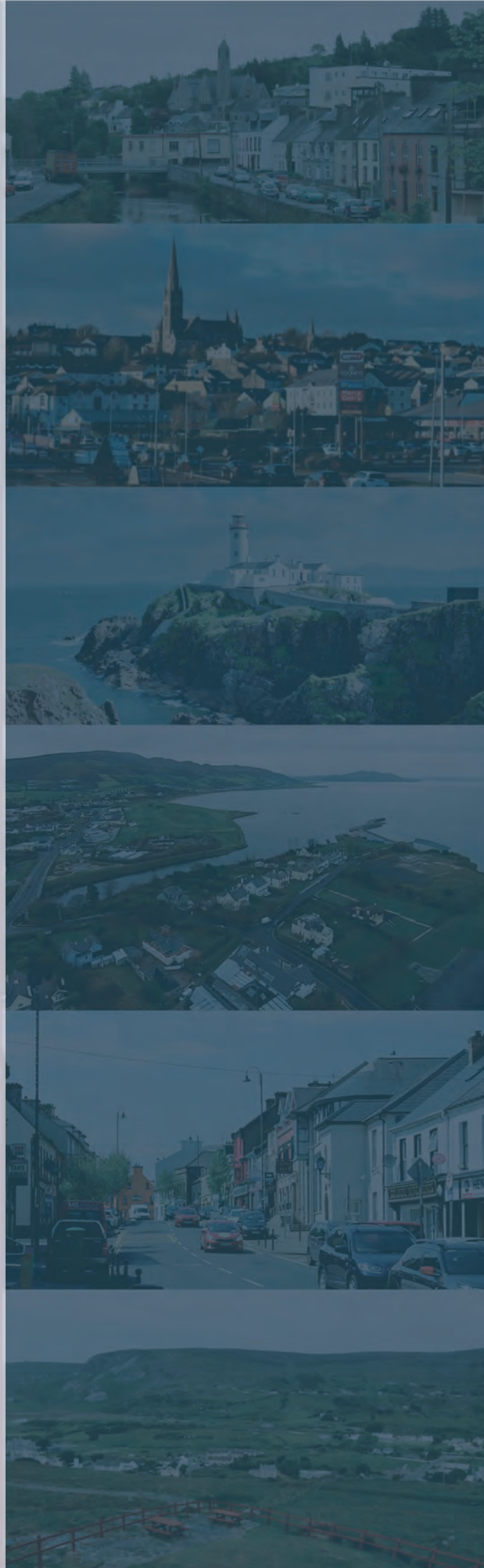




Alcohol consumption and attitudes to evidence-based alcohol policy in Donegal: findings from a student and general adult sample

A report prepared on behalf of the Alcohol Forum
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Acknowledgments

The authors would like to thank Atlantic Technological University Donegal (formerly Letterkenny Institute of Technology) for facilitating access to students in the Donegal region, and in particular, Dr Anne Burke, Paul Lynch, Paul Hannigan, and Siobhan Howe. We are also grateful to Alcohol Forum Ireland, and to the Irish Community Action on Alcohol Network. We are also most grateful to those who took the time to take part in this research and answer our survey. Without their time and honest responses, we would not have been able to produce this report.

Suggested citation: Shorter GW, Leonard P, Bunting E, Skelly J, Miller NM, Campbell C, (2022). Alcohol consumption and attitudes to alcohol in Donegal: A survey of attitudes to evidence-based alcohol policy in a student and population sample. Letterkenny: Alcohol Forum Ireland.

Foreward



County Donegal, the most northerly County in Ireland, is bounded on the southwest, west and north by the Atlantic Ocean and on the east by counties Derry, Tyrone, Fermanagh and Leitrim. Donegal shares 93% of its entire land border with Northern Ireland and the remaining 7% (or 9kms) with County Leitrim. Donegal is the fourth largest County in the State.

In Donegal, as in the rest of Ireland, there are very few families or individuals who have not been impacted negatively by alcohol use. However, alcohol is often celebrated and is so normalised as part of our culture that often we do not acknowledge the level of harm that results from its misuse. This normalisation makes dealing with those negative consequences a real challenge. The publication of this report challenges us to think in a meaningful way about the harm and what we can do to address it. It will require all of us working to improve the health, wellbeing and safety of the people of Donegal to reflect on its findings and work together to develop actions to address the issues outlined herein.

Some of the data presented in this report show significant differences in attitudes towards effective public health measures to reduce alcohol harm when compared with similar studies in other areas of Ireland. Further research is needed to understand why this may be the case. Our border location, our remoteness and other factors may be relevant. It will be important that opportunities are created for those working in the county and in the wider north-west region in the areas of research, health, education and local government to come together in an interagency setting to discuss the results and agree next steps. As chair of Alcohol Forum Ireland, I look forward to being part of those discussions.

Huge thanks are due to Dr Gillian Shorter (QUB) and her team at Queen's University Belfast and Ulster University who worked collaboratively with Alcohol Forum Ireland, the Letterkenny Community Action on Alcohol initiative and the Atlantic Technological University, Donegal (formerly LYIT) on this study. The study reflects the findings of two surveys; the first, 395 students based at the Atlantic Technological University Donegal (student sample in 2018/19), and the second, 536 adults living in Donegal reached through email or Facebook advertisements (general adult sample in 2019/20).

This report presents data collected prior to the introduction of pandemic restrictions. It provides us with a picture of harm and of attitudes towards evidence based public health measures to reduce harm. As we emerge from the pandemic this report provides us with vital information which we need to guide future work in building a safer and healthier campus for our students in the new Atlantic Technological University and healthier communities for all of the people who call Donegal home.

Dr Billy Bennett, Chair of Alcohol Forum Ireland and Vice President for Academic Affairs and Registrar, Atlantic Technological University Donegal
April 2022

Executive Summary

In Ireland, the Public Health (Alcohol) Act 2018 was passed as a legislative framework to minimise alcohol consumption and related harm. The Act would require a shift in alcohol policy in Ireland, including changes around pricing, promotions, advertising, licencing, availability, and protecting young people. The aim of this research was to understand support for elements of the Public Health (Alcohol) Bill in Donegal County.

We asked two groups of Donegal residents their views, the first, 395 students based at Letterkenny Institute of Technology now Atlantic Technological University (student sample in 2018/19), and the second, 536 adults living in Donegal reached through email or Facebook advertisements (general adult sample in 2019/20).

Key findings: Levels of alcohol use reported



58% Students
53% Adults
Drink Hazardously

This is alcohol use which puts drinkers at risk of harm, or where they are experiencing harm from alcohol



46% Students
36% Adults

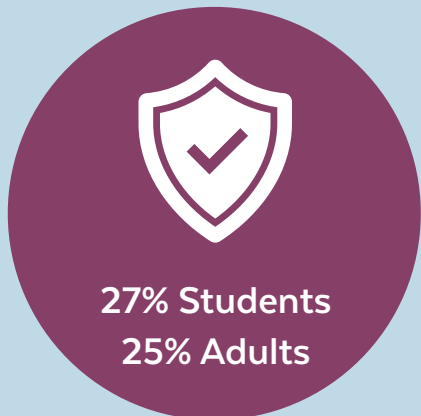
Drink six or more drinks on a single occasion monthly or more frequently in the past year



23-25% consider someone in their house to be a heavy drinker



19% said someone else's drinking in their house negatively affected them in the past year



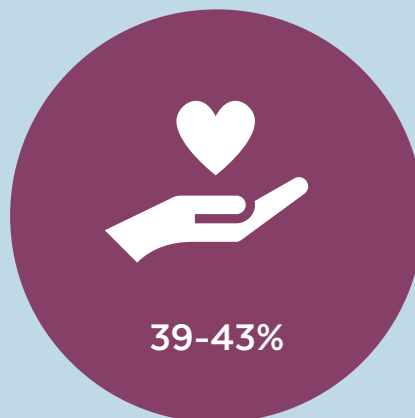
Agreed individuals are responsible enough to protect themselves from harm



Agreed public health bodies should intervene to protect from alcohol related harm.



agreed that health professionals should ask about alcohol use



agreed adult alcohol treatment services were available in their area (26-32% agreed there were youth services)

Views on alcohol availability for adults and young people



19% Students

33% Adults

Agreed we should reduce the number of alcohol outlets



21% Students

37% Adults

Agreed we should separate alcohol sales from food or other goods



80% students

86% adults

Agreed we should not sell alcohol to those under the age of 18 years



64% Students

69% Adults

Agreed it was not acceptable to allow a child aged 15 to drink in their own home



34% Students

38% Adults

Agreed it was not acceptable to allow a 16-17 year old to drink in their own home



81-82%
agreed alcohol advertisements should
include alcohol use risks



Students' agreement where there
should not be alcohol adverts
Sponsoring sporting teams (40%)
Sports grounds (40%)
Public transport (38%)
Music events (17%)



Adults' agreement where there
should not be alcohol adverts
Sponsoring sporting teams (58%)
Sports grounds (61%)
Public transport (33%)
Music events (53%)

Views on alcohol marketing to young people



61% students
77% adults

Agreed television adverts for alcohol should only be shown after 9pm



59% Students
86% Adults

Agreed alcohol advertising targeting young people should be banned



80% Students
82% Adults

Alcohol adverts should not be in or near a school or early years' service



85% Students
90% Adults

Alcohol providers should not sponsor children's sporting teams



36% Students
32% Adults

Thought minimum unit pricing was a good thing



61% students
58% adults

Agreed price promotions on alcohol encourage excessive drinking



19% students
33% adults

Agreed that price promotions in pubs, bars, and clubs should be banned



67% Students
37% Adults

Agreed they were more likely to drink alcohol when it was sold at a discounted price

Support for evidence-based alcohol policy in relation to perceived local characteristics

Six evidence-based policy options were reviewed for support in relation to those who had reported second-hand impacts of alcohol consumption. These were:

- restrictions on alcohol advertising to youth
- a ban on selling to under 18-year-olds
- a ban on price promotions
- a reduction in the number of alcohol outlets
- support for separate premises sales
- support for minimum unit pricing.

For the student sample, there was stronger support for evidence-based policy options when they had experienced second-hand impact of alcohol consumption. Students who had experienced teenage drinking in parks as a problem in their area were significantly more likely to agree with all six options, and those who or public drunkenness in their area were significantly likely to agree with five of these evidence-based measures. For those who had experienced alcohol related violence, four of these were significant, and for adults drinking in a public place or drink driving as problems in their area, there was significantly higher agreement for three of these evidence-based policy measures.

For the adult sample, those who had experienced public drunkenness in their area were significantly more likely to agree with all six evidence-based policy options, for those who had experienced alcohol related violence, they were more likely to agree with five evidence-based policy options. For those who had experienced underage drinking as a problem in their area, they were more likely to endorse four of these, including the two policy measures related to young people. Those who had experienced teenagers drinking, adults drinking, or drink driving as a problem in their area were more likely to agree with only two of the evidence-based policy options.

Conclusions

There is strong evidence that the views on alcohol policy in Donegal differ from those elsewhere in Ireland, with broadly lower support for evidence-based alcohol policy measures than in other counties where similar surveys have been conducted.

There were also some differences in views on alcohol policy between students and the general adult sample, and between those who drink hazardously (at risk of harm or currently experiencing harm) and those who do not drink hazardously.

Given the level of alcohol use and alcohol harm in Ireland, and particularly given changes since COVID-19, a one size fits all policy approach is unlikely to be suitable to meet the needs of those across the Island of Ireland.

It is recommended that key policy, health, and community stakeholders in the North-West region are involved in a discussion of the findings and decide the next steps to reduce alcohol consumption and alcohol related harm.

Background to the Report

The cost of unhealthy alcohol use in Ireland

Unhealthy alcohol use is a risk factor for many major diseases, behavioural disorders, social and societal problems, alcohol disorders, and early death [1-3]. Ireland has one of the highest levels of alcohol use in Europe [4, 5], in part due to its complex role in Irish society as integral to many celebrations, commiserations, and events [6, 7]. As recent evidence shows, there is “no safe amount” of alcohol to consume [8-10]. As such, reducing alcohol use is a priority for health in the most recent National Substance Misuse Strategy [11]. From this, and other initiatives came the Public Health Alcohol Act (2018) which contains a range of internationally recognised evidence-based options to reduce harm [12].

The Public Health (Alcohol) Act (2018)

The Public Health (Alcohol) Act (2018) is a legislative framework which implements a range of strategies to help reduce Ireland’s alcohol consumption and the harm arising from alcohol use. The Public Health (Alcohol) Act 2018 (Commencement) Order 2018 was signed by the Minister for Health on 1st November 2018, which allowed the commencement of the 23 sections of the Bill into operation in Ireland. Measures such as these have varied support in communities, some individuals think they are appropriate, while others think they may go too far.

The Act proposes to achieve its objectives through the introduction of:

- minimum pricing of alcohol products;
- labelling of alcohol products and notices in licensed premises;
- prohibitions and restrictions on advertising and sponsorship;
- separation and visibility of alcohol products and advertisements for alcohol products in specified licensed premises; and
- the regulation of the sale and supply of alcohol products in certain circumstances

Between November 2019 and Jan 2022, various sections of the Act have come into effect; including some restrictions on advertising in public places, cinemas and on children’s clothing; provisions relating to the structural separation of alcohol products in mixed trading outlets and the introduction of a Minimum Unit Price for alcohol. A number of elements, in particular those relating to restrictions on alcohol advertising on TV and radio and the introduction of mandatory health labelling on alcohol products have yet to be commenced.

Donegal context

In 2016; 159,192 persons called Donegal their home, an increase of 29,198 over the last 20 years. By age 45, 704 people (27.8%) in 2016 were 18 years or under while 24,989 (15.7%) were 65 years or over. Overall in Ireland, 64% dwell in urban areas [4]. However, in Donegal, most live in rural areas 73% (115,778) of the population compared to 27% (43,414) in aggregate urban areas or areas with

1,500+ inhabitants. The Donegal Gaeltacht, an area in which the Irish Language predominates, encompasses a geographical area of 1,502 km² and has a population of 23,346 persons.

In 2016, Alcohol Forum Ireland, selected clinical services and the HSE's Department of Public Health Medicine in the North-East, North-West and the West collaborated on an exercise to scope the availability of data to describe alcohol-related harm in Ireland. The intention was to identify quality assured databases that provided data at county level to allow the development of a County Alcohol Harm profile for each county in Ireland. The second issue of the Alcohol Related Harm Profile for Donegal published in 2019, found in 2017:

- Donegal had a below average rate for mortality for all ages due to alcohol related causes (52.8 per 100,000 population, National 58.6 per 100,000 population).
- The percentage of potential years of life lost (PYLL) from selected alcohol related causes was below average for females (232.1 per 100,000 population, National 298.2 per 100,000 population) and above average for males (1,135.9 per 100,000 population, National 1006.1 per 100,000 population).
- Donegal was above average nationally for hospital admissions for mental and behaviour disorders due to alcohol (160.1 per 100,000 population, National 83.7 per 100,000 population) and was the lowest nationally for alcoholic liver disease (12.9 per 100,000 population, National 36.5 per 100,000 population)
- Donegal had an average psychiatric in-patient rate for alcohol disorders for first admissions (8.8 per 100,000 population, National 9.2 per 100,000 population) and above average for all admissions (59.7 per 100,000 population, National 24.1 per 100,000 population).
- Donegal had the second highest nationally alcohol treatment rate at 318.7 per 100,000 population (National 153.2 per 100,000 population).
- The rate of alcohol related offences in Donegal for drink driving was above average at 227.3 per 100,000 population, and also above average for disorderly conduct offences at 675.0 per 100,000 population, liquor licensing offences were average at 21.9 per 100,000 population compared to National rates (drink driving 153.8 per 100,000 population, disorderly conduct 528.4 per 100,000 population and liquor licensing offences 17.3 per 100,000 population).

In January 2019, Donegal ranked 6th in all counties for the number of liquor licenses with 354.3 per 100,000 population (National 279.3 per 100,000 population). For more details on the Donegal County Alcohol Related Harm Profile see

<https://www.hse.ie/eng/about/who/healthwellbeing/healthy-ireland/publications/donegal-alcohol-profile-2019.pdf>

Students at Atlantic Technological University (ATU) Donegal (formerly LYIT)

In Letterkenny, of the total population of 19,500, around are 4,000 students. This is a key population group in Donegal, and we know that students may have a differing profile of alcohol use compared with other adults in their communities [13]. Early conversations in 2017 led to the development of a REACT initiative in the LYIT with support from Alcohol Forum Ireland. **Reducing Excessive Alcohol Consumption in the Third Level** (REACT) is an award and accreditation scheme in the third level sector in Ireland that recognises and rewards an institution's efforts to reduce alcohol-related harm amongst its student population [14]. Partnerships comprising the Students Union, Garda Síochána, an elected representative, student services and the Alcohol Forum work on a range of actions to achieve REACT accreditation. This initiative recognises the importance of students in working to reduce the negative consequences experienced from alcohol during student years and beyond [15].

Community Action on Alcohol Letterkenny

The Community Action on Alcohol Letterkenny (CAAP LK) steering group brings together partners to facilitate and oversee the development of a community action on alcohol plan for Letterkenny. The group is chaired by a local elected representative and diverse representation from the community has been achieved, including intercultural groups, youth and community organisations, LGBT+ groups, front line services and state agencies including Tusla, HSE and the Garda Síochána. This initiative is part of a wider action in the Donegal Local Economic and Community Plan *Reducing Harm, Supporting Participation* which aims to reduce and prevent alcohol harm across communities in Donegal.

Aims of this project

This project aims to understand the views of individuals across the county of Donegal on alcohol and alcohol policy from two samples, one of students, and a general adult sample. It aims to examine and understand the level of support for evidence-based alcohol policy overall, by drinking level, and by neighbourhood context.

The research was undertaken to inform future work by the ATU Donegal's REACT initiative, the Letterkenny Community Action on Alcohol Initiative and the collaborative work of a range of groups and agencies to prevent and reduce alcohol harm in Donegal.

Methodology

Participants and sampling procedures

We recruited students through their Student Union Team at ATU Donegal via an email advertisement sent to all students inviting them to take part. This data was collected as part of a National study by Community Action for Alcohol Partnership, Reducing Excessive Alcohol Consumption at the Third Level (REACT) and for a dissertation project of an undergraduate student at Ulster University.

We recruited the general adult sample from advertisements on Facebook, email circulars around the Alcohol Forum Ireland, Letterkenny Community Action on Alcohol, the North-West Regional Drug and Alcohol Task Force, and the HSE addiction service. The data was collected as part of a National study by Community Action for Alcohol Partnership, and as part of a dissertation project of a postgraduate student at Ulster University.

All participants were resident in Donegal and over the age of 18 years old. They provided informed consent and filled out an online questionnaire using the Qualtrics platform. There was no financial payment for participation, but we entered all participants in a prize draw for eight individual online shopping vouchers. Funding was provided by Alcohol Forum Ireland.

Measures

The survey was based on questions derived from the previous Community Action on Alcohol Study to allow for inter-county comparisons by Davoren and colleagues [16]. Background information for both surveys include gender (Male, Female, Trans*, and Other), age (in years), and marital status (married/cohabiting or single).

Alcohol measures

Alcohol questions included the questionnaire AUDIT-C, or Alcohol Use Disorder Identification Test, consumption factor [17]. This is a widely used and recommended measure [18, 19]. This questionnaire measures the frequency of alcohol consumption, typical quantity, and frequency of heavy drinking and captures a pattern of use. Each question is scored from 0-4, with a total score of 12. The higher the score, the higher the alcohol consumption. Those who score over 5 in the AUDIT-C are thought to be at risk of harm, or currently experiencing harm because of their drinking, often referred to as hazardous drinking.

We also ask two questions from Mongan and Long [20] on how much money people spend each week on alcohol on average in off sales and on trade premises like pubs and bars. This was complimented with questions from the Health Promotion Agency Attitudes and Behaviours towards Alcohol Survey in 2013.

Attitudes were measured by assessing agreement or disagreement towards statements of the components of the Public Health Alcohol Bill [16]. For example, participants were asked if they agree with the statement (e.g. To what extent do you agree or disagree that price promotions on alcohol encourage excessive drinking) and they answered on a 5-point Likert scale (Strongly Disagree-1,

Disagree-2, Neutral-3, Agree-4, Strongly Agree-5). This was recoded into agree (either agree or strongly agree), or do not agree (neutral, disagree or strongly disagree).

Local factors were measured using statements based on Davoren et al. [16]. Participants were asked the extent to which they agreed with the statement (e.g. to what extent do you agree or disagree that alcohol treatment services are available in your area) and answered on a 5-point Likert scale (Strongly Disagree-1, Disagree-2, Neutral-3, Agree-4, Strongly Agree-5). This was recoded into agree (either agree or strongly agree), or do not agree (neutral, disagree or strongly disagree).

Analysis

We used IBM SPSS Statistics version 26 to analyse the data. Data was downloaded from Qualtrics and we performed summary statistics to investigate the impact of consumption, gender, and age on drinking context, attitudes, and related harm.

The policy questions were grouped into alcohol policy areas. These were public health countermeasures, alcohol availability, alcohol availability for young people, alcohol marketing, alcohol marketing for young people, and price and minimum unit pricing.

For each area, graphs show the percentage of agreement for a statement for the student sample, the student sample who are hazardous drinkers, the adult sample, and the adult sample who are hazardous drinkers. Chi-square analyses were run to determine whether the percentage of agreement differs between those who are hazardous drinkers and those who were not. Statistical significance was reached at the 0.05 level.

In line with Davoren et al., [16] the levels of support for evidence-based alcohol policy were examined in relation to perceived local characteristics which related to harm to others and social issues. These are second-hand impacts of alcohol consumption, i.e., that they are not attributed to the drinker, but are a perceived experience arising from others drinking in their local area. Six evidence-based policy options were reviewed for support in relation to those who had reported second-hand impacts of alcohol consumption. These were a ban on alcohol advertising to youth, a ban on selling to under 18-year-olds, a ban on price promotions, a reduction in the number of alcohol outlets, support separate premises sales and support for minimum unit pricing. The percentage of individuals who agreed with each of the evidence-based policy measures was compared with the percentage of individuals who agreed that the second-hand impact of alcohol consumption was true in their area. Chi-square analyses were run to determine whether the percentage of agreement differs between those who are experienced these second-hand impacts in their area and those who felt they did not. Statistical significance was reached at the 0.05 level. Analyses were separated into student and adult samples.

Results

Background characteristics

There were 416 individuals who gave consent to take part in the student survey, but we deleted any responses who did not answer any questions. Analyses are based on the remaining 395 students. Of these 395 individuals, around three fifths were female (61.4%) and the mean age was 23.3 years old (See Table 1). Of the adult sample, there were 538 individuals who gave consent to take part in this survey and when we deleted those who did not answer any question, analyses were based on 536 individuals. This group of adult Donegal residents had a slightly higher percentage of females (64.8% compared to 61.4%), and the average age was higher at 41.7 years old compared to the student sample.

Table 1: Demographic and background characteristics of the sample of 396 undergraduate students and 530 adult residents of Donegal

	Valid n	Student Sample N (%) or Mean (Standard Deviation)	Valid n	Adult Sample N (%) or Mean (Standard Deviation)
Female	395	243 (61.4%)	530	346 (64.8%)
Male		149 (37.6%)		181 (33.9%)
Trans*		4 (1.0%)		3 (0.6%)
Age (mean years old)	395	23.3 (7.2)	529	41.7 (14.1)
Marital status	378		519	
Married or currently cohabiting		42 (10.6%)		319 (59.6%)
Single/separated/divorced/widowed		336 (85.1%)		200 (37.4%)

Alcohol use in Donegal

Most of those who took part in these surveys had drunk alcohol with a slightly higher proportion of those in the adult sample (97.1% compared to 94.8%). As Table 2 illustrates, the average AUDIT-C score was slightly higher for the student sample compared to the adult residents and a slightly higher percentage were drinking at a level that puts their health at risk.

Table 2: Alcohol consumption of the sample of 396 undergraduate students and 536 adult residents of Donegal

	Valid n	Student Sample N (%) or Mean (Standard Deviation)	Valid n	Adult Sample N (%) Mean (Standard Deviation)
Ever drunk alcohol (yes)	381	361 (94.8%)	536	521 (97.2%)
AUDIT-C total score	340	5.4 (2.6)	410	5.0 (2.5)
AUDIT-C of 5 or above	340	200 (58.8%)	410	219 (53.4%)
How often did you have a standard drink containing alcohol in the past year?	362		468	
Never		22 (6.1%)		53 (11.3%)
Monthly or less		128 (35.4%)		111 (23.7%)
2-4 times a month		125 (34.5%)		144 (30.8%)
2-3 times per week		74 (20.4%)		105 (22.4%)

4+ times per week		13 (3.6%)	55 (11.8%)
How many drinks containing alcohol did you have on a typical day when you were drinking in the past year?	341		411
1 or 2		64 (18.8%)	116 (28.2%)
3 or 4		68 (19.9%)	117 (28.5%)
5 or 6		92 (27.0%)	87 (21.2%)
7 to 9		61 (17.9%)	59 (14.4%)
10 or more		56 (16.4%)	55 (7.8%)
How often drank six or more drinks on occasion in the past year	361		436
Never		73 (20.2%)	108 (24.8%)
Less than monthly		124 (34.3%)	177 (40.6%)
Monthly		97 (26.9%)	87 (20.0%)
Weekly		63 (17.5%)	59 (13.5%)
Daily or almost daily		4 (1.1%)	5 (1.1%)
On how many times in the past 4 weeks did you purchase any alcohol?	341		464
Once		64 (18.8%)	75 (16.2%)
Twice		58 (17.0%)	91 (19.6%)
3-4 times		60 (17.6%)	94 (20.3%)
5-6 times		30 (8.8%)	34 (7.3%)
7-10 times		11 (3.2%)	24 (5.2%)
11-15 times		12 (3.5%)	12 (2.6%)
15-29 times		3 (0.9%)	12 (2.6%)
Around 30 times or everyday approximately		0 (0.0%)	5 (1.1%)
Have not purchased any alcohol in the past month		103 (30.2%)	117 (25.2%)
On average how much money would you spend each week on alcohol (off trade)	332		455
Nothing		121 (36.4%)	143 (31.2%)
1-14 EUR		115 (34.6%)	162 (35.4%)
15-29 EUR		66 (19.9%)	98 (21.4%)
30-44 EUR		23 (6.9%)	29 (6.3%)
45-59 EUR		4 (1.1%)	14 (3.1%)
60-74 EUR		3 (0.8%)	3 (0.7%)
75 or more EUR		0 (0.0%)	6 (1.3%)
On average how much money would you spend each week on alcohol (on trade)	328		445
Nothing		115 (35.1%)	167 (37.5%)
1-14 EUR		73 (22.3%)	127 (28.5%)
15-29 EUR		61 (18.6%)	64 (14.4%)
30-44 EUR		30 (9.1%)	36 (8.1%)
45-59 EUR		24 (7.3%)	20 (4.5%)
60-74 EUR		11 (3.4%)	10 (2.2%)
75 or more EUR		14 (4.3%)	20 (4.5%)

Experiences of other people's drinking

Around two-thirds of the student sample considered an individual in their lives to be a heavy drinker compared to three-fifths of the adult sample (see Table 3). Approximately equal percentages of those in the student and adult sample said this persons' drinking affected them negatively in the past year, at around 35% for both. Around a quarter of students considered someone in their household to be a heavy drinker, this was slightly higher than the adult sample (24.7% compared to 22.6% respectively), and around one-fifth of both samples considered this persons' drinking affected them negatively in the past year. A slightly higher percentage of the adult sample considered they might be at risk of harm to self or others when drinking compared to the student sample with 11.8% replying yes to this question in the adult sample compared with 9.0% in the student sample.

Table 3 Experience of other people's drinking in a student and adult sample of Donegal Residents.

	Valid n	Student Sample N (%)	Valid n	Adult Sample N (%)
Would you consider an individual in your life a heavy drinker?	325		446	
Yes		217 (66.8%)		264 (59.1%)
No		103 (31.7%)		181 (40.5%)
Prefer not to say		5 (1.5%)		1 (0.2%)
Did this person's drinking affect you negatively in the past year?	282		446	
Yes		98 (34.8%)		159 (35.6%)
No		174 (61.7%)		268 (60.1%)
Prefer not to say		10 (3.5%)		19 (4.3%)
Would you consider anyone in your household to be a heavy drinker?	336		460	
Yes		83 (24.7%)		104 (22.6%)
No		103 (75.0%)		353 (76.7%)
Prefer not to say		1 (0.3%)		3 (0.7%)
Did this person's drinking affect you negatively in the past year?	246		442	
Yes		48 (19.5%)		85 (19.2%)
No		188 (76.4%)		329 (74.4%)
Prefer not to say		10 (4.1%)		28 (6.3%)
Would you consider yourself to be of harm to yourself or others when you are drinking?	312		442	
Yes		28 (9.0%)		52 (11.8%)
No		283 (90.7%)		384 (86.9%)
Prefer not to say		1 (0.3%)		6 (1.3%)

Attitudes to treatment and alcohol support resources in Donegal

Table 4 illustrates low agreement that youth alcohol support services are available in their local area, this was higher in the student compared to the adult sample (31.8% compared to 26.1%). There was slightly higher agreement that alcohol treatment services for adults were available, with 39.2% agreeing in the student sample and 43.4% agreeing in the adult sample. By contrast, there was a slightly higher percentage of those in the student sample (43.5%) agreeing that there is help available for others harmed because of someone else's drinking compared to the adult sample (39.4%).

In relation to supporting others, over three-quarters of both samples would direct someone close to them to an alcohol treatment service if they believed they needed it. A slightly lower percentage would recommend that someone close to them approach a GP service if they believe they needed it. When asked where they personally would go if they were concerned about their own alcohol consumption, in the student sample, 72.0% agreed that they would use alcohol treatment services, or turn to someone close to them. For the general adult sample, there was a preference for alcohol treatment services, with 73.5% agreeing that they would use this service if they were concerned about their own alcohol consumption.

Table 4: Percentage of agreement with statements in relation to alcohol treatment resources and alcohol treatment preferences

	Valid n	Student Sample N (%)	Valid n	Adult Sample N (%)
Youth Alcohol Support Services are available in your area	302	96 (31.8%)	436	114 (26.1%)
Alcohol Treatment Services are available in your area	301	118 (39.2%)	431	187 (43.4%)
There is help available for people who are harmed as a result of someone else's drinking	301	131 (43.5%)	434	171 (39.4%)
I would direct someone close to me to an alcohol treatment service if I believed they needed it	301	226 (75.1%)	431	339 (78.7%)

I would direct someone close to me to a GP service if I believe they needed help in relation to alcohol consumption	301	194 (61.7%)	430	247 (57.4%)
I would use alcohol treatment services if I was concerned about my alcohol consumption	300	216 (72.0%)	431	317 (73.5%)
I would use a support group such as Alcoholics Anonymous if I was concerned about my alcohol consumption	300	182 (60.7%)	431	271 (62.9%)
I would use a helpline if I was concerned about my alcohol consumption	300	157 (52.3%)	430	268 (62.3%)
I would turn to someone close to me if I was concerned about my alcohol consumption	300	216 (72.0%)	434	300 (69.1%)

Public Health Countermeasures – who should intervene

This section reports on three questions. The first of these asks if participants agree that **individuals who drink alcohol are responsible enough to protect themselves from alcohol related harm**. Students were more likely to agree with this statement (Figure 1), particularly those who drank hazardously compared to those in the adult sample. The differences between students who drink hazardously and those who do not, and adults who drink hazardously and those who do not in relation to agreeing with this statement, was not statistically significant (see Table 7).

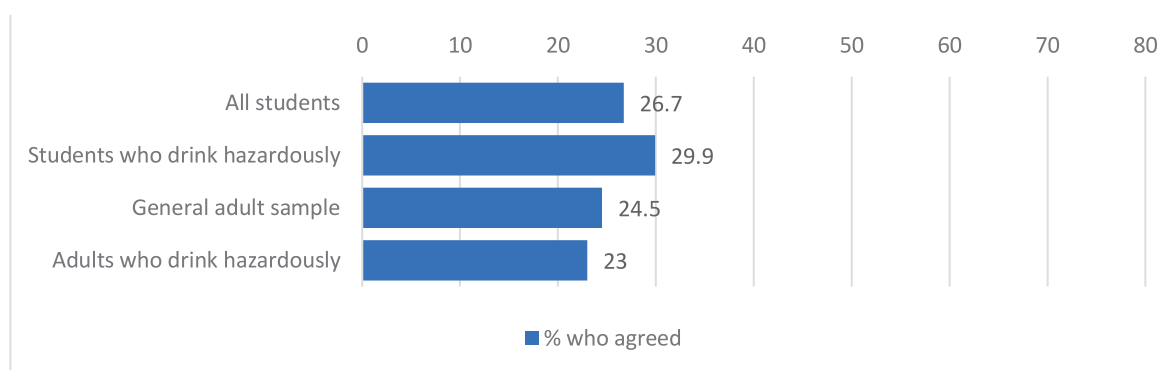


Figure 1: Percentage of individuals who agreed that individuals who drink alcohol are responsible enough to protect themselves from alcohol related harm

The second question on public health countermeasures asked if **public health authorities had the right to intervene to protect others from alcohol related harm**. A higher percentage of students agreed with this statement compared with the general adult sample, with 58% of students in agreement compared to 53% adults. Those who drank hazardously had a lower percentage of agreement. Within the adult sample, there was significantly lower agreement with this statement for those who drank hazardously compared to those who did not drink hazardously (See Table 7). Differences in the student sample between those who drank hazardously and those who did not, were not statistically significant.

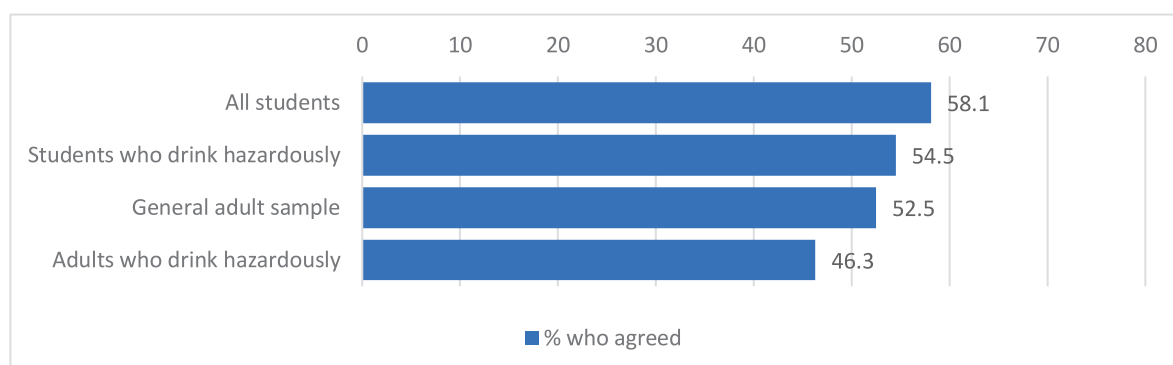
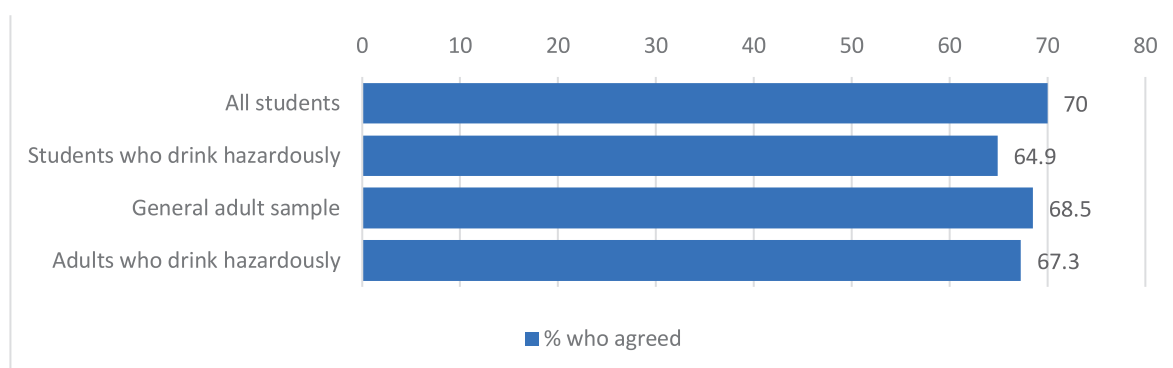


Figure 2: Percentage of individuals who agreed that public authorities have the right to intervene to protect people from alcohol related harm

Seventy percent of students considered that it was **appropriate for health professionals to ask all patients about drinking behaviours as part of their standard practice**. This was slightly higher than for the adult sample. Students who drank hazardously had the lowest percentage of agreement, but this was still reasonably high at around 65% agreement, and there was a significant difference between hazardous drinkers and non-hazardous drinkers in terms of agreement for the student sample, but not for the adult sample (Table 7).

Figure 3: Percentage of individuals who agreed that health professionals should ask all patients about drinking behaviours as standard practice



Alcohol Availability for adults

There were two questions on alcohol availability, one on the number of outlets, and another on whether they should sell alcohol in separate premises. Students had a relatively low agreement with the statement that **the government should reduce the number of outlets selling alcohol** with 18.5% agreement compared to the general adult sample 32.5%. For both samples, those who drank hazardously were significantly less likely to agree with this statement compared to those who did not drink hazardously (See χ^2 This tests if there is a difference between hazardous drinkers (those who score over 5 on the AUDIT-C) and those who are not hazardous drinkers in relation to their agreement with a policy statement

Table 8).

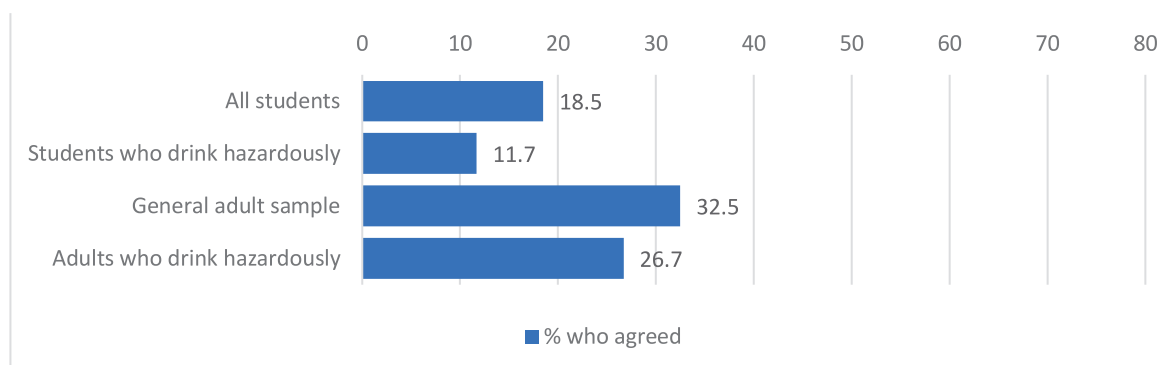


Figure 4: Percentage of individuals who agreed that the government should reduce the number of outlets selling alcohol

The second of these questions asked whether **alcohol should be sold in separate premises to food and other household items**. Only one fifth of students agreed with this statement (20.6%), and the students who drank hazardously were significantly less likely to agree with this statement. Over a third of the adult sample agreed with this statement (36.6%), and although a slightly lower percentage of the adult sample who drink hazardously agreed with this statement, the difference was not statistically significant (See * χ^2 This tests if there is a difference between hazardous drinkers (those who score over 5 on the AUDIT-C) and those who are not hazardous drinkers in relation to their agreement with a policy statement

Table 8).

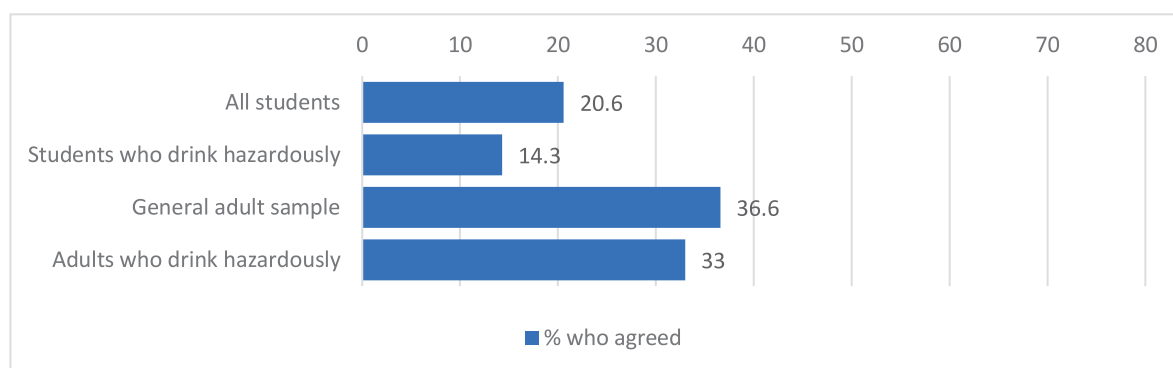


Figure 5: Percentage of individuals who agreed that alcohol should be sold in separate premises to food and other household items

Alcohol Availability for young people

There were three questions in this section, one relates to selling to those under the age of eighteen years, and two which ask about the suitability of providing alcohol to those under the age of eighteen years old in their own home. A larger percentage of the adult sample agreed that the law on selling or serving alcohol to young people under the age of 18 years old should be strongly enforced compared to the student sample (85.8% compared to 79.8%). Those who drank hazardously were significantly less likely to agree with this statement for both samples (Table 7). However, at least three-quarters of the student sample (75.3%) and four fifths of the adult sample (80.2%) agreed that we should strictly enforce the law on selling or serving alcohol to young people (Figure 6).

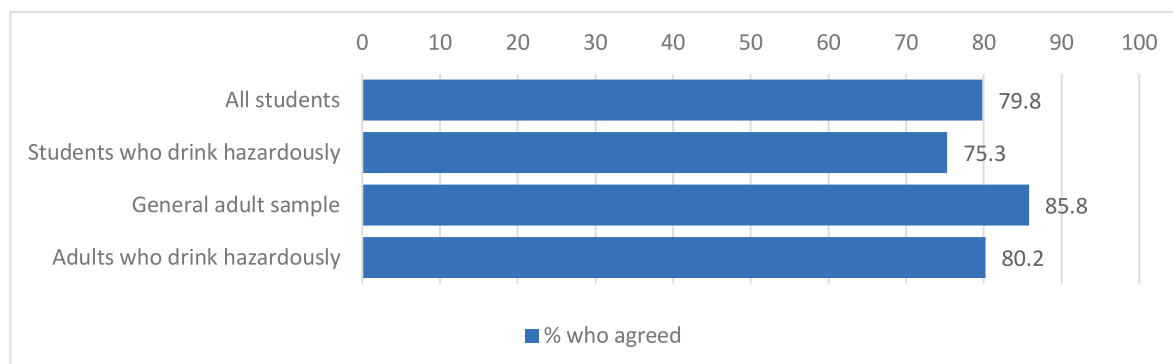


Figure 6: Percentage of individuals who agreed that the law about selling and serving alcohol to people under the age of 18 should be strictly enforced

In relation to young people under the age of 18 years drinking in their own home, there was a higher percentage of agreement that it was not acceptable to allow a child aged 15 to drink alcohol in their own home (Figure 7) compared to a child aged 16 or 17 years (Figure 8). The adult sample had a slightly higher level of agreement than the student sample for 15 year olds (68.5% compared to 63.9% respectively) and this was replicated for the 16-17 year olds (37.6% compared to 34.3%). Although those who drank hazardously had a lower percentage agreement across the student sample and the adult sample for both questions, the difference was not statistically significant (Table 7).

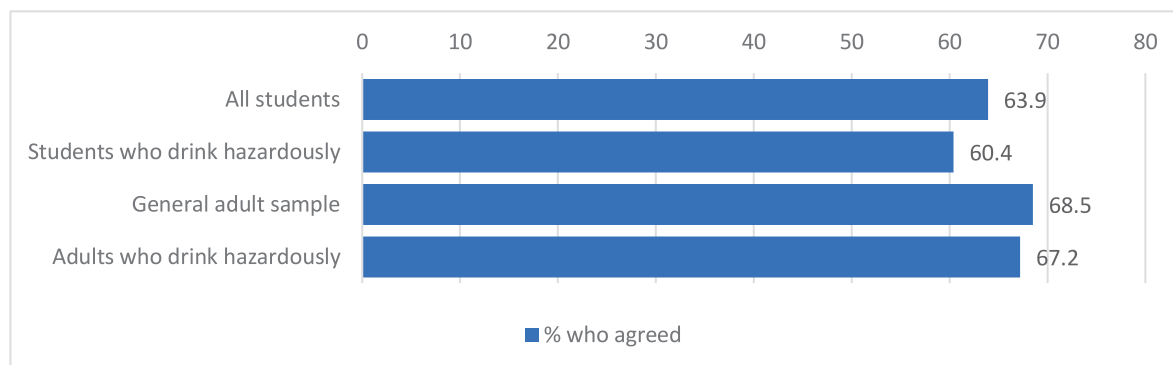


Figure 7: Percentage of individuals who agreed that it is not acceptable to allow a child aged 15 to drink alcohol in their own home

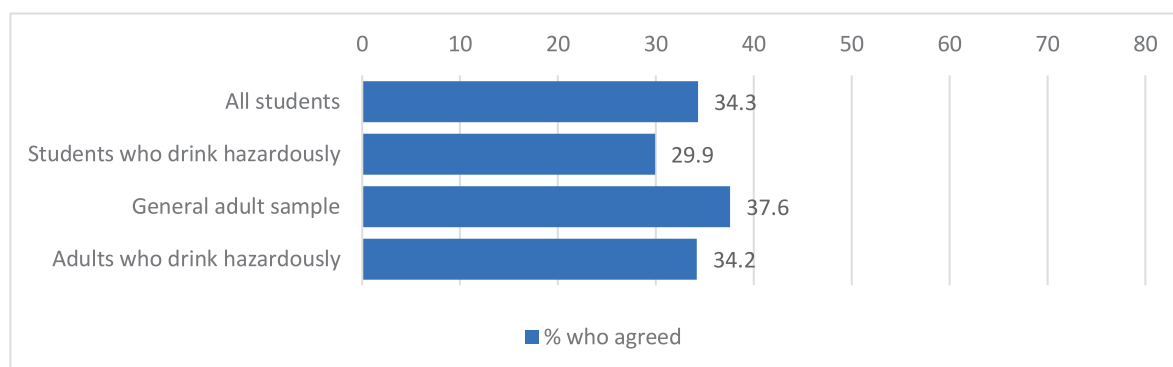


Figure 8: Percentage of individuals who agreed that it is not acceptable to allow a child aged 16 or 17 to drink alcohol in their own home

Alcohol Marketing to adults

There were five questions in this section. These include whether advertisements for alcohol should include the risks of alcohol use and whether it is appropriate for alcohol providers to sponsor sporting teams, display advertisements at music events, sports grounds, or on public transport.

There was firm agreement across both samples that **advertisements should include the risks of alcohol use** with percentage agreement between 81-82% (Figure 9). There was a slightly lower percentage agreement in the students who drank hazardously, although around three quarters still agreed with this statement. There was a statistically significant difference between those students who drank hazardously compared to those who did not (Table 8).

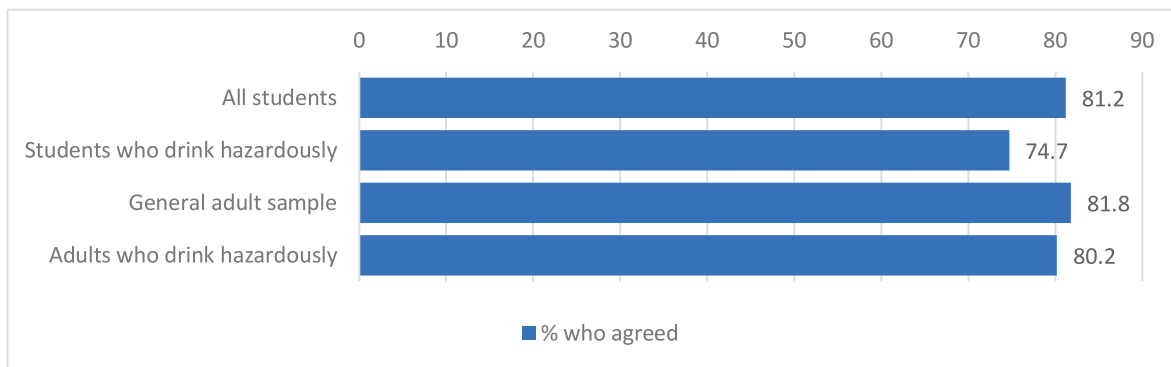


Figure 9: Percentage of individuals who agreed that advertisements for alcohol should include the risks of drinking alcohol.

As seen in Figure 10, the general adult sample were more likely to agree that **alcohol providers should not sponsor sporting teams** compared to the student sample (58.0% compared to 39.7%). For the student and adult sample those who drank hazardously were significantly less likely to agree with this statement compared to those who did not drink hazardously in each of the two samples (Table 11).

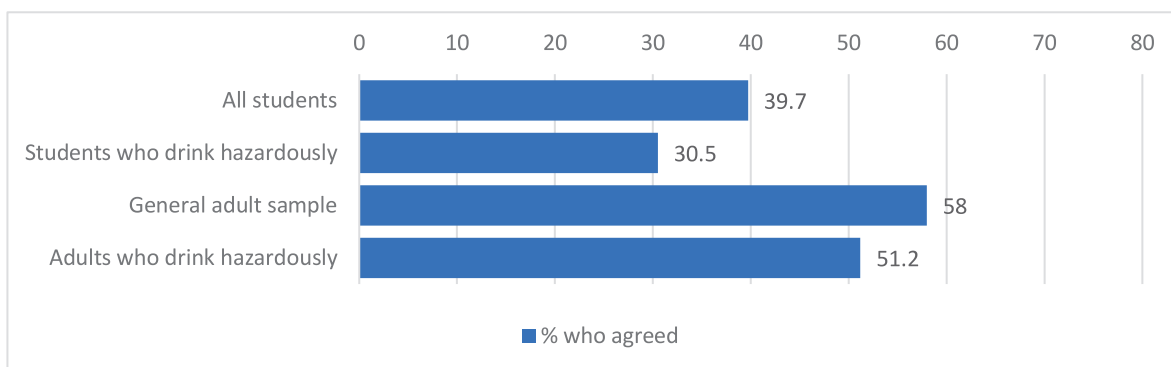


Figure 10: Percentage of individuals who agreed that alcohol providers should not sponsor sporting teams.

Regarding the restriction of alcohol advertisements, the adult sample had a higher percentage agreement that **adverts should be restricted at sports grounds, music events, and public transport** compared to the student sample. Around 58% adults agreed that alcohol advertisements should not be displayed at sports grounds compared to the 39.6% of students (Figure 11). A similar difference was evident for public transport locations (Figure 13). For both of these locations, there was a lower agreement in the hazardous drinkers compared to those who did not drink hazardously, however, this was only statistically significant in the student sample (Table 10). Comparably, the percentage of individuals who agreed that alcohol advertisements should not be displayed at music events was low. Only a third of the adult sample agreed (33.2%), and agreement was lower in the student sample at 17.4% (Figure 12). Percentage agreement was significantly lower in those who drank hazardously compared to those who did not drink hazardously in both samples.

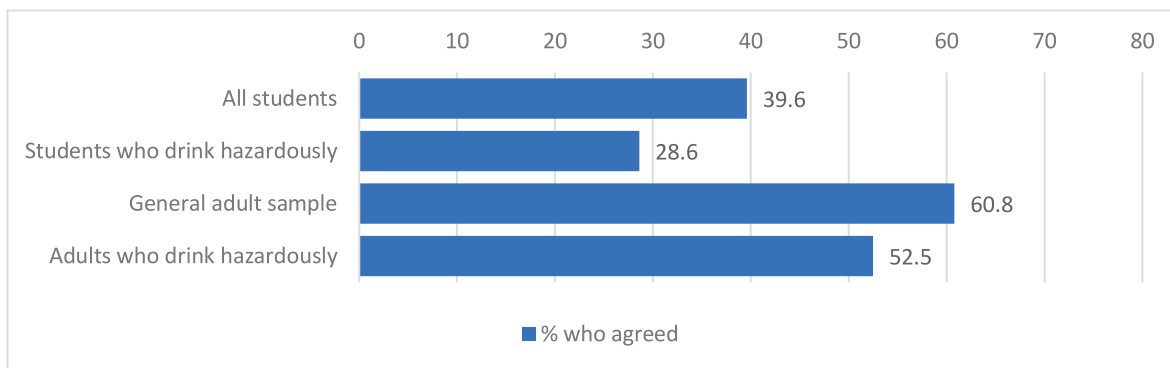


Figure 11: Percentage of individuals who agreed that alcohol advertisements should not be displayed at sports grounds.

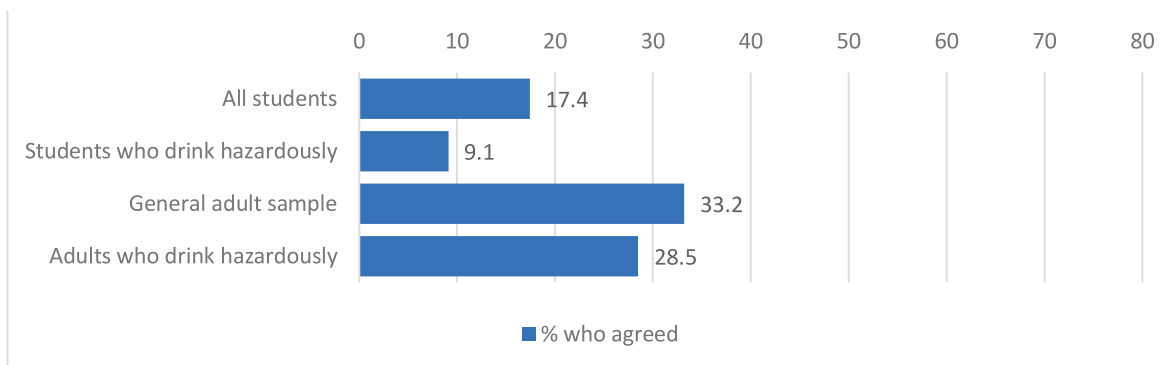


Figure 12: Percentage of individuals who agreed that alcohol advertisements should not be displayed at music events.

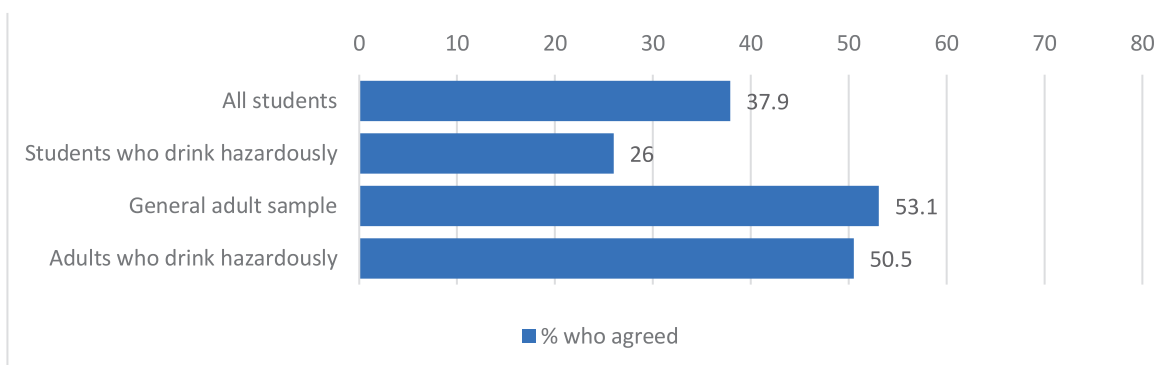


Figure 13: Percentage of individuals who agreed that alcohol advertisements should not be promoted on public transport or at bus stops, train stations, or other transport hubs

Alcohol Marketing to young people

There were four questions in this section, the first related to limiting alcohol advertisements to after 9pm to avoid showing them to young people, the second related to alcohol advertising near or around schools or early years services. The third related to alcohol advertising which targets young people, and finally the remaining item related to whether alcohol providers should sponsor young people's sports teams.

There was stronger agreement that **television advertisements for alcoholic drinks should be restricted to after 9pm** in the adult sample compared to the student sample (77.0% compared to

60.5%; Figure 14). For both samples, those who drank hazardously agreed less with this statement than those who did not drink hazardously, and this difference was statistically significant (* χ^2 This tests if there is a difference between hazardous drinkers (those who score over 5 on the AUDIT-C) and those who are not hazardous drinkers in relation to their agreement with a policy statement

Table 11).

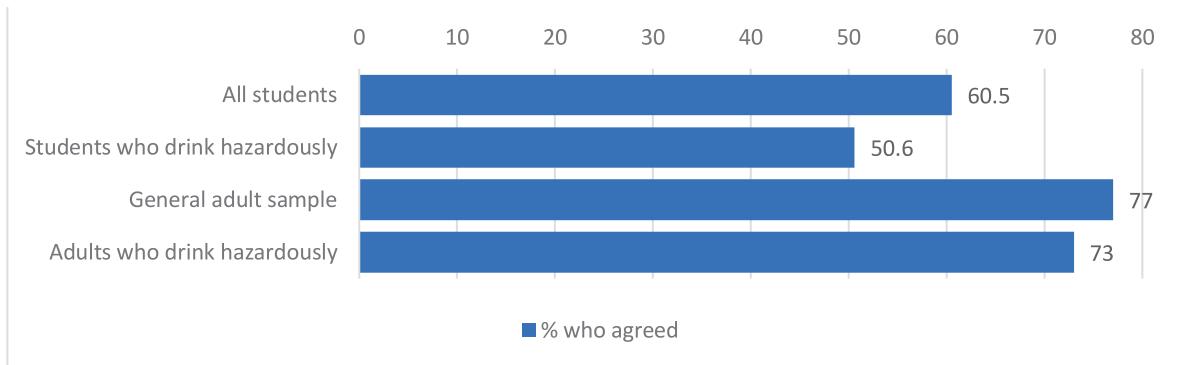


Figure 14: Percentage of individuals who agreed that television advertisements for alcohol should not be shown until after 9pm

The general adult sample was in high agreement with the statement that **alcohol advertising which targets young people should be banned** with over 80% in agreement with this statement in the whole sample, and in the sub-sample of those who drink hazardously (Figure 15). For the students who drink hazardously the agreement was a lower at 49.4% and this was statistically significant compared to the students who did not drink hazardously. For the student sample, there was considerably lower agreement with this statement overall (Table 11).

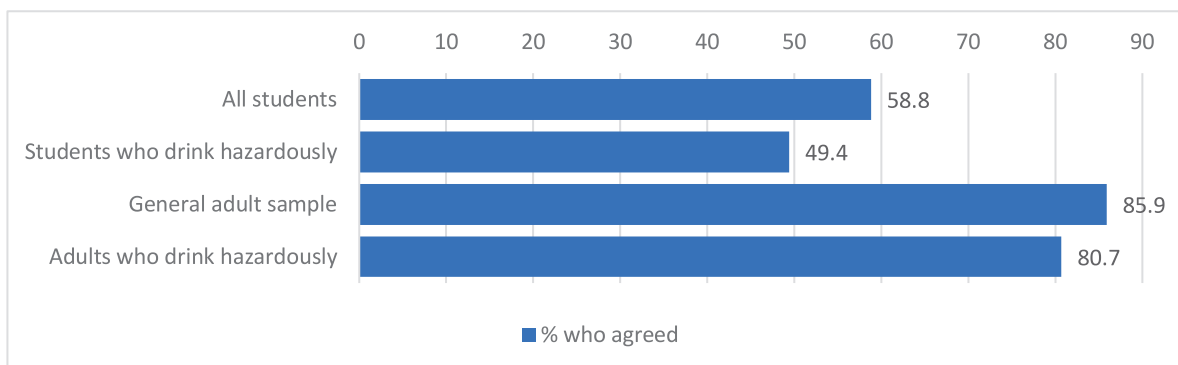


Figure 15: Percentage of individuals who agreed that alcohol advertising targeting young people should be banned

There was a generally high agreement with the statement that **alcohol advertising should not be visible near a school or early years services**. Both samples were over 80% in agreement with this statement (Figure 15). For the students who drink hazardously the agreement was a little lower at 73.2% and this was statistically significant compared to the students who did not drink hazardously. For the general adult sample, those who drank hazardously also had a lower agreement with this statement, and this too was statistically significant (Table 11).

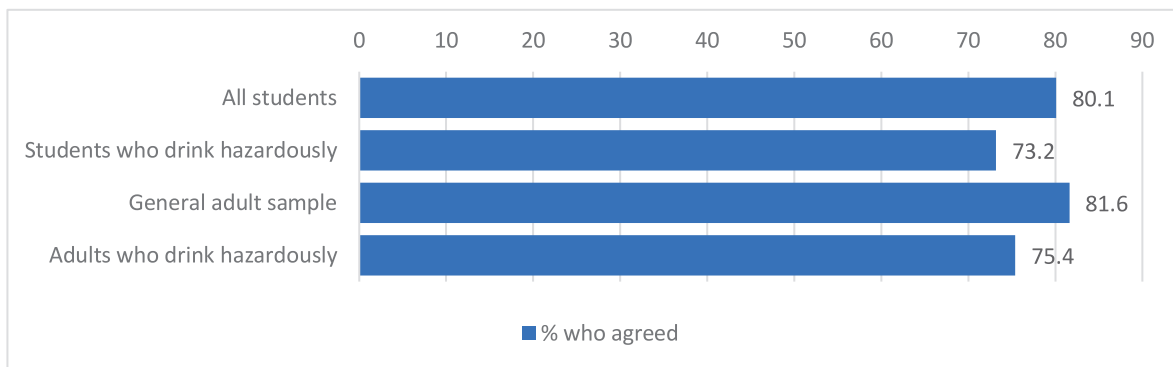


Figure 16: Percentage of individuals who agreed that alcohol advertising should not be placed in or near a school or early years services

There was a similarly high agreement with the statement **that alcohol providers should not sponsor children's sporting teams** (Figure 17). For the students who drink hazardously the agreement was a little lower at 79.9% and this was statistically significant compared to the students who did not drink hazardously. For the general adult sample, those who drank hazardously also had a lower agreement with this statement, and this too was statistically significant (Table 11).

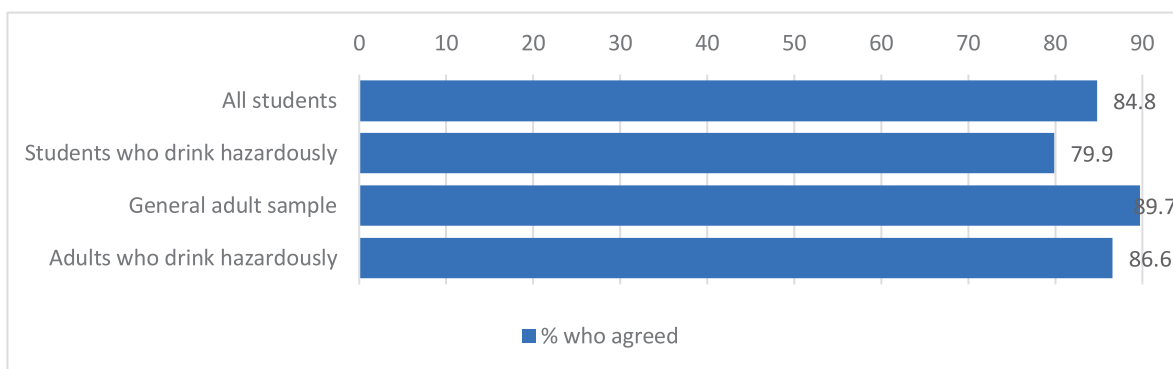


Figure 17: Percentage of individuals who agreed Alcohol providers should not sponsor children's sporting teams

Price and Minimum Unit Pricing

There are four questions in this section. These concern agreement with minimum unit pricing, whether price promotions encourage excessive drinking, whether price promotions in bars and clubs should be banned, and whether individuals agree that they were more likely to drink excessively if it is free or at a discounted price.

For the first of these, individuals were asked if they agreed minimum unit pricing was a good thing. They were given a prompt in relation to the cost which stated that minimum unit pricing (MUP) is based on the strength of the drink e.g a pint of Heineken would have an MUP of €2.25, a 500ml can of Guinness would have an MUP of €1.68, a 700ml bottle of Jameson whiskey would have an MUP of €22.40, a 1,000ml bottle of Smirnoff vodka would have an MUP of €30. Students had a higher level of agreement than the general adult sample with 35.8% compared to 31.6% in agreement (Figure 18). Those who did not drink hazardously had slightly lower agreement both samples, but only the difference between the students who drank hazardously and the students who did not was statistically significant (Table 12).

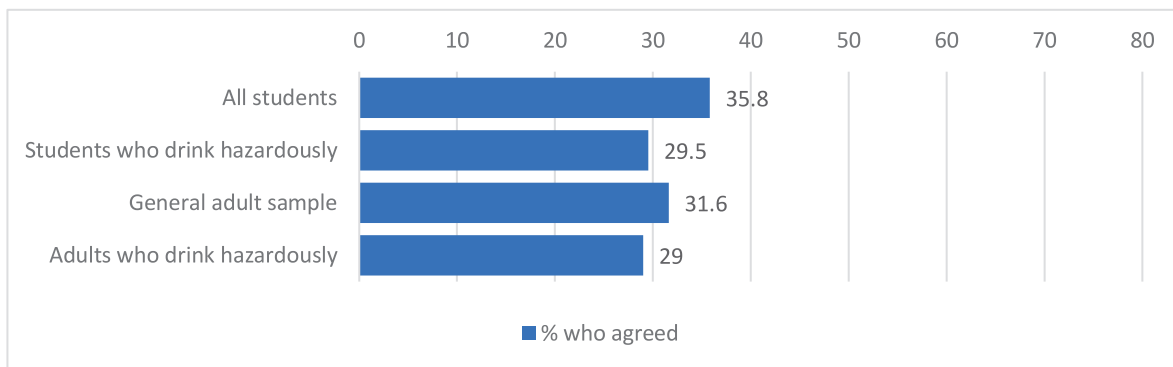


Figure 18: Percentage of individuals who agreed that minimum unit pricing is a good idea

The adult sample and student sample were similar in their agreement that price promotions on alcohol encourage excessive drinking between 58% and 61% (Figure 19). Again, those who were hazardous drinkers in both samples were slightly lower in their agreement with this statement, and for both samples the difference between hazardous drinkers and those who were not hazardous drinkers was statistically significant (Table 12).

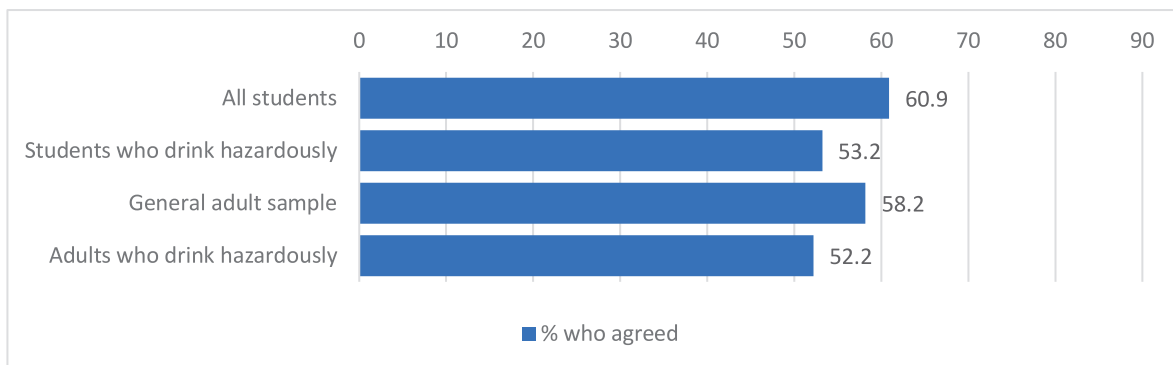


Figure 19: Percentage of individuals who agreed that price promotions on alcohol encourage excessive drinking

There was low agreement with the statement that price promotions in pubs, clubs, and bars should be banned (Figure 20). For students, just under a fifth agreed with this statement (19.1%) and for hazardous drinkers agreement was around 11%. This was a statistically significant difference (Table 12). For the adult sample, just under a third agreed with this statement, and again there was a lower level of agreement in those who drank hazardously compared to those who did not.

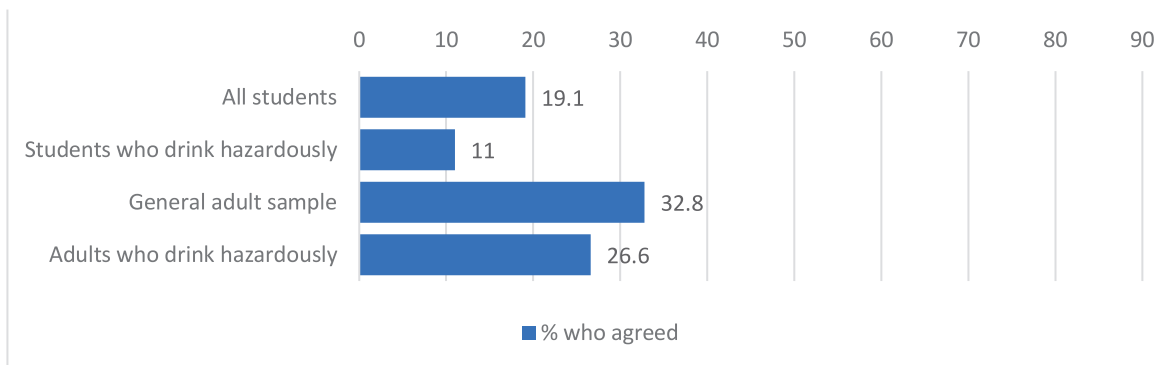


Figure 20: Percentage of individuals who agreed that price promotions in pubs, clubs, and bars should be banned

Students had a higher agreement that they would be **more likely to drink alcohol if sold at a discount price** (Figure 21) and this was significantly higher in hazardous drinkers in this sample compared to those who were not hazardous drinkers (Table 12). The percentage who agreed in the adult sample was considerably lower at 36.8%, and again there was a significant difference between those in the adult sample who were hazardous drinkers compared to those who were not with the former more likely to agree (41.9% compared to 36.8%).

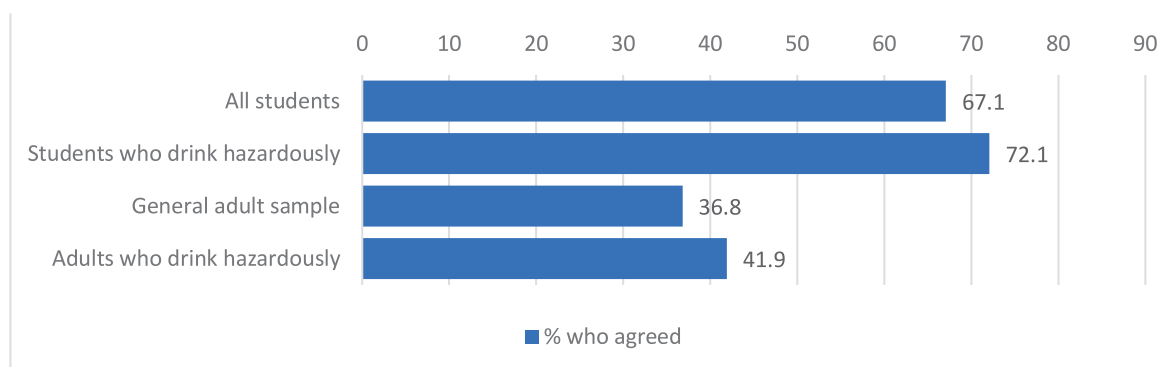


Figure 21: Percentage of individuals who agreed they would be more likely to drink alcohol if it were sold at a discount price.

Support for evidence-based alcohol policy in relation to perceived local characteristics

Individuals who reported second-hand impacts of alcohol consumption were, in general, more likely to support evidence-based alcohol policy measures. In the adult sample, where individuals believed that teenagers drinking in parks was a problem, there was significantly greater support for separate premises sales (Table 5). In the student sample, those who agreed that teenagers drinking in parks was a problem in their area supported all of the six evidence-based policy measures, most strongly minimum unit pricing, banning alcohol advertising to youth, and a ban on selling alcohol to under 18-year-olds (Table 6).

For adults who agreed that drinking in a public place was a problem in their area, they were significantly more likely to agree with a ban on selling to under 18 year olds, and reducing the number of alcohol outlets. For the student sample, they were more likely to agree with a ban on alcohol advertising to youth, and support for minimum unit pricing.

In both the adult and student sample where, underage drinking was a problem in their area, those surveyed were more likely to agree that ban on alcohol advertising to youth, a ban on selling to under 18-year-olds, a reduction in the number of alcohol outlets, and support separate premises for alcohol sales was a good idea. For the student sample, they were also more likely to agree that minimum unit pricing was a good idea if they experienced the second-hand effects of underage drinking in their area. They did not reflect this in the adult sample.

Those who agreed that public drunkenness was a problem in their area in the adult sample were significantly more likely to agree with all evidence-based policy measures; a ban on alcohol advertising to youth, a ban on selling to under 18-year-olds, a ban on price promotions, a reduction in the number of alcohol outlets, support separate premises for alcohol sales and support for minimum unit pricing. This was true of the student sample, except for the ban on selling to under 18-year-olds.

For those who were experiencing drink driving in their area, in the adult sample, there was significantly higher agreement with a ban on alcohol advertising to youth, and a ban to selling to under 18-year-olds. For the student sample there was significantly higher endorsement of the evidence-based policy options of ban on alcohol advertising to youth, a reduction in the and support for minimum unit pricing.

Finally, for those who considered that alcohol related violence was a problem in their area, there was significantly higher agreement with the ban on alcohol advertising to youth, a ban on price promotions, a reduction in the number of alcohol outlets, and support for separate premises for alcohol sales in both the adult and the student sample. In the adult sample there was also significantly higher support for minimum unit pricing.

Table 5: Support for evidence-based alcohol policy in relation to harm to others and social issues in the adult sample

	Ban alcohol advertising to youth		Ban on selling to under 18 year olds		Ban on price promotions		Reduce number of alcohol outlets		Support separate premises sales		Support minimum unit pricing	
	Valid	N (%)	Valid	N (%)	Valid	N (%)	Valid	N (%)	Valid	N (%)	Valid	N (%)
Teenagers drinking in parks and streets is a problem in my area	395		394		393		395		390		396	
Agree	122	(85.3%)	126	(89.4%)	55	(38.2%)	57	(40.4%)*	63	(44.7%)*	48	(34.3%)
Did not agree	204	(81.0%)	214	(84.6%)	90	(36.1%)	80	(31.5%)	88	(35.3%)	82	(33.3%)
Adults drinking in a public place is a problem in my area	394		394		393		395		389		387	
Agree	72	(82.8%)	83	(94.3%)**	38	(43.2%)	43	(48.3%)**	39	(44.8%)	29	(34.1%)
Did not agree	252	(82.1%)	258	(84.3%)	108	(35.4%)	94	(30.7%)	112	(37.1%)	101	(33.4%)
Underage drinking is a problem in my area	393		392		392		393		388		385	
Agree	194	(86.2%)*	204	(91.1%)**	88	(39.1%)*	88	(39.1%)*	105	(47.3%)**	81	(36.8%)
Did not agree	129	(76.8%)	133	(79.2%)	55	(32.9%)	48	(28.6%)	*		49	(29.7%)
Public drunkenness is a problem in my area	396		396		395		397		391		390	
Agree	120	(98.6%)**	122	(91.0%)*	67	(49.3%)**	55	(40.4%)*	65	(48.5%)**	48	(36.6%)*
Did not agree	206	(78.6%)	219	(83.6%)	78	(30.1%)	82	(31.4%)	86	(33.5%)	83	(32.0%)
Drink driving is a problem in my area	393		392		392		393		389		386	
Agree	184	(84.4%)*	196	(89.9%)*	85	(39.0%)	78	(35.5%)	84	(38.7%)	74	(34.3%)
Did not agree	139	(79.4%)	142	(81.6%)	60	(34.5%)	59	(34.1%)	67	(39.0%)	55	(32.4%)
Alcohol related violence is a problem in my area	394		394		393		395		389		388	
Agree	144	(88.9%)**	145	(89.5%)*	69	(43.1%)*	70	(42.9%)**	77	(48.4%)**	63	(39.4%)*
Did not agree	180	(77.6%)	194	(83.6%)	75	(32.2%)	66	(28.4%)	74	(32.2%)	68	(29.8%)

Table 6: Support for evidence-based alcohol policy in relation to harm to others and social issues in the student sample

	Ban alcohol advertising to youth		Ban on selling to under 18 year olds		Ban on price promotions		Reduce number of alcohol outlets		Support separate premises sales		Support minimum unit pricing	
	Valid	N (%)	Valid	N (%)	Valid	N (%)	Valid	N (%)	Valid	N (%)	Valid	N (%)
Teenagers drinking in parks and streets is a problem in my area	297		297		297		297		297		297	
Agree	91	(68.4%)**	116	(87.2%)*	36	(27.1%)*	41	(30.8%)**	42	(31.6%)**	62	(46.6%)**
Did not agree	89	(54.3%)	126	(76.8%)	26	(15.9%)	22	(13.4%)	27	(16.5%)	45	(27.4%)
Adults drinking in a public place is a problem in my area	299		299		299		298		299		299	
Agree	58	(76.3%)**	67	(88.2%)	19	(25.0%)	28	(37.3%)**	23	(30.3%)	34	(44.7%)*
Did not agree	123	(55.2%)	177	(79.4%)	44	(19.7%)	35	(15.7%)	47	(21.1%)	73	(32.7%)
Underage drinking is a problem in my area	299		299		299		298		299		299	
Agree	116	(64.8%)*	154	(86.0%)*	43	(24.0%)	49	(27.5%)*	51	(28.5%)**	72	(40.2%)*
Did not agree	65	(54.2%)	90	(75.0%)	20	(16.7%)	14	(11.7%)	19	(15.8%)	35	(29.2%)
Public drunkenness is a problem in my area	298		298		298		297		298		299	
Agree	84	(69.4%)**	99	(81.8%)	35	(28.9%)**	39	(32.5%)**	39	(32.2%)**	51	(42.1%)*
Did not agree	96	(54.2%)	144	(81.4%)	28	(15.8%)	24	(13.6%)	31	(17.5%)	56	(31.6%)
Drink driving is a problem in my area	298		298		298		297		298		298	
Agree	109	(65.7%)*	141	(84.9%)	37	(22.3%)	44	(26.7%)**	44	(26.5%)	69	(41.6%)*
Did not agree	72	(54.5%)	102	(77.3%)	26	(19.7%)	19	(14.4%)	26	(19.7%)	38	(28.8%)
Alcohol related violence is a problem in my area	299		299		299		298		299		299	
Agree	75	(70.8%)**	92	(86.8%)	33	(31.1%)**	37	(35.2%)**	38	(35.8%)**	43	(40.6%)
Did not agree	106	(54.9%)	152	(78.8%)	30	(15.5%)	26	(13.5%)	32	(16.6%)	64	(33.2%)

Discussion

The aim of this work was to understand alcohol use and views on alcohol policy in the Donegal region. A picture emerged of a county with distinct features to other counties in Ireland such as those reported by Davoren and colleagues [16]. Hazardous drinking was reported by over half of those surveyed and between 36% and 46% drank over six drinks on an occasion monthly or more frequently. About 20% reported being affected by other's drinking in their own home and up to a quarter thought someone in their house was a heavy drinker.

Overall support for evidenced based measures which reduce alcohol use or harm was lower than in other counties in Ireland. Students and the general adult sample differed somewhat in their agreement with alcohol policy change. For students, there was least agreement with policies to reduce the overall number of alcohol outlets, restriction of alcohol sponsorship of music events, and bans to price promotions. Students were most in favour of advertisements including risk of alcohol use. The general adult sample also agreed least with reducing the overall number of alcohol outlets and restriction of alcohol sponsorship of music events, but also had low support for minimum unit pricing which differed to the student sample. The general adult sample agreed most with countermeasures around young people such as ban on advertisements targeting the youth, advertisements near schools or early years services, and restriction on alcohol sponsorship of youth sporting teams. They also shared strong agreement with the student sample on advertisements which included the risk of alcohol use. Overall, those who drank hazardously were less in support of evidence based alcohol policy options.

There are several limitations of the work. This was a cross-sectional study, therefore causal assumptions around why these findings occurred are not possible. We also recognise the time of data collection of 2018-2020, and recognise that views may have changed. However, these are still relevant to compare to similar works that informed the design of this research [16] and show that Donegal does not reflect the views elsewhere and will require its own action plan to respond to alcohol related harm. We acknowledge the considerable societal shifts as a function of the COVID-19 pandemic, not least the strong role that public health has played in reducing the spread of the virus [21]. It is hypothesised that the views of public health activity in the pandemic may have changed individuals' views on the role of public health in other areas of health policy such as alcohol e.g. if it is believed that public health measures taken in the pandemic made a positive difference, the agreement of whether public health policy measures on alcohol may well increase. The converse may also be true, if the perception that public health interference was not proportionate or appropriate during the COVID-19 pandemic, then views on other health policies including alcohol may also decline. Future research may wish to explore this. Similarly, although evidence is still emerging, and of variable quality, there are some early suggestions that alcohol use and harm (at least for some of the population) have increased as a function of the pandemic, and particularly in Ireland [5].

Reflecting on the next steps, this research requires reflection. The Letterkenny Community Action on Alcohol initiative supported an interagency response to reducing alcohol harm in Letterkenny and across Donegal. This group should consider bringing together relevant groups, organisations, community representatives and local policy makers to reflect on the response needed to understand the research from a north west perspective and to develop next steps. We also recommend engagement with communities affected by alcohol as important agents for change reducing alcohol harm [22, 23]. In line with best practice and global opinion, strategies and policymaking to improve

health should be independent of the alcohol industry [24-27]. It is hoped that those engaged in national, cross border and all island policy making recognise that views around alcohol and health policies cannot be a one size fits all. This research has demonstrated that efforts must be made to understand views in both urban and rural settings, and in different areas of our country to help reduce alcohol consumption and related harm on the island of Ireland.

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Appendix 1: Supplementary tables

Table 7: Table illustrating the percentage agreement with different public health policy countermeasures with Chi-squared statistics to test for differences between those who are hazardous drinkers and those who are not.

	Valid n	Student sample who agreed N (%)	Student hazardous drinkers who agreed N(%)	X ²	Valid n	Adult sample who agreed N (%)	Adult hazardous drinkers who agreed N(%)	X ²
Individuals drinking alcohol are responsible enough to protect themselves from alcohol related harm	277	74 (26.7%)	46 (29.9%)	X ² (1)=1.8; p=0.116	380	93 (24.5%)	47 (23.0%)	X ² (1)=0.5; p=0.280
Public authorities have to intervene to protect people from alcohol related harm	277	161 (58.1%)	84 (54.5%)	X ² (1)=1.8; p=0.110	377	198 (52.5%)	93 (46.3%)	X² (1)=6.7; p=0.006
Health professionals should ask all patients about drinking behaviours as standard practice	312	194 (70.0%)	100 (64.9%)	X² (1)=4.3; p=0.026	375	257 (68.5%)	134 (67.3%)	X ² (1)=0.3; p=0.338

*X² This tests if there is a difference between hazardous drinkers (those who score over 5 on the AUDIT-C) and those who are not hazardous drinkers in relation to their agreement with a policy statement

Table 8: Table illustrating the percentage agreement with different policy measures around alcohol availability with Chi-squared statistics to test for differences between those who are hazardous drinkers and those who are not.

	Valid n	Student sample who agreed N (%)	Student hazardous drinkers who agreed N(%)	X ²	Valid n	Adult sample who agreed N (%)	Adult hazardous drinkers who agreed N(%)	X ²
The government should reduce the number of outlets selling alcohol	276	51 (18.5%)	18 (11.7%)	X² (1)=10.6; p=0.001	379	123 (32.5%)	54 (26.7%)	X² (1)=6.5; p=0.008
Alcohol should be sold in separate premises to food and other household items	277	57 (20.6%)	22 (14.3%)	X² (1)=8.4; p=0.003	374	137 (36.6%)	66 (33.0%)	X ² (1)=2.4; p=0.073

*X² This tests if there is a difference between hazardous drinkers (those who score over 5 on the AUDIT-C) and those who are not hazardous drinkers in relation to their agreement with a policy statement

Table 9: Table illustrating the percentage agreement with different policy measures around alcohol availability for young people with Chi-squared statistics to test for differences between those who are hazardous drinkers and those who are not.

	Valid n	Student sample who agreed N (%)	Student hazardous drinkers who agreed N(%)	X ²	Valid n	Adult sample who agreed N (%)	Adult hazardous drinkers who agreed N(%)	X ²
The law on selling and serving alcohol to people under the age of 18 should be strictly enforced	277	221 (79.8%)	116 (75.3%)	X ² (1)=4.2; p=0.027	379	325 (85.8%)	162 (80.2%)	X ² (1)=10.2; p=0.001
It is not acceptable to let a child aged 15 to drink alcohol in their own home	277	177 (63.9%)	93 (60.4%)	X ² (1)=1.9; p=0.108	378	259 (68.5%)	135 (67.2%)	X ² (1)=0.4; p=0.311
It is not acceptable to let a child aged 16-17 to drink alcohol in their own home	277	95 (34.3%)	46 (29.9%)	X ² (1)=3.1; p=0.054	380	143 (37.6%)	69 (34.2%)	X ² (1)=2.2; p=0.083

*X² This tests if there is a difference between hazardous drinkers (those who score over 5 on the AUDIT-C) and those who are not hazardous drinkers in relation to their agreement with a policy statement

Table 10: Table illustrating the percentage agreement with different policy measures around alcohol marketing with Chi-squared statistics to test for differences between those who are hazardous drinkers and those who are not.

	Valid n	Student sample who agreed N (%)	Student hazardous drinkers who agreed N(%)	X ²	Valid n	Adult sample who agreed N (%)	Adult hazardous drinkers who agreed N(%)	X ²
All advertisements promoting alcohol should also include risks of drinking alcohol	277	225 (81.2%)	115 (74.7%)	X ² (1)=9.8; p=0.001	379	310 (81.8%)	162 (80.2%)	X ² (1)=0.7; p=0.234
Alcohol providers should not sponsor sporting teams	277	110 (39.7%)	47 (30.5%)	X ² (1)=12.2; p<0.001	379	220 (58.0%)	104 (51.2%)	X ² (1)=8.3; p=0.003
Alcohol providers should not be displayed at sports grounds	277	107 (39.6%)	44 (28.6%)	X ² (1)=14.3; p<0.001	378	230 (60.8%)	106 (52.5%)	X ² (1)=12.2; p<0.001
Alcohol providers should not be promoted at music events	277	48 (17.4%)	14 (9.1%)	X ² (1)=16.7; p<0.001	376	125 (33.2%)	57 (28.5%)	X ² (1)=4.3; p=0.024
Alcohol advertising should not be promoted on public transport or at bus stops/train stations etc	277	105 (37.9%)	40 (26.0%)	X ² (1)=21.0; p<0.001	373	198 (53.1%)	100 (50.5%)	X ² (1)=1.2; p=0.169

*X² This tests if there is a difference between hazardous drinkers (those who score over 5 on the AUDIT-C) and those who are not hazardous drinkers in relation to their agreement with a policy statement

Table 11: Table illustrating the percentage agreement with different policy measures around alcohol marketing to young people with Chi-squared statistics to test for differences between those who are hazardous drinkers and those who are not.

	Valid n	Student sample who agreed N (%)	Student hazardous drinkers who agreed N(%)	X ²	Valid n	Adult sample who agreed N (%)	Adult hazardous drinkers who agreed N(%)	X ²
Television advertisements for alcohol should not be shown until after 9pm	276	167 (60.5%)	78 (50.6%)	X ² (1)=14.8; p<0.001	382	294 (77.0%)	149 (73.0%)	X ² (1)=3.8; p=0.033
Alcohol advertising targeting young people should be banned	276	163 (58.8%)	76 (49.4%)	X ² (1)=10.2; p=0.001	377	324 (85.9%)	163 (80.7%)	X² (1)=9.9 p=0.001
Alcohol advertising should not be promoted in or near a school or early years services	277	221 (80.1%)	112 (73.2%)	X ² (1)=12.9; p<0.001	380	310 (81.6%)	153 (75.4%)	X ² (1)=11.2; p=0.001
Alcohol providers should not sponsor children's sporting teams	277	235 (84.8%)	123 (79.9%)	X ² (1)=6.7; p=0.007	377	338 (89.7%)	174 (86.6%)	X ² (1)=4.4; p=0.001

*X² This tests if there is a difference between hazardous drinkers (those who score over 5 on the AUDIT-C) and those who are not hazardous drinkers in relation to their agreement with a policy statement

Table 12: Table illustrating the percentage agreement with different policy measures around pricing and minimum unit pricing with Chi-squared statistics to test for differences between those who are hazardous drinkers and those who are not.

	Valid n	Student sample who agreed N (%)	Student hazardous drinkers who agreed N(%)	X ²	Valid n	Adult sample who agreed N (%)	Adult hazardous drinkers who agreed N(%)	X ²
Do you consider minimum unit pricing a good thing (Minimum Unit Pricing (MUP) is based on the strength of the drink e.g a pint of Heineken would have an MUP of €2.25, a 500ml can of Guinness would have an MUP of €1.68, a 700ml bottle of Jameson whiskey would have an MUP of €22.40, a 1,000ml bottle of Smirnoff vodka would have an MUP of €30)	279	100 (35.8%)	46 (29.5%)	X ² (1)=6.2; p=0.009	374	118 (31.6%)	58 (29.0%)	X ² (1)=1.3; p=0.152
Price promotions on alcohol encourage excessive drinking	276	170 (60.9%)	83 (53.2%)	X² (1)=8.9; p=0.002	383	223 (58.2%)	107 (52.2%)	X² (1)=6.6 p=0.007
Price promotions in pubs, bars and clubs should be banned	278	53 (19.1%)	17 (11.0%)	X² (1)=14.9; p<0.001	378	124 (32.8%)	54 (26.6%)	X² (1)=7.7; p=0.004
I am likely to drink more alcohol if it is free or at a discounted price	277	186 (67.1%)	111 (72.1%)	X² (1)=3.8; p=0.034	380	140 (36.8%)	85 (41.9%)	X² (1)=4.7; p=0.019

*X² This tests if there is a difference between hazardous drinkers (those who score over 5 on the AUDIT-C) and those who are not hazardous drinkers in relation to their agreement with a policy statement



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'The Healthy Ireland Fund supported by the Department of Health and the Department of Children, Equality, Disability, Integration and Youth.'