NACD) (2012). Drug use in Ireland and Northern Ireland: Alcohol Consumption and Alcohol-Related Harm in Ireland 2010/2011 Drug Prevalence Survey

³ As in 1 above

⁴ There was a statistically significant positive correlation between educational attainment and having knowledge of standard drink.

⁵ Long & Mongan (2014) Alcohol Consumption in Ireland 2013: Analysis of a national diary survey. Dublin: Health Research Board

⁶ As in 5 above

- Majority of the people surveyed (80.8%) stated they have at least once in their lifetime had 6 or more drinks on a single occasion.
- Over half (53.5%) of all drinkers and about two out of three (65.6%) of male drinkers consumed 5 or more standard drinks on a typical day when they are drinking.
- One in five (20%) reported that their health have been impacted negatively by alcohol drinking.

Key findings for the youth survey

- Majority of the youths surveyed have tried at least one brand of alcohol beverage before the age of 16 years.
- More young girls than boys start drinking alcohol before the age of 16 years
- Beer and Alcopop were identified as the favourite beverage of choice for the youths surveyed.
- In relation to perception of alcohol, the youth sample in the study showed reduced perception of the negative impact of alcohol on them. Alcohol was mostly associated with positive effects.
- Nearly one in four (23.1%) of 16 and 17 year olds have experienced accident or injury as a result of own alcohol use.
- Over half (59.9%) of the youths have accessed alcohol illegally, over three in four (76.2%) knew someone who has accessed alcohol illegally, while over a third (40.5%) would consider accessing alcohol illegally if there is an increase in the price of alcohol.

Background

The Government decided in 2009 to include alcohol in a National Substance Misuse Strategy. Arising from this decision, a Steering Group (chaired by the Department of Health) was established to advise Ministers on a new Strategy. The Substance Misuse Strategy now being developed focuses on alcohol in particular and will be taken in conjunction with the National Drugs Strategy 2009–2016 as the overall National Substance Misuse Strategy until the end of 2016. Thereafter it is envisaged that a single combined document will be involved.

A key aim of this Strategy is the promotion of healthier lifestyle choices throughout society in relation to alcohol. Given the range of health problems that can arise from alcohol consumption, or to which alcohol can be a contributory factor, a population health approach is being taken with a focus on reducing alcohol-related harm and the amount of alcohol we drink. While personal responsibility is of central importance in the management of alcohol use, the State can play a crucial role by intervening to prevent problems through addressing factors that cause difficulties and also through tackling the negative consequences that arise when problems occur.

The publication of the national Substance Misuse Strategy Steering Group report occurred in late 2012.

Discussion ensued within all Drugs Task Forces as to how the inclusion of alcohol within their remit might happen. While alcohol was one of the drugs used by many of those presenting to the services overseen by the Drugs Task Forces and was addressed by the service providers, alcohol as an issue that affects a much broader, diverse group within the community and its impact affects individuals, families and the entire community in very different ways was not within the Drugs Task Force remit.

Within the Substance Misuse Strategy Steering Group report (Chapter 5 – Research & Information Pillar) the following was proposed:

The strategic objective with respect to research and information is:

to ensure the availability of valid, timely and comparable data on alcohol use and its related outcomes to inform policy development and service delivery to address issues pertaining to alcohol use.

The Task Force agreed to look at the how best to ensure this information was available within the local context. While there were many contemporary national and international reports in relation to

alcohol misuse, there was little coherent information on the nature and extent of alcohol misuse within the local area.

The inclusion of alcohol with the Drug Task Force remit therefore demanded local research to ensure there was a base line against which a measurement could be taken in relation to national and international statistics, and for use in measuring changes locally over the coming years.

This research would look at what best evidence responses existed to ensure good practice for any proposed actions to be undertaken by the Drugs Task Force.

A Task Group was set up which included representatives from across the sectors – Statutory, Community, Voluntary, Youth and others.

This group devised the brief and when approved by the Task Force put it to tender in February 2015. The first meeting with the successful tender, Archways, took place in late March 2015.

The Task Group worked closely with the researchers over the six month period when the draft report was presented to the Task Force at its September meeting.

The current report is the first stage of the research the Task Force would like to carry out over the coming years and which will form the basis of the planning for policy development locally and the planning for appropriate service delivery to those in need.

1. Alcohol Overview

The main rationale for this overview is to collate and synthesise available data on the patterns, trends, attitude and behaviour of people in relation to alcohol. A review of national and international literature in relation to the impacts of alcohol misuse with particular emphasis on those living in disadvantaged and marginalised communities will be presented under this section.

1.1. Drinking Prevalence

Ireland has been described as having a 'complex relationship with alcohol' (Long & Mangan, 2014). Alcohol consumption is 'a core part of Irish life' (Healthy Ireland Survey, 2015). It is ubiquitous in Irish cultural, religious and social events. According to the most recent up-to-date data on alcohol drinking in Ireland, three out of four (76%) of people in Ireland (aged 15 years and above) drink alcohol (Healthy Ireland Survey, 2015). This was down 1% from what was recorded previously, where 77% of respondents consumed alcohol in the previous 12 months (Long & Mangan, 2014). In Northern Ireland, similar percentage of people was also found to consume alcohol. In a 2008 study, 72% of people in the North consumed alcohol, the percentage increased slightly to 74% in 2011 and down to 73% in 2013 (Adult Drinking Patterns Survey, 2013).

Across the globe, the trend in alcohol consumption appears to be on the decrease. According to 2007 data, Irish adults drink more than other European adults. In a Eurobarometer special report titled 'Attitudes towards alcohol', it was found that majority (70%) of Irish adults consume alcohol compared to two-thirds (66%) of all EU adults (EU, 2007). The current per capita alcohol consumption is at 11litres of pure alcohol per person aged 15 years and above, slightly up from 10.73 litres previously recorded in 2013. It is pertinent however to note that alcohol consumption in Ireland has declined overall since 2001 by 25% when per capita alcohol consumption peaked at 14.3 litres of pure alcohol per person aged 15 years and above (CSO, 2014). More men (60%) than women (46%) are likely to drink while 25-64 years age group tend to drink more than younger or older age groups (Healthy Ireland Survey, 2015).

According to OECD data on alcohol consumption in the European Union, average adult in UK consumed 10.2 litres of alcohol in 2010. Luxembourg was rated highest at 15.3 litres per adult, while Italy was rated lowest at 6.9 litres of pure alcohol consumed by per capita (OECD, 2012). In Australia, per capita alcohol consumption in 2013-2014 is at 9.7 litres of pure alcohol by person aged 15 years

and older, slightly lower than 9.9 litres recorded in the previous year (Australian Bureau of Statistics, 2014). Similarly, in New Zealand, a slight decrease was recorded in the percentage of people aged 15 years and above who consumed alcohol in the previous year between 2011/12 (80%) to 2012/13 (79%) (Ministry of Health, 2015). In 2013, 86.8% of adults in the US aged 18 years and above reported consuming alcohol at some point in their life, while 70.7% reported that they consumed alcohol in preceding year and 56.4% in the past month (SAMHSA, 2013).

The decrease in the trend of alcohol consumption globally may reflect some progress made in alcohol policy development in World Health Organisation (WHO) Member States since the inception of the *Global strategy to reduce the harmful use of alcohol* starting from 2008 (WHO, 2014). The WHO targets to reduce the harmful use of alcohol by 10% by 2025.

1.2. Drinking Behaviour

Binge Drinking/ Risky Single Occasion Drinking (RSOD)

Three quarters (75%) of alcohol in Ireland is consumed as part of binge drinking session (Long & Mongan, 2014). It was found in a recent Healthy Ireland survey that 'almost 4 in 10 (39%) drinkers binge drink on a typical drinking occasion with over a fifth (24%) doing so at least once a week' (Healthy Ireland Survey, 2015). This latest figures are in contrast with what has been previously recorded where just over a third (34%) of Irish respondents consume two drinks or less per drinking occasion, compared to 69% of other Europeans' (Mongan & Deirdre, 2010). Nonetheless Irish people drink on fewer occasions than other people in the EU, the Irish tend to be 'the most likely of EU citizens to consume more drinks on a drinking occasion and to binge drink (defined as consuming at least five drinks on a single drinking occasion), (Mongan & Deirdre, 2010). In another recent study, it was found that over a third (37.3%) of people who participated in the study reported they binge-drank (defined as consuming six or more standard drink on a single occasion), while 21% of those who drank reporting that they binge drank at least once per week (Long & Mongan, 2014). It was also found that the majority (67.8%) of males between the ages of 18 and 24 years binge drank on monthly basis. Tellingly, males of younger age group who regularly engage in risky drinking have been found to be risk-factors mostly associated with alcohol-related violence (Hope & Mongan, 2011). Using World Health Organisations' alcohol screening tool (AUDIT-C), more than half (54.3%) of adult drinkers between the age of 18 and 75 years old were classified as harmful drinkers (Long & Mongan, 2014).

1.3. Alcohol-related harm

Impact of drinking on the individual and the immediate surrounding community

Alcohol consumption can have far reaching consequences on the individual and largely on others, including the family, children and immediate surrounding community. Many people in Ireland have been directly impacted negatively by other people's drinking (Hope, 2014). Notably, four out of every ten people had experienced harm (injury, harassment or intimidation) resulting from personal or other's drinking (Hope, 2014). However, harm from others drinking had not gained research interest until recently. In a recent national study- Healthy Ireland survey, it was found that '15% of those drinking at harmful levels felt in the past 12 months that their drinking harmed their health, and 22% felt they should cut down on their drinking' (Healthy Ireland Survey, 2015). In relation to harm on self, 18% of drinkers reported regretting something said or done after drinking as the most common harm resulting from own drinking in the past year, while one in ten reported that drinking harmed their health within the past 12 months.

Problems associated with alcohol consumption have long been established. Misuse of alcohol in Ireland has been identified to exacerbate health and crime crisis, costing the State an estimated €3.7billion a year in health, crime/public order costs and other ancillary costs (Byrne, S., 2010). Over a quarter of those attending the accident and emergency departments present with alcohol-related injuries, while a quarter of traumatic brain injuries is linked to alcohol consumption (McMonagle, H., 2014). A WHO study established an association between alcohol drinking and various cancers (oral cavity, pharynx, larynx, oesophagus, liver, colon, rectum and, in women, breast), (WHO, 2008).

Hope, (2014) analysed two Irish studies (HSE, 2006 & 2010; NACD, 2012) and compared the prevalence of alcohol harm to others (AH2O). The analysis found similarity in both the HSE and NACD studies. Evidence from the comparison suggests that one in four (28%) Irish people reported experiencing at least one or more negative impact of others' drinking. Negative consequences assessed included; family problems, passenger with a drunk driver, assault, property vandalised and money problems. Interestingly, coming from a lower social class was identified as a vulnerability factor to experiencing family problem resulting from others drinking, leading to an increased gap in health inequality (Hope, 2014). In another study, people with lower socioeconomic status tend to be more susceptible to the negative impacts and consequences associated with alcohol consumption (Grittner et al., 2012).

In Ireland, the frequency by which alcohol is consumed tends to be higher in less deprived areas and higher social classes than it is among more deprived areas and lower social classes (Healthy Ireland

Survey, 2015). In the same study however, it was found that those living in more deprived areas tend to drink more excessively when compared to those living in less deprived areas.

Researchers at the Centre for Public Health at Liverpool John Moores University have made interesting contribution in illuminating alcohol harm paradox phenomenon. The study explores why people from deprived communities appear to experience more harm resulting from alcohol consumption albeit having similar levels of alcohol consumption across all social groups. It concludes that 'there is good evidence that people in low SES show a greater susceptibility to the harmful effects of alcohol' (Alcohol Research UK, 2014).

1.4. Young People and alcohol

Most people in Ireland start drinking alcohol before the age of 18 years. A recent national survey shows that almost two-thirds (63.9%) of males and half (51.4%) of females started drinking alcohol before the age of 18 years (Long & Mongan, 2014). In another Irish study involving 10, 344 young people aged 11 years and 18 years old, it was found that one in five (21%) of 16 year olds and over a third (34%) of 17 year olds report that they drink alcohol weekly (Gavin et al., 2008). By the age of 15 year old, a vast majority (87%) had taken their first alcohol drink (more than a small amount)⁷. In Northern Ireland, the percentage of young people who have ever taken an alcohol drink has been on the decrease since 2003 at 60% to 38% in 2013 (Young Persons Behaviour and Attitude Survey, 2013). In a 2012 study of smoking, drinking and drug use among young people (11-15 year olds) in England, it was found that 43% of young people have drunk alcohol at least once. This was a decrease in the trend from 2003 where the percentage of young people who drank alcohol was at 61%. It was found that as age increased the proportion of young people who drank increased. In the US, over a third (35.1%) of 15-year-olds report that they have consumed at least one drink in their lives (SAMHSA, 2013). That notwithstanding, it was found that underage drinking declined from 28.8 percent in 2002 to 22.7 percent in 2013, while underage binge drinking also decreased between 2002 and 2013' (SAMHSA, 2013).

⁷ Gavin A, De Roiste A and Nic Gabhainn S (2008) Short report on age-related patterns in alcohol consumption. Galway: National University of Ireland, Galway.

2. Methodology

2.1. Aim and Objectives

Aim

The overall aim of the study was to provide an understanding of alcohol use and misuse in the Canal Communities Local Drug Task Force area and its comparison to national and international data.

Objectives

The core objectives of the study were to:

- a. Define current patterns of licit and illicit alcohol use
- b. To outline the patterns, behaviours and attitudes of the local community in relation to alcohol
- c. Compare patterns to national and international statistics and trends.

2.2. Research Design

This research involved community based survey and youth survey. A total of 250 surveys were completed with adult residents of Canal Communities between May and July 2015. 42 surveys were completed from 4 youth projects and groups in Bluebell, Rialto and Inchicore.

Adult Sample (18 – 80 year olds)

Areas	Sample (n)	Gender %		Age %		
		Male	Female	18-34	35-54	55-80
Bluebell	50	36%	64%	36%	40%	24%
Inchicore	100	46%	54%	37%	39%	24%
Rialto	100	63%	37%	45%	39%	16%

Sample Demographic Profile

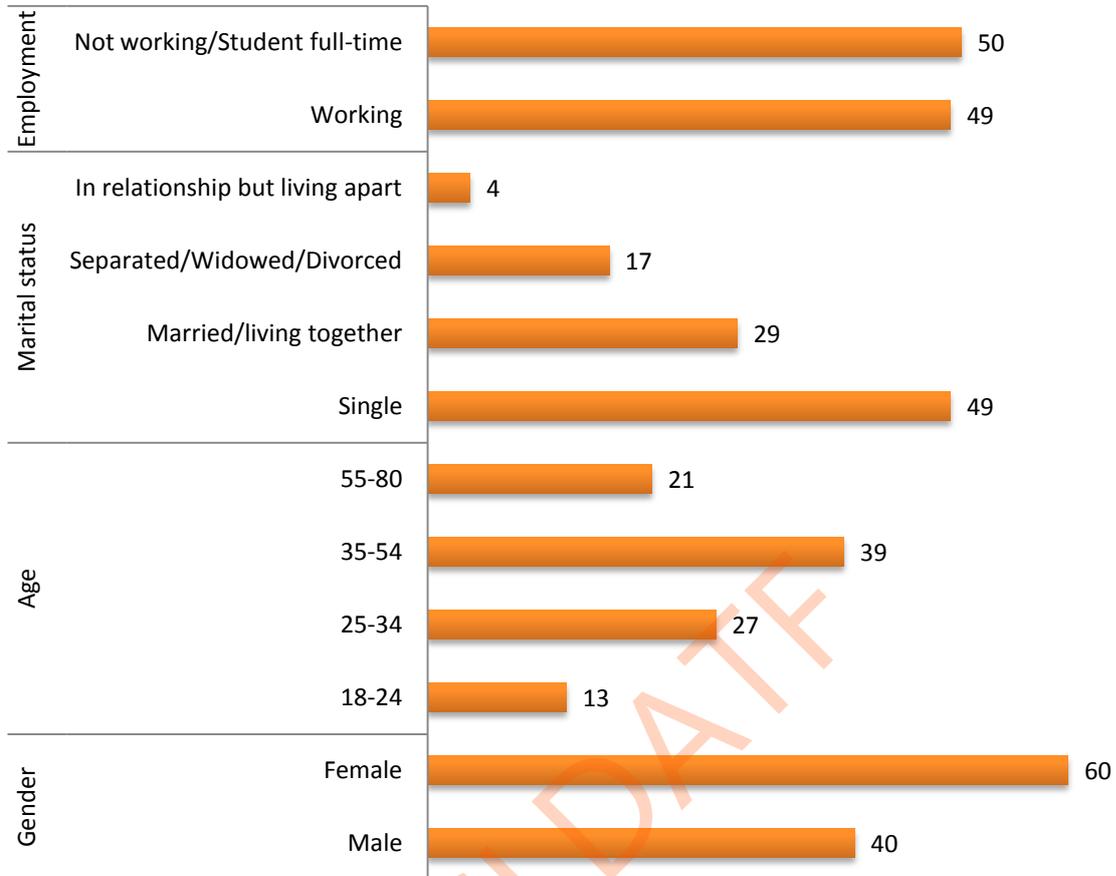
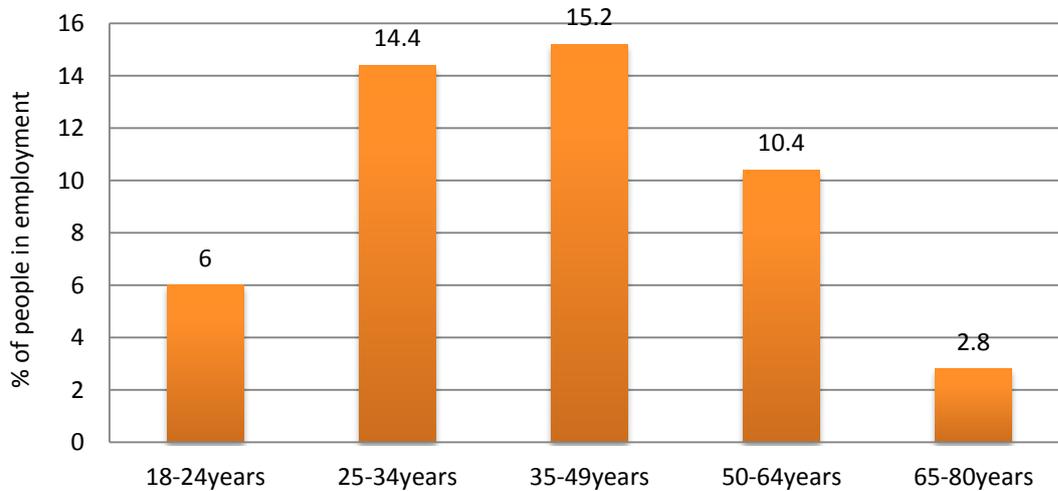


Figure 1: Showing the proportion of those in employment by age group

Proportion of those in employment by age group



2.3. Recruitment and Training of Surveyors

To increase resident engagement and support with the research, community residents with considerable experience of previously working in the community were identified and provided training to carry out the survey door- to- door in Inchicore, Bluebell and Rialto.

The training involved familiarising surveyors with the questionnaires being used and a specific session for the surveyors was designed to enable them address any issues that may arise whilst they were conducting the surveys with residents. The content of the survey pack contained a list of support services in the area for those needing help and support with alcohol-related problems.

The following topics were covered:

- Purpose and Background of the Study
- The Practicalities of the surveying
- Anonymity and Confidentiality

a. Purpose and background of the study

The community surveyors were informed about the research its goals and purpose and the organisations involved. The surveyors were also informed as to their roles and responsibilities and the practicalities of the research to be completed.

b. The Practicalities of the Survey

Surveyors were informed of the number of questionnaires to be completed and which area information was being collected from. A time frame for the data collection was also agreed. The surveyors were also informed as to who to contact should any issue arise whilst they were completing the surveys.

c. Anonymity and Confidentiality

Surveyors were informed that no identifying information would be gathered by the research and that all information gathered would be strictly confidential. Surveyors were asked to remind residents not to write their names or house numbers on the questionnaires. This point was stressed and the surveyors were in agreement with the importance of this issue.

2.4. Ethical Considerations

For the youth survey, parental consents were obtained for each of the participating youths. A pack containing parent information document explaining the study and a consent form was sent to the parents. The consent form was completed and returned for each young person before they were allowed to take part in the study. The researchers and the youth project leaders collaborated to facilitate the surveys. Adult participants also completed a consent form to take part in the survey.

Archways researchers have been trained professionally to undertake research projects with an informed understanding of the guidelines, regulations and requirements for safely carrying out research projects involving vulnerable groups like children.

2.5. Limitations

- a. The number of adult sample was agreed with the steering committee of the CCLADTF and may not be representative of the overall population of the Canal Communities.
- b. Data was collected from selected areas from within Canal Communities that represent specific locations of interest for the Task Force. Caution must be exercised in interpreting the findings of this study.

2.6. Alcohol Questionnaires

Two sets of questionnaires were designed for the study; one for the adult sample and the other for the youth sample. The research questionnaires were designed to include relevant items that have been extensively used internationally in assessing prevalence, behaviours and attitudes, perceptions and impact of alcohol. The choice of questions utilised for the study allows for comparative analysis with other Irish studies (Alcohol Consumption in Ireland, 2013; Healthy Ireland Survey and SLAN 2007).

Following consultations with the steering committee and alcohol research experts, additional three questions were included to help understand perception of specific behaviours. The questions are:

1. Within the past 12 months, have you previously accessed alcohol illegally?
2. Within the past 12 months, do you know someone who has accessed alcohol illegally?
3. Would you consider accessing alcohol illegally if there is an increase in the price of alcohol?

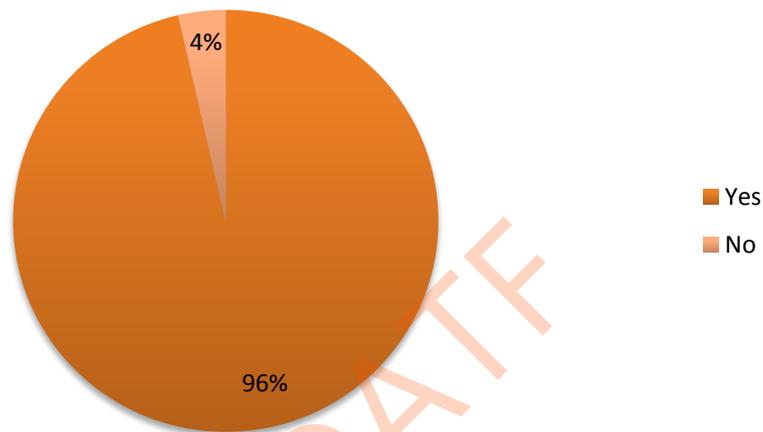
3. Analysis

Prevalence of alcohol amongst the adult sample (18 to 80 year olds) will be presented in this chapter.

3.1. Drinking Prevalence

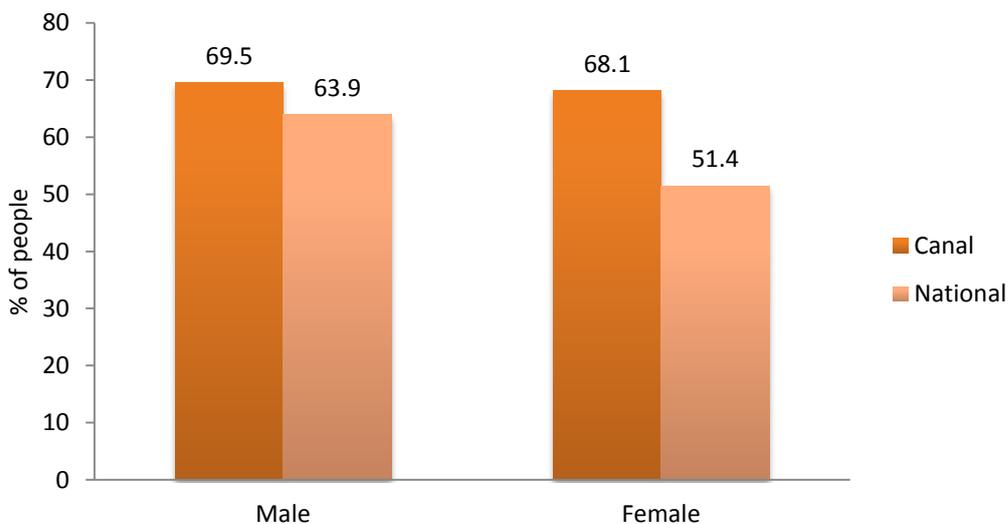
Majority (96%) of people surveyed have tried alcohol at least once in their lifetime.

Have you ever tried alcohol?



There was a marginal gender difference for those who first drank alcohol before the age of 18 years in Canal Communities. When compared with the national study⁸, the difference was much clearer between men and women (63.9% and 51.45% respectively).

Alcohol use before the age of 18 years



⁸ Long & Mongan (2014) Alcohol Consumption in Ireland 2013: Analysis of a national diary survey. Dublin: Health Research Board

The figure below shows how often alcohol was consumed by gender. Nearly a quarter (24.2%) of males drink alcohol 4 or more times a week, while a small proportion (7.1%) of females would drink up to the same frequency.

Figure 2: shows frequencies alcohol drink is consumed by gender

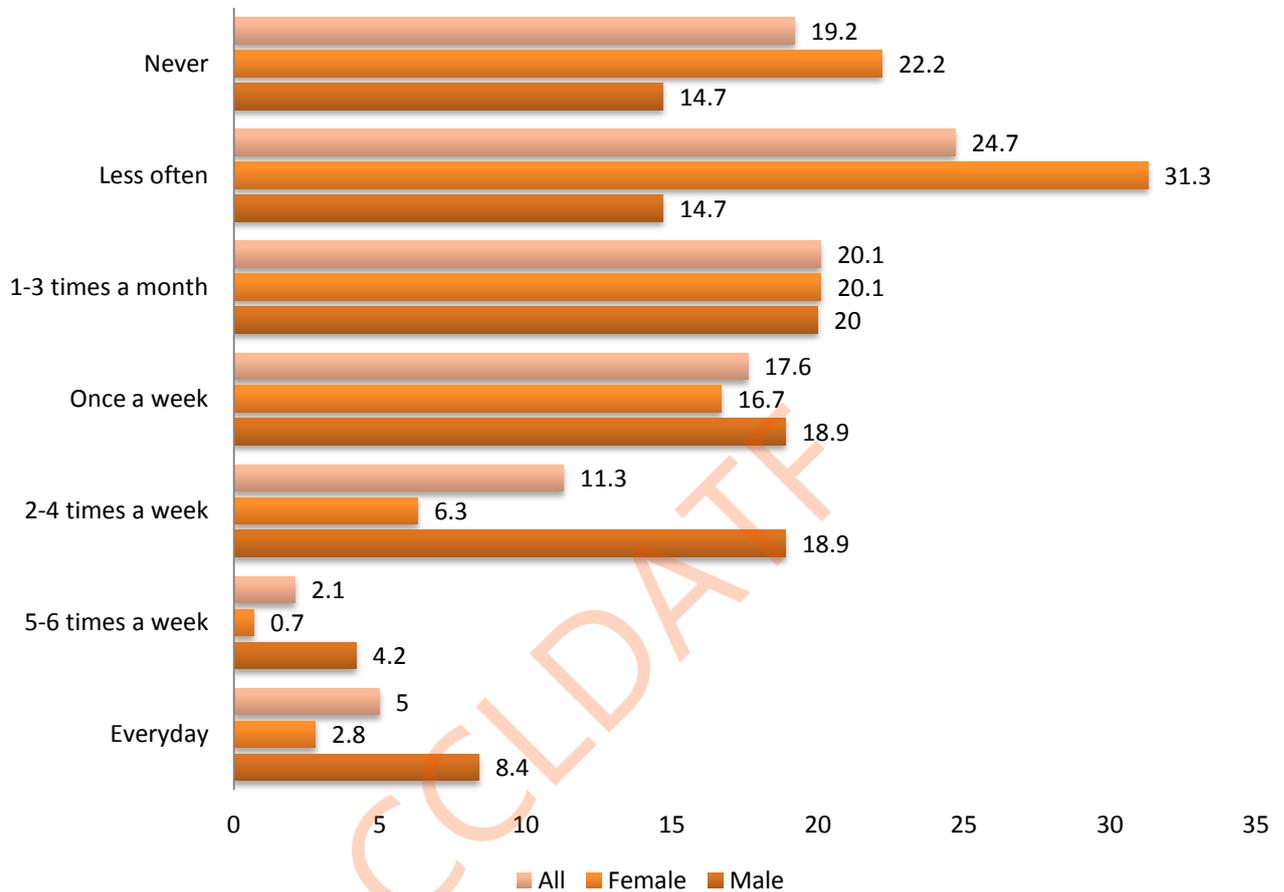


Figure 3: shows the proportion of those who had an alcoholic drink of any kind in the past year prior to the survey



Nearly one in five (18.9%) of male respondents reported they exceeded the HSE recommended low-risk levels of alcohol consumption on a single occasion⁹. While 5% of respondents binge drank on daily basis, nearly one in ten (8.4%) of men did so everyday.

How often do you have 6 or more (standard) drink on one occasion



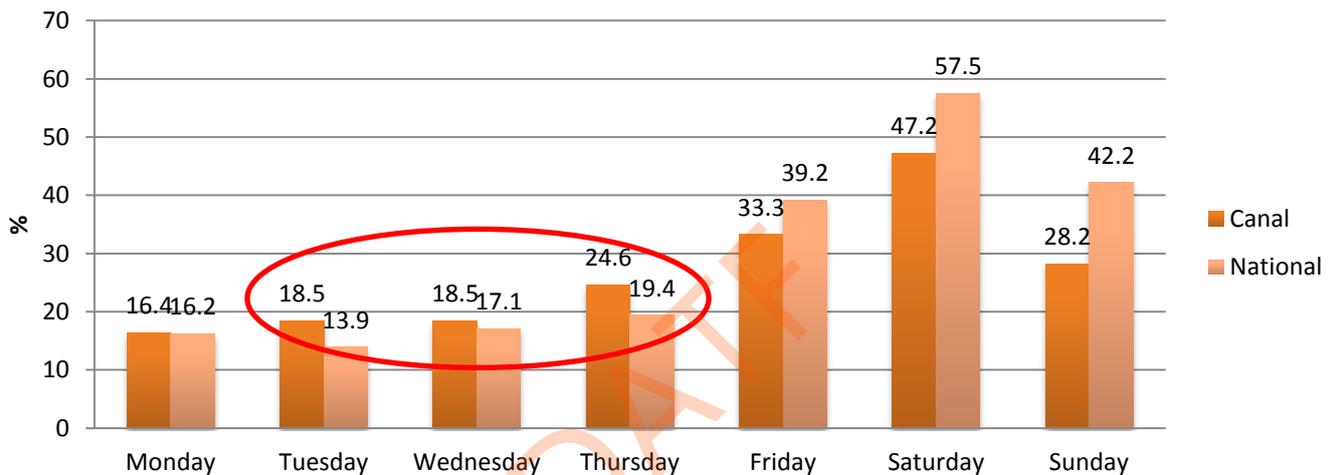
⁹ The HSE recommends that having more than 5 standard drinks at a time can seriously increase the harmful effects of drinking. Example of standard drink include:

A pub measure of spirits (35.5ml), a small glass of wine (12.5% volume), a half pint of normal beer, an alcopop (275ml bottle). A bottle of wine at 12.5% alcohol contains about seven standard drinks.

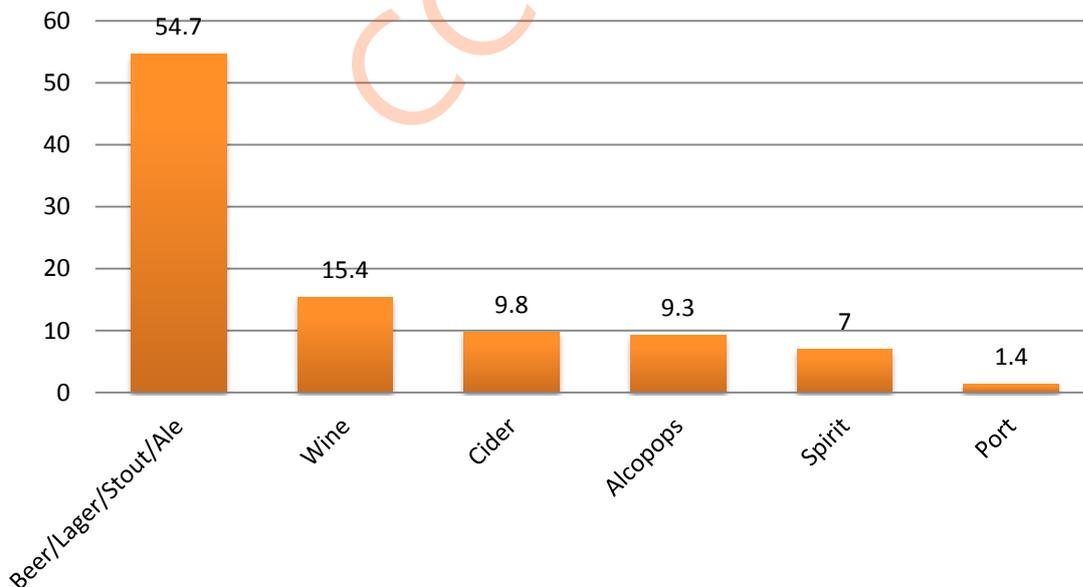
3.2. Drinking Behaviour

Saturday (47.2%) was the most favourite day for alcohol drinking, followed by Friday (33.3%) and Sunday (28.2%). When compared to the HRB study¹⁰, it was evident that the respondents in the study drank more during the week (between Tuesday and Thursday) than everyone else in the population.

Comparing days on which alcohol beverages were consumed in the week prior to the survey



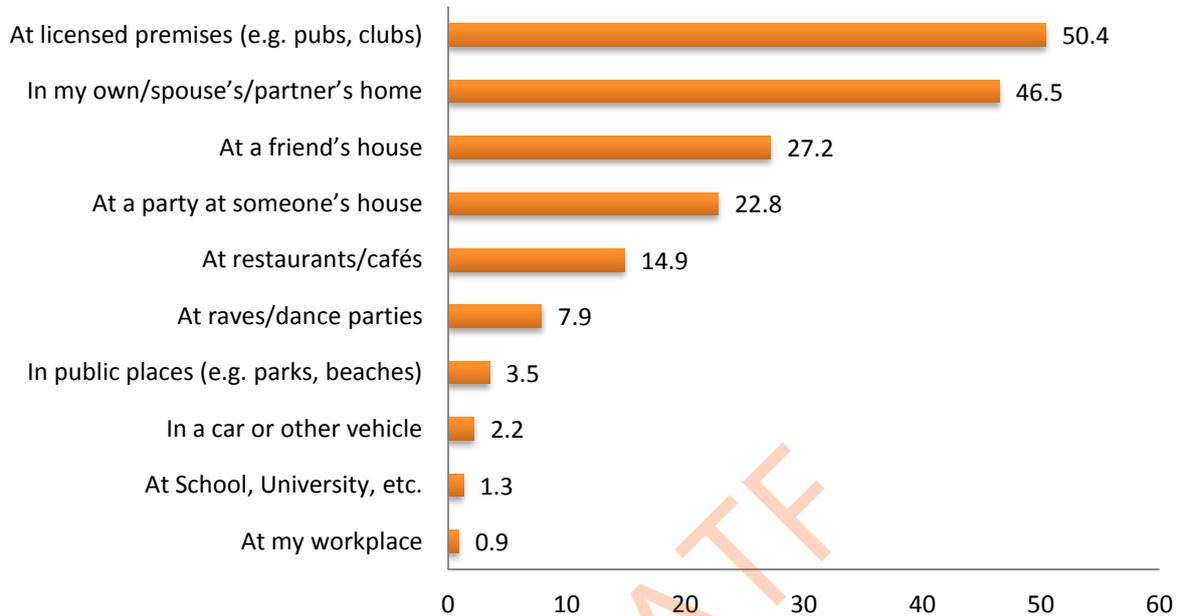
Type of alcohol beverage mostly consumed



1. ¹⁰ Long & Mongan (2014) Alcohol Consumption in Ireland 2013: Analysis of a national diary survey. Dublin: Health Research Board

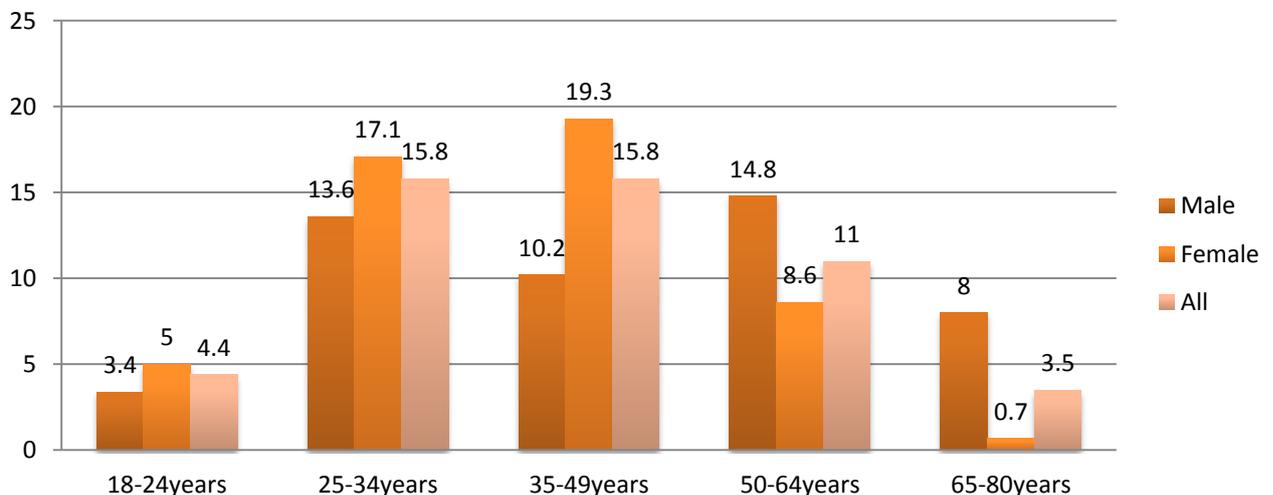
Half (50.4%) of the respondents most preferred location for drinking is the pubs/clubs, followed by own home (46.5%).

Location where alcohol is usually consumed



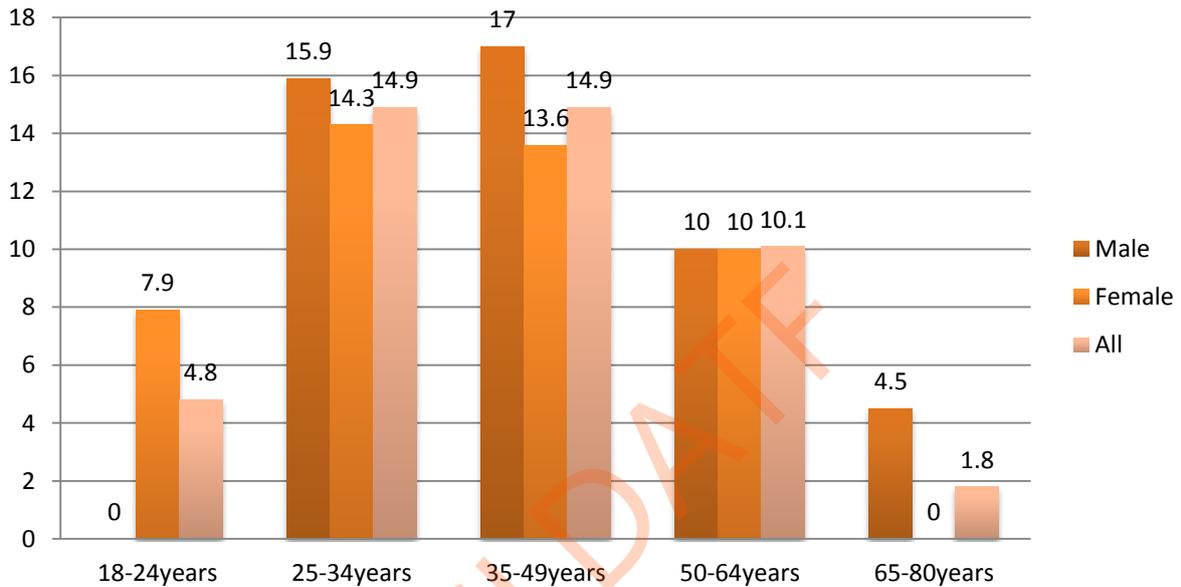
There was no gender difference for those whose most preferred drinking location is the pub/club. Women of younger age groups, (18-24, 25-34 & 35-49 years old) prefer to drink in the pub/club more than men of the same age groups, while men of older age groups (50-64 years & 65-80 years old) prefer to drink in the pub/club than women of the same age groups.

Proportion of drinkers who prefer to drink in the pub by gender and age group



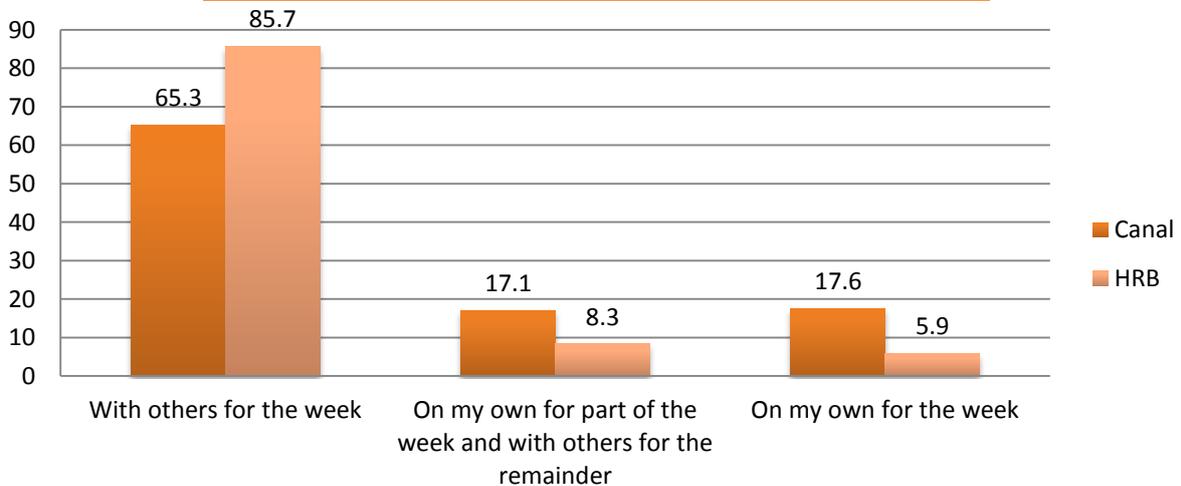
When the proportion of those who preferred to drink at home was looked at closely, it was observed that no male (0%) of the youngest age group between 18-24 years old drank at home. Similarly, no female (0%) of the oldest age group between 65-80 years old reported drinking at home.

Proportion of drinkers who prefer to drink on their own/spouse's/partner's home by gender and age group



As can be seen in the graph below, more people from Canal communities (17.6%) prefer to drink on their own for the week, and partly with others for the week (17.1%) than with the rest of drinkers in the general population (5.95 and 8.3%, respectively).

With whom did you drink alcohol in the last week?

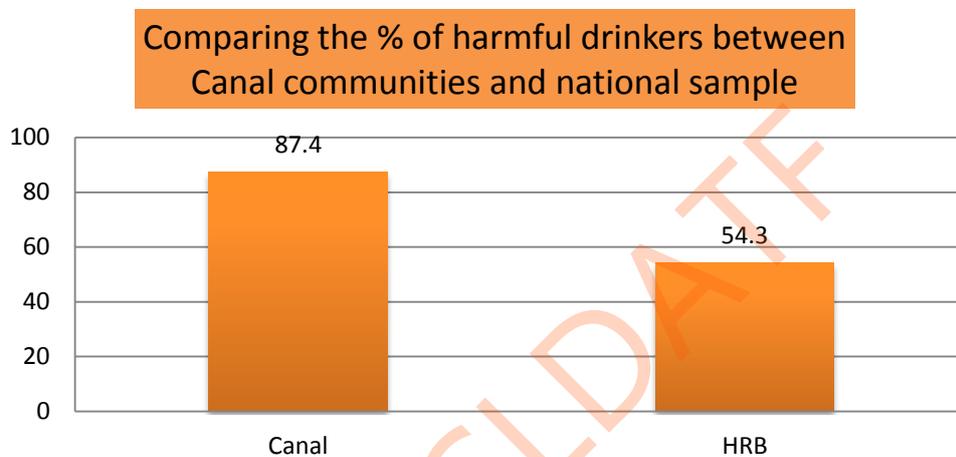


3.3. Alcohol Harm

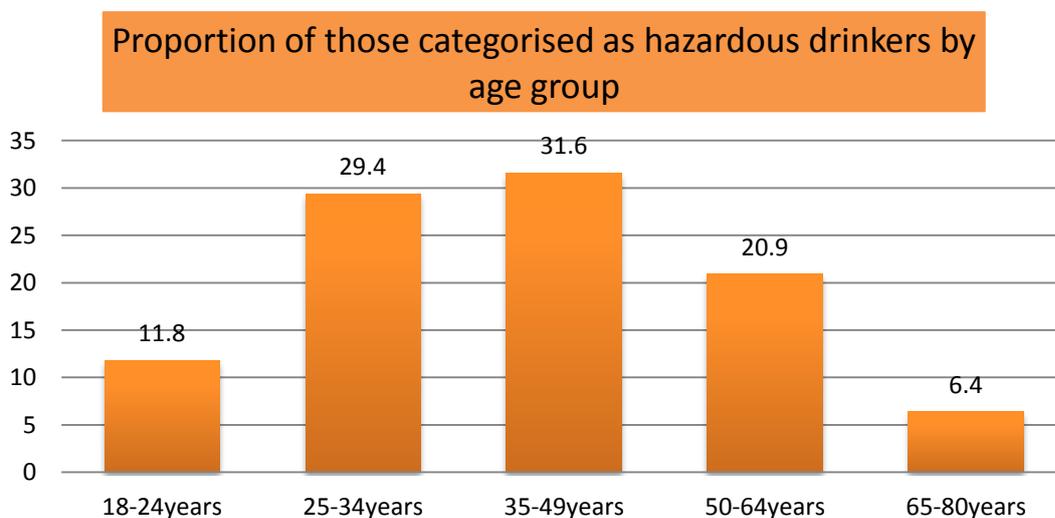
Under this section, impact of alcohol drinking on self and the immediate surrounding community will be presented.

Binge Drinking / Risky Single Occasion Drinking (RSOD)

Over three quarters (87.4%) of the respondents in the Canal Communities were categorised as hazardous drinkers using World Health Organisation’s screening tool (AUDIT-C). When compared with over half (54.3%) in the general Irish population, the finding from the current study highlights the issue of excessive alcohol consumption in Canal Communities areas.



Of the total percentage of people who were categorised as hazardous drinkers, nearly a third (31.6%) are between 35-49 years age group. People aged 65 years and above are the least age group to binge drink with a minority (6.4%) proportion of hazardous drinkers.



Impact of alcohol

The most negative consequence of drinking on self was regretting something said or did after drinking. While nearly a third (30.8%) of the respondents have had regrets after drinking, just under one in five (18%) did so in a recent national study¹¹, and 16.4% in another study¹². One in five (20.7%) of the respondents in the study felt that their drinking harmed their health, while one in ten (10%) people in the Healthy Ireland survey have felt that their drinking had impacted negatively on their health.

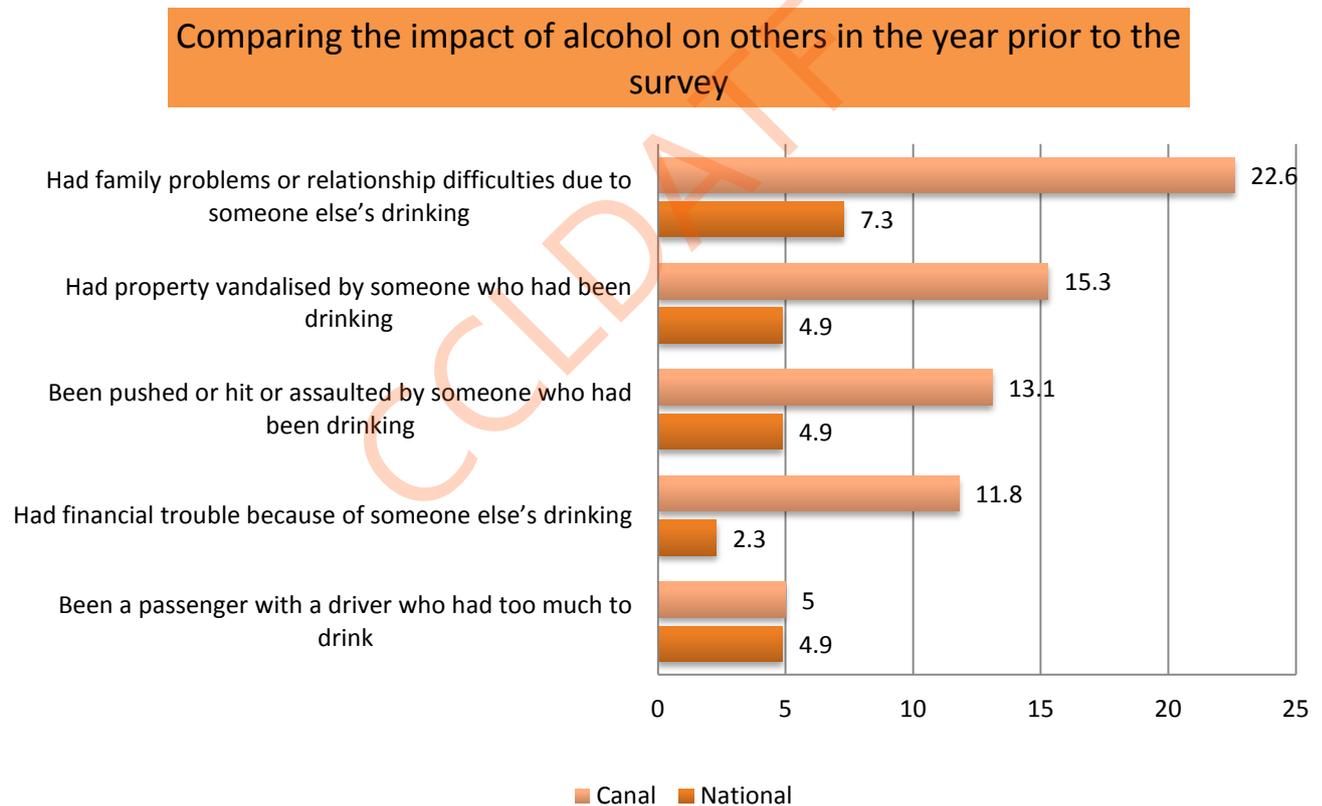
Negative impact of alcohol on self in the 12 months prior to the survey



¹¹ Healthy Ireland Survey, 2015

¹² Long & Mongan (2014) Alcohol Consumption in Ireland 2013: Analysis of a national diary survey

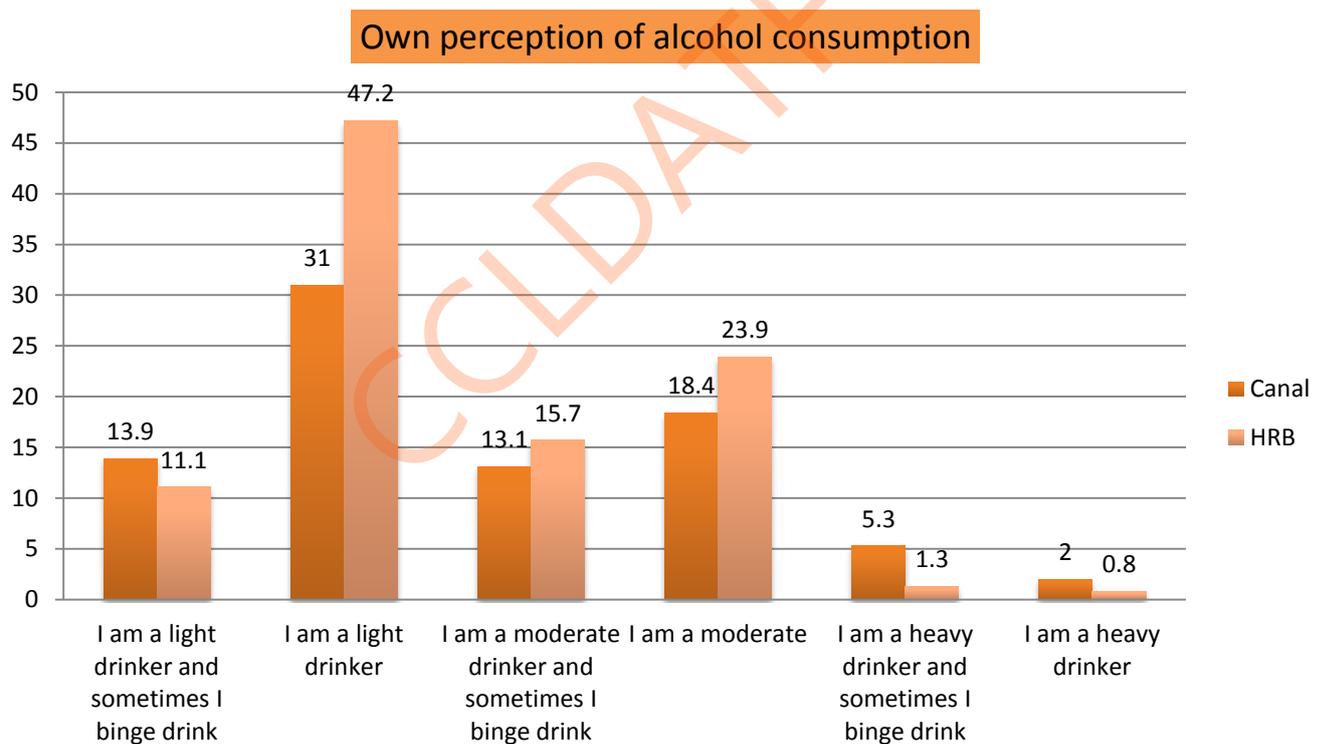
The graph below shows comparison of the negative impacts of alcohol on others between the respondents and national sample¹³. Overall, people in Canal Communities experience far more consequences of others drinking in almost all the areas assessed compared to other people in Ireland. Family problems or relationship difficulties was the most reported consequence resulting from someone else’s drinking. While under one in ten (7.3%) of the people in Ireland reported having family and relationship problems arising from others drinking, over one in five (22.6%) people in Canal Communities experience the same difficulties. Similarly, while just a small proportion (4.9%) of the people in Ireland have had property vandalised by someone who had been drinking, or had been physically assaulted by someone who had been drinking, a greater proportion of people in Canal Communities report experiencing the same issues (15.3% and 13.15, respectively).



¹³ Long & Mongan (2014) Alcohol Consumption in Ireland 2013: Analysis of a national diary survey

3.4. Perception of drinking

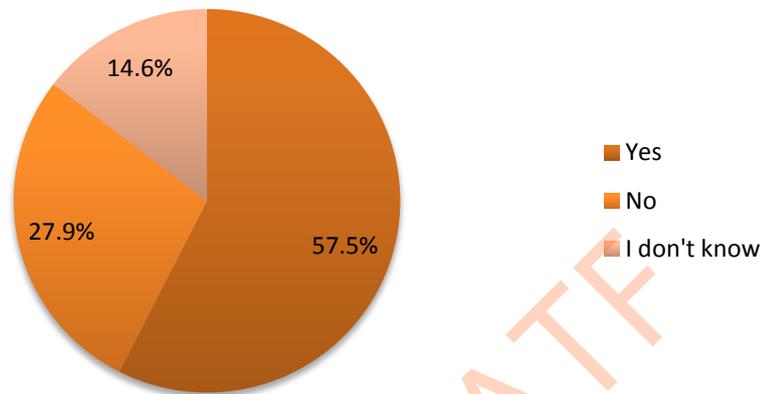
Respondents were asked to describe how they perceive themselves in relation to their alcohol consumption. Nearly a third (31%) of the people in Canal Communities described themselves as ‘light drinkers’ while nearly half (47.2%) in the national study¹⁴ described themselves in the same category. Similarly, more people in the national study (23.9%) categorised themselves as ‘moderate drinkers’, while below one in five (18.4%) described themselves in the same category. Conversely, more people (7.3%) in the Canal Communities described themselves as ‘heavy drinkers who sometimes may or may not binge drink’; while only a fraction (2.1%) of the general population described themselves in the same category. Over one in ten (12.3%) of self described ‘light drinkers’ and nearly one in ten (8.2%) of self described ‘moderate drinkers’ do binge drink on typical drinking occasion without being aware of it.



¹⁴ Long & Mongan (2014) Alcohol Consumption in Ireland 2013: Analysis of a national diary survey

Over two in five (42.5%) of the respondents reported they either have not heard of ‘a standard drink’ or did not know if they have heard about it previously. When cross-tabulation analysis was performed, one in four (25.1%) of people who described themselves as heavy drinkers who may or may not binge drink either have not heard of ‘a standard drink’ or did not know if they have heard about it previously.

Ever heard of a "standard drink" of alcohol?

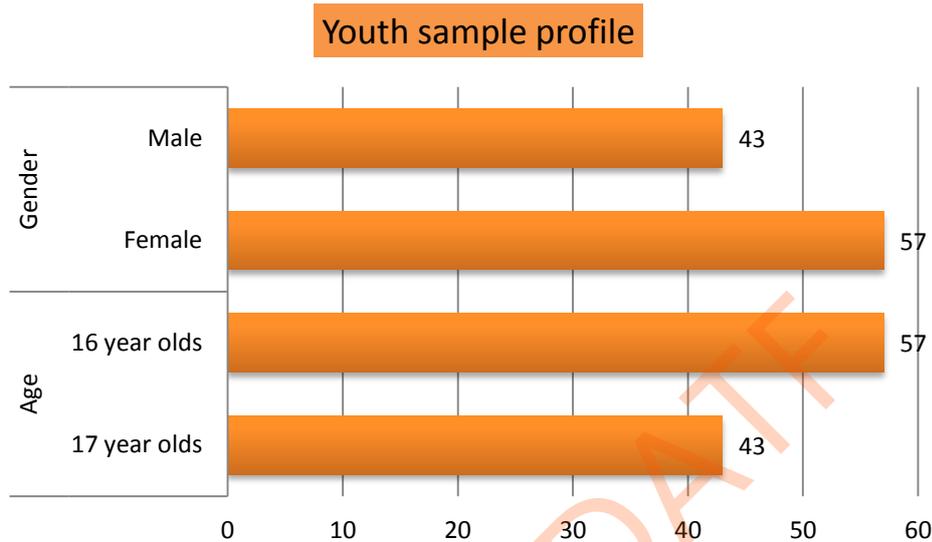


A Pearson product moment correlation coefficient was used to examine the relationship between education level and knowledge of standard drink. There was a statistically significant positive correlation between the level of education and knowledge of standard drink suggesting that higher level of education tend to be associated with higher knowledge of standard drink ($r=.22$, $N=250$, $p<.01$). The coefficient of determination for this correlation was $r^2= 0.44$, indicating a rather large relationship (Cohen 1988).

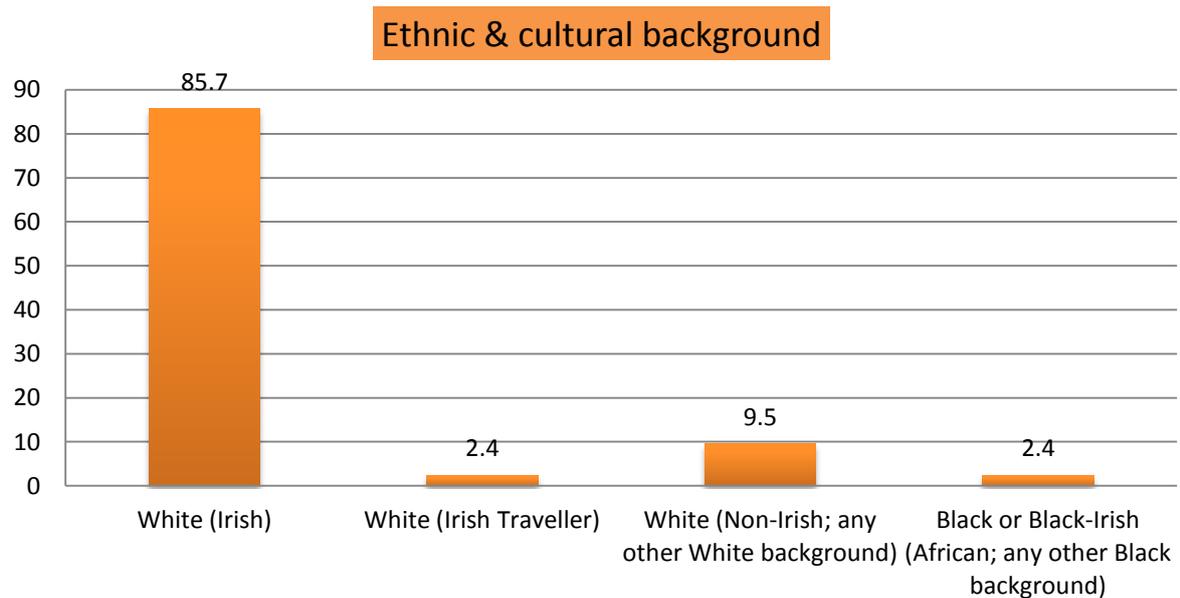
4. Youth Survey

4.1. Youth Profile

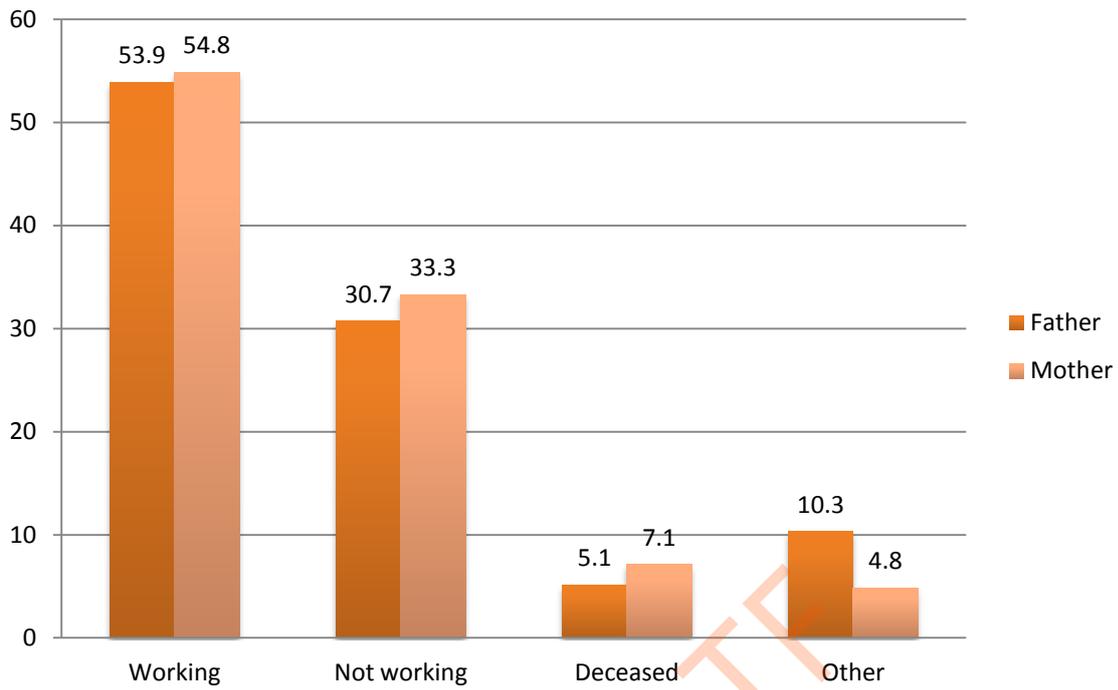
A total of 42 surveys were completed from 4 youth projects and groups in Bluebell, Rialto and Inchicore. Two youth projects from Inchicore, one each from Bluebell and Rialto participated in the study.



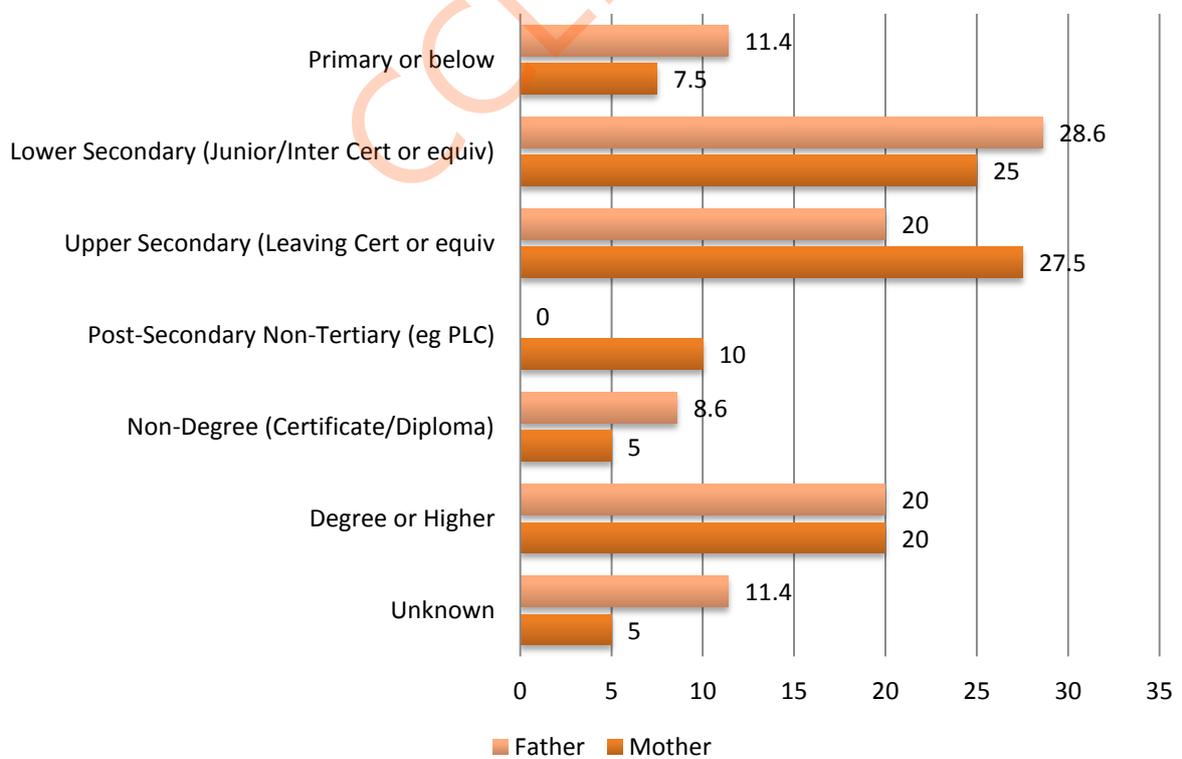
Majority of the participants (85.7%) were White Irish, nearly one in ten (9.5%) were White, non-Irish from any other White background.



Parents work status



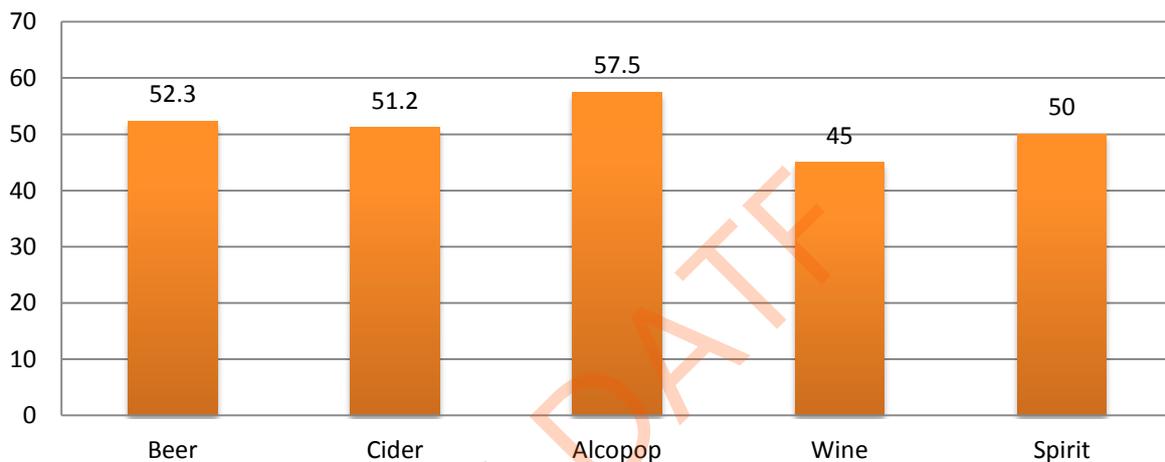
Parents educational attainment



4.2. Youth survey analysis

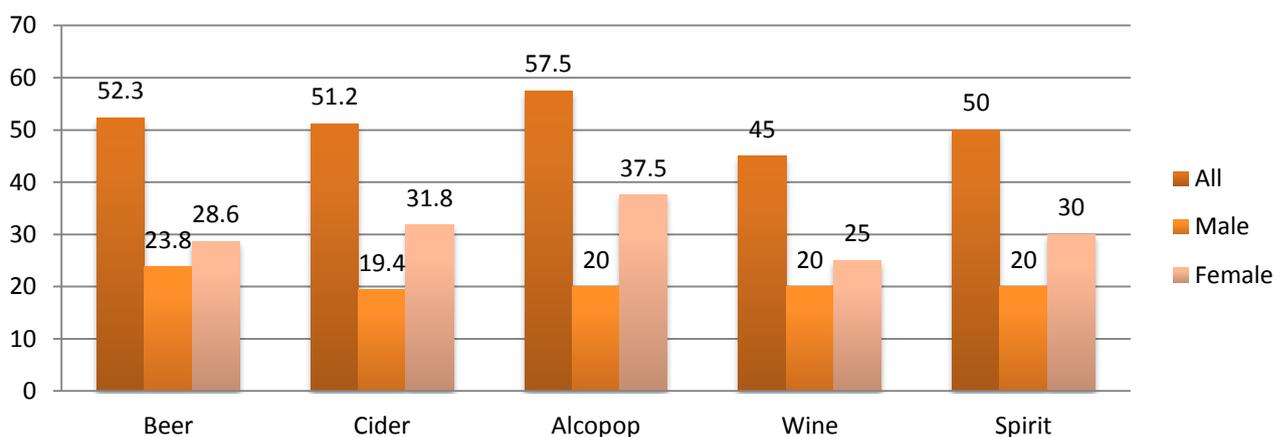
The youths were asked to state when they first consumed different alcohol beverages. More than half of the young people in the study have consumed alcopop (57.5%), beer (52.3%), and cider (51.2%) before they were 16 years of age. In another Irish study, Gavin et al. (2008) found that 14% of school-aged children drink alcohol before the age of 16 years.

Proportion of those who consumed different alcohol beverages before 16 years



When the proportion of those who consumed different types of alcohol beverages were broken down by gender, more young girls than boys drank alcohol before they were 16 years of age in all alcohol beverage types assessed. Over a third (37.5%) of girls drank alcopop before the age of 16 years, while one in five boys (20%) consumed alcopop before they were 16 years old.

Proportion of those who consumed alcohol beverage before the age of 16 years by gender



The youths were asked to rate how difficult it would be for them to get each of the different alcohol beverages of choice if they wanted. The vast majority of young people had no difficulty accessing different alcohol beverages. Nearly three quarter (73.2%), and over two-thirds (68.3%) thought it would be fairly easy or very easy to access alcopop and beer, respectively. Over one in three (34.2%) thought it would be fairly difficult, very difficult or impossible to access spirit.

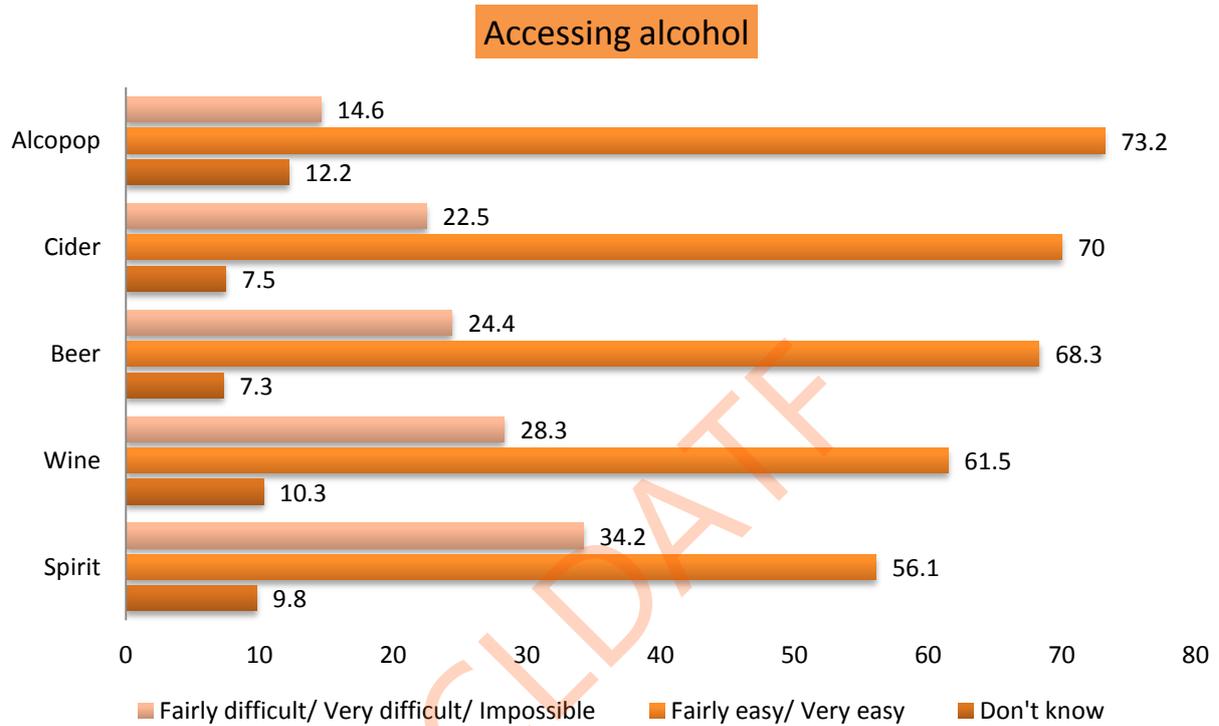
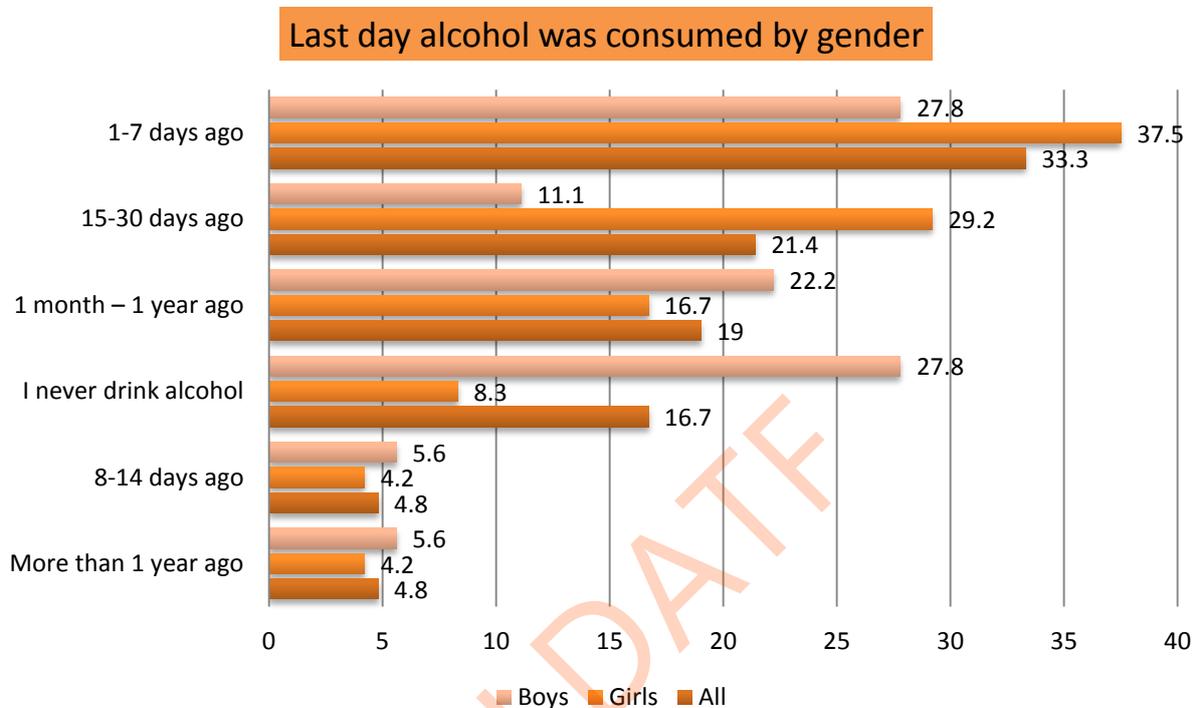


Table 1: On how many occasion (if any) have you had an alcoholic beverage to drink?

	0	1-2	3-5	6-10	10-19	20-39	40 or more
During the last 30 days	47.2%	16.7%	22.2%	5.6%	5.6%	0%	2.8%
During the last 12 months	21.6%	21.6%	10.8%	13.5%	21.6%	5.4%	5.4%
In your lifetime	15.4%	12.8%	10.3%	7.7%	20.5%	12.8%	20.5%

One in three (33.3%) of 16 and 17 year olds in the study drank alcohol within the last week prior to the survey. Health Behaviour in School-aged Children (HBSC) study (Gavin et al. 2008) indicates that a substantial minority of school-going adolescents in Ireland are regular weekly drinkers. Reported % of regular/weekly drinkers (33.3%) was consistent with other previous studies.¹⁵¹⁶



Young peoples’ perception of drinking

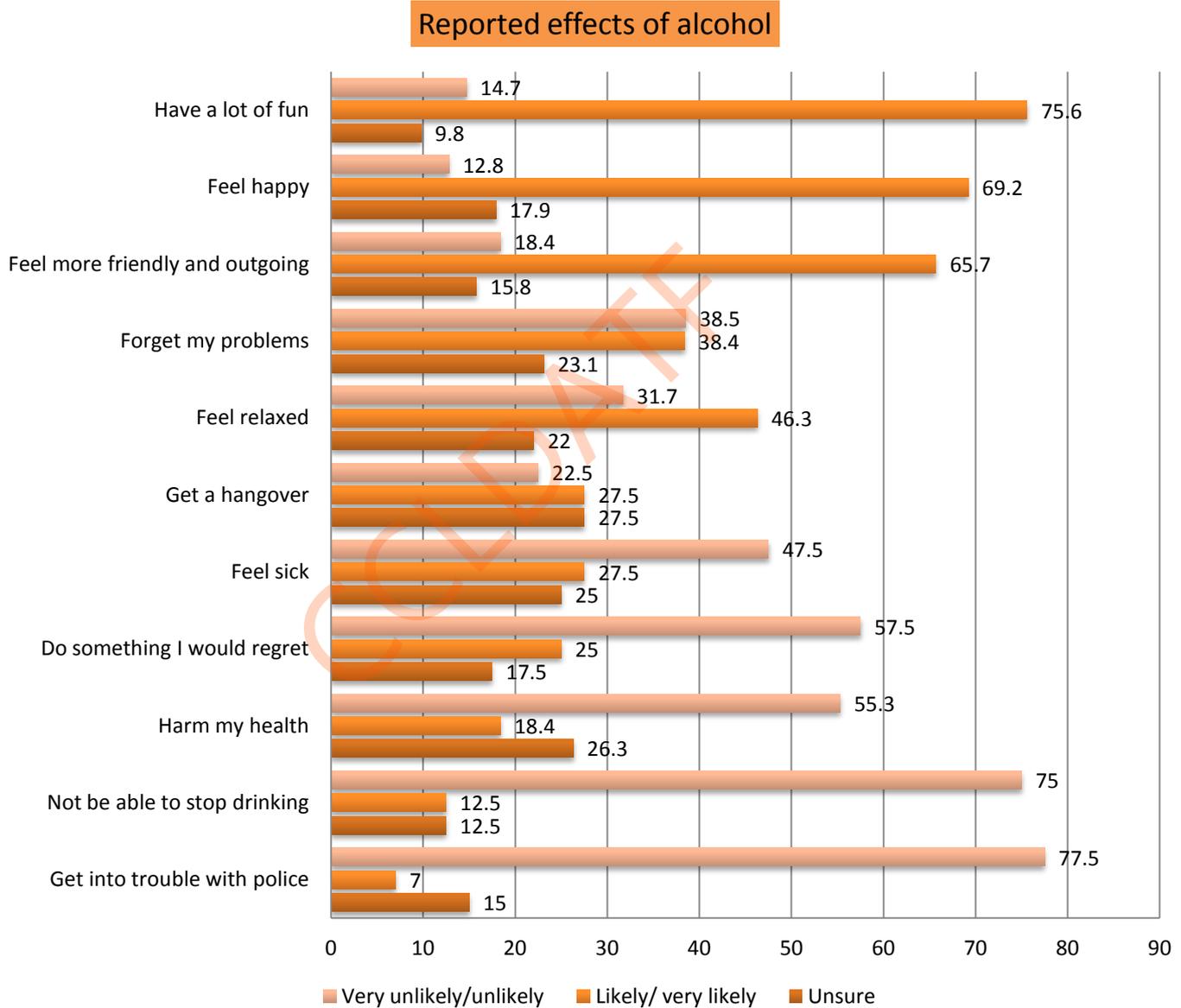
How drunk?

- The youths were asked to indicate on the scale of 1 to 10 how drunk they would say they were the last day alcohol was consumed (1 being not at all intoxicated while 10 being heavily intoxicated, example not being able to remember what happened). Two out of five (40.5%) youths rated themselves between 5 -10 on the scale of 1-10 on how drunk they were on the last day they consumed alcohol.
- In another Irish study (Gavin, A., et al. 2008), a vast majority (70%) of 17 year olds and over half (55%) of 16 year olds reported they have been drunk at least once.
- Girls (21.5%) were more likely to report being drunk than boys (19.1%)

¹⁵ Gavin A, De Roiste A and Nic Gabhainn S (2008) Short report on age-related patterns in alcohol consumption. Galway: National University of Ireland, Galway.

¹⁶ Colin Payne and Andrew Phelps, ed. Fuller, E., (2012) Smoking, drinking and drug use among young people in England in 2012

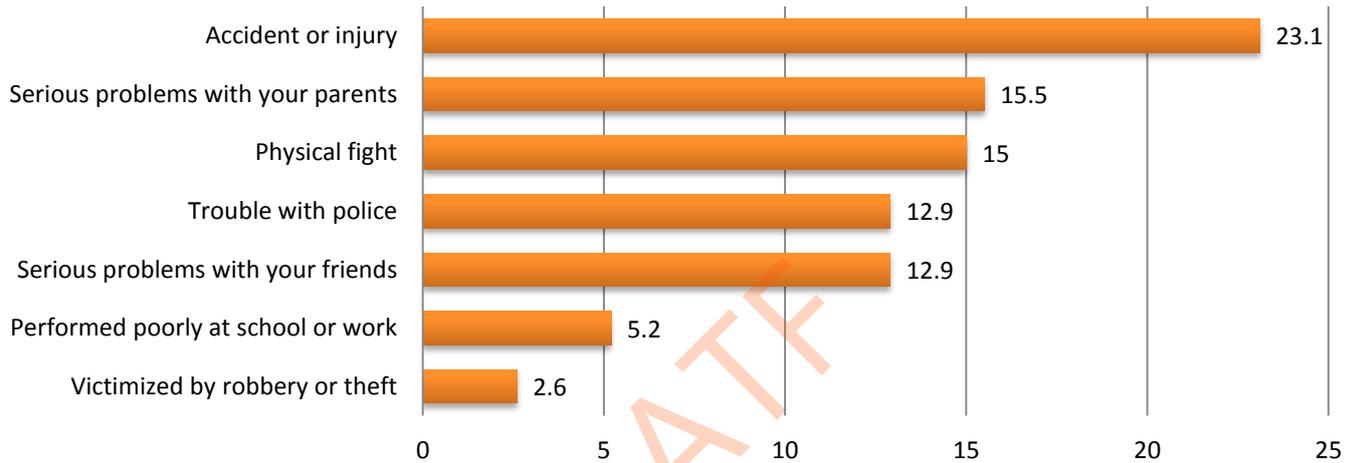
Alcohol was associated with positive effects. Over two-thirds (75.6%) of the 16 and 17 year olds who were surveyed stated they were likely or very likely to have a lot of fun if they drink alcohol. Majority reported they were likely or very likely to feel happy (69.2%), feel more friendly and outgoing (65.7%) if they drink alcohol. Although a third of the youths were regular drinkers, over half (55.3%) believes that alcohol would not harm their health. Interestingly, one in four (25%) of the youths surveyed feared they were likely/ very likely or unsure they would not be able to stop drinking.



Impact of alcohol use on self

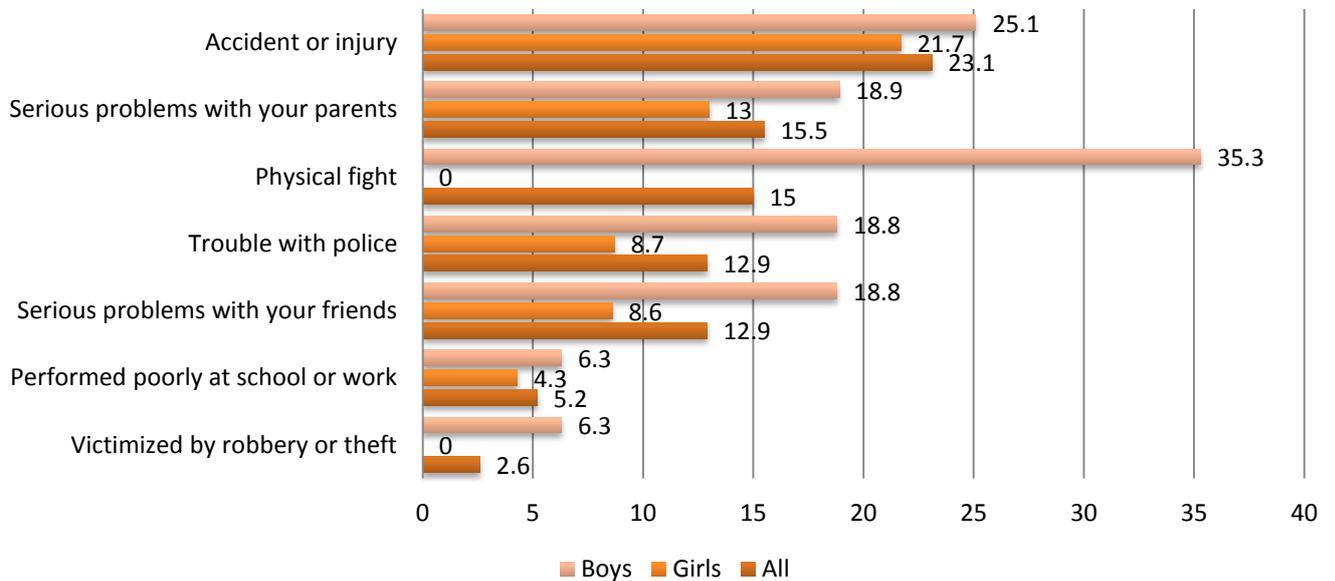
Nearly one in four (23.1%) of the youths have experienced accident or injury as a result of their own drinking. A small proportion (5.2%) reported they have performed poorly at school or work due to their own use of alcohol.

Negative impact of own alcohol use within the last 12 months

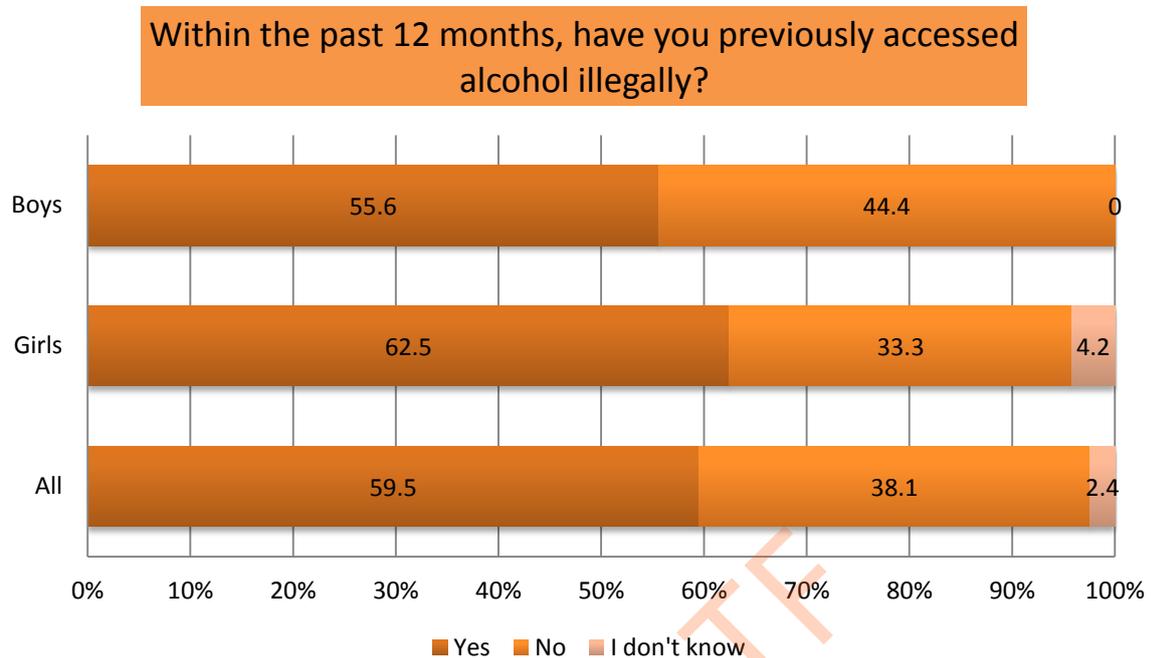


Boys experienced more negative impact of own alcohol use than girls in all the areas. While over a third (35.3%) of boys was involved with physical fight due to own alcohol use, none (0%) of the girls reported getting involved with physical fight.

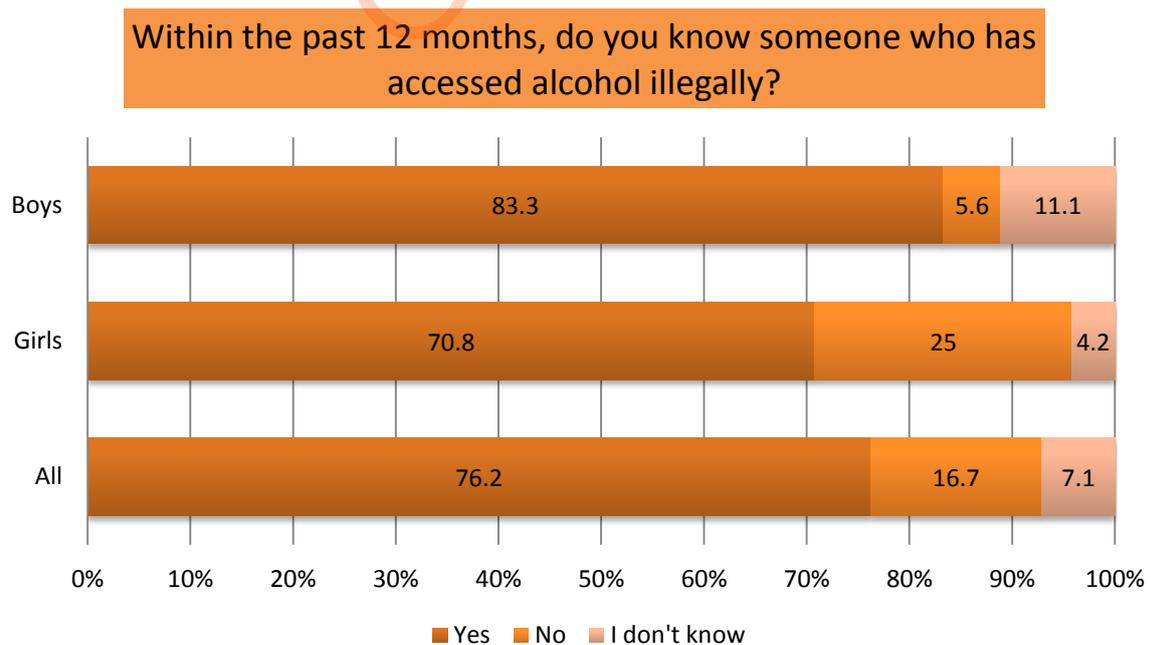
Impact of alcohol use on self at least once, within the year prior to the survey by gender



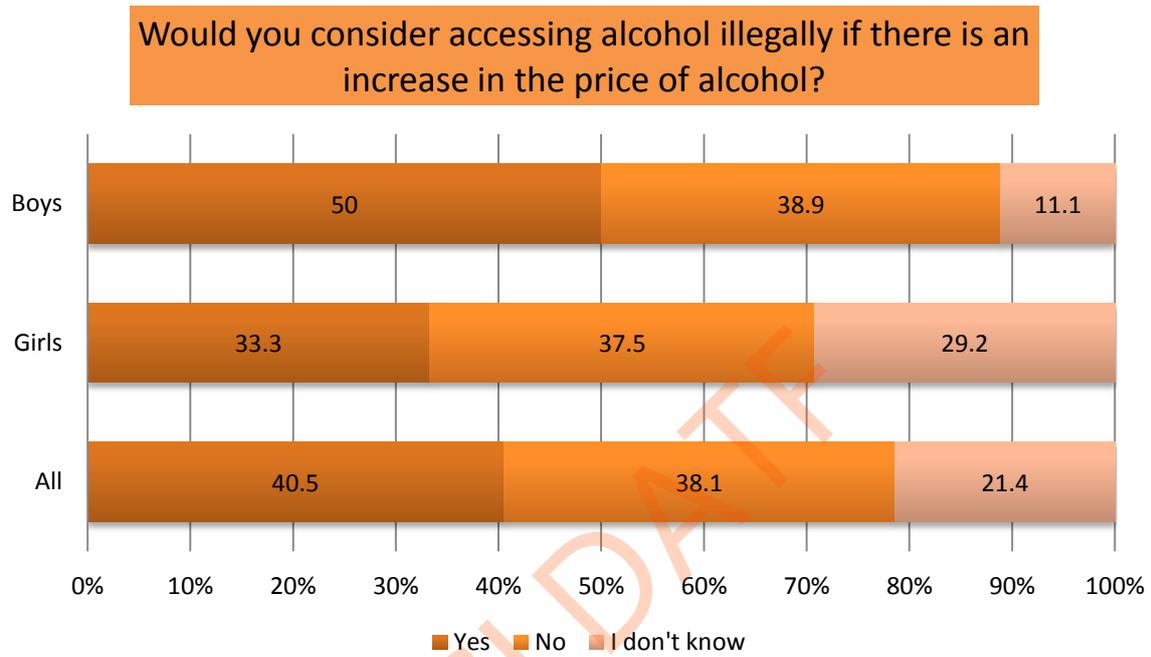
Majority (59.5%) of the youths surveyed stated they have previously accessed alcohol illegally. More girls (62.5%) than boys (55.6%) reported they have previously accessed alcohol illegally.



When the youths were asked if they know someone who has accessed alcohol illegally, over two-thirds (76.2%) stated they did. More boys (83.3%) than girls (70.8%) indicated they know someone who has accessed alcohol illegally.



Another question was asked to explore young people’s thoughts about accessing alcohol illegally as a result of an increase in the price of alcohol. Two out of five (40.5%) people admitted they would. Boys (50%) are more likely than girls (33.3%) to consider accessing alcohol illegally if there is an increase in the price of alcohol.



5. Conclusion

5.1. General

- The vast majority of people in the Canal Communities had previously tried alcohol. There are indications which suggest earlier onset of alcohol use among the 18-80 years old and between the youths surveyed.
- Higher proportions of people in Canal Communities habitually drink more and binge drink more than the national average.
- Evidence of the consequences of others alcohol consumption was felt on the immediate surrounding communities, higher than what has been previously observed elsewhere.
- The prevalence of alcohol use was more in the Canal Communities area than in all national studies reviewed. Higher proportion of 18 – 80 year olds in the study was classified as harmful drinkers, indicating an area of concern needing to be addressed by the Canal Communities Local Drug & Alcohol Task Force.

5.2. Youth

- The youths demonstrated lack of awareness and reduced perception of the negative impact of alcohol on them. Alcohol drinking was associated with positive effects.
- More girls than boys started drinking before the age of 16 years and consume alcohol more frequently too. Almost one in four youths have experienced accident or injury as a result of own drinking.

6. Recommendations

- The current study was done on selected areas of interest within the communities of Rialto, Bluebell and Inchicore. Further research needs to be carried out to include broader areas with a more representative sample.
- Continued research would be essential to establish whether high proportions of alcohol use, harmful drinking and negative impact of own and others drinking found in the current study are consistent and indicative of wide-ranging alcohol issues across all areas of the Canal Communities.
- The follow up study will required increasing the number of participating young people with the aim to involve more youth agencies across the three communities.
- The follow up study should also work to sample those young people not accessing services.

From this base line survey, it would be important for the Canal Communities Local Drug & Alcohol Task Force to further investigate the data already in hand and to extend the survey to other areas not included.

This broader knowledge, we believe, would inform any Strategic Plan on what is possible to do within the resources available.

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19. Substance Abuse and Mental Health Services Administration (SAMHSA). 2013 National Survey on Drug Use and Health (NSDUH)
20. Substance Abuse and Mental Health Services Administration. Report to Congress on the Prevention and Reduction of Underage Drinking. Washington, DC: Author. Available at: http://www.samhsa.gov/data/sites/default/files/report_1978/Spotlight-1978.pdf
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8. Appendices

8.1. Copy of consent form for the 18 - 80 years old sample



CANAL COMMUNITIES LOCAL DRUGS & ALCOHOL TASK FORCE ALCOHOL SURVEY

CONSENT DOCUMENT

Please tick or as appropriate

I have been given information about this project and understand what participation involves.

I understand that the information I give will be treated with complete confidentiality and anonymity.

I understand that I am free to withdraw from the study at any time, without giving a reason.

I understand that the information I provide will be treated in complete confidence and stored in a secure place.

I understand that the information I provide will be used to complete a research project.

Name of Participant (Print)

Date

Signature

Name of Surveyor (Print)

Date

Signature

Should you require any further information, please do not hesitate to contact us.

8.2. Copy of parent consent form for the youth sample



CANAL COMMUNITIES LOCAL DRUGS & ALCOHOL TASK FORCE ALCOHOL SURVEY

PARENT CONSENT DOCUMENT

Please tick × or ✓ as appropriate

I have been given information about this project and understand what participation involves.

I understand that the information my child gives will be treated with complete confidentiality and anonymity.

I understand that my child is free to withdraw from the study at any time, without giving a reason.

I understand that the information my child provides will be treated in complete confidence and stored in a secure place.

I have given permission for my child/children to take part in the survey

I understand that the information my child provides will be used to complete a research project.

Name of Parent (Print)

Date

Signature

8.3. Audit- C Screening Tool

The AUDIT-C is a 3- item alcohol screen designed to help identify people engaging with hazardous drinking or have alcohol use disorders including alcohol abuse or dependence.

The AUDIT-C is scored on a scale of 0 – 12. Each question has 5 answer choices:

a = 0 points, b = 1 point, c = 2 points, d = 3 points, e = 4 points.

A score of **4** or more in men, and **3** or more in women is considered positive, indicating presence of hazardous drinking or active alcohol use disorder.

1. How often do you have a drink containing alcohol?

- a. Never
- b. Monthly or less
- c. 2 or 4 times per month ...
- d. 2 to 3 times per week ...
- e. 4 or more times per week

2. How many standard drinks containing alcohol do you have on a typical day?

- a. 1 or 2
- b. 3 or 4
- c. 5 or 6
- d. 7 to 9
- e. 10 or more

3. How often do you have 6 or more drinks on one occasion?

- a. Never
- b. Less than monthly
- c. Monthly
- d. Weekly
- e. Daily or almost daily

8.4. Tender advertisement and information



c/o Bridge House, Cherry Orchard Hospital, Ballyfermot, Dublin 10

tel: 01 6206455 /6206413 e-mail: elaine.whelan1@hse.ie / mary.ryder2@hse.ie

BRIEF

RESEARCHER – STAGE ONE

Canal Communities Local Drugs Task Force is looking to carry out a scoping exercise to provide the necessary evidence to inform the Task Force Strategy in relation to the inclusion alcohol within its remit.

It is intended to build on this work over the coming years so that the Task Force is fully informed in order to respond to the inclusion of alcohol within the National Substance Misuse policy. Therefore it is looking to create a system by which on which information can be updated and added to on an annual basis.

This first stage scoping exercise will be to look at national and international literature in relation to the impacts of alcohol misuse with particular emphasis on those living in disadvantaged and marginalised communities.

This will be followed by identifying the extent and nature of alcohol use across the three communities of Bluebell, Inchicore and Rialto and placing this within the national and international context.

This first scoping piece of work will offer base information in relation to the three communities of Bluebell, Inchicore and Rialto through the Prism of Alcohol which the Task Force can build on over the coming years.

Tender Brief:

Aim:

The overall aim is to provide an understanding of alcohol use and misuse in the Canal Communities Local Drugs Task Force area and its comparison to national and international data.

This will help inform potential responses to these issues for the Task Force and the projects under its remit in line with the current National Substance Misuse Strategy.

Primary Objectives

- To provide a national and international literature review in relation to the impacts of alcohol misuse with particular interest in disadvantaged and marginalised communities;
- To define the current patterns of licit and illicit alcohol use, in the Canal Communities Local Drug Task Force area and place them within the context of national and international statistics and trends;
- To outline the patterns, behaviours and attitudes of the local community in relation to alcohol; and
- To develop a recording mechanism, which can be used to inform the Task Force in its deliberations.

Other

- To research policies and practices of NGO approaches to community mobilisation and the practices these approaches demand both in a national and international context;
- To provide an evidence base for the inclusion of alcohol in the Canal Communities Local Drug Task Force Strategic planning into the future;
- To provide a context to the research using national and international literature and a synthesised synopsis of the existing body of contemporary national and international literature on best practice for reducing alcohol consumption within communities; and

Note:

The methods used to obtain the information will rest with the researcher under the guidance and approval of the Sub Group of the Task Force.

CANDIDATE SPECIFICATION

We are seeking a researcher who is able to demonstrate competence and experience in the following:

- Proven experience on similar projects
- Experience of producing high quality research publications in the area of drug / alcohol policy.
- Experience in mapping, audit and needs analysis
- Experience in managing complex multi stakeholder projects
- Knowledge of implications of National Drugs Strategy, National Rehabilitation Framework and Steering Group Report on a National Substance Misuse Strategy.
- Experience of direct work / interviewing with vulnerable adults within the context of marginalised communities
- Delivering completed research within an agreed timeframe

TIME FRAME:

We wish to have this work completed within a three-month timeframe and no later than end of May 2015.

We are open to having conversations with interested parties as to how such a timeframe can be meaningfully structured, maximising the resources and time over the duration of the project.

REPORTING:

The person will report to the Alcohol Task Group on a regular basis and will be guided by them.

SUBMISSIONS

Tenders are requested from appropriately qualified and experienced researchers and should include all of the following:

- Details of qualifications and experience of all researchers involved in project.
- Details of previous work undertaken including relevant experience and knowledge.
- Proposed process for the research. This would include a breakdown of days committed to project with clear description of milestones with proposed dates
- Details of two referees
- Details of any current or recent piece of work of a similar project.
- Any other relevant information in support of proposal.

CRITERIA

The decision to award this contract will be based on written submissions received from those who fulfill the criteria under the headings above for '**Candidate Specification**' and elements of '**Submissions**'.

Any potential conflict of interest must be clearly stated in the submission.

The Alcohol Task Group of the CCLDTF will be responsible for the selection of the appropriate person for this task. This may include an interview and a presentation if deemed necessary for the selection of the best candidate.

They will look closely at:

- The candidate or organisation that best meets the candidate specification
- Overall quality and feasibility of the proposal.
- Cost and value for money.
- Skill, expertise and experience of the consultant.
- Ability to work within the required timeframe.
- Ensure successful candidate will be in possession of a tax clearance certificate.

The successful candidate will work with the Alcohol Task Group of the CCLDTF to finalise agreed aims, objectives, methodology and expected outcomes prior to offering of contract.

Closing date for applications: Thursday 12th February at 12 noon

Applications by e-mail can be sent to: elaine.whelan1@hse.ie

ADDENDUM – for the information of the Researcher

LONG TERM OBJECTIVES

- To provide a continuous updating of relevant information in relation to drug and alcohol use and misuse within the Canal Communities area
- To provide recommendations for the consideration of any local service developments.
- To deliver a comprehensive readable research/profile findings report.
- To develop a good practice reference document, which highlights evidence based responses to all identified issues and gaps (using national and international good practice documents).

To address:

- Similarities and differences of alcohol use in each of three communities – Bluebell, Inchicore and Rialto
- A comparison between the three areas
- To include: Where and How accessing alcohol; where used; positive and negative impacts on the community

INDICATORS TO INCLUDE:

Alcohol Specific Indicators include:

- Frequency/quantity of use
- Access - Where and How accessing alcohol
- Where used
- positive and negative impacts on the individual
- positive and negative impacts on the immediate surrounding community

Quantitative Indicators include:

- Population: Age, Gender and Ethnicity,
- Social Class Structure
- Educational Attainment
- School Attendance
- Employment status

(All the indicators above are to be correlated with alcohol use where possible),

CANDIDATE SPECIFICATION

A researcher who is able to demonstrate competence and experience in the following:

- Proven experience on similar projects
- Experience of producing high quality research publications in the area of drug / alcohol policy.
- Experience in mapping, audit and needs analysis
- Experience in managing complex multi stakeholder projects
- Knowledge of implications of National Drugs Strategy, National Rehabilitation Framework and Steering Group Report on a National Substance Misuse Strategy.
- Experience of direct work / interviewing with vulnerable adults
- Delivering completed research within an agreed timeframe

SUBMISSIONS

Tenders are requested from appropriately qualified and experienced researchers and should include all of the following:

- Details of qualifications and experience of all researchers involved in project.
- Details of previous work undertaken including relevant experience and knowledge.
- Proposed process for the research. This would include a breakdown of days committed to project.
- Details of two referees
- Details of any current or recent piece of work and a similar project.
- Any other relevant information in support of proposal.

8.5. List of Task Force sub group members

Norah Byrne	Canal Communities Regional Addiction Service
Greg Christodolou	Inchicore Bluebell Community Addiction Team
Eilish Comerford	St. Michael's Family Resource Centre
Keri Goodliffe	Health Service Executive
Nicola Perry	Community Response
Mary Ryder	Canal Communities Local Drug & Alcohol Task Force
Roisin Ryder	Fatima Groups United
Niamh Smith	St. Michael's Parish Youth Project

CCLDATE

CCLDATE

