

# North Dublin Regional DATF Alcohol Research 2023

An exploration of the nature and extent  
of alcohol use within North County Dublin



This research was commissioned by the  
North Dublin Regional Drug & Alcohol Task Force



Authors

**Professor Jo-Hanna Ivers  
& Neil Dunne**



Coláiste na Tríonóide, Baile Átha Cliath  
Trinity College Dublin  
Ollscoil Átha Cliath | The University of Dublin

with assistance from the following



Rialtas  
na hÉireann  
Government  
of Ireland

Tionscadal Éireann  
Project Ireland  
2040

Funded by the Department of  
Rural and Community Development

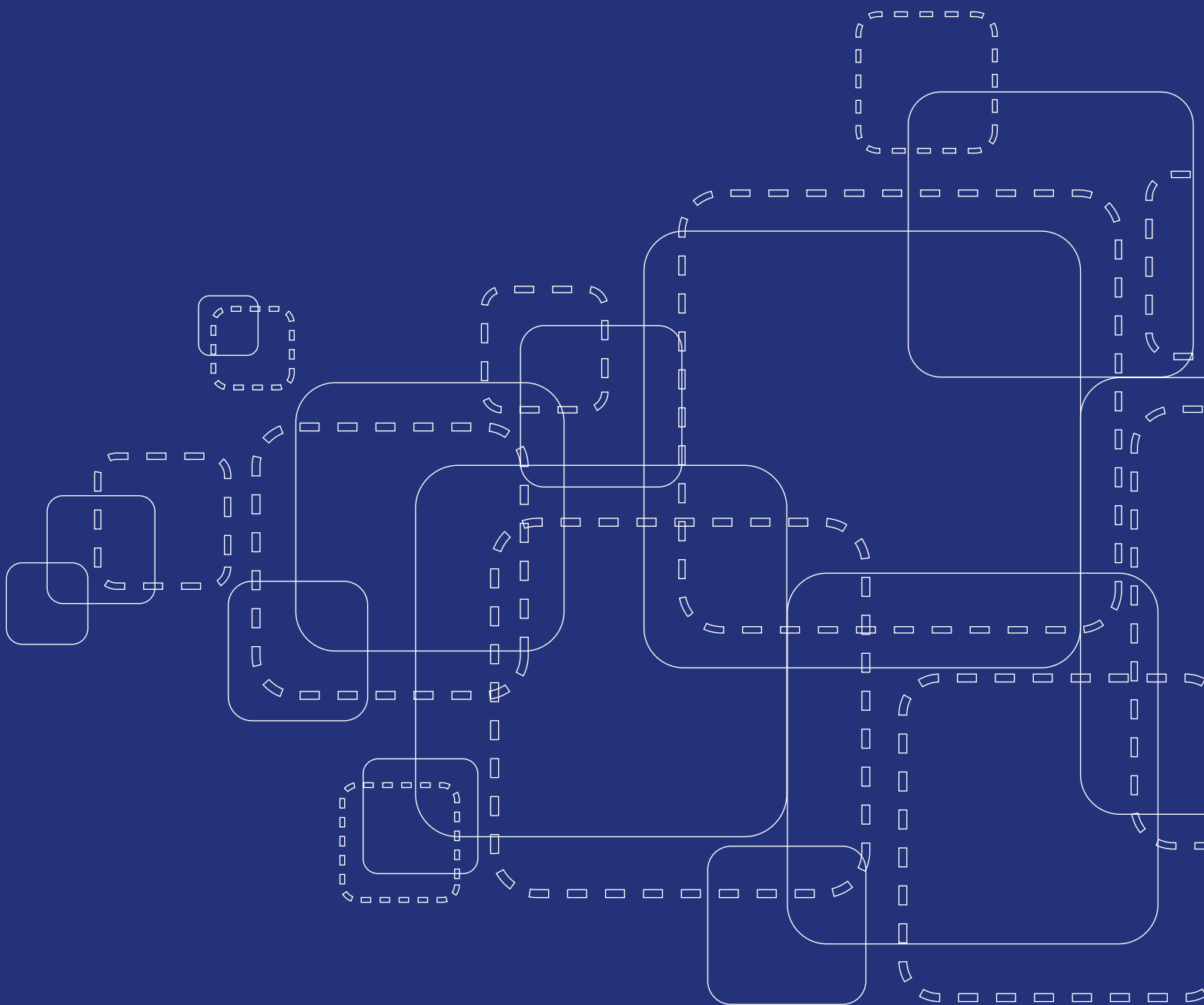
Ár dTothchlaí  
Tuaith  
Our Rural  
Future

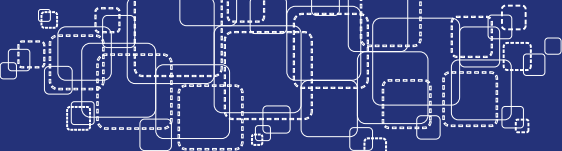


Dublin Rural  
**LEADER**  
Growth, Sustainability & Inclusion



The European Agricultural  
Fund for Rural Development:  
Europe investing in rural areas





# Introduction

The North Dublin Regional Drug & Alcohol Task Force was established in 2003 under the National Drug Strategy. It is one of 10 regional Task Forces in the country. It brings key stakeholders together to coordinate an evidence informed and health led drug and alcohol strategy in the North Dublin Region. In the last decade the Task Force ramped up its efforts to reduce alcohol related harm. It partnered with Ballymun and Finglas Local DATFs to implement CARE; a community alcohol treatment model which yielded positive externally evaluated outcomes. Furthermore, the Task Force continues to deliver a schedule of SAOR training in its area, community awareness of alcohol harm, health promotion with partners in HSE Health and Wellbeing and Healthy Fingal and a range of other programmes.

In 2023, the Task Force established its first 'sober social club' in its Inclusion Hub in Balbriggan which has gone from strength to strength and its team continues to provide alcohol specific treatment, CRA, CBT and other interventions for people in the area. It also recognises hidden harm through specialist supports for family members including: 5 step, PUP, Mindfulness stress relief, Triple P and others. The Task Force opened its WISE service in Balbriggan, with its first ever WISE Worker in 2023 to provide a gender specific service for women. Through its partnership working it has delivered evidence-based alcohol interventions for individuals, families and the wider community from prevention, early intervention right through to treatment, rehabilitation, and aftercare.

Alcohol continues to be our primary drug presentation in our community-based services. Indeed, since the writing of this report new alcohol treatment episodes captured in the latest HRB data for people living here increased by 26%. These figures only capture new treatment cases rather than prevalence so significantly underestimate the real scale of the problem. Furthermore the 2023 whole population data captured in the school's survey of nearly 3000 children for our region shows an increase in binge drinking among those aged 14-16years; an increase by 3% in children accessing alcohol directly from parents or an adult known to them; and 67% now citing parents are against them being drunk compared to 72% in 2021.

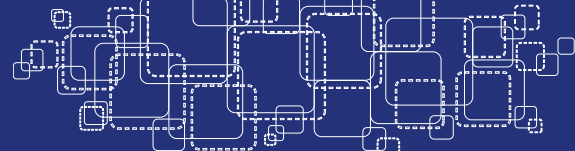
While the Task Force has always placed a great emphasis on data to inform responses, this research report is important in helping us understand the nature of alcohol use and the factors that are likely to help us address it.

To that end, this report is the most comprehensive alcohol research undertaken in the area to date. It is important to acknowledge that it would not have been possible without the LEADER funding secured through the Fingal Leader Partnership. We also need to thank the North Dublin Addiction Continuum Network members and service providers, Research Advisory Group, Task Force members, Task Force staff and most importantly the families and experts by experience who contributed. It is important to say that this was no small undertaking, and we cannot thank Professor Jo-hanna Ivers and Neil Dunne enough for their willingness to invest their time in what became a much bigger project than initially intended. We are very grateful for their openness in that regard as it certainly is reflected in the quality and breadth of the report

We hope that this report will help guide our work in the coming years and contribute to the wider understanding of the nature of alcohol harm and linked responses.

**Brid Walsh**

Regional DATF Coordinator, North Dublin



# Contents

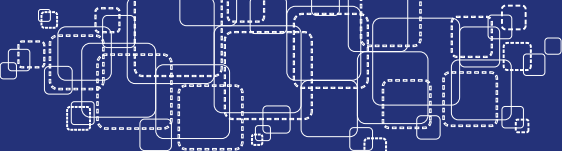
INTRODUCTION .....	3
ACKNOWLEDGEMENTS .....	6
RESEARCH ADVISORY GROUP MEMBER .....	6
RESEARCH TEAM .....	7

<b>SECTION 1: Alcohol Use Literature Review.....</b>	<b>8</b>
Introduction	

<b>SECTION 2: Methodology.....</b>	<b>16</b>
Study Design and Methodology	

<b>SECTION 3: NDTRS Data North Dublin .....</b>	<b>20</b>
Results of NDTRF Data for North Dublin	
Introduction	
The Towns Covered in North County Dublin	
Service Provider Type	
Source of Referral	
Previous Treatment	
Gender	
Age	
Self-Identified Ethnicity	
Country of Birth	
Accommodation	
Household Makeup	
Service users and their children	
Accommodation and children under 5	
Accommodation and children age 5-17	
Education	
Employment Status	
Substance use Behaviour (treated cases only) - Polydrug use	
Problematic Drug Use	
What are the additional problem drugs?	
Amount of Alcohol drank per drinking session (separated by gender) - Male	
Amount of Alcohol drank per drinking session (separated by gender) - Female	
Classification of drinking behaviour	
Levels of injecting Behaviour	
Drug Paraphernalia	
Viral Screenings Hepatitis B	
Viral Screenings Hepatitis C	
Viral Screenings Hepatitis HIV	
Exited Cases Only - Type of intervention received	
Treatment Outcomes	
Number of family members/significant others involved in treatment of exited clients	
Condition of Client on Discharge	
Chapter Summary:	
Understanding Client Characteristics and Treatment Outcomes	
Key Recommendations:	





## SECTION 4: Planet Youth 2022 Data from North Dublin .....58

Results of NDTRF Data for North Dublin - Introduction  
Alcohol use, peers, and parents - Pupils who report the following  
Pupils who sometimes or often get their alcohol in the following ways  
Pupils who say their carers / parents would be against or totally against the following  
Drinking against perceived parental attitude to getting drunk  
Substance use against my mother or father gets drunk weekly  
Drinking against perceived peer alcohol use:  
How many of your friends do you think drink alcohol?  
Believing schoolwork is pointless and student's drinking  
Drinking and wanting to change schools  
Drinking and being out after midnight  
Drinking and parents know where I am on Saturday nights  
Drinking and Parents know my friends Parents  
General Harm for alcohol compared to other substances  
Types of alcohol consumed by students  
Binge Drinking  
Peer Pressure  
Peer Pressure and Binge Drinking  
Type of beliefs towards alcohol and recent use  
Age of Onset of Drinking and Binge Drinking  
Same Sex Attraction and Drinking  
Covid and Substance Use  
Anxiety from Covid-19 x Substance Use  
Death from COVID-19 x Substance Use  
Illness from Covid-19 in family member and student drinking  
Domestic Factors and Drinking - Financial Situation  
Perceived Conflict in Home and Substance Use Parent rules and Drinking  
Parent rules and Drinking  
Past Month Drinking and Parental Rules  
Sleep Quality  
Suicide and Drinking

## SECTION 5: Exploring the Benefits, Limitations, Applicability, and Insights Gained from the Planet Youth Survey .....94

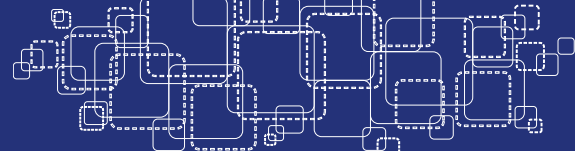
Planet Youth Data: Benefits and limitations  
Benefits of the Planet Youth Data:  
Limitations of the Planet Youth Data:  
Applicability of the Planet Youth survey outside Iceland:  
The Planet Youth Survey Insights Gained:

## SECTION 6: Findings from the Collective Intelligence Groups.....100

Collective Intelligence Overview  
Findings Group #1: NDRDATF service user and concerned family member group.  
Findings Group #2: NDRDATF Core Staff Group - The NDRDATF  
Findings Group # 3: NDRDATF crosssectional group

## SECTION 7: Policy, Research and Practice Recommendations .....108

Evidence-Based Policy Recommendations for Alcohol Services for Young People, Families, and Adults  
Research Recommendations for Alcohol Services  
Practice and Service Delivery Recommendations for Alcohol Services  
  
References .....113



# ACKNOWLEDGEMENTS

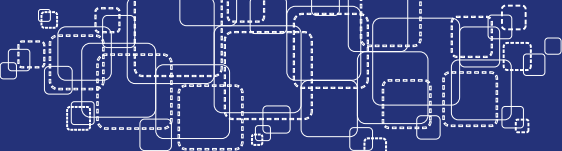
We express our utmost gratitude to all the stakeholders who took part in this research. Engaging in research, especially involving treatments, can be challenging, and we sincerely appreciate the dedication and commitment shown by everyone involved. We would like to extend a heartfelt thank you to the members of the research advisory group for their support and invaluable feedback throughout the study.

## RESEARCH ADVISORY GROUP MEMBER

The Research Advisory Group (RAG) was made up of the research team, representatives from both North Dublin Regional Drug and Alcohol Task Force, experts by experience, service providers and community representatives. The RAG was formed at the outset and remained in place until the final report was agreed.

The group consisted of:

1. **Barbara O'Neil**, Client Service Coordinator, North Dublin Regional Drug and Alcohol Taskforce
2. **Nicola Smith**, Community - (PLE) People with lived experience
3. **Joseph Buckley**, SUPPORT Coordinator, North Dublin Regional Drug and Alcohol Taskforce
4. **Brid Walsh**, Co-ordinator, North Dublin Regional Drug and Alcohol Taskforce
5. **Dr Gail Nicholson**, Health Promotion Officer, Health Service Executive
6. **Professor Jo-Hanna Ivers**, Associate Professor in Addiction, Trinity College Dublin

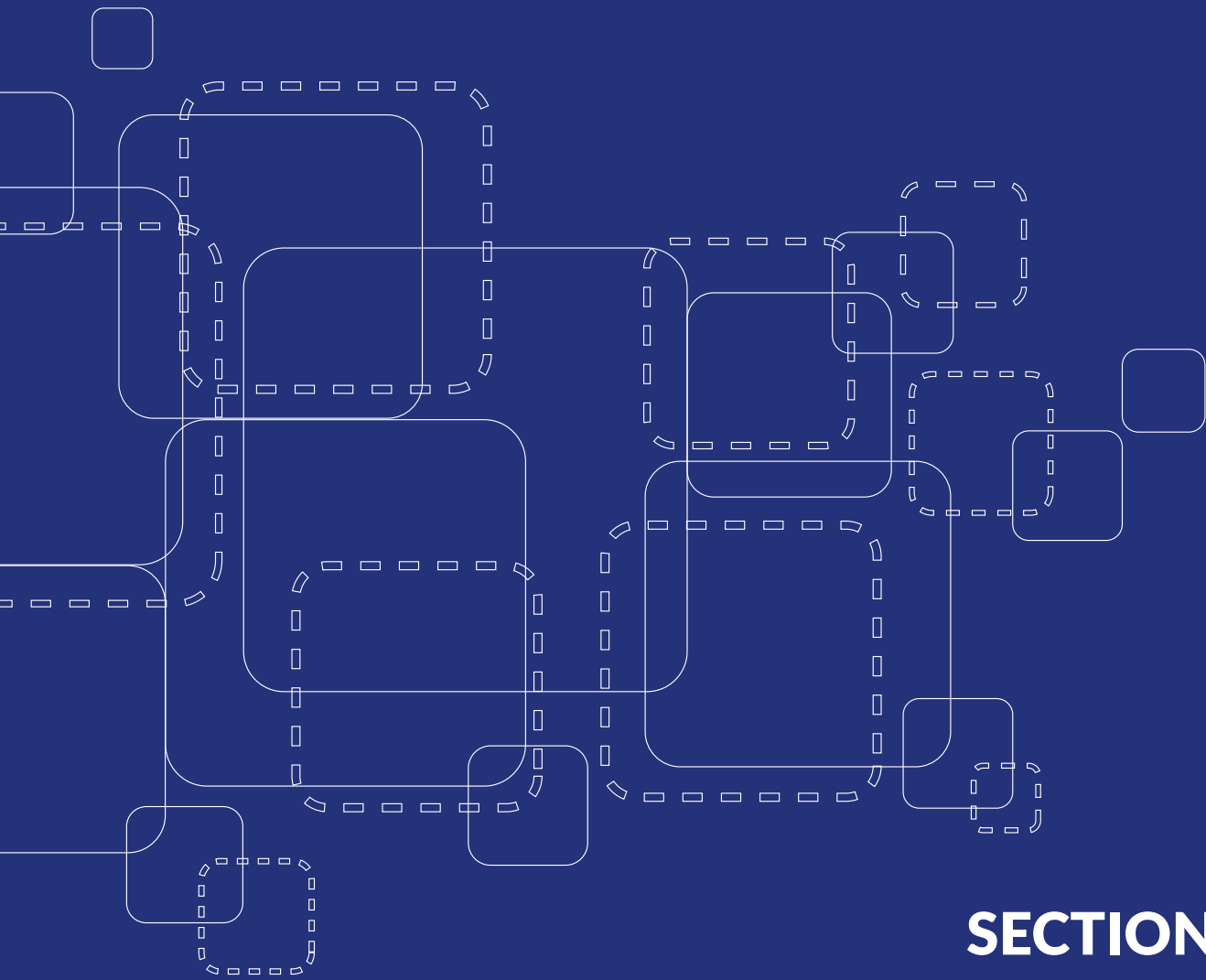


## RESEARCH TEAM

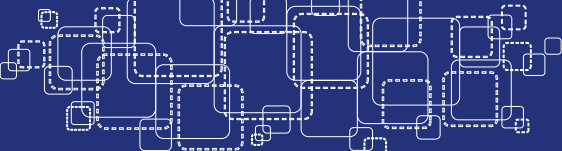
**Professor Jo-Hanna Ivers** is an Associate Professor in Addiction. She holds the only addiction specific academic post in Ireland. She is the first Associate Dean of Civic Engagement and Social Innovation at Trinity College Dublin. Jo-Hanna leads the Neurobehavioural Addiction Research Group at the Department of Public Health & Primary Care, School of Medicine. Jo-Hanna is the Director of the M.Sc. in Addiction Recovery. She has been appointed by a number of Ministers and Government Representatives to Special Taskforces and Expert Review Groups examining drug and alcohol use. She is a Member of the European Monitoring Centre on Drug and Drug Addiction (EMCDDA) Scientific Committee. She is currently the Scientific Advisor on Drugs Use to the Citizens Assembly.

Jo-Hanna's research focuses on the biological, social and environmental factors that contribute to an individual's vulnerability to dependence and addiction. Her research includes interventions, policies and practices that help develop recovery pathways. These pathways are best understood as a spectrum and include harm reduction, abstinence and long-term recovery. Her populations of interest include people who use drugs, those experiencing addiction, individuals in recovery, their families, communities affected by drug use and wider members of society. Before returning to academia, Jo-Hanna gained extensive experience working with adolescent and adult populations in specialist addiction services in the national health service.

**Neil Dunne** is a Research Assistant with the Neurobehavioral Addiction Group within the Department of Public Health & Primary Care at the Institute of Population Health, School of Medicine, Trinity College Dublin. Serving as the lead researcher on the report, Neil possesses a diverse set of research skills encompassing qualitative and quantitative methodologies, systematic reviews, and various research techniques. His contributions to the field have been acknowledged through publications in esteemed international peer-reviewed journals. Prior to joining the Neurobehavioral Addiction Group, Neil successfully completed his Masters in Neuropharmacology at the National University of Ireland, Galway.



## **SECTION 1:** Alcohol Use Literature Review



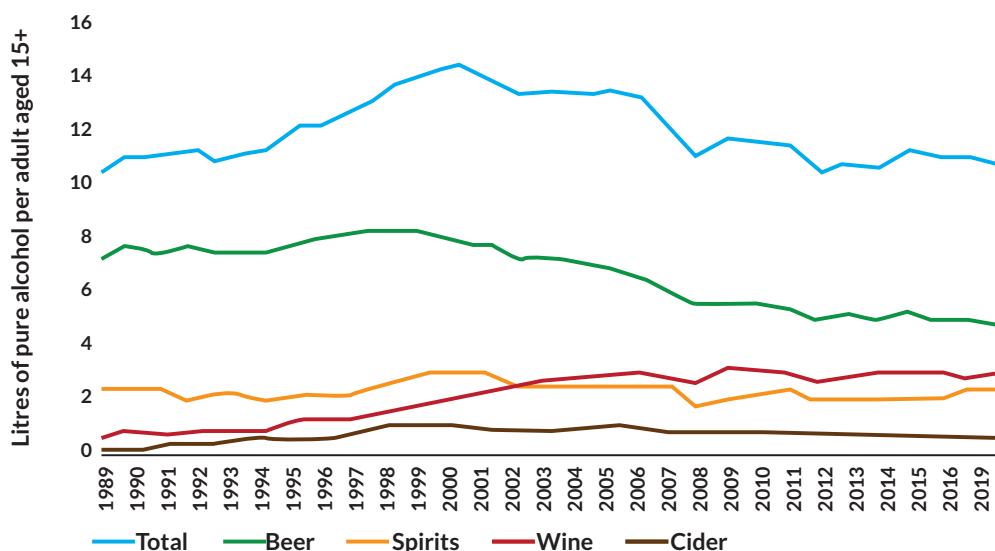
## Introduction

More than half of all alcohol drinkers in Ireland are deemed 'hazardous drinkers' (Doyle, 2021; Ipsos MRBI, 2017; Mongan et al., 2020). Clinically classified as high-frequency consumption of six or more standard drinks in one sitting, hazardous drinker is a title associated with an increased risk of illness or accident, familial, social, and occupational dysfunction, and an overall lower quality of life (Dormal et al., 2018; Essex et al., 2014). Although research suggests that the COVID-19 pandemic and subsequent lockdowns either decreased or did not cause a significant change in alcohol consumption, Ireland still has the 2nd highest average AUDIT (the Alcohol Use Disorders Identification Test is a ten-item questionnaire used to screen patients for hazardous and harmful alcohol consumption) scores in Europe, trailing just behind the U.K. (Carbia et al., 2022; Kilian et al., 2021; Reynolds et al., 2021). Almost 70% of hazardous drinkers in Ireland are unaware that their drinking is considered as such (Mongan et al., 2020), while up to 29% of accident and emergency admissions in Ireland on a Saturday night/Sunday morning are alcohol related (McNicholl et al., 2018). The degree to which an individual drinks, and whether it is deemed possibly dependent, harmful, hazardous, or low risk, can depend on several risk or protective factors ranging from genetics to childhood or current environment, and individual characteristics like personality type (Hawkins et al., 1992; Nawi et al., 2021; Solmi et al., 2021). Due to this, drinking behaviour and its consequences can vary depending on different demographics like age, gender, ethnic group, and other factors (Flores-Bonilla, 2020; Subbaraman et al., 2020; Terry-McElrath & Patrick, 2020). The state of alcohol consumption in Ireland and the groups at most or least risk for harm requires consistent review to provide updates towards informed resource allocation and policy review.

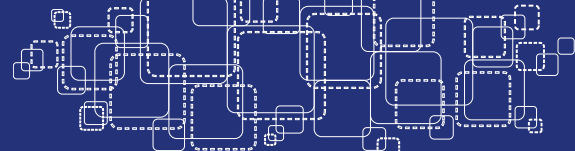
Data from the Revenue Commission of Ireland shows tax income from alcohol purchases fell almost 9% from 2020 to 2021, but early data from the first quarter of 2022 indicates that consumption is normalising again, being within 2% of 2020 levels (Revenue Commission, 2022). Prior to the pandemic, alcohol consumption was either stable or decreasing nationwide (figure 1) (O'Dwyer et al., 2021). Government reports indicate that Irish people over the age of 15 consumed 10.9 litres of alcohol per capita in 2019, while the most recent provisional data from the OECD suggests that this has fallen to 9.5 litres (O'Dwyer et al., 2021). These per capita numbers do not consider the number of individuals who abstain from alcohol, encompassing an estimated 25% of the Irish adult population. Beer is the

most popular alcoholic drink in Ireland, at 44% of the market share, followed by wine (28%), spirits (21%), and finally cider (6.5%). If everyone over 15 in Ireland drank at a level of 'low-risk' (112g of alcohol for women and 168g for men spread throughout the week), the per capita consumption of alcohol in Ireland would be 9.2 litres, or 6.9 litres when adjusted for abstainers (O'Dwyer et al., 2021). Alcohol use disorder (AUD) has a prevalence of 14.8% among the Irish general population, while 23-25% of drinkers engaged in weekly binge drinking (Mongan et al., 2021; O'Dwyer et al., 2021). While consumption of alcohol may be slowly falling, the Irish general population have a considerable variation in drinking behaviour, with many engaging in hazardous or harmful drinking.

**Figure 1:**  
*Alcohol Consumption in Litres per Capita in Ireland since 1989*



**Figure 1:**  
This chart denotes alcohol consumption in litres per capita in Ireland since 1989. Dark blue labels total litres of alcohol, brown labels beer, yellow labels spirits, pink labels wine, and light blue labels cider (O'Dwyer et al., 2021).



Some people are more or less at risk for hazardous, harmful, or dependent drinking behaviour. The characteristics that determine an individual's level of risk are called risk or protective factors. Males are more likely to engage in hazardous drinking and develop a dependence on alcohol (Gowin et al., 2017; Solmi et al., 2021; Tyssen et al., 1998). This may be due to biological factors such as increased levels of alcohol dehydrogenase in males, the enzyme that breaks down alcohol before it reaches the bloodstream, which means males must drink more to feel drunk (Chrostek et al., 2003). Social factors such as peer pressure and toxic masculinity also play a role in increasing the risk of harmful alcohol consumption in males (Iwamoto et al., 2011; Morris et al., 2020). Growing up with a parent who provides consistent discipline, social support, and monitoring of the child can decrease the likelihood of harmful drinking behaviour in the child (Curran et al., 1996; Patock-Peckam & Morgan-Lopez, 2007). If an individual has a parent or close relative with alcohol addiction, their risk increases (Arya et al., 2021; Enoch & Goldman, 2001). Whilst this may be due to environmental factors at home, a lack of copies of certain genes has been found to increase the risk of an AUD. The presence of two genes, ADH1B\*48His (makes alcohol stay in your system for a shorter time) and ALDH2\*504K (results in increased feelings of a hangover), can decrease the likelihood of harmful drinking behaviour (Edenberg & Foroud, 2013; Li et al., 2012; Oota et al., 2004). Other factors that can increase the risk of harmful drinking behaviour include the diagnosis of a psychiatric disorder (like depression, bipolar disorder, or anxiety) and a history of trauma (such as childhood violent or sexual abuse or a violent military experience) (Faltinek, 2022; Groenmen et al., 2017; Moustafa et al., 2021; Stewart, 1996). Many factors can increase the likelihood of hazardous or dependent drinking, increasing the physiological, psychological, and social harms associated with alcohol consumption.

Regular drinking is estimated to reduce life expectancy by nearly 7 years, while those with AUD can expect a 24-28 year drop in life expectancy (Liu et al., 2022; Westman et al., 2014). Consumption of alcohol is directly related to the development of alcoholic liver disease and foetal alcohol spectrum disorder (FASD) (O'Dwyer et al., 2021). Alcohol also indirectly contributes to the development of cancers, digestive conditions, epilepsy, cardiovascular disease, diabetes, infection, and injury (Bofetta & Hashibe, 2006; O'Dwyer et al., 2021; Shield et al., 2014). Neurologically, consumption of alcohol may lead to hepatic encephalopathy (where damage to the liver leads to a build-up of toxins in the blood), damage neurons, and

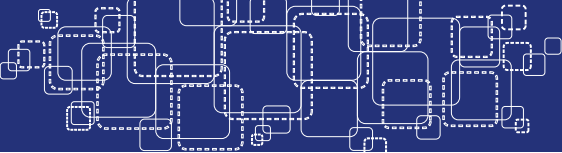
even reduce serotonin concentrations in the brain (which may cause or exacerbate depression) (Butterworth, 2014; Harper, 2007; Pihl and Peterson, 1993).

Regular alcohol consumption and AUD can negatively affect mental health, leading to increased rates of suicide, self-harm, and a reduced quality of life. A study in Cork, Ireland, found that 44% of suicide deaths and 21% of self-harm admissions to A&E involved the consumption of alcohol (Larkin et al., 2017). Many psychiatric medications negatively interact with alcohol, resulting in decreased efficacy and increased side effects for SSRI/SNRIs, lithium, and anti-psychotics (Fraser, 1997; Koski et al., 2005; Tanaka, 2003). Binge drinking can exacerbate sleep and affective disorders, increasing feelings of anxiety and depression the next day- colloquially called "the fear" (Chakravorty et al., 2016; Marsh et al., 2019).

The societal burden of alcohol misuse extends across many settings. Alcohol related illnesses cost the Irish healthcare system 1.5 billion euro annually (Bruton et al., 2021). The most recent figures available state that alcohol-related diseases account for 177,892 bed days in Irish hospitals in 2018 (O' Dwyer et al., 2021). With the increased healthcare burden due to the pandemic, reducing alcohol-related harms is an attractive policy goal. The European Union suggests that alcohol misuse causes the loss of 9 billion euro annually due to absenteeism, 14 billion due to unemployment, and 36 billion due to premature mortality (SGEAHF, 2011). Alcohol-related crime costs Ireland an estimated 1.2 billion euro annually (Hanley et al., 2009). The alcohol industry contributed 2.6 billion euro in tax in 2019, offsetting some of the financial burdens detailed above (IBEC, 2022). Reducing alcohol misuse among the general population of Ireland would result in a decreased societal and economic burden.

Hazardous alcohol use not only harms the drinker but also those around them. From 2013-2017, 219 people were killed due to driving under the influence in Ireland (ETSC, 2020; RSA, 2020). In Ireland, 76% of alleged rapists were drinking at the time of assault (Hanley et al., 2009). Since 2005, there has been a 21% increase in assaults involving alcohol (Mongan & Long, 2016). Alcohol is theorised to cause an increase in criminal behaviour as it can lower inhibitions, increase risk-taking and aggression, and impair decision-making (Lane et al., 2004; Oorsouw et al., 2015; Parrott & Eckhardt, 2018). While alcohol-related crime is a significant issue in Ireland, there had been a significant decrease in drinking driving (-68%), public order offences (-47%), and drunkenness offences (-45%)





from 2005 to 2015, and although alcohol-related crime started to slowly trend upwards in 2018, the onset of the pandemic has seemed to put a hold on any increase (An Garda Síochána, 2022; Mongan & Long, 2016). Alcohol misuse is a significant factor or contributor to many of the crimes committed in Ireland.

Alcohol can play a large role in familial-associated harm. Whilst domestic violence occurs in the absence of alcohol, excessive drinking has been associated with increased violence and abusive behaviour, and higher rates of consumption are found among the victims of domestic violence (Devries et al., 2014; Heinz et al., 2011; Romero-Martínez & Moya-Albiol, 2013). Parental alcohol misuse was present in 62% of neglect cases in Ireland (Payton, 2012). Alcohol in the home was an issue in 1/3 of Irish child death cases in the Report of the Independent Child Death Review Group (Shannon & Gibbons, 2012). A third of Irish children have one parent who is a regular binge drinker or dependent on alcohol (O'Dwyer et al., 2021). Qualitative research interviewing children whose parents have an AUD found the feeling that came across most was "sadness", while an Irish sample expressed "worry", "upset", and "embarrassment" (ISPCC, 2010; Tinnfält et al., 2018). Children with a parental AUD are more likely to develop an AUD themselves, possibly due to a combination of their environment growing up (such as neglect, presence of alcohol, abuse) and genetics (such as altered physiological stress and reward systems or alcohol metabolism) (Andrews et al., 2011; Dai et al., 2007; Edenberg & Foroud, 2014; Lieberman, 2000).

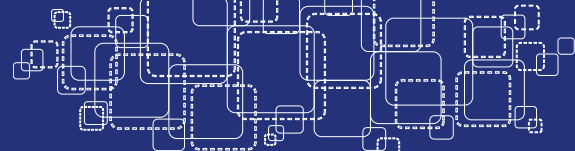
Reducing harmful alcohol use in parents would cause a beneficial knock-on effect on others, reducing harm to their families.

Alcohol misuse in young people has unique consequences associated with ongoing development. The younger an individual begins drinking alcohol, the larger their risk of developing an AUD later in life (Chassin et al., 2002; Lees et al., 2020; Viner & Taylor, 2006). Young people are more likely than adults to binge drink as peer pressure has more significant influence and they experience greater positive effects from alcohol, like increased sociability and less adverse effects like drowsiness (Johnston et al., 2002; NIH, 2006; Spear & Varlinskaya, 2005; Staff & Maggs, 2020). Recent reviews suggest that alcohol consumption in adolescence results in reduced cognitive performance and neurogenesis, and may increase dopamine reward-responsiveness, increasing the risk of addictive behaviour (Carbia et al., 2021; Crews et al., 2019; Lees et al., 2020). Despite the neurological impact of alcohol

consumption, it is not clear whether binge drinking in adolescence is associated with poor academic performance (El Ansari et al., 2020; Cox et al., 2007; Latvala et al., 2014; Patte & Wei, 2017; Patte et al., 2017). In early adulthood (18-25), alcohol consumption is characterised by regular binge drinking (Leech et al., 2020; Sloan et al., 2011; Tavoracci et al., 2019). While binge drinking in early adulthood increases the risk of developing an AUD, longitudinal research suggests that for most, binge drinking is a phase (Sloan et al., 2011; Tavoracci et al., 2019). Recent evidence suggests that due to societal delays (starting families later, staying longer in third-level education), young adults are "ageing-out" of binge drinking later than in the past (Leech et al., 2020). This may increase alcohol-related harms, making the relationship between age and alcohol a critical research area.

Like younger people, alcohol uniquely affects the elderly (55+ years). As a person ages, they become more sensitive to alcohol due to decreased body mass, water content, and metabolism (Hart et al., 2010; Peters et al., 2008; Meier & Seitz, 2008). Combined with older people's higher likelihood of disabilities and motor difficulties, this leads to an increased risk of accidents like falls or car crashes (Hallgren et al., 2009; Peters et al., 2008). The elderly are the most medicated age cohort, and alcohol and fatality interact with many medications (Moore et al., 2007). Very late onset AUD (VLO-AUD) develops after age 60 in a patient who previously had no relatively problematic alcohol consumption (APA, 2018). Increased risk factors for VLO-AUD are social isolation, lack of activity, and a high frequency of social events that involve alcohol (Ekerdt et al., 1989; Emiliussen et al., 2017; Kuerbis & Sacco, 2012). Those with VLO-AUD may drink to cope with physical and psychological issues, a loss of identity following retirement, and grief (Ekerdt et al., 1989; Emiliussen et al., 2017; Kuerbis & Sacco, 2012). In a clinical setting, AUDs are often missed in older adults, where special screening tools have been developed specifically to account for harmful alcohol consumption that is unique to the elderly population, such as combining alcohol and certain medications (Blow et al., 1998; Han & Moore, 2018; Moore et al., 2002). Despite this underdiagnosis, elderly populations have a higher response to treatment, with a 5-year abstinence rate of 42% vs. young people's 29% (Satre et al., 2004). Further analysis suggests this may be due to length of treatment or social factors like having friends who encourage drinking (Caputo et al., 2011; Satre et al., 2004). Therefore, the unique pathology and diagnosis of elderly AUD should be of focus to researchers as treatment is just as effective as in younger patients.





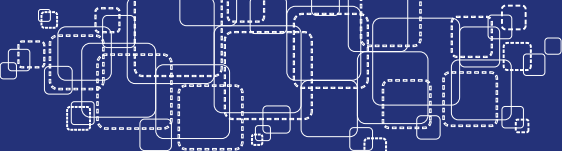
The differing pathologies and diagnoses of AUD continues in the context of gender. Men have historically consisted of most AUD diagnoses, diagnoses of AUD in women have risen 84% from 2007-2017 versus a 35% rise in men (Grant et al., 2017; Peltier et al., 2019). Women tend to start drinking at a later age but progress to AUD quicker than men (Diehl et al., 2007; Erol & Karpyak, 2015). Risk factors more prevalent in women than men are familial history of AUD, mood disorders, or being a victim of abuse (Erol & Karpyak, 2015; Kendler et al., 2009). Women are less likely to receive treatment, but when they do it is more successful than in males (Alvanzo et al., 2014; Gual et al., 2009; Witbrodt & Romelsjö, 2012). This may be due to women experiencing less severe withdrawal from alcohol due to biological sex differences like increased oestrogen (Devaud et al., 2006; Erol & Karpyak, 2015).

Biologically, females respond to alcohol differently than males. Females have a lower water content, body mass, and amount of alcohol dehydrogenase, meaning they experience intoxication more quickly and from less alcohol than males (Chrostek et al., 2003; Flores-Bonilla, 2020). Premenstrual hormones can cause increased intoxication and oestrogen containing medications like birth control, making it harder for females to predict how alcohol will affect them (Flores-Bonilla, 2020; Vandergrift et al., 2017). Drinking during pregnancy can result in foetal-alcohol-spectrum-disorder (FASD) (Jacobsen et al., 2022; Mukherjee et al., 2006; Riley et al., 2011). FASD is characterised by physical deformities, lower IQ, and social dysfunction, and increases the risk of future alcohol misuse. FASD in Ireland is estimated to have a prevalence of 47.5 cases per 1000 people and is widely undiagnosed or unconsidered by paediatricians (Lange et al., 2017; Lu & Johnson, 2019). Research surrounding AUD focuses disproportionately on males, reducing the results' validity and applicability to females (Erol & Karpyak, 2015; Flores-Bonilla, 2020). As sex and gender differences are present in the physio- and psychopathology of AUD, focus on all genders and sexes is essential to reducing its prevalence and severity.

The differences in alcohol metabolism and use aren't limited to age and gender, as recent research into marginalised groups have unveiled both biological and sociological differences (IAS, 2020; Smalley et al., 2016). Many differences in racial origin concerning the metabolism of alcohol have been found. East-Asian people are found to have higher expression of genes ADH1B\*48His and ALDH2\*504K, which increase the adverse effects of alcohol, discouraging consumption

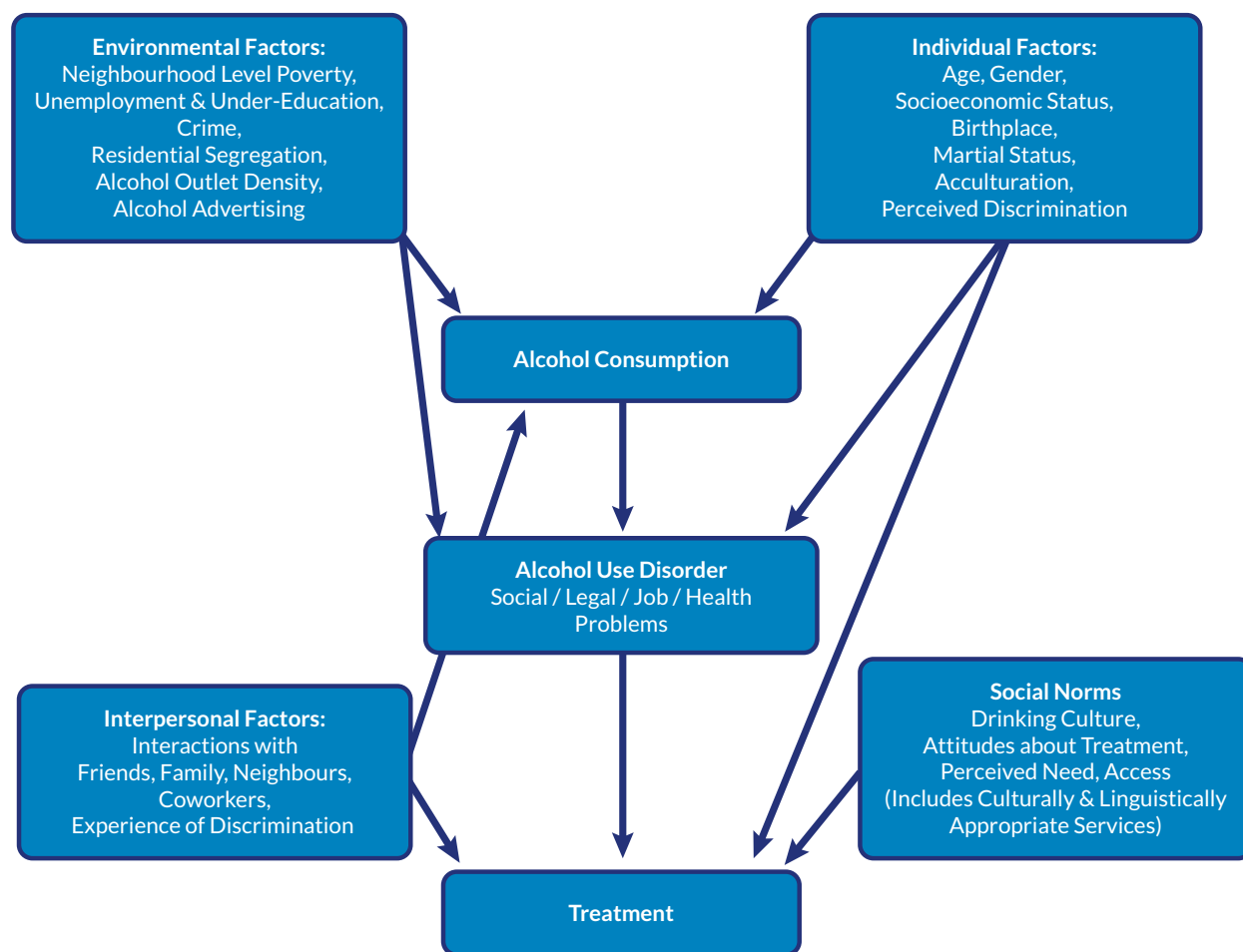
(Edenburg & McClintnick, 2018; Stickel et al., 2017). African populations have been found to have a heightened HPA axis response to alcohol consumption and abstinence, indicating that stress may affect African alcohol consumption differently (Chong et al., 2008; Price et al., 2019). Research suggests that ethnic minorities in the U.S.A. have a lower or equal rate of AUD but an increased health burden compared to white people (Grant et al., 2013; Tucker et al., 2020; Vasilenko et al., 2017). An increased health burden may arise as ethnic minorities are less likely to avail of treatment services and due to a later onset of AUD, increasing age-related complications (Ransome et al., 2018; Tucker et al., 2020; Vasilenko et al., 2017). Irish travellers are another ethnic minority who do not (or cannot) avail of addiction treatment services (Claffey et al., 2017; Van Hout, 2010). They are currently experiencing a rise in AUD which may be due to discrimination, unemployment, and poverty (Van Hout, 2010). Irish travellers may be less likely to be in treatment due to previous issues with or a cultural distrust in extra-community authority, or fear of the community knowing about their addiction (Claffey et al., 2017; Van Hout, 2010).

Lesbian, Gay, Bisexual, and Transgender (LGBT) individuals are much more likely to have an AUD than their heterosexual counterparts (Emslie et al., 2017; Greenwood & Gruskin, 2007; Whitehead et al., 2016). This may be due to LGBT safe-spaces being majority bars and nightclubs, social isolation, or discrimination (Emslie et al., 2017; Hunt et al., 2019). Perceived and systemic discrimination can lead to an increase in alcohol misuse (figure 3) (Vaeth et al., 2017). Perceived discrimination may lead to increased drinking as an individual experiences increased anxiety, depression, and low self-esteem (Vaeth et al., 2017). Systemic discrimination contributes to alcohol misuse as minority communities are not provided with the same amenities and opportunities as others, resulting in higher unemployment, under-education, and poverty—all risk factors for developing AUD (Vaeth et al., 2017). Access to treatment is an ongoing issue in minority AUD research. While treatment needs to be culturally and linguistically appropriate, at an accessible cost and location, this is not always the case (Vaeth et al., 2017). Clinicians should be aware of the differing needs and vulnerabilities of different minority groups so that the best treatment options for them are made available.



**Figure 2:**

*The framework of Contributions to Alcohol Consumption, Disorder, and Treatment in the Experience of a Minority.*



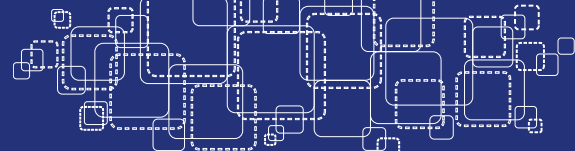
**Figure 2:**

*This image displays a framework of contributions or influences to/on alcohol consumption, disorder, and treatment, and how they relate to each other in the experience of a minority. From Vaeth et al. (2017), adapted itself from Alégria et al. (2002).*

Homelessness is an issue that disproportionately affects marginalised groups,)where people experiencing homelessness (PEH) are much more likely to have an AUD and experience its related health complications (; Fraser et al., 2019; Henry et al., 2022; Gutwinski et al., 2021; Rhoades et al., 2018; Teeson et al., 2003; Wright & Tompkins, 2006). Although, research on self-reported alcohol use suggests that those with an AUD consume less alcohol when they become homeless, attributed to being in recovery and the cost of drinking (O'Toole et al., 2004). Despite their increased health burden, PEH are less likely to attend treatment, likely due to its inaccessibility or cost (Wright & Tompkins, 2006). Treatment attrition is much higher in PEH than in non-homeless patients (Leickly et al., 2018; Orwin et al., 1999). Whilst the most important factor in recovery is individual motivations, reviews of current research suggest that residential

treatment programs combined with an “assertive” outreach program (i.e. getting the word out there loudly and to all PEH) are the most successful long-term treatments for AUD in PEH (Lapham et al., 1996; Wright & Tompkins, 2006). Further research on the most effective treatment methods for AUD in PEH, as well as outreach work to increase accessibility to treatment, is necessary to improve health and well-being in PEH.

PEH experience disability and mental health difficulties at a much higher rate than the general population (Gutwinski et al., 2021; Leickly et al., 2018). Qualitative research on people experiencing disability (PED) who misuse alcohol cite “self-medication”, psychological trauma, and social isolation as their primary motivations for drinking (Taggart et al., 2007). PED can be separated into those experiencing intellectual



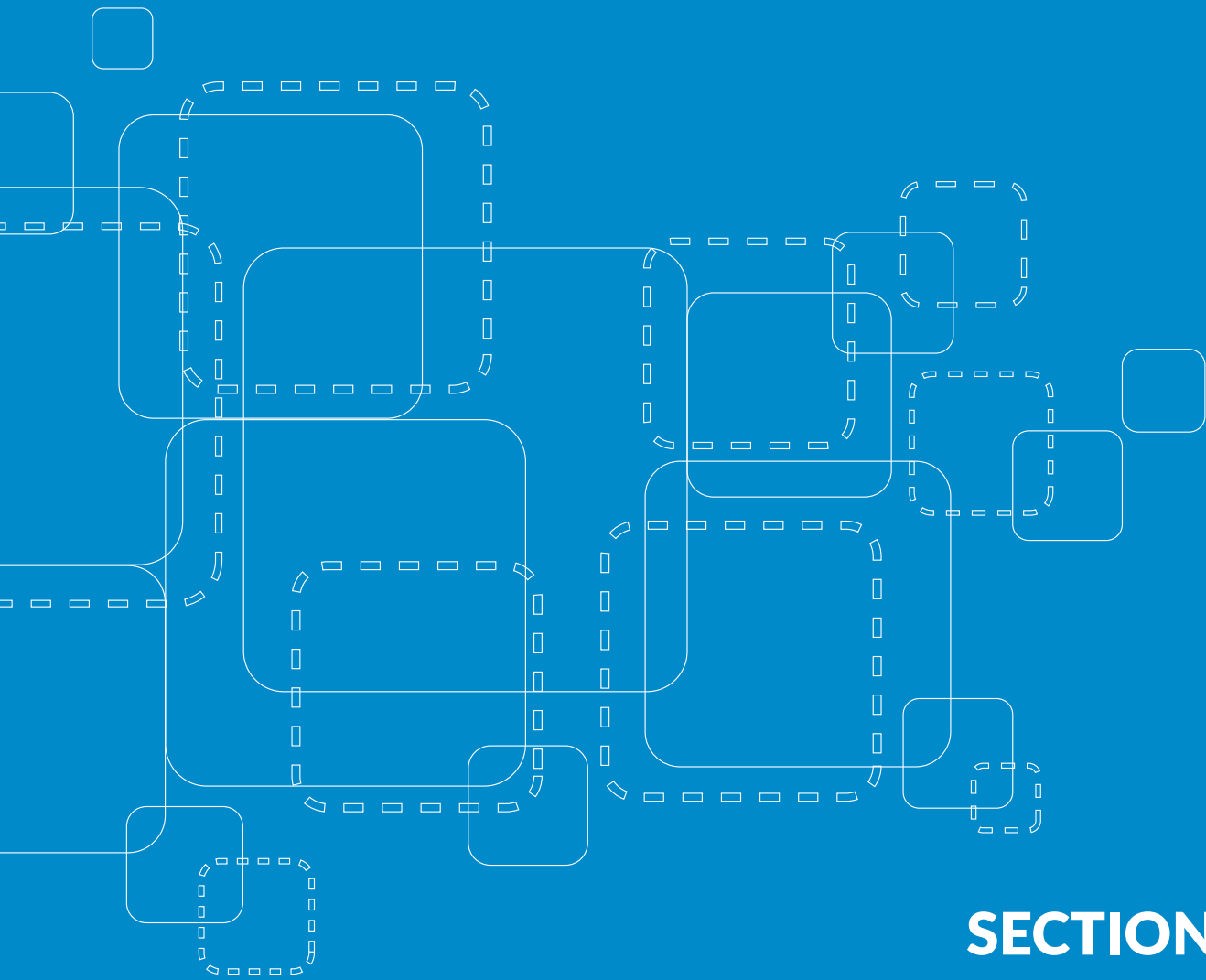
disability (ID) and those with a physical disability (ID). PED with an ID are less likely to misuse substances but are more likely to develop a problem when they do, and are more likely to experience health consequences due to an AUD (Chaplin et al., 2011; Quintero, 2011). PED with a PD is more likely to develop an AUD than the general population (Malecki et al., 2019; NI-AAA, 2021; West, 2011). The reasons cited are often using alcohol as an escape and to manage chronic pain (Malecki et al., 2019; NI-AAA, 2021; West, 2011). Disability-tailored treatment has been shown to be more successful for AUD in PED, who expressed dissatisfaction with mainstream addiction treatment services (Clarke & Wilson, 1999; Taggart et al., 2007).

Mental health difficulties and substance use are an often interlinked experience, cyclically perpetuating their respective pathologies. Experiencing mental health difficulties can result in alcohol misuse and an alcohol use disorder (AUD), while having an AUD can contribute to the development of mental health challenges (Cornah, 2006; Polimanti et al., 2019; Nesvag et al., 2015). Self-medication and escapism are again cited as primary motivations for alcohol misuse among those experience mental health difficulties (Crum et al., 2001; Churchill et al., 2017; Jouhki & Oksanen, 2022). Chronic alcohol use may exacerbate mental illness (Abrahao et al., 2017; Bellos et al., 2013; Keyes et al., 2019). This is due to alcohol's disruption of the neurochemical balance in the brain, increasing inflammation, and its significant effect on individual life factors like occupation, relationships, and health status (Abrahao et al., 2017; Bellos et al., 2013; Keyes et al., 2019). Major depressive disorder, generalised anxiety disorder, post-traumatic stress disorder, and bi-polar disorder are the most commonly associated mental health difficulties with AUD (Castillo-Carnigli et al., 2019; Petrakis et al., 2002; Salloum et al., 2000; Shivani et al., 2002). Treatment for co-morbid mental health difficulty and AUD has been suggested to be most effective using an integrated approach (treating both simultaneously) (Biegel et al., 2013; Carroll, 2004; Yule, 2019). Treatment is most successful when it is focused on the patient's individual needs, involves community support, and involves behavioural therapy, while pharmacotherapy has been suggested to only be beneficial when combined with the above factors (Agabio et al., 2018; Carroll, 2004; Ipser et al., 2015; Magura, 2008; Yule, 2019).

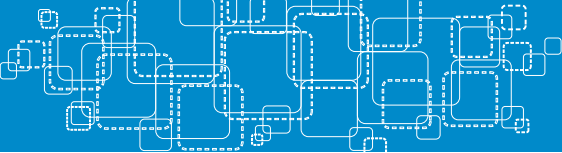
AUD is a culturally pervasive disorder that affects a wide variety of people, expressing pathology in different ways throughout different populations. While AUD exists as a clinical diagnosis, problematic alcohol

use can present in many forms such as binge drinking, self-medication, or dependence. Such problematic use is influenced by many inter-individual factors such as age, gender, cultural differences, lived experience, and physical or mental health status have been shown to influence the development and complications of AUD. The consequences of alcohol misuse in Ireland are clear and substantial. The present review shows that one size does not fit all in alcohol consumption, and neither does one solution. Focus on improving accessibility to treatment, adapting said treatment to an individual's needs, and harm reduction and education throughout the general population and vulnerable individuals would lead to an increased quality of life for people living in Ireland.





## **SECTION 2:** Methodology



## Study Design and Methodology

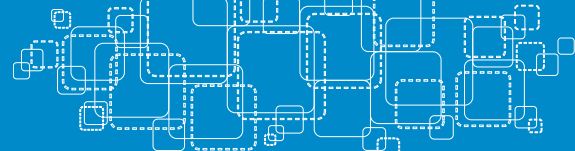
The objectives of the study were addressed using a mixed-methods research approach. The following objectives were pursued:

- I. To gain a comprehensive understanding of the patterns of use, risk perceptions, social and health correlates, and consequences associated with hazardous drinking through a systematic international literature review.
- II. To analyse secondary service data from the National Drug Treatment Reporting System (NDTRS) for cases treated in the North Dublin region, along with data previously collected by the North Dublin Regional Drug and Alcohol Task Force (NDRDATF) using the Planet Youth Survey in North Dublin, in order to examine alcohol use and related factors.
- III. To collect qualitative data through interviews with key stakeholders, including experts by experience, policymakers, service providers, and active service users, aiming to generate recommendations for reducing the harms associated with harmful and hazardous drinking. This data collection process involved forming collective intelligence groups, facilitating focus group discussions and semi-structured interviews.

The present study employed a mixed methods research methodology to address the aforementioned objectives. The research design involved using three primary data sources: an evidence-based review, retrospective records review and secondary analysis, and group interviews with key stakeholders.

The following paragraphs provide a detailed explanation of the data sources and methodological processes employed.

- I. **Evidence-based Review (Systematic International Literature Review)** The study commenced with a comprehensive review of the existing literature on hazardous drinking. Through a systematic and rigorous approach, the researchers examined a wide range of international literature sources relevant to the topic. This evidence-based review aimed to gain a thorough understanding of the patterns of use, risk perceptions, social and health correlates, and the consequences associated with hazardous drinking. By critically analysing and synthesising the findings from various scholarly sources, the study aimed to identify the most robust and reliable evidence available.
- II. **Retrospective Records Review and Secondary Analysis** In addition to the literature review, the researchers utilised secondary data sources for further analysis. Specifically, they accessed secondary service data from the National Drug Treatment Reporting System (NDTRS), which provided information on the treated cases of those living in the North Dublin Regional drug and alcohol task force (NDRDATF) area. Additionally, data previously gathered by the NDRDATF using the Planet Youth Survey was incorporated into the study. This survey data offered valuable insights into alcohol use within the specific context of North Dublin. Through comprehensive analysis of these secondary data sources, the researchers aimed to uncover pertinent patterns, trends, and associations related to hazardous drinking.
- III. **Group Interviews with Key Stakeholders (Collective Intelligence Groups)** To complement the quantitative data analysis, the study employed qualitative research methods by engaging key stakeholders in interviews. These stakeholders included experts by experience, policymakers, service providers, and active service users. By leveraging a collective intelligence approach, the researchers sought to gather diverse perspectives and experiences related to hazardous drinking. This was accomplished by forming collective intelligence groups, facilitating in-depth focus group discussions and semi-structured interviews. By involving a range of stakeholders, the study aimed to capture nuanced insights and recommendations to reduce the harms associated with harmful and hazardous drinking.

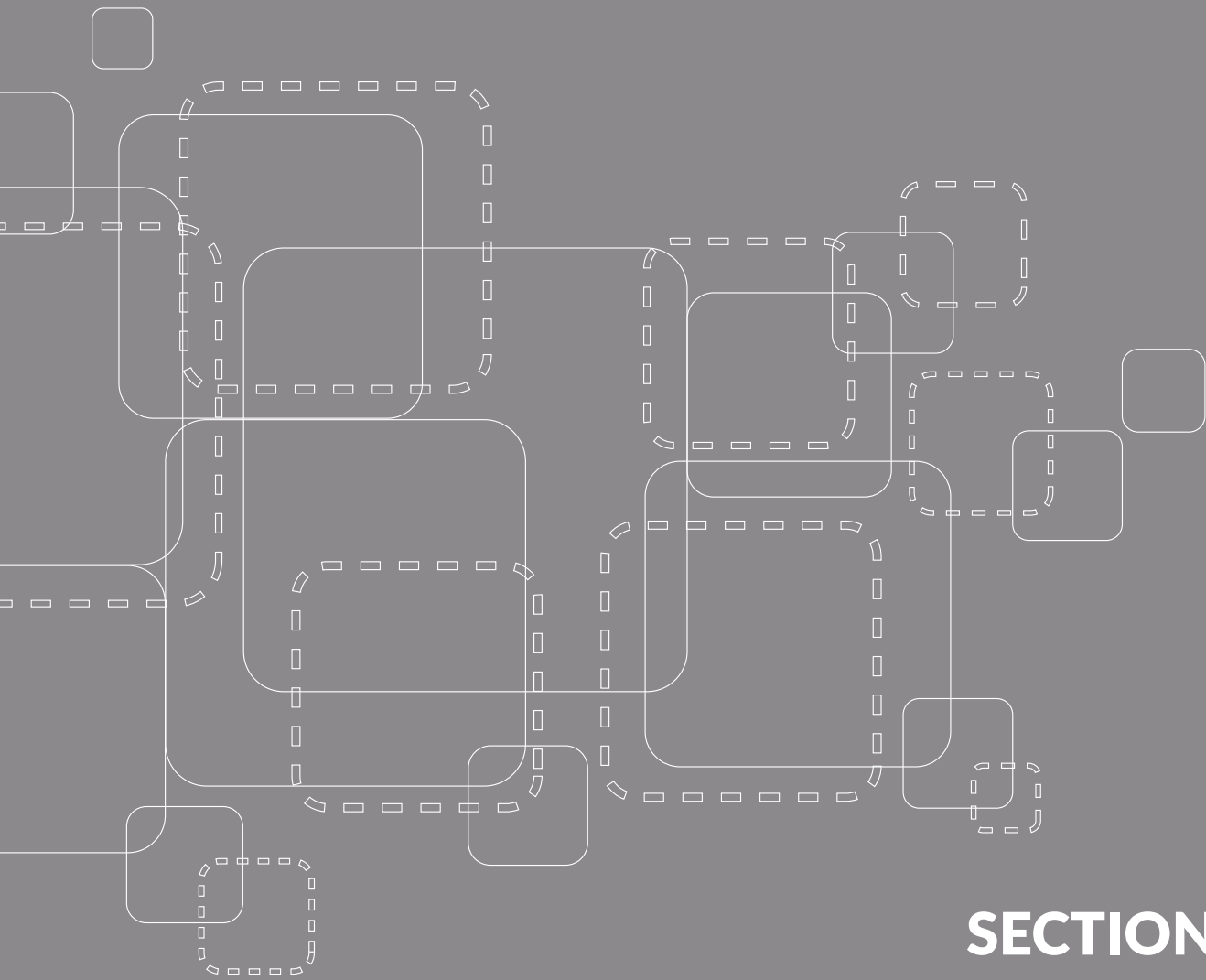


The study employed a rigorous methodology that integrated an evidence-based literature review, secondary data analysis, and stakeholder interviews. The synthesis of these diverse data sources enabled the study to comprehensively understand hazardous drinking and its associated factors. The findings and recommendations resulting from the study contribute to the knowledge base in addressing the harms caused by harmful and hazardous drinking practices.

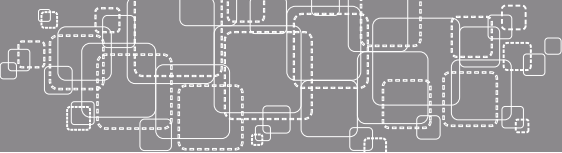
The dataset obtained from the various data sources was subjected to rigorous verification and indexing processes. The subsequent chapters of the research report provide comprehensive details on each research method employed, along with the specific findings and insights derived from the data analysis.







## **SECTION 3:** NDTRS Data North Dublin

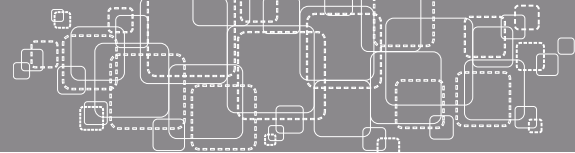


# Results of NDTRF Data for North Dublin

## Introduction

The following presentation outlines the demographic characteristics of individuals receiving treatment from the North Dublin Regional Drug and Alcohol Task Force (NDRDATF) based on data collected in 2021 from The National Drug Treatment Reporting System (NDTRS). The NDTRS is a comprehensive system in Ireland that collects and reports data on drug and alcohol treatment services. It gathers information from various sources, such as specialised addiction treatment centres, hospitals, and community-based services. This data encompasses details about the individuals seeking treatment, including their personal characteristics, the substances they use, the types of treatment they receive, and their treatment outcomes. The NDTRS data plays a crucial role in monitoring drug use trends, evaluating the effectiveness of treatment interventions, and informing policy and resource allocation decisions. It is an indispensable tool for researchers, policymakers, and healthcare professionals, aiding in understanding the nature and extent of drug addiction and facilitating the development of evidence-based strategies to address this public health issue.

The presented data includes information about the demographic profile of service users, a summary of their treatment history, and their geographic distribution within the North Dublin region (Central, West, or North) (figure 3). These include the Ballymun, Blanchardstown, Dublin North East, Finglas Cabra, and North Inner City Local Drug and Alcohol Task Forces. It is important to note that all the individuals included in this report were referred for treatment specifically related to alcohol misuse, totalling 423 individuals. Among them, 381 are considered treated cases, indicating that they received an intervention, while an additional 955 service users who received an intervention and completed their treatment are also included in the dataset.



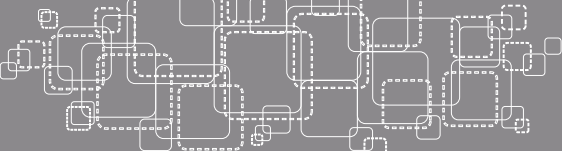
**Figure 3:**

*The Towns Covered in North County Dublin*

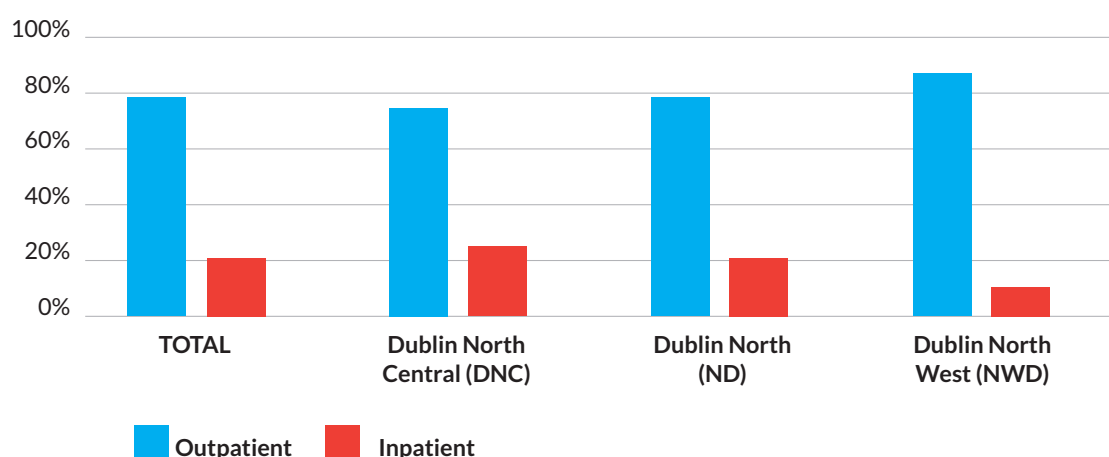


**Figure 3:**

*This map of Dublin County displays the towns incorporated in the NDRDATF's zone. Where the towns in Green are covered by North Dublin Regional Drug Task Force, and the areas in Grey are where there is a Local Drug Task Force with local services*



## Service Provider Type



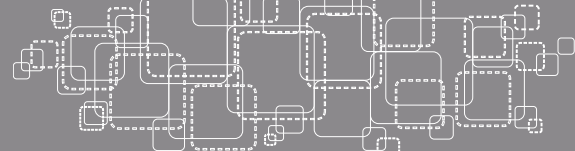
Service Provider Type n (%)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
Outpatient	336 (79%)	84 (76%)	185 (78%)	67 (88%)
Inpatient	81 (19%)	26 (23%)	48 (20%)	7 (9%)
Low Threshold	6 (1%)	~	~	~
General Practitioner	0	0	0	0
Prisons	0	0	0	0

The data reveals that a significant majority of service users receive outpatient treatment, comprising 79% of the total sample (n=336). Notably, the North Dublin West (NWD) region exhibits the lowest proportion of inpatient cases, accounting for merely 9% of the total (n=7), in contrast to 23% in North Dublin Central (DNC; n=26) and 20% in North Dublin (ND; n=48). Furthermore, a small fraction of service users, amounting to 1% overall (n=6), are provided with low threshold services. It is important to mention that the symbol "~" denotes an amount below 5, which has been deemed too small to be reported explicitly in order to preserve anonymity. It is noteworthy that none of the service users in the dataset received treatment from a general practitioner (GP) or through an in-prison service.

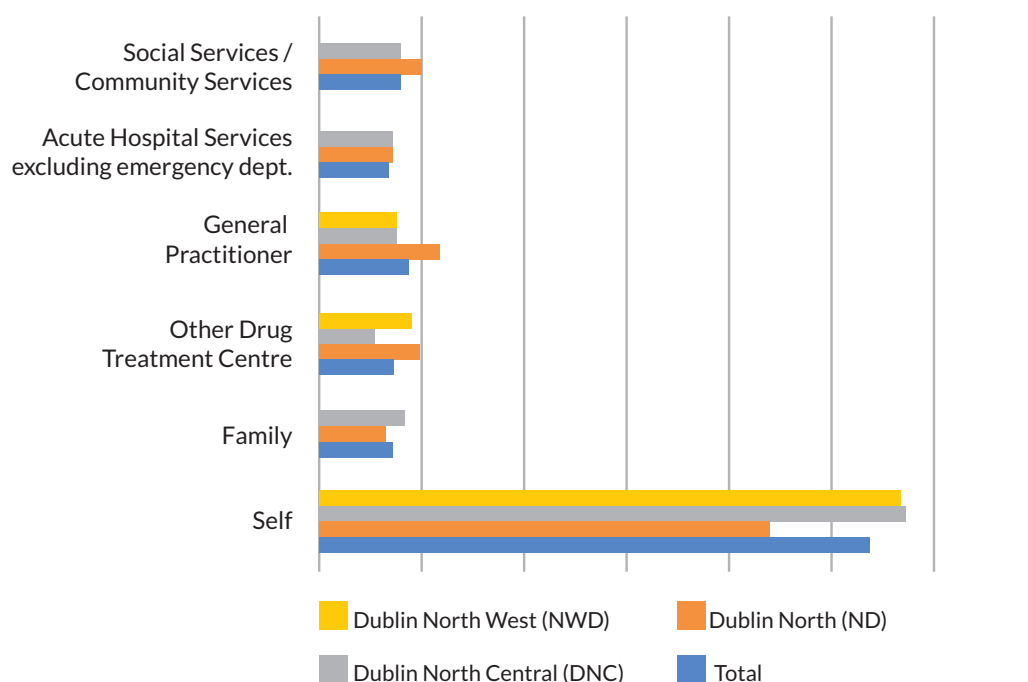
The absence of GP involvement in the treatment of these individuals suggests that primary care physicians may not play a significant role in addressing alcohol-related concerns among the service users in this context. This finding highlights the need for enhanced collaboration and communication between addiction treatment services and primary care providers to ensure comprehensive and integrated care for individuals struggling with alcohol-related issues. Incorporating GPs into the treatment process can help facilitate early identification, intervention, and referral, ultimately promoting better outcomes and holistic care for individuals seeking help for alcohol-related problems.

Furthermore, the lack of in-prison treatment services for the service users in this dataset indicates a potential gap in addressing alcohol-related issues among incarcerated individuals. Substance use and addiction are prevalent concerns within correctional facilities, and providing adequate treatment and support to individuals with alcohol-related problems can be instrumental in reducing recidivism rates and promoting successful reintegration into society. Implementing evidence-based interventions and comprehensive addiction treatment services within prison settings can contribute to positive outcomes, including reduced substance use, improved mental health, and decreased criminal behaviour.

Taken together, the absence of GP involvement and in-prison treatment services in this dataset underscores the importance of integrating various healthcare sectors and correctional systems to ensure a comprehensive and coordinated approach to addressing alcohol-related problems in different settings, including community-based care, primary healthcare, and correctional facilities. Such collaboration can lead to more effective treatment interventions and support for individuals with alcohol-related concerns, promoting better outcomes and overall public health.



## Source of Referral



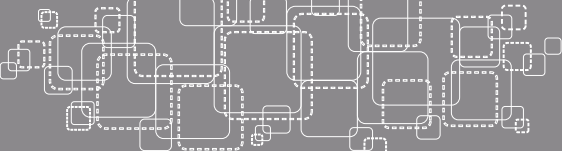
Source of Referral n (%)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
Self	227 (54%)	49 (44%)	135 (57%)	43 (57%)
Family	30 (7%)	7 (6%)	19 (18%)	~
Friends	6 (~)	~	~	~
Other drug treatment centre	31 (7%)	11 (10%)	13 (6%)	7 (9%)
General practitioner	38 (9%)	13 (12%)	18 (8%)	7 (9%)
Acute hospital services excluding emergency dept.	29 (7%)	8 (7%)	17 (7%)	~
Social services/Community services	32 (8%)	11 (10%)	18 (8%)	~
Court/probation/police	6 (~)	0	~	~
Outreach worker	0	0	0	0
School or college	0	0	0	0
Prison	0	0	0	0
Employer	~	~	~	~
Emergency department (ED)	12 (~)	6	~	~
Mental health professional	7	~	~	0
Needle exchange	0	0	0	0
Not known	0	0	0	0
<b>Total</b>	<b>423</b>	<b>111</b>	<b>236</b>	<b>76</b>

The data provides insights into the referral sources for service users, revealing notable patterns. The most common source of referral is self-referral, accounting for 54% of the total sample (n=227). Following self-referral, general practitioners (GPs) contribute to 9% of the referrals (n=38), while social services account for 8% (n=32) of the referrals. Interestingly, no clients in

the dataset were referred by an outreach worker, their school or college, a prison, or a needle exchange service.

Whilst a self-referral implies a lack of contact with health or social services, many of these individuals may have visited such and been informed of the local services to which they could refer themselves for





treatment. This is separate to the GPs referrals noted above (9%, n= 38) as these referrals would have been made to an organisation directly by the GP.

It is worth noting that in the North Dublin Central (DNC) region, self-referrals do not constitute the majority of referrals, making up 44% (n=49) instead. The remaining percentage is distributed among other referral methods. GPs contribute 12% of the referrals (n=13), while other drug treatment centres and social services each account for 10% of the referrals (n=11). These findings shed light on the diverse sources through which individuals seek help for alcohol-related issues. Self-referral emerges as the primary pathway, indicating that many service users take the initiative to seek treatment independently. This emphasizes the importance of empowering individuals to recognize their need for support and actively reach out for assistance.

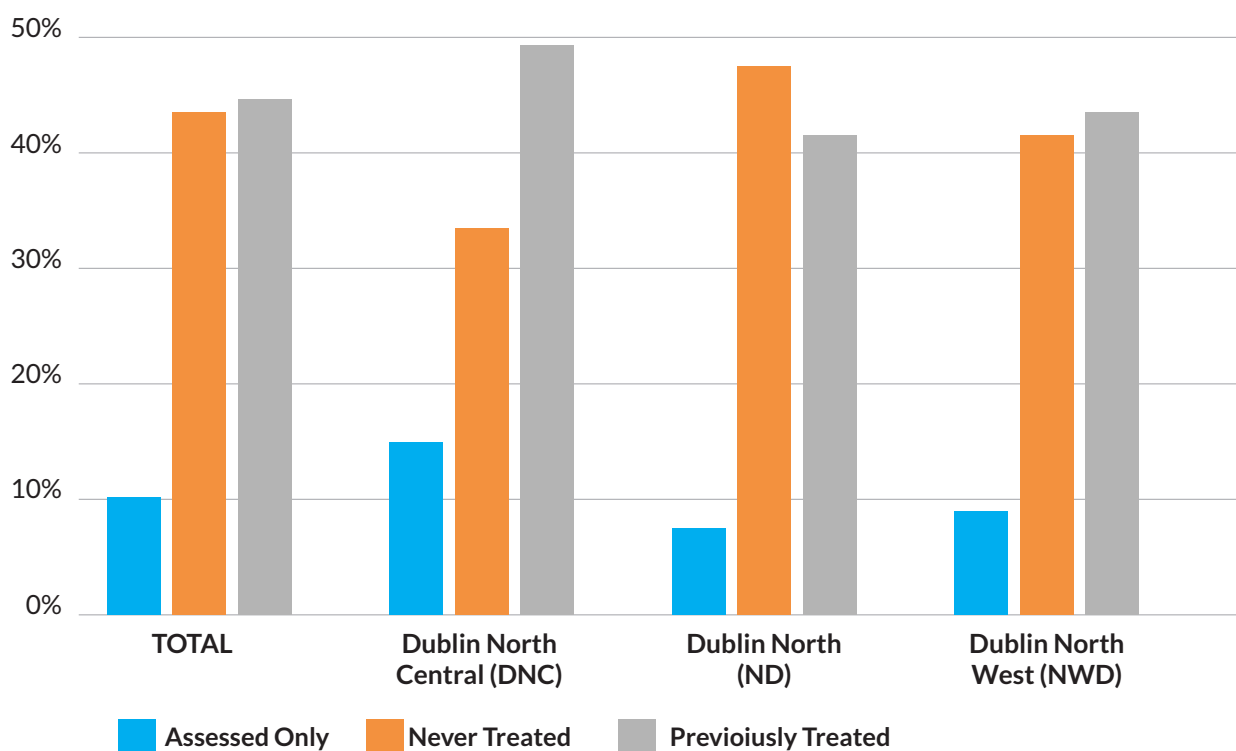
The involvement of GPs and social services as referral sources underscores the role of healthcare professionals and community support networks in identifying and addressing alcohol-related concerns. Collaborative efforts between these stakeholders can facilitate early intervention, promote accessibility to treatment services, and enhance overall support for individuals

struggling with alcohol-related problems.

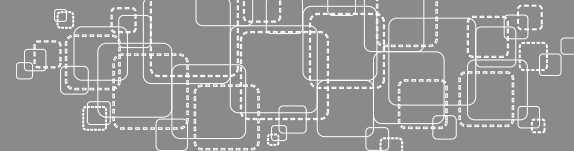
The absence of referrals from outreach workers, educational institutions, prisons, and needle exchange services suggests potential areas for further exploration and targeted interventions. Identifying the barriers or gaps that may impede referrals from these sources could help improve the accessibility and inclusivity of alcohol treatment services.

In the context of the DNC region, the variation in referral sources indicates a unique pattern compared to the overall dataset. Understanding the specific dynamics and factors influencing referrals in this region can inform tailored strategies to optimize the coordination of different referral sources and ensure comprehensive care for individuals seeking alcohol treatment. Overall, this analysis highlights the significance of diverse referral sources in the alcohol treatment landscape and emphasizes the need for a multidimensional approach that leverages self-referral, engages healthcare providers, and fosters collaboration with social services to effectively address alcohol-related issues in the community.

## Previous Treatment







Previously Treated Status n (%)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
Assessed only	42 (10%)	17 (15%)	18 (8%)	7 (9%)
Never Treated	185 (44%)	38 (34%)	115 (49%)	32 (42%)
Previously Treated	188 (44%)	55 (50%)	100 (42%)	33 (43%)
Treatment Status Unknown	8 (2%)	~	~	~

In examining the treatment history of service users, we explore whether they have received prior treatment for their alcohol use. The data reveals an equal distribution between individuals who have been previously treated and those who have never undergone treatment, each accounting for 44% of the total sample (n=185 and n=188, respectively) when considering North Dublin as a whole. However, when examining specific regions, a variation in treatment history emerges. In North Dublin Central (DNC), service users were more likely to have received previous treatment, comprising 50% of the sample (n=55), compared to 42% in North Dublin (ND; n=100) and 43% in North Dublin West (NWD; n=33). When considering the overall dataset, only 10% of service users were solely assessed but not treated (n=17), with the highest proportion observed in DNC at 15% (n=17). It is worth noting that for the entirety of North Dublin, the treatment status of 2% of service users remains unknown (n=8), indicating a lack of available information or incomplete records.

These findings shed light on the prevalence of previous treatment among service users and highlight regional differences within North Dublin. The higher percentage of individuals with prior treatment in DNC suggests a higher prevalence of recurring alcohol-related issues or a greater willingness among residents in that area to

seek treatment multiple times. On the other hand, the relatively lower proportion of previous treatment in ND and NWD may indicate a greater proportion of individuals who are seeking treatment for the first time or who have not yet accessed treatment despite their alcohol use.

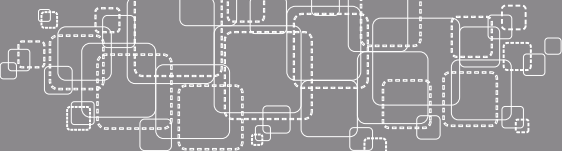
The presence of service users who were assessed but not treated emphasizes the importance of not only evaluating individuals' needs but also ensuring access to appropriate interventions and support. Further investigation is necessary to understand the reasons behind these findings and to explore potential barriers to treatment or gaps in service provision.

It is essential to acknowledge the limitations in the dataset, including the unknown treatment status of a small proportion of service users. Efforts should be made to enhance data collection and record-keeping practices to improve the comprehensiveness and accuracy of treatment history information.

These insights contribute to our understanding of the treatment landscape for alcohol use in North Dublin, highlighting the need for tailored interventions, continuous support, and targeted strategies to address the diverse treatment needs and experiences of service users across the region.

## Gender





Gender n (%)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
Male	223 (53%)	63 (57%)	118 (50%)	42 (55%)
Female	199 (47%)	48 (43%)	117 (50%)	34 (45%)
Not Recorded	~	0	~	0
In another way	0	0	0	0
Non-binary	0	0	0	0
Transgender	0	0	0	0

The demographic composition of service users in North Dublin provides insights into the gender distribution within the population seeking treatment for alcohol-related issues. Overall, there is a slightly higher representation of male-identifying individuals compared to female-identifying individuals, with males accounting for 53% of the sample and females representing 47% (n=223 vs. n=199).

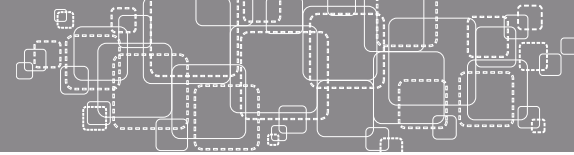
When considering specific regions within North Dublin, the largest disparity between genders is observed in North Dublin Central (DNC), where 57% of service users identify as male (n=63). This finding aligns with the general understanding that alcohol use disorders tend to be more prevalent among male-identifying individuals.

Importantly, when comparing all cases with treated cases only, no notable gender differences emerge. This suggests that both male and female service users are equally likely to receive treatment once they seek help, indicating a fair and equitable approach to addressing alcohol-related issues.

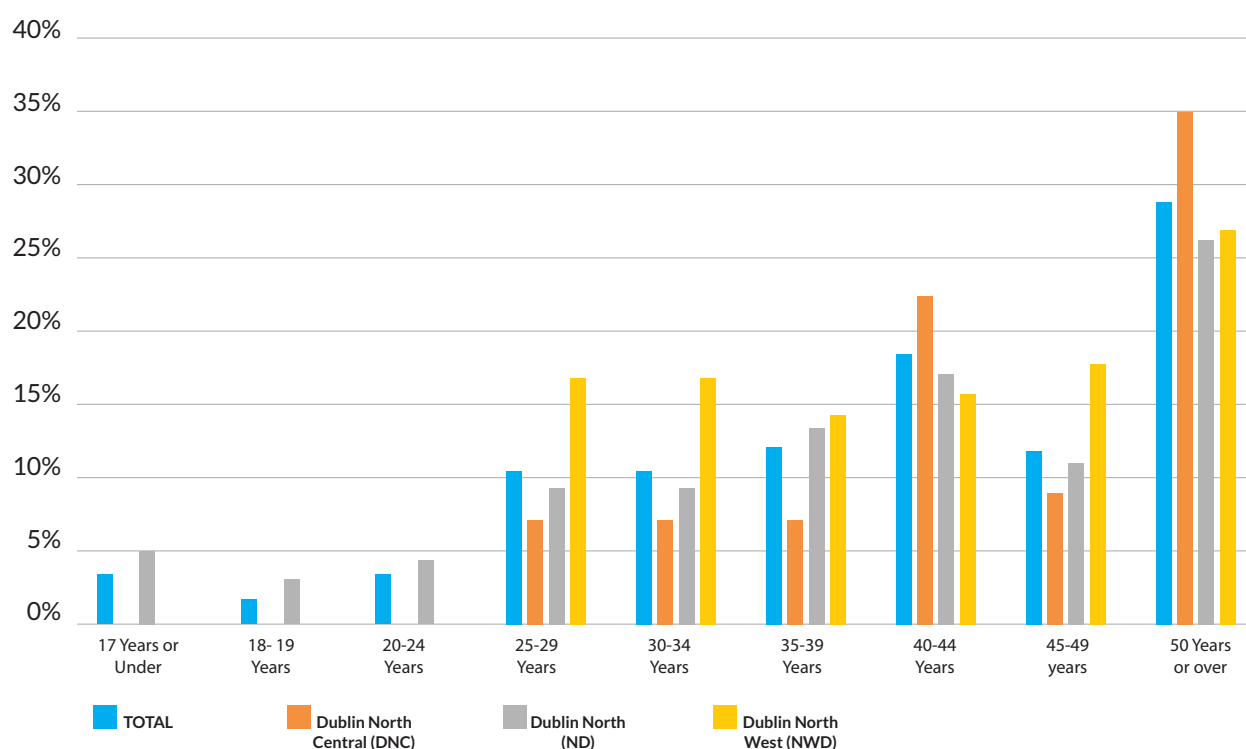
These findings highlight the importance of considering gender as a factor in understanding alcohol use patterns and treatment-seeking behaviours. Recognizing that alcohol use disorders may disproportionately affect males informs the need for targeted interventions and support systems tailored to meet their specific needs. Moreover, the absence of gender disparities in treatment access among treated cases emphasizes the commitment to providing equal opportunities for both male and female service users to receive appropriate interventions and support.

Understanding the gender distribution among service users is a crucial step in developing effective and inclusive treatment strategies. It allows for a more comprehensive understanding of the population in need, facilitates the identification of potential gender-specific barriers to treatment, and helps inform the development of tailored interventions that address the unique challenges faced by individuals of different genders.

Further research and analysis are warranted to delve deeper into the factors influencing gender differences in alcohol use and treatment-seeking behaviours. By exploring the underlying reasons for these disparities, we can better address the specific needs of male-identifying individuals and promote gender equality in alcohol treatment services.



## Age



Age n (%)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
17 years or under	12 (3%)	0	12 (5%)	0
18-19	8 (2%)	~	7 (3%)	0
20-24	15 (4%)	~	11 (5%)	0
25-29	43 (10%)	8 (7%)	22 (9%)	13 (17%)
30-34	52 (12%)	18 (16%)	27 (11%)	7 (9%)
35-39	50 (12%)	7 (6%)	32 (14%)	11 (15%)
40-44	75 (18%)	24 (22%)	39 (17%)	12 (16%)
45-49	48 (11%)	10 (9%)	25 (11%)	13 (17%)
50 years or over	120 (28%)	39 (35%)	61 (26%)	20 (26%)
Not recorded	0	0	0	0

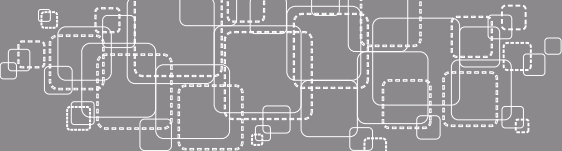
The analysis of service user demographics provides valuable insights into the age distribution of individuals seeking treatment for alcohol-related issues. Overall, a significant proportion of service users fall within the age group of 50 and above, constituting 28% of the sample (n=120). An additional 29% (n=123) belong to the age range of 40-49. The distribution of age groups continues with 24% falling within the 30-39 range (n=102), 14% in the 20-29 range (n=58), and 5% under the age of 20 (n=20).

Notably, North Dublin (ND) stands out as the only region with service users under the age of 18, accounting for 5% of the sample (n=12). Additionally, ND is the only region with a sufficient number of individuals under the age of 25 to be included in the

analysis, indicating a notable representation of younger service users in this area. In contrast, North Dublin West (NWD) reports zero service users under the age of 25, suggesting an older age profile among service users in this region.

Importantly, no significant differences in age distribution are observed when comparing all cases with treated cases only. This suggests that individuals seeking treatment receive similar care and intervention regardless of their age group.

Understanding the age composition of service users is crucial for tailoring treatment approaches to address the specific needs and challenges faced by different age groups. The higher representation of older



individuals seeking treatment underscores the importance of addressing alcohol-related issues among the middle-aged and elderly populations. The presence of younger service users highlights the need for early intervention strategies and targeted support for this demographic.

Further research is necessary to explore the factors

contributing to the age distribution observed in different regions. By gaining a deeper understanding of the unique challenges faced by individuals of different age groups, we can develop effective interventions, allocate appropriate resources, and ensure comprehensive and inclusive alcohol treatment services for all age cohorts.

### Self-Identified Ethnicity

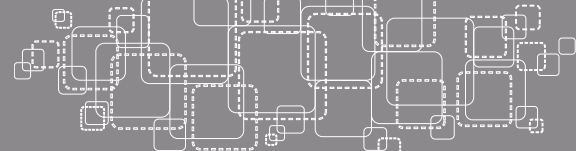
n=369 of N=423 clients are Irish, and n=39 are non-Irish white.

Ethnicity	Total
Asian or Asian Irish – Chinese	~
Black or Black Irish - Any other black background	~
Black or Black Irish - Black African	~
Do not wish to answer this question	~
Irish	369
Irish Traveller	~
Other, including mixed group / background - Mixed, write in description	~
Unknown	~
White - Any other white background	39
White – Irish	~
<b>Total</b>	<b>423</b>

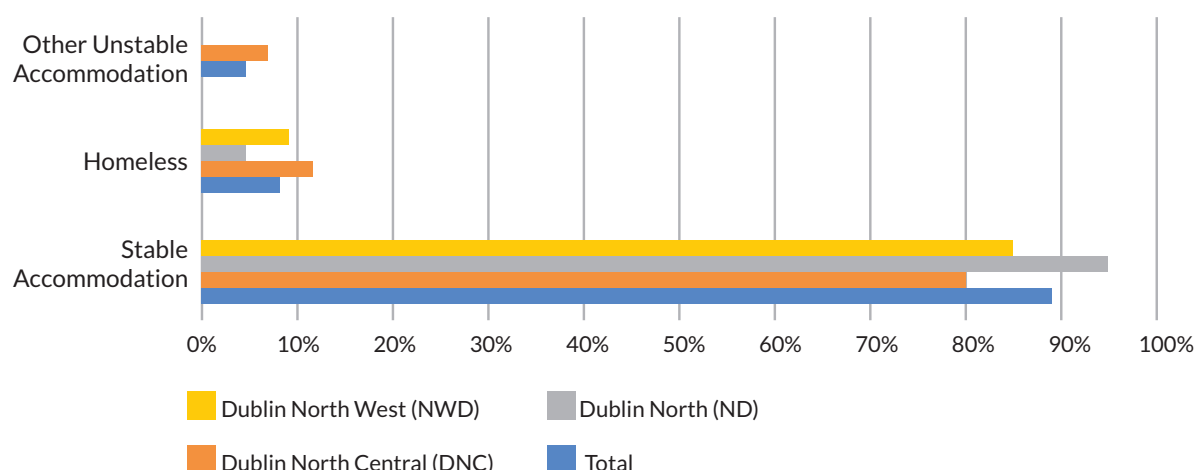
### Country of Birth

n=384 of N=423 clients were born in Ireland, n=10 in Poland, and n=8 in the U.K.

Country of birth	Total
Brazil	~
Czech Republic	~
Great Britain and Northern Ireland (UK)	8
Hungary	~
India	~
Ireland, Republic of	384
Latvia	~
Lithuania	~
Not known	~
Poland	10
Portugal	~
Russian Federation	~
Saudi Arabia	~
South Africa, Republic of	~
United States of America	~
<b>Total</b>	<b>423</b>



## Accommodation



Accommodation - living where (n)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
Stable accommodation	376 (89%)	89 (80%)	222 (94%)	65 (86%)
Homeless	29 (7%)	12 (11%)	10 (4%)	7 (9%)
Other unstable accommodation	14 (3%)	8 (7%)	~	~
Prison	0	0	0	0
Institution (residential care/halfway house)	~	~	~	0
Not known	~	0	~	0

The analysis of service user data sheds light on the accommodation status of individuals seeking treatment for alcohol-related issues. The majority of service users, accounting for 89% of the sample (n=376), reported residing in stable accommodation. The highest proportion of individuals living in stable accommodation was observed in North Dublin (ND) at 94% (n=222), while the lowest was found in North Dublin Central (DNC) at 80% (n=89).

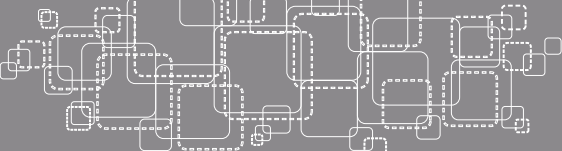
In contrast, 7% of service users (n=29) identified as homeless. The highest proportion of homeless individuals seeking treatment was in DNC, comprising 11% of the DNC sample (n=12), whereas ND reported the lowest proportion at 4% (n=10).

Furthermore, 3% of service users (n=14) reported living in other forms of unstable accommodation. The majority of these cases were concentrated in DNC, accounting for 7% of the total DNC sample (n=8).

Understanding the accommodation status of service users is crucial for providing appropriate support and interventions. The high prevalence of stable accommodation among service users indicates a positive trend, as stable living conditions can contribute to better treatment outcomes and long-term recovery. However,

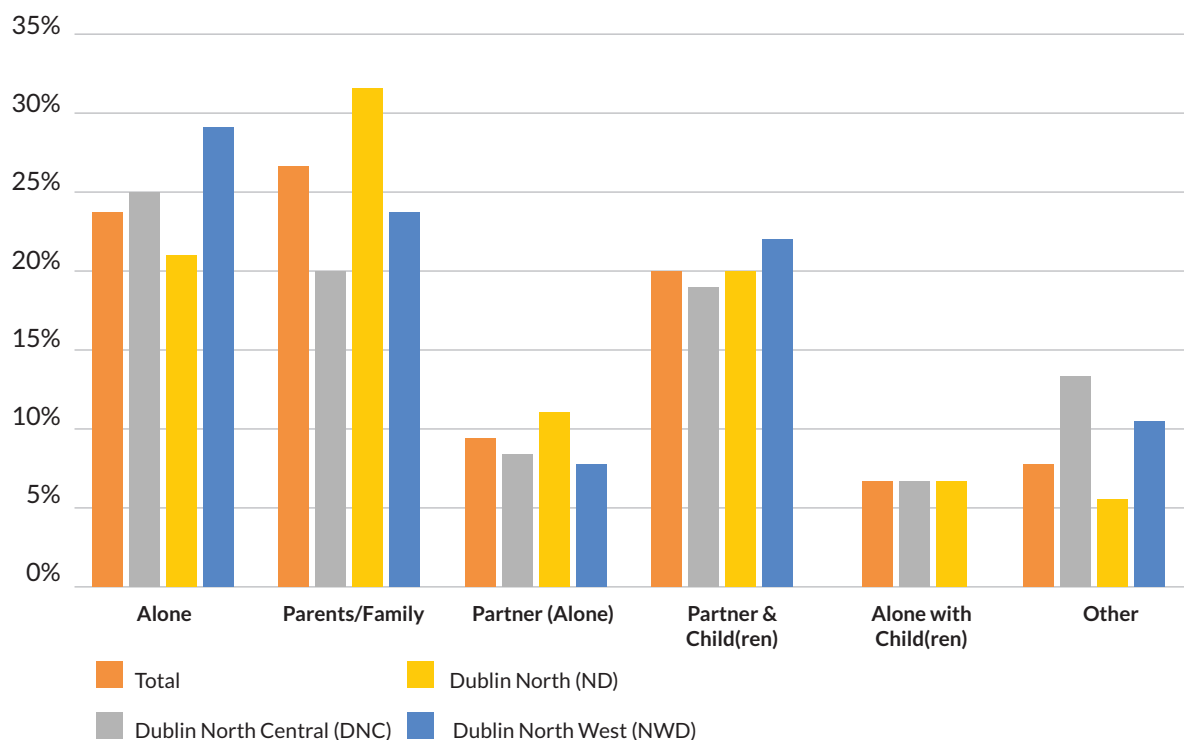
the presence of homeless individuals and those in unstable accommodation highlights the need for targeted interventions to address housing instability as a factor influencing alcohol-related issues.

Further research is needed to examine the underlying factors contributing to the variation in accommodation status across different regions. By identifying the challenges faced by individuals experiencing housing instability, policymakers and service providers can develop strategies to improve access to stable accommodation and enhance support systems for vulnerable populations.



## Household Makeup

### Who do Service Users live with ?

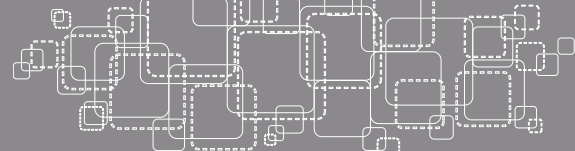


Accommodation - living with whom (n)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
Alone	100 (24%)	28 (25%)	50 (21%)	22 (29%)
Parents/family	115 (27%)	22 (20%)	75 (32%)	18 (24%)
Friends	10 (2%)	~	~	0
Partner (alone)	41 (10%)	9 (8%)	26 (11%)	6 (8%)
Partner & child(ren)	86 (20%)	21 (19%)	48 (20%)	17 (22%)
Alone with child(ren)	30 (7%)	8 (7%)	17 (7%)	~
Other	35 (8%)	15 (14%)	12 (5%)	8 (11%)
Foster care	0	0	0	0
Not known	6 (1%)	~	~	0

The analysis of living arrangements among service users provides insights into their social environments. The majority of individuals seeking treatment for alcohol-related issues either lived with family (27%, n=115) or lived alone (24%, n=100). Notably, North Dublin (ND) exhibited the highest concentration of service users living with family, with 32% (n=75), while North Dublin Central (DNC) had the lowest proportion at 20% (n=22). ND also had a lower concentration of service users living with "other" housemates, accounting for 5% (n=12), compared to 14% (n=15) in DNC and 11% (n=8) in North Dublin West (NWD). The remaining living situations did not exhibit significant variations across the North Dublin regions.

It is important to note that a substantial proportion of service users living alone (24%, n=100) may face a higher risk of loneliness, which has been identified as a factor that can exacerbate substance use issues. The lack of social support and potential feelings of isolation associated with living alone may contribute to the vulnerability of these individuals.

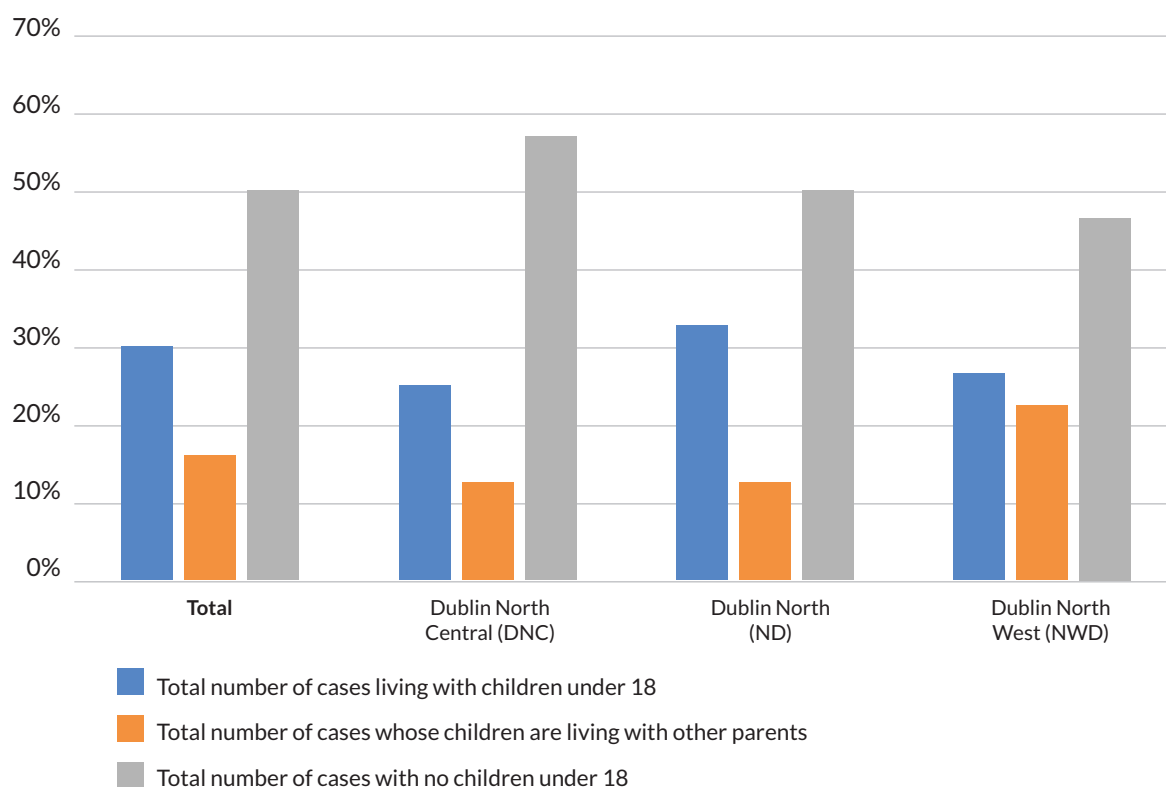
Addressing the social aspects of alcohol-related issues is essential in developing comprehensive treatment approaches. Support systems that target loneliness and provide opportunities for social connection should be considered to enhance the well-being and recovery outcomes of individuals living alone. Further research



is warranted to explore the specific challenges faced by service users in different living arrangements and to inform interventions aimed at promoting social integration and reducing substance use risks.

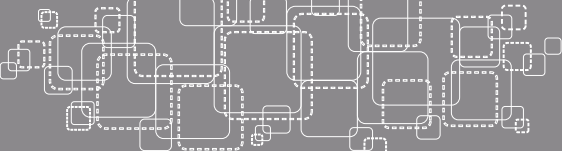
## Service users and their children

### Do service users have children ?



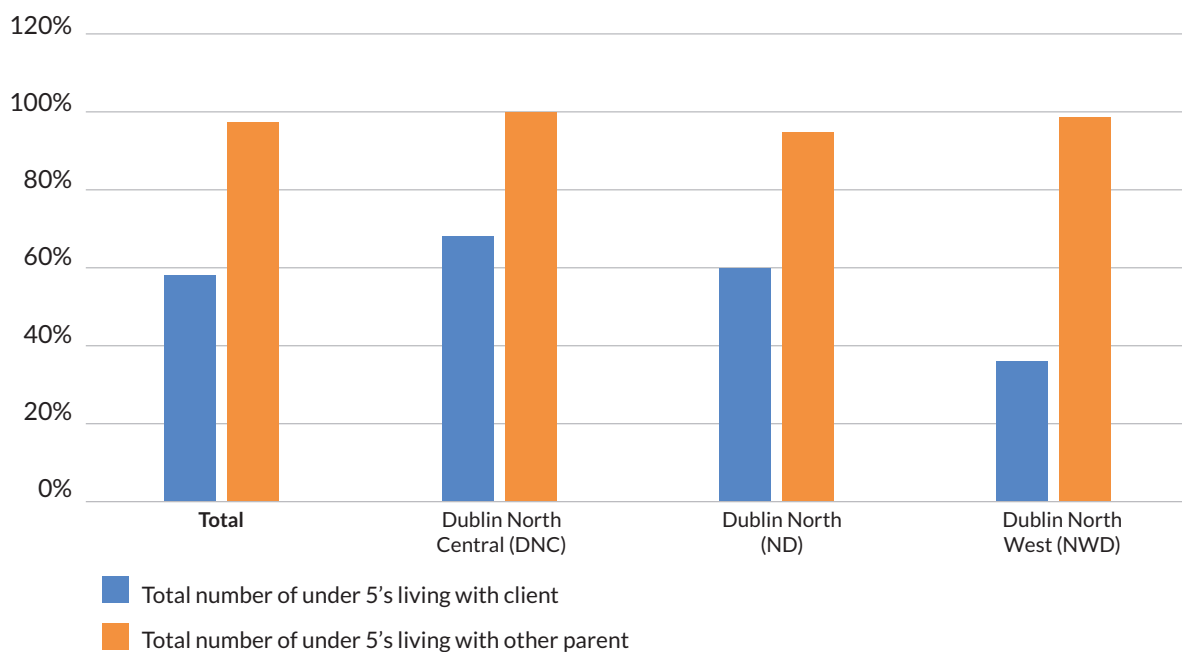
Number of cases with children under 18 n (%)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
Total number of cases living with children under 18	102 (30%)	22 (25%)	63 (32%)	17 (27%)
Total number of cases whose children are living with other parent	51 (15%)	11 (13%)	26 (13%)	14 (23%)
Total number of cases who have children under 18 currently in care	~	0	~	~
Total number of cases with children under 18 who live elsewhere	9 (4%)	~	~	~
No children under 18	177 (51%)	50 (57%)	98 (50%)	29 (47%)



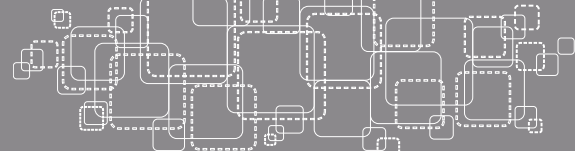


## Accommodation and children under 5

### Where do children under 5 live?

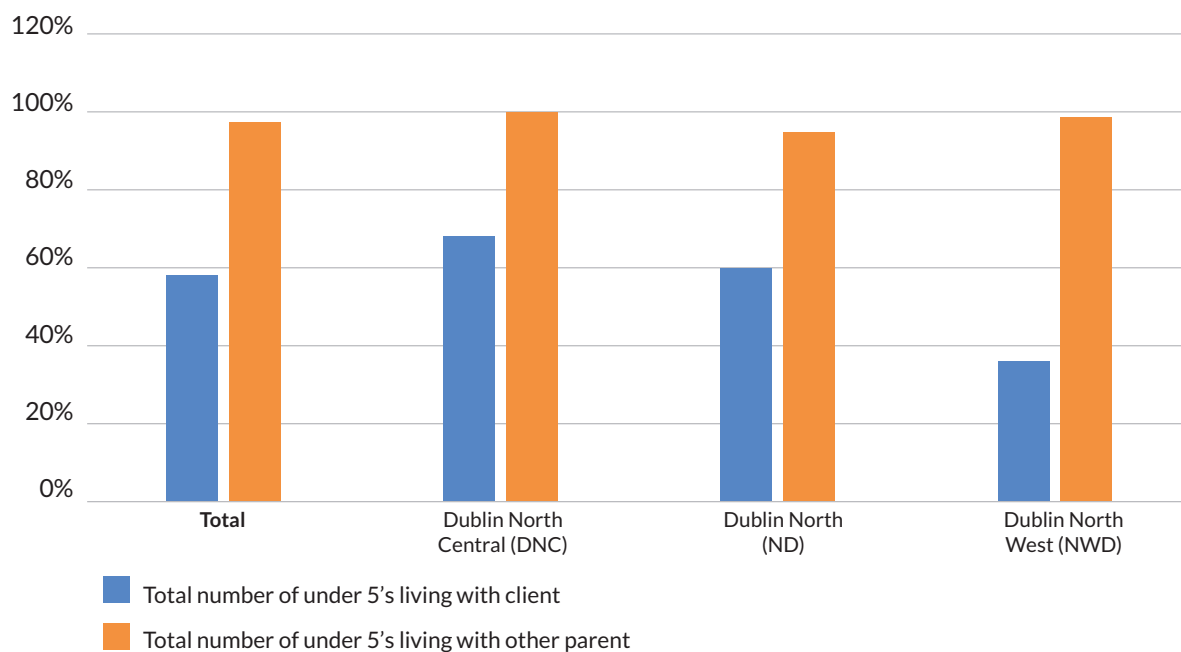


Where do children under 5 live? n (%)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
Total number of under 5s living with client	46 (57%)	14 (70%)	27 (60%)	~
Total number of under 5s living with other parent	31 (38%)	6 (30%)	15 (33%)	10 (63%)
Total number of under 5s currently in care	~	0	~	~
Total number of under 5s who live elsewhere	~	0	~	0

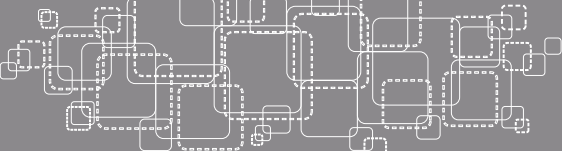


## Accommodation and children under 5

### Where do children under 5 live?

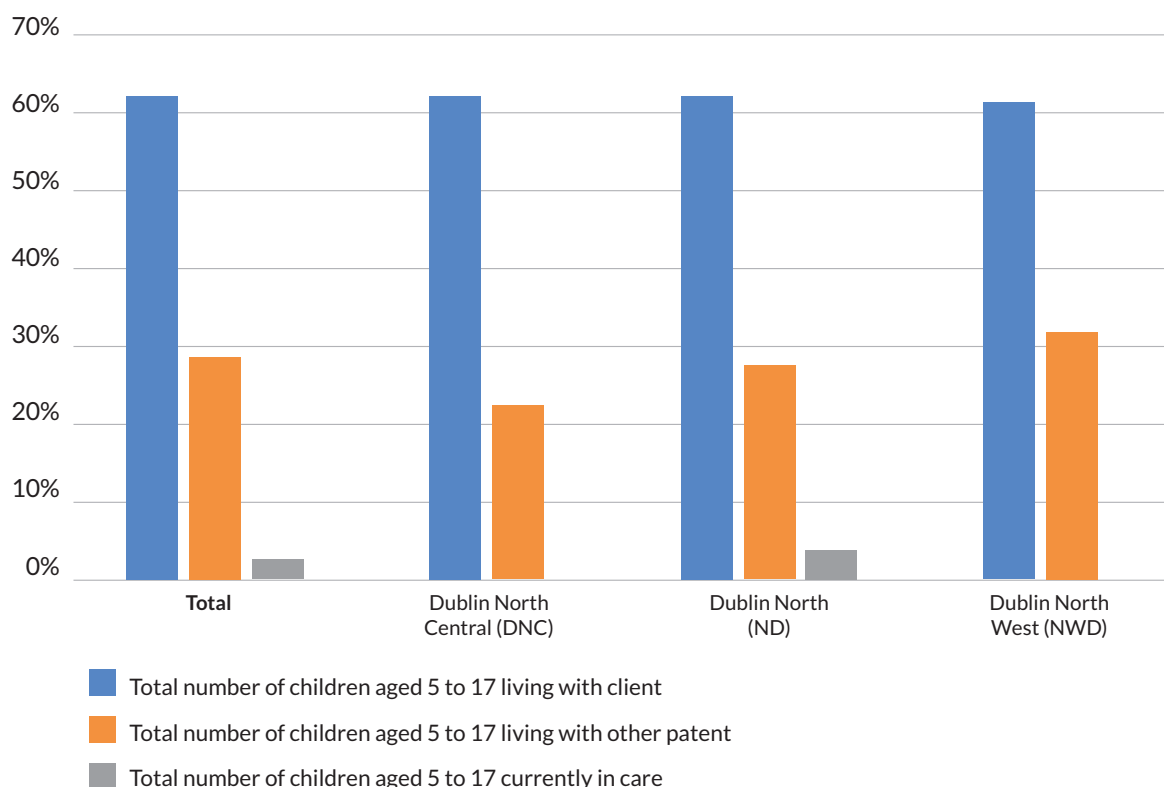


Where do children under 5 live? n (%)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
Total number of under 5s living with client	46 (57%)	14 (70%)	27 (60%)	~
Total number of under 5s living with other parent	31 (38%)	6 (30%)	15 (33%)	10 (63%)
Total number of under 5s currently in care	~	0	~	~
Total number of under 5s who live elsewhere	~	0	~	0



## Accommodation and children age 5-17

### Where do children age 5-17 live?

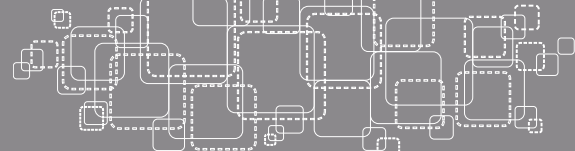


Where do children age 5-17 live? n (%)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
Total number of children aged 5 to 17 living with client	149 (64%)	26 (63%)	84 (65%)	39 (64%)
Total number of children aged 5 to 17 living with other parent	65 (28%)	10 (24%)	35 (27%)	20 (33%)
Total number of children aged 5 to 17s currently in care	7 (3%)	0	7 (5%)	0
Total number of children aged 5 to 17 who live elsewhere	11 (5%)	~	~	~

The data analysis reveals important insights into the parenting status and living arrangements of service users across different regions. The majority of service users in all areas do not have children under 18 (57-47%, n=177). Among those who do have children under 18, the majority live with their child(ren) (30%, n=102). In 15% of cases (n=51), the child(ren) reside with the other parent. Notably, North Dublin West (NWD) stands out with a higher percentage (23%, n=14) of children under 18 living with the other parent compared to 13% in North Dublin Central (DNC) and North Dublin (ND) (n=11 and 26).

A small number of children are reported to live elsewhere, while the exact numbers of children in care are not available. When examining the age of the children, it is evident that in most regions, individuals with children under 5 are less likely to live with them compared to those with children aged 5-17. Specifically, 57% (n=46) of service users with children under 5 live with them, whereas 64% (n=149) of those with children aged 5-17 reside together.

An exception to this pattern is observed in DNC, where 70% (n=14) of service users with children under 5 live with their children, while 63% (n=26) of those with



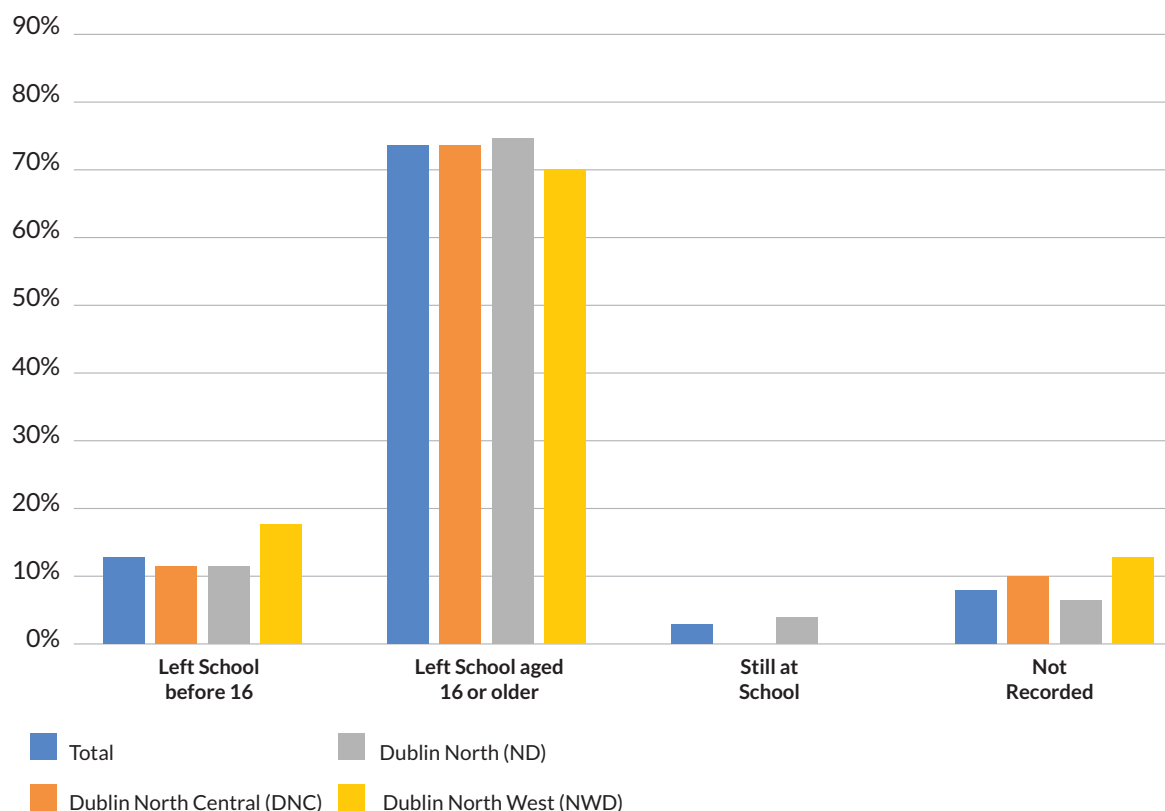
children aged 5-17 share the same living arrangement. Additionally, ND reports a small percentage (5%, n=7) of children aged 5-17 in care.

Another noteworthy finding is that NWD exhibits a significantly higher percentage (63%, n=10) of children under 5 living with the other parent compared to DNC and ND, where the percentages range from 30% to 33% (n=6, n=15).

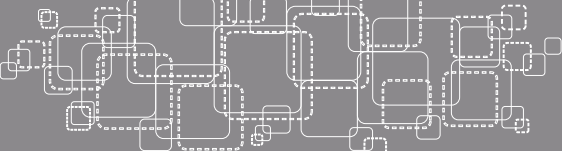
Understanding the living arrangements and caregiving responsibilities of service users provides valuable context for tailoring interventions and support services to meet the unique needs of individuals with children. Further research is warranted to explore the impact of these living arrangements on treatment outcomes and to develop strategies to promote healthy family dynamics in the context of substance use disorders.

## Education

### When did service users leave school ?

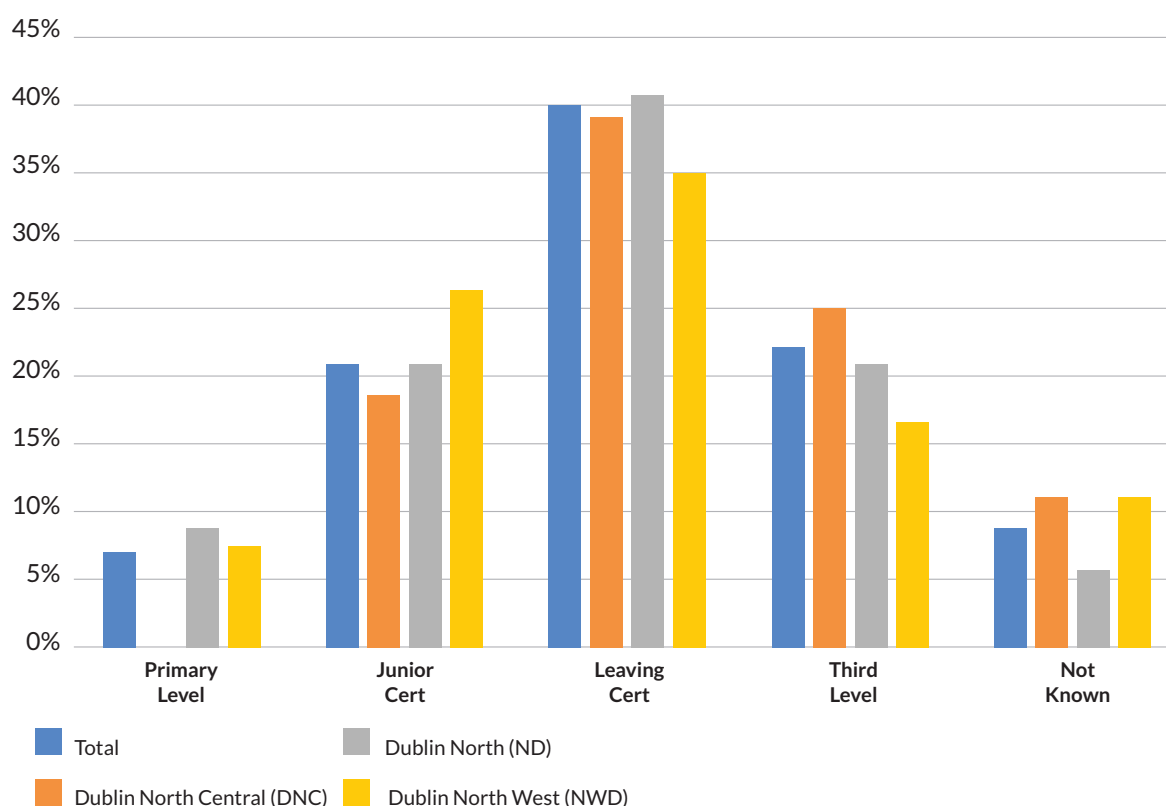


Age left school n (%)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
Never went to school	~	~	~	0
Left school before 16	56 (13%)	13 (12%)	29 (12%)	14 (18%)
Left school aged 16 or older	320 (76%)	85 (77%)	182 (77%)	53 (70%)
Still at school	11 (3%)	0	11 (5%)	0
Not recorded	34 (8%)	12 (11%)	13 (6%)	9 (12%)



## Education

### Highest level of education ?

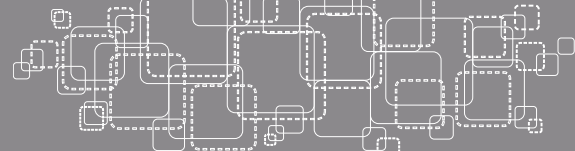


Highest level of education completed n (%)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
Primary level incomplete	~	~	~	~
Primary level	31 (7%)	~	20 (8%)	6 (8%)
Junior cert	90 (21%)	20 (18%)	50 (21%)	20 (26%)
Leaving cert	170 (40%)	44 (40%)	99 (42%)	27 (36%)
Third level	93 (22%)	28 (25%)	52 (22%)	13 (17%)
Never went to school	0	0	0	0
Not known	36 (9%)	13 (12%)	14 (6%)	9 (12%)

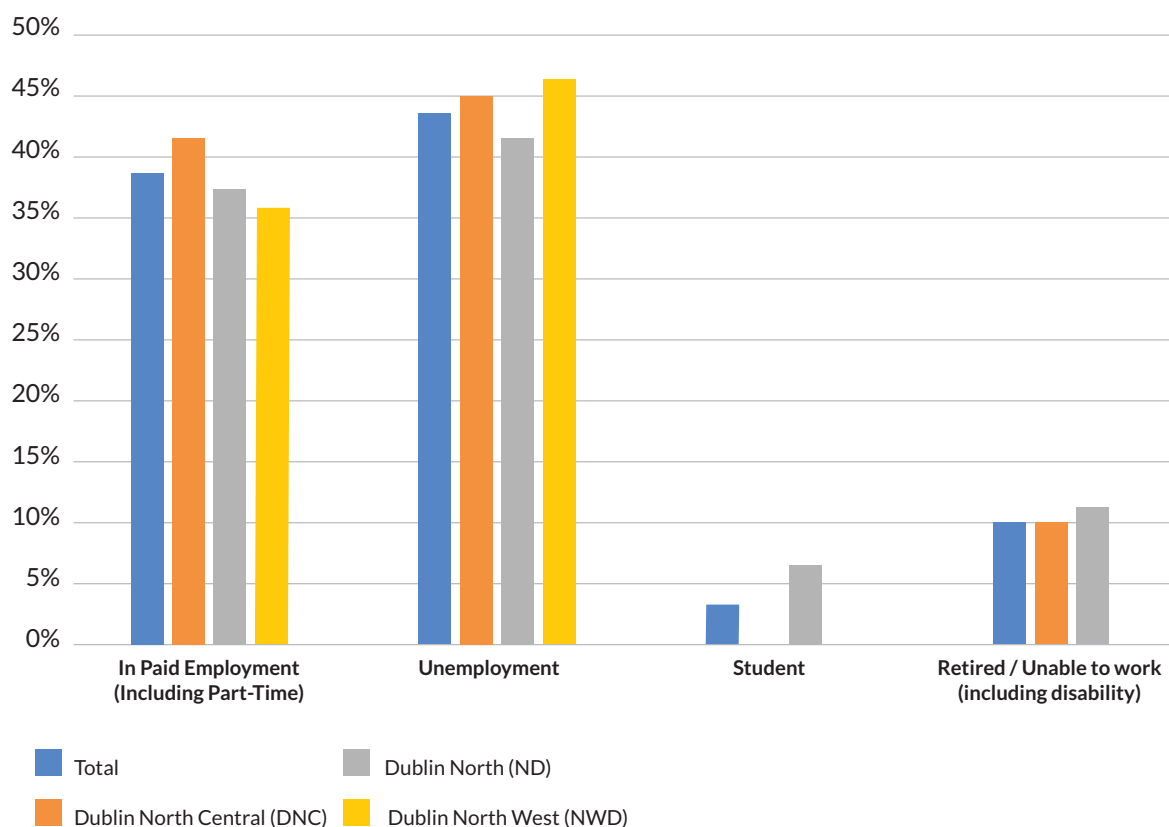
The analysis of educational attainment among service users highlights significant findings. The majority of service users completed their education at the age of 16 or older (76%, n=320) and achieved the Leaving Certificate qualification (40%, n=170). Additionally, 21% (n=90) completed the Junior Certificate, while 22% (n=93) pursued higher education at the third level. Notably, service users in North Dublin West (NWD) were less likely to complete the Leaving Certificate (36%, n=27) and pursue third-level education (17%, n=13) compared to their counterparts in other regions. In North Dublin Central (DNC), 40% (n=44) of service users completed the Leaving Certificate, and 25% (n=28) pursued third-level education. In North Dublin

(ND), 42% (n=99) completed the Leaving Certificate, and 22% (n=52) went on to third-level education.

These findings shed light on the educational profiles of service users and indicate potential variations across different regions. Further research could explore the factors influencing educational outcomes among service users and identify strategies to support their educational aspirations and opportunities. Understanding the educational background of service users is crucial for designing tailored interventions that address their unique needs and promote their overall well-being and future prospects.



## Employment Status



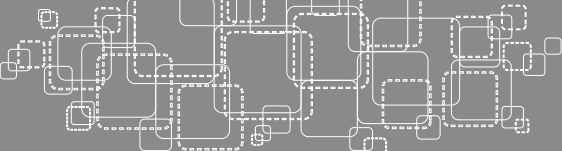
Employment Status n (%)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
In paid employment (including part-time)	160 (38%)	46 (41%)	87 (37%)	27 (36%)
Unemployed	184 (43%)	50 (45%)	98 (42%)	36 (47%)
Training course	~	0	~	~
Student	17 (4%)	0	16 (7%)	~
Housewife/husband	9 (2%)	~	~	~
Retired/unable to work (including disability)	41 (10%)	11 (10%)	25 (11%)	~
Other (please specify)	0	0	0	0
Not known	8 (2%)	~	~	~

The data analysis reveals the employment status of service users, providing valuable insights into their occupational circumstances. Among the service users, the most prevalent employment status is unemployed, accounting for 43% (n=184) of the total. However, a significant portion, 38% (n=160), is employed, including both full-time and part-time positions. Approximately 10% (n=41) of service users are either retired or unable to work, while a small proportion, 4% (n=17), are students.

Notably, these employment patterns remain relatively consistent across the different regions, with only a minor variation of 4% observed. This suggests that the distribution of employment statuses among service

users is similar regardless of the specific area in North Dublin.

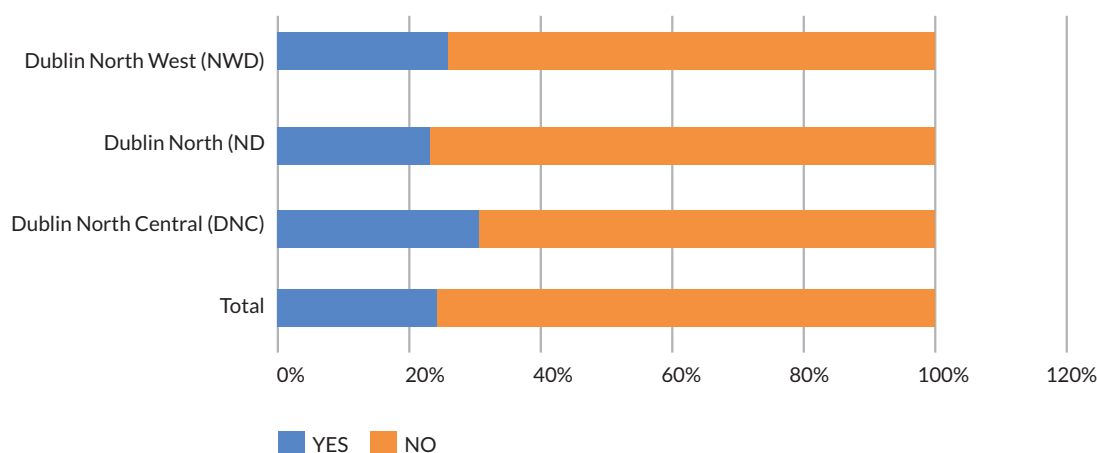
Understanding the employment status of service users is critical in addressing their needs and designing effective interventions. This information can guide policymakers and healthcare professionals in developing targeted support programmes, such as job training initiatives and vocational rehabilitation services, to enhance employment prospects and overall well-being among service users. Further research could delve deeper into the factors influencing employment outcomes and explore strategies to promote sustainable employment opportunities within the context of substance use treatment and recovery.



## Substance use Behaviour (treated cases only)

### Polydrug use

Does the service user engage in polydrug use?



Uses more than one drug n (%)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
Yes	94 (25%)	27 (29%)	50 (23%)	17 (25%)
No	287 (75%)	67 (71%)	168 (77%)	52 (75%)

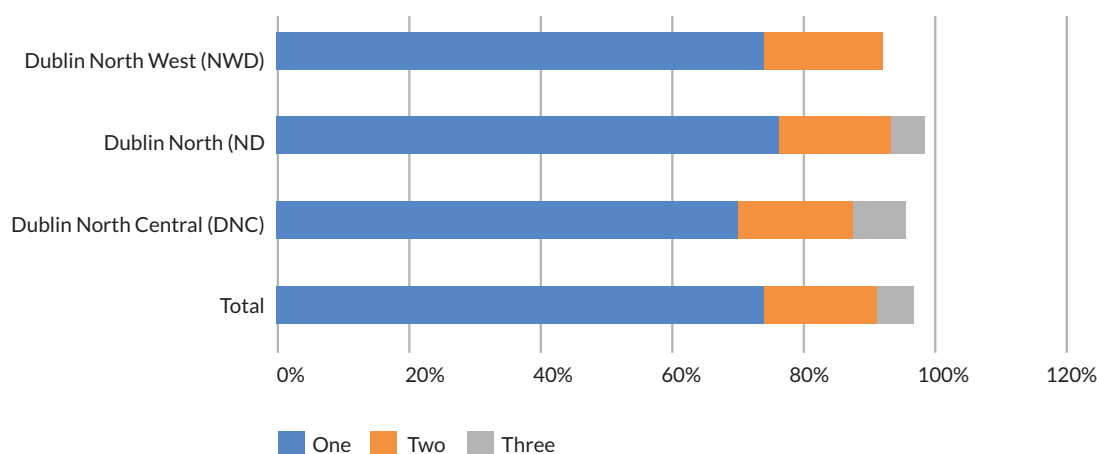
The overall analysis reveals that 25% (n=94) of treated clients in the study reported using multiple drugs. Among the regions in North Dublin, the highest proportion of clients who used more than one drug was observed in DNC, with 29% (n=27) falling into this category. On the other hand, ND had the lowest percentage at 23% (n=50).

Understanding the prevalence of polydrug use among treated clients is essential for developing comprehensive and tailored treatment interventions. Polydrug

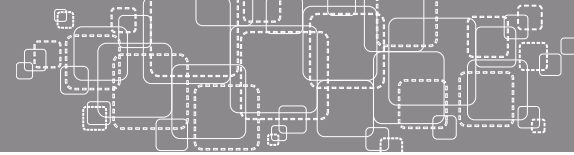
use can have complex effects on individuals' health and treatment outcomes, requiring specific attention and interventions. By identifying regional differences in polydrug use, policymakers and healthcare professionals can develop targeted strategies to address the specific needs of each region and provide effective treatment options for individuals engaging in multiple drug use. Further research is needed to explore the factors contributing to polydrug use and its implications for treatment success and long-term recovery.

### Problematic Drug Use

Number of problem drugs







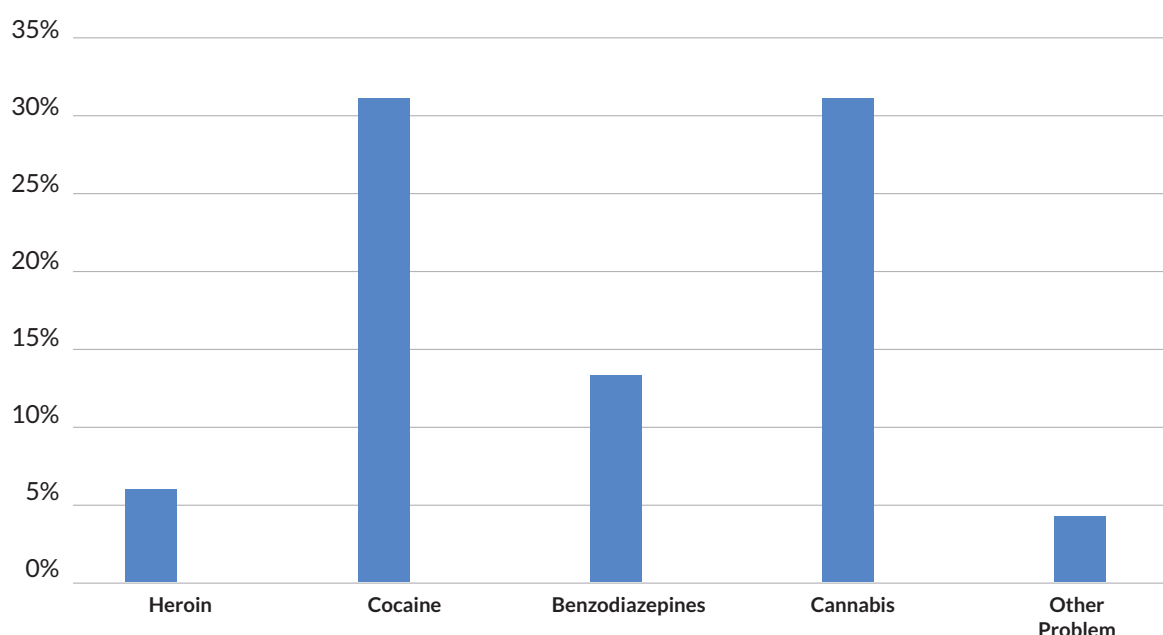
Number of problem drugs n (%)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
One	287 (75%)	67 (71%)	168 (77%)	52 (75%)
Two	65 (17%)	17 (18%)	36 (17%)	12 (17%)
Three	21 (6%)	7 (7%)	11 (5%)	~
Four	~	~	~	~
Five	~	~	~	~

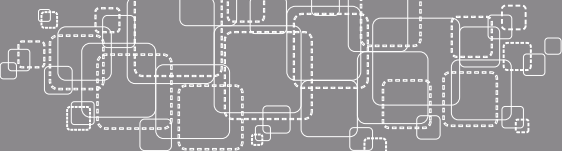
The findings indicate that the majority of clients in the study (75%, n=287) reported having only one problem drug. The lowest proportion of clients with a single problem drug was observed in DNC, with 71% (n=67), while the highest proportion was in ND, with 77% (n=168).

Approximately 17% (n=65) of clients reported having two problem drugs, and this percentage showed minimal variation across the different regions (1%). A smaller proportion of clients (6%, n=21) reported having three problem drugs, with the highest percentage found in DNC at 7% (n=7). The number of

clients reporting four or five problem drugs was too small to be disclosed in order to protect confidentiality. Understanding the specific patterns of drug use among clients is crucial for tailoring treatment approaches and interventions. Identifying the prevalence of multiple problem drugs allows healthcare professionals and policymakers to develop comprehensive strategies that address the complex needs of individuals facing multiple drug-related challenges. Further research is needed to explore the factors contributing to different patterns of drug use and their impact on treatment outcomes.

### What are the additional problem drugs?



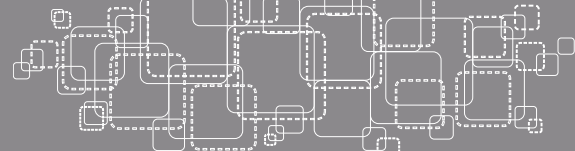


Additional problem drugs	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
Heroin	8 (6%)	~	~	~
Other opiates	~	~	~	0
Ecstasy	~	~	~	~
Cocaine	42 (31%)	9	22	11
Other stimulants	0	0	0	0
Benzodiazepines	18 (13%)	~	13	~
Other sedative/hypnotics	~	~	~	0
Volatile inhalants	0	0	0	0
Cannabis	43 (32%)	13	25	~
Alcohol	0	0	0	0
Other	~	~	0	~
Novel psychoactive substances	0	0	0	0
Concerned person	0	0	0	0
Other problem	6 (4%)	~	~	~
Not Known	0	0	0	0

The following % analysis was only done for the total North Dublin region as too many substances were undisclosed. The data presented highlights the prevalence of additional problem substances among clients in the study. The most commonly reported substances were cannabis, with 32% (n=43) of clients identifying it as an additional problem substance, and cocaine, with 31% (n=42) of clients reporting its use. Benzodiazepines were implicated as an additional problem substance by 13% (n=18) of clients, while heroin was mentioned by 6% (n=8) of clients.

These findings emphasize the co-occurrence of multiple substances in individuals seeking treatment

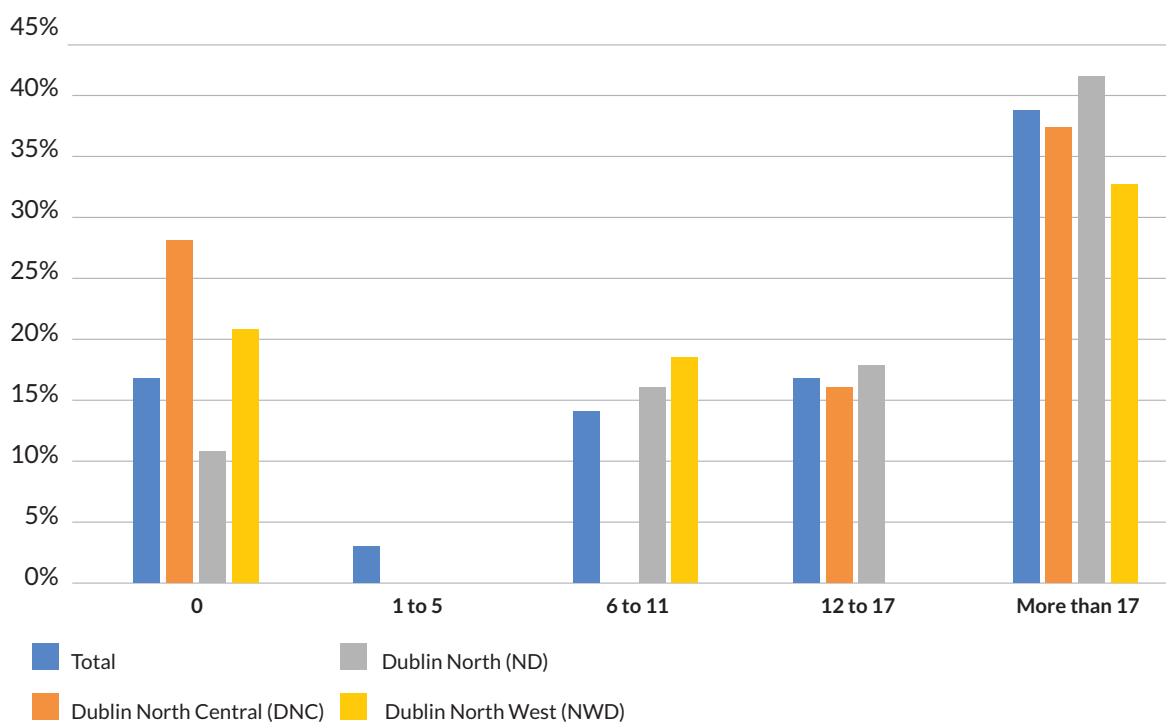
for drug-related issues. The high prevalence of cannabis and cocaine as additional problem substances suggests the need for targeted interventions and support services to address the complex challenges associated with these substances. Understanding the specific patterns of substance use can inform the development of tailored treatment plans and improve the effectiveness of interventions for individuals facing multiple substance-related issues. Further research is warranted to explore the underlying factors contributing to the use of these specific substances and their impact on treatment outcomes.



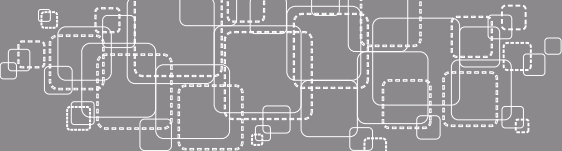
## Amount of Alcohol drank per drinking session (separated by gender)

### Male

#### Number of standard drinks consumed per drinking session (males)



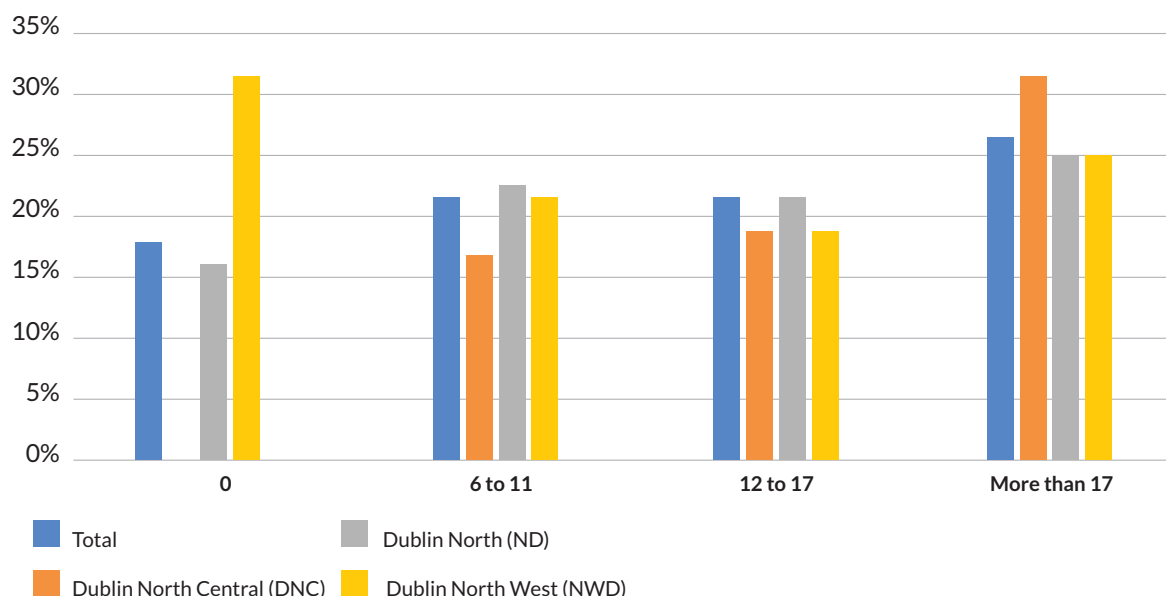
Male n (%)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
0	35 (18%)	15 (28%)	12 (11%)	8 (22%)
1 to 5	6 (3%)	~	~	~
6 to 11	29 (15%)	~	18 (16%)	7 (19%)
12 to 17	35 (18%)	9 (17%)	21 (19%)	~
More than 17	77 (39%)	20 (38%)	45 (41%)	12 (32%)
Not recorded	18 (7%)	~	11	~



## Amount of Alcohol drank per drinking session (separated by gender)

### Female

Number of standard drinks consumed per drinking session (female)



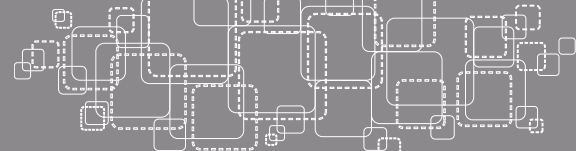
Female n (%)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
0	33 (18%)	~	18 (17%)	10 (31%)
1 to 5	8	~	6	~
6 to 11	38 (21%)	7 (17%)	24 (22%)	7 (22%)
12 to 17	37 (21%)	8 (20%)	23 (21%)	6 (19%)
More than 17	48 (27%)	13 (32%)	27 (25%)	8 (25%)
Not recorded	16	7	9	0

The data indicates that both male and female identifying clients tend to consume 17 or more standard drinks per drinking session, with 39% (n=77) of male identifying clients and 27% (n=48) of female identifying clients falling into this category. Notably, there is a slightly wider distribution of drinking levels among female identifying clients compared to male identifying clients. This results in a significant difference, with 39% of male identifying clients consuming 17 or more standard drinks, compared to 27% of female identifying clients.

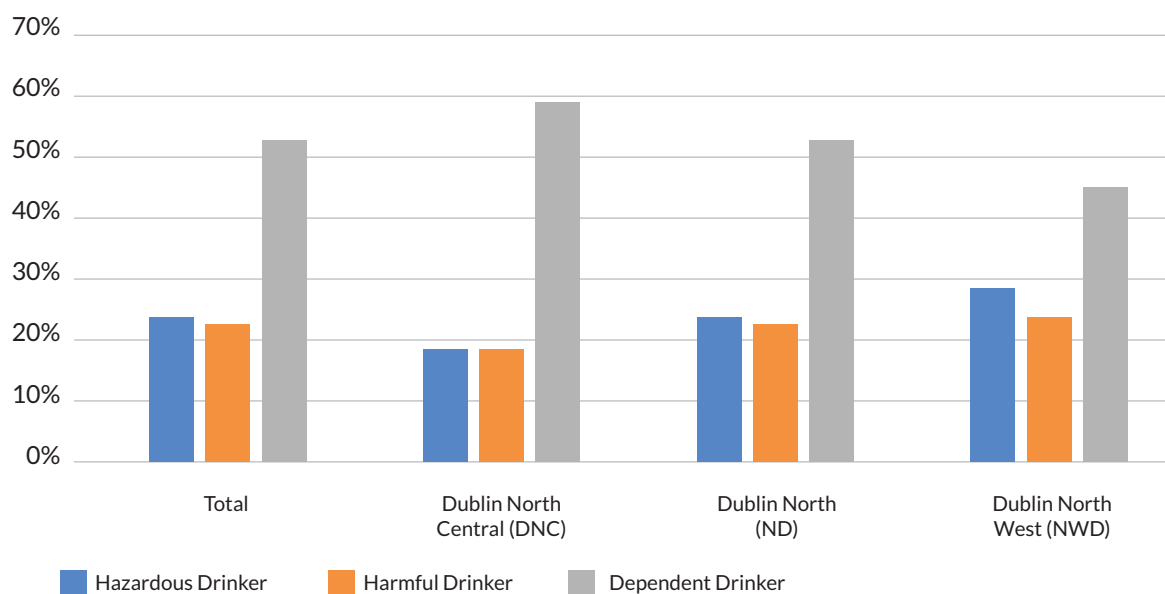
These findings highlight the importance of considering gender differences in drinking patterns and their potential impact on health outcomes. It is essential to develop targeted interventions and strategies that address the specific needs and vulnerabilities of both male and female identifying clients. Further research is necessary to explore the underlying factors

contributing to these gender differences in drinking behaviours and to inform effective prevention and treatment approaches.

The data indicates that male identifying clients in ND have the highest number of standard drinks per drinking session, with 41% (n=45) of them consuming 17 or more standard drinks. On the other hand, female identifying clients in DNC represent the highest percentage of individuals consuming 17 or more standard drinks per session, with 32% (n=13) falling into this category.



## Classification of drinking behaviour



Extent of problem drinking n (%)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
Hazardous drinker	86 (23%)	18 (19%)	48 (22%)	20 (29%)
Harmful drinker	81 (21%)	18 (19%)	46 (21%)	17 (25%)
Dependent drinker	202 (53%)	56 (60%)	115 (53%)	31 (45%)
Not known	12	~	9	~
Not recorded	0	0	0	0

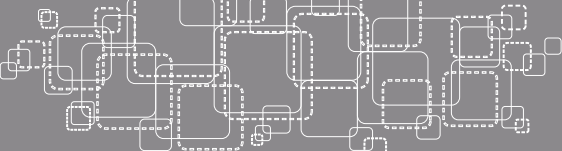
The findings indicate that the majority of service users exhibit dependence on alcohol (53%, n= 202). Notably, DNC stands out with the highest proportion of dependent drinkers at 60% (n= 56), while NWD shows a lower prevalence at 45% (n= 31). In terms of hazardous drinking, 23% of service users fall into this category, with NWD having the highest prevalence at

29% (n= 20) and DNC exhibiting the lowest at 19% (n= 18). Similarly, harmful drinking is observed in 21% of service users overall, with NWD displaying the highest prevalence at 25% (n= 17) and DNC recording the lowest at 19% (n= 18). These findings highlight the varying patterns of alcohol-related issues among service users across different regions.

## Levels of injecting Behaviour

Ever injected n (%)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
Yes	8 (2%)	~	~	~
No	356 (93%)	87	208	61
Did not wish to answer	~	0	0	~
Not known	16 (4%)	~	8	~

The overall data indicate that a large majority of individuals (93%, n= 356) had no history of injecting substances, whereas a small proportion (2%, n= 8) reported engaging in injection drug use.



## Drug Paraphernalia

Ever shared other drug paraphernalia n (%)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
Never shared	95 (62%)	22	52	21
Shared in the last 30 days	11 (7%)	~	9	~
Shared in the last 12 months but not in the last 30 days	9 (6%)	~	~	~
Shared but not in the last 12 months	8 (5%)	~	~	~
Client did not wish to answer	~	~	0	0
Shared but time period not known	~	~	~	0
Not known	26 (17%)	~	14	7

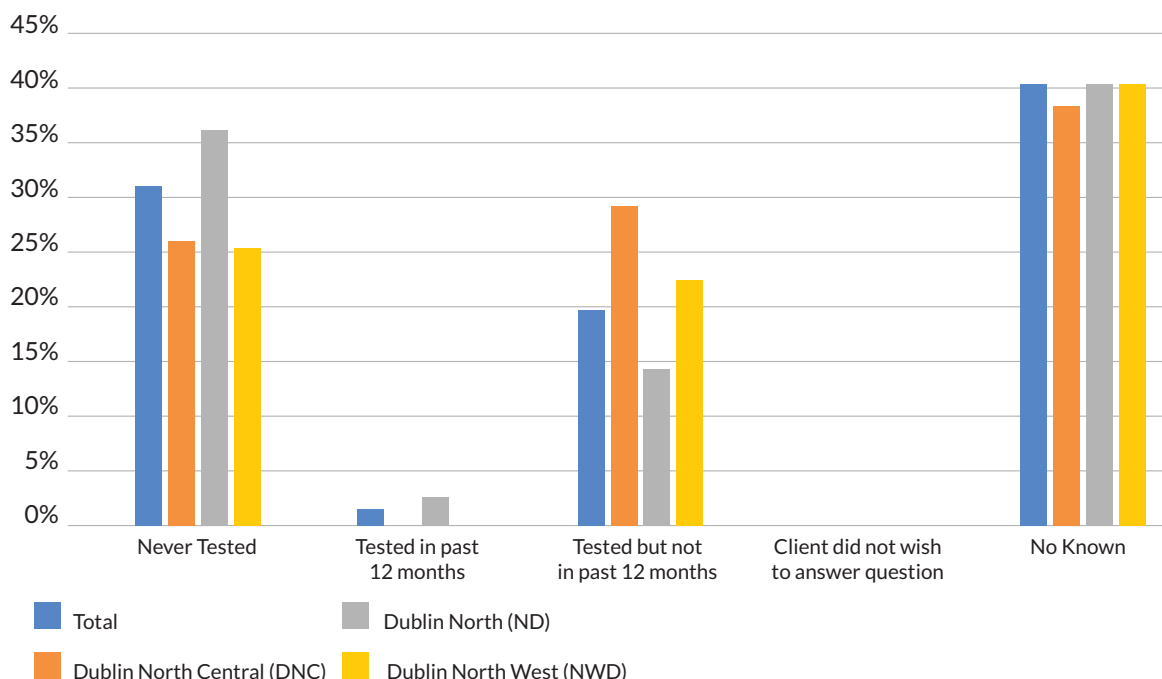
The data reveals that the majority of clients have not engaged in the sharing of drug paraphernalia, with 62% (n=95) reporting no such behaviour. Furthermore, only a small proportion, 7% (n=11), reported sharing drug paraphernalia within the past 30 days.

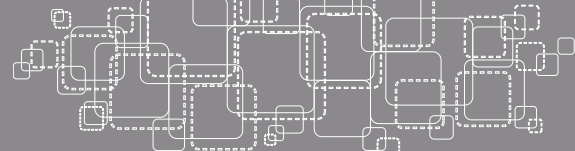
These findings indicate a generally low prevalence of drug paraphernalia sharing among the client population. It is crucial to highlight the importance of avoiding such practices, as they can increase the risk of transmitting infectious diseases, such as HIV or hepatitis. Encouraging harm reduction strategies, such as providing clean needles and educating clients on

safe drug use practices, can help minimize the potential health risks associated with the sharing of drug paraphernalia. Continued efforts to raise awareness and provide resources for safe drug use are essential in promoting the well-being and health of individuals in the client population.

## Viral Screenings Hepatitis B

### Have you been tested for Hep B?





Hep B n (%)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
Never tested	124 (33%)	26 (28%)	80 (37%)	18 (26%)
Tested in past 12 months	20 (5%)	~	14 (6%)	~
Tested but not in past 12 months	84 (22%)	28 (30%)	36 (17%)	20 (29%)
Client did not wish to answer question	~	~	0	0
Not known	152 (40%)	36 (38%)	88 (40%)	28 (41%)

The data indicates that a significant portion of participants had limited knowledge about their Hepatitis B testing status, with 40% (n=152) reporting that they did not know whether they had been tested. Additionally, 33% (n=124) of participants reported never having been tested for Hepatitis B.

A relatively small proportion, only 5% (n=20), had recently been tested for Hepatitis B. It is important to note that the lack of testing awareness and low testing

rates for Hepatitis B can pose potential risks to the health and well-being of individuals.

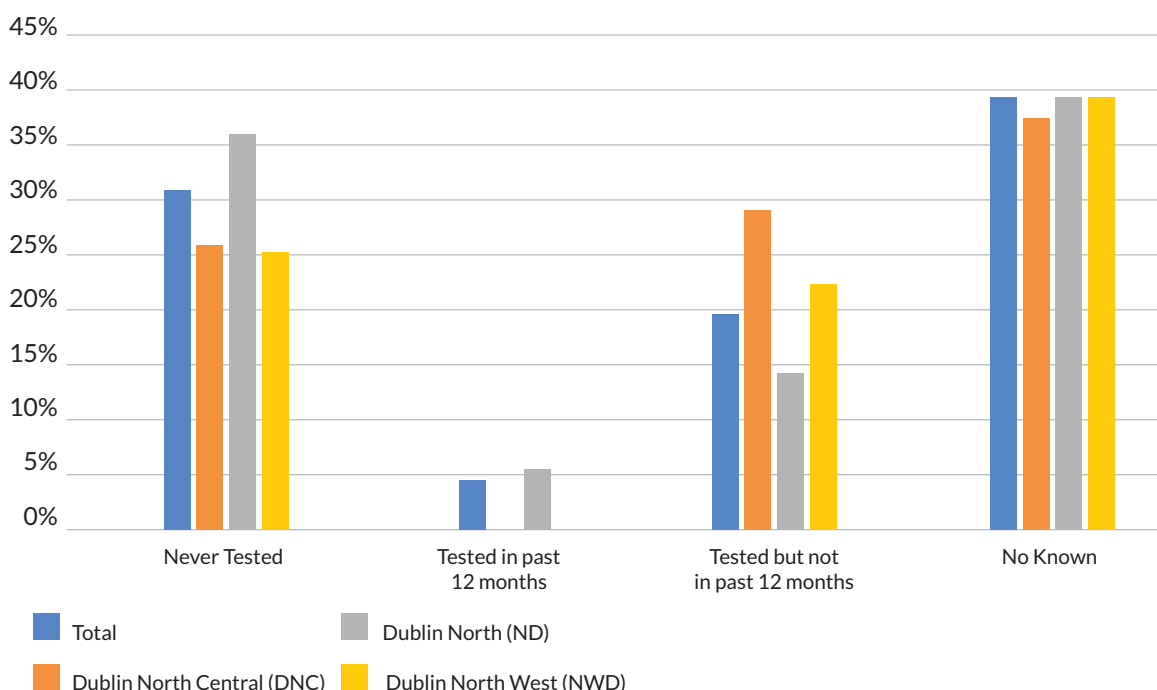
Notably, the prevalence of never having been tested for Hepatitis B was particularly high in ND, with 37% (n=80) of participants in that region reporting no prior testing, compared to 26-28% in the other regions.

These findings underscore the need for increased awareness and promotion of Hepatitis B testing among the target population.

## Viral Screenings

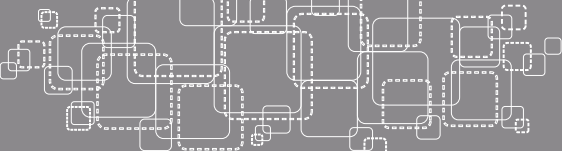
### Hepatitis C

#### Have you been tested for Hep C?



Hep C n (%)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
Never tested	124 (33%)	26 (28%)	80 (37%)	18 (26%)
Tested in past 12 months	22 (6%)	~	15 (7%)	~
Tested but not in past 12 months	85 (22%)	28 (30%)	37 (17%)	20 (29%)
Client did not wish to answer question	~	~	0	~
Not known	148 (39%)	35 (37%)	86 (39%)	27 (39%)





The results indicate that a substantial proportion of participants lacked knowledge about their Hepatitis C testing status, with 39% (n=148) reporting that they did not know whether they had been tested. Additionally, 33% (n=124) of participants reported never having been tested for Hepatitis C.

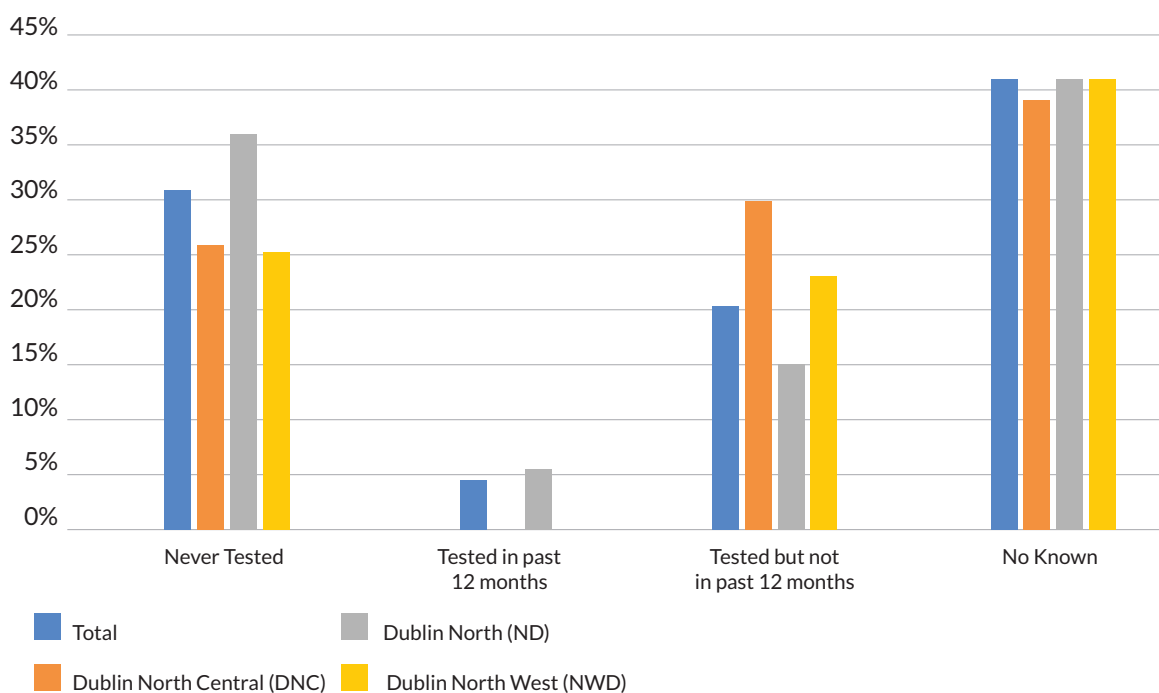
A relatively small percentage, only 6% (n=22), had recently undergone testing for Hepatitis C. It is important to emphasize that the lack of testing awareness and low testing rates for Hepatitis C may have implications for the health and well-being of individuals.

Notably, the prevalence of never having been tested for Hepatitis C was particularly high in ND, with 37% (n=80) of participants in that region reporting no prior testing, compared to 26-28% in the other regions.

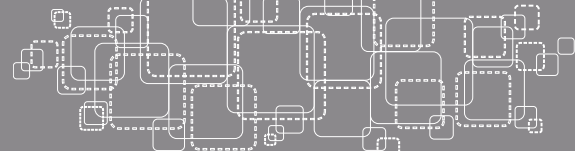
These findings highlight the need for increased awareness and promotion of Hepatitis C testing among the target population. It is crucial to implement accessible and comprehensive testing programmes and educational initiatives to ensure individuals are informed about their Hepatitis C status and can access appropriate care and support. Efforts should be made to address the barriers to testing and enhance testing rates in order to mitigate the potential health risks associated with undiagnosed Hepatitis C infections.

## Viral Screenings HIV

### Have you been tested for HIV?



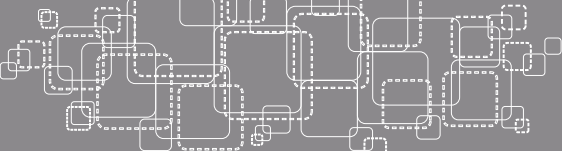
HIV n (%)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
Never tested	124 (33%)	26 (28%)	80 (37%)	18 (26%)
Tested in past 12 months	19 (5%)	~	13 (6%)	~
Tested but not in past 12 months	81 (21%)	28 (30%)	34 (16%)	19 (28%)
Client did not wish to answer question	~	~	0	0
Not known	156 (41%)	36 (38%)	91 (42%)	29 (42%)



The findings indicate that a considerable proportion of clients lack knowledge about their HIV testing status, with 41% (n=156) reporting uncertainty regarding whether they have ever been tested, and 33% (n=124) reporting never having been tested for HIV.

Similar to the patterns observed for hepatitis B and C, ND stands out with a higher percentage of individuals who have never been tested for HIV, reaching 37% (n=80), compared to the range of 26-28% in the other regions.

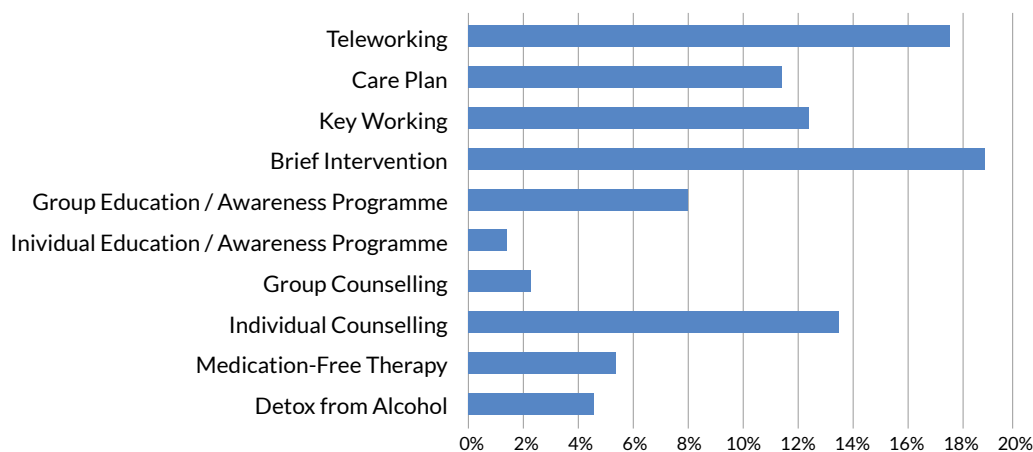
These results emphasize the need for increased awareness and promotion of HIV testing in order to ensure individuals are informed about their HIV status and can access appropriate care and support. Efforts should be made to address barriers to testing and enhance testing rates, particularly in regions where a significant proportion of clients have never been tested for HIV.



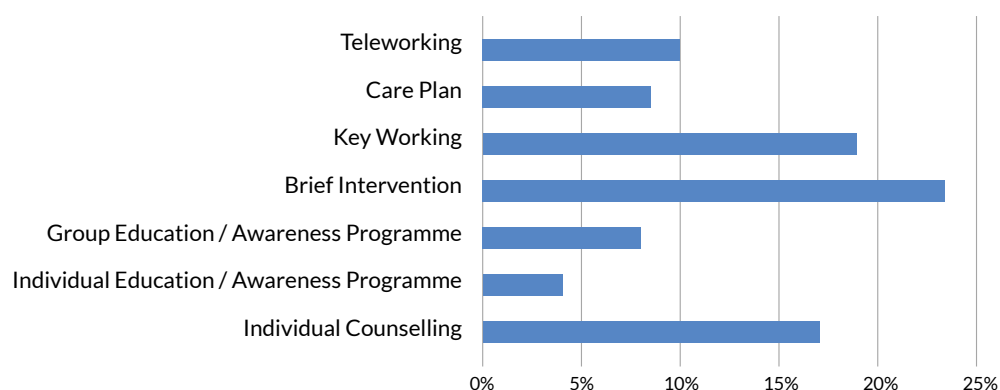
# Exited Cases Only

## Type of intervention received

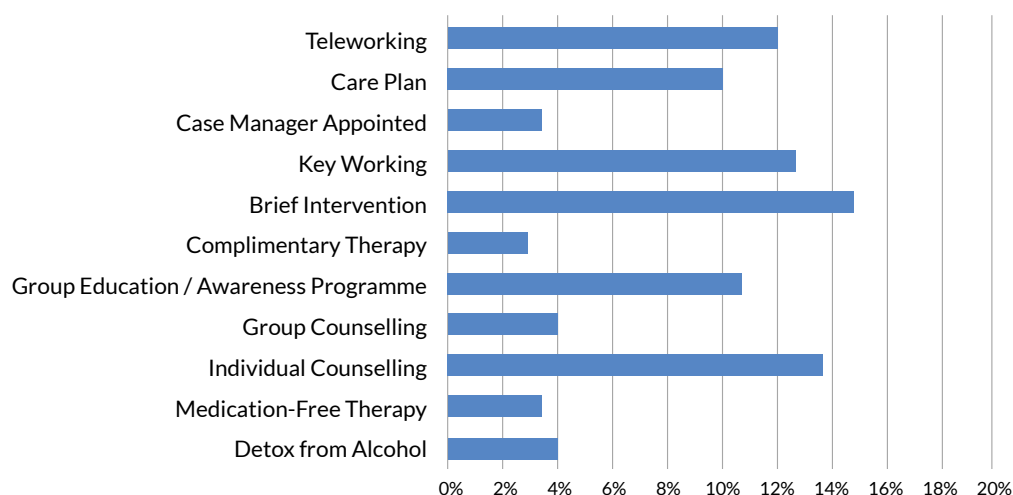
### Dublin North (ND)

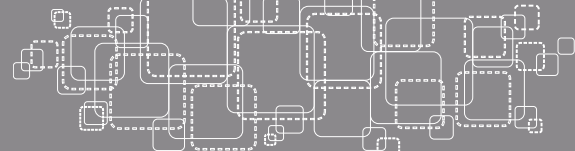


### Dublin North West (NWD)



### Dublin North Central (DNC)

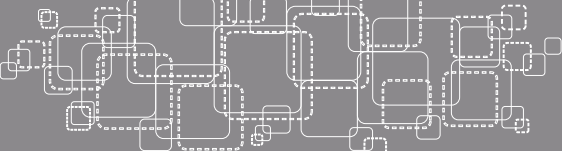




Treatment Interventions given n (%)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
Detox from alcohol	40 (4%)	10 (4%)	26 (5%)	~
Medication-free therapy	42 (4%)	9 (4%)	29 (5%)	~
Psychiatric treatment	8 (1%)	~	~	~
Individual counselling	135 (14%)	34 (14%)	73 (13%)	28 (17%)
Group counselling	24 (3%)	10 (4%)	11 (2%)	~
Social and/or occupational reintegration	~	~	0	0
Family therapy	8 (1%)	~	~	0
Individual education/awareness programme	17 (2%)	~	7 (1%)	6 (4%)
Group education/awareness programme	82 (9%)	26 (10%)	43 (8%)	13 (8%)
Structured after-care programme	8 (1%)	~	~	0
Complementary therapy	14 (1%)	7 (3%)	~	~
Strengthening family programme/structured family intervention	~	~	0	~ 0
Brief intervention	178 (19%)	36 (15%)	103 (19%)	39 (23%)
Key working	129 (14%)	31 (13%)	66 (12%)	32 (19%)
Case manager appointed	14 (1%)	8 (3%)	~	~
Multi-component model	7 (1%)	~	~	~
Care plan	100 (10%)	24 (10%)	62 (11%)	14 (8%)
Teleworking	143 (15%)	30 (12%)	96 (18%)	17 (10%)

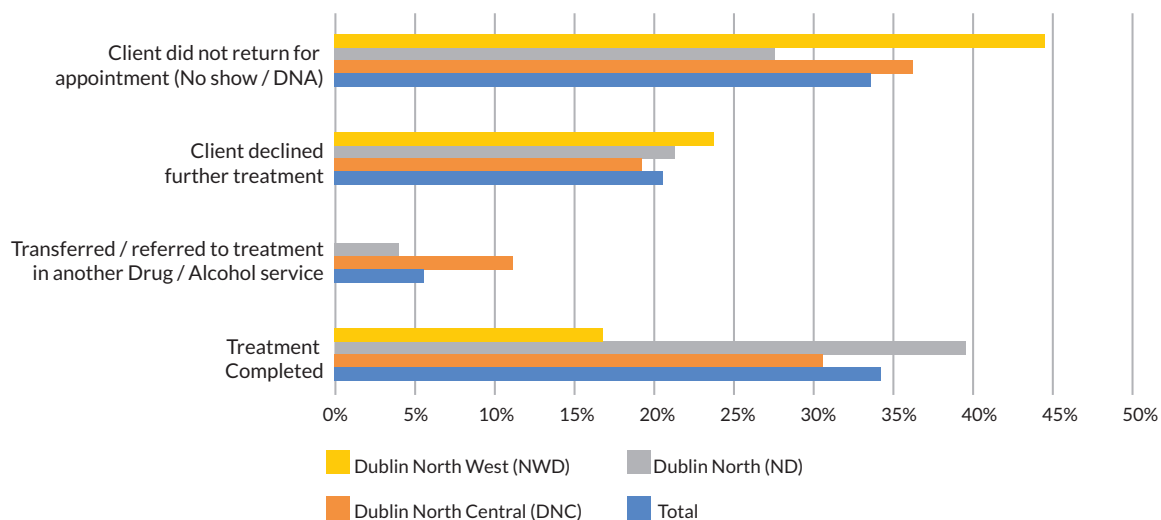
The data shed light on the types of interventions received by clients who have completed their treatment. It should be noted that clients may have received more than one type of intervention. Among the interventions, the most common was a brief intervention, reported by 19% (n=178) of clients. This was followed by teleworking, which was reported by 15% (n=143) of clients. Individual counselling and key-working were equally prevalent, each reported by 14% (n=135 and n=129, respectively) of clients. Importantly, no significant differences in the prevalence of these interventions were observed between the regions.

These findings highlight the range of interventions that have been implemented to support clients in their recovery journey. The prevalence of brief interventions, teleworking, individual counseling, and key-working suggests a multi-faceted approach to addressing the needs of clients. Further research could explore the effectiveness and outcomes associated with each of these interventions to inform future treatment strategies



## Treatment Outcomes

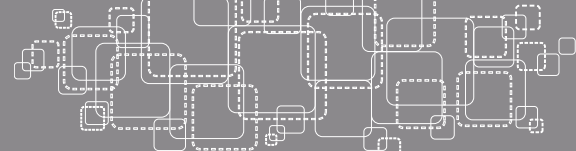
### Treatment Outcomes



Treatment Outcome	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
Treatment completed	116 (34%)	25 (30%)	77 (40%)	14 (22%)
Transferred/referred to treatment in another drug/alcohol service	19 (6%)	9 (11%)	7 (4%)	~
Client declined further treatment	72 (21%)	16 (19%)	41 (21%)	15 (24%)
Client did not return for appointments (no show/DNA)	113 (33%)	30 (36%)	55 (28%)	28 (44%)
Premature exit from treatment for non-compliance	~	~	~	0
Other	~	0	~	~
No longer lives in the area	~	0	~	~
Medical or mental health reasons	7	~	6	0
Unable to attend due to work/study commitments	~	~	~	0

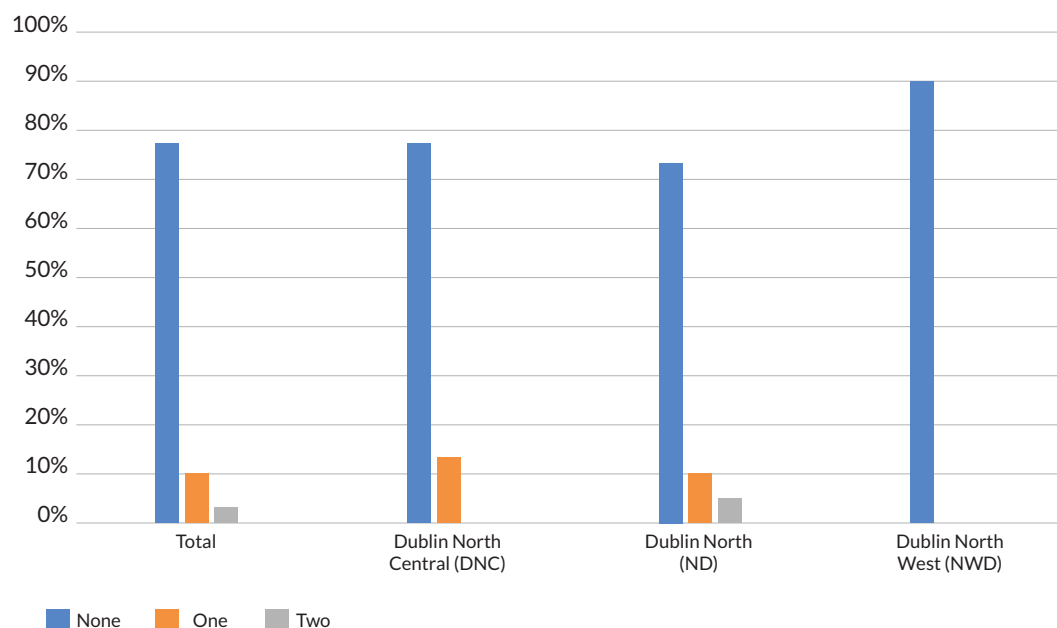
The above data shows why clients exited treatment. The most common reason differs by region. In DNC and NWD, the most common reason for exiting treatment is by being a no-show to appointments. 36% (n= 30) of clients in DNC, and 44% (n= 28) in NWD. No-showing in ND is only at 28% (n= 55). In ND, completion of treatment is the most common outcome at 40% of clients (n= 77), vs. 30% (n= 25) in DNC, and 22% (n= 14) in NWD. Overall, 21% (n=72) of clients exited as they declined further treatment, similar across regions. 11% (n= 9) of clients in DNC were transferred to another service, higher than overall at 6% (n= 19) and in ND at 4% (n= 7).

In two regions, DNC and NWD, the most common reason for exit was through absenteeism. This presents a difficult future where clients are deciding not to continue treatment without liaising with their respective caseworker etc. DNC and NWD should focus on client retention and aim to reduce attrition.



## Number of family members/significant others involved in treatment of exited clients

Number of family members/significant others involved in treatment



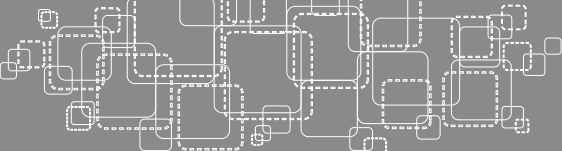
Number of family members/significant others involved in treatment n (%)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
None	248 (78%)	58 (78%)	137 (74%)	53 (91%)
1	31 (10%)	10 (14%)	19 (10%)	~
2	15 (5%)	~	11 (6%)	0
3	~	0	~	0
4	~	0	~	0
Unknown/Not applicable	13 (4%)	~	8 (4%)	~
<b>Total</b>	<b>317</b>	<b>74</b>	<b>185</b>	<b>58</b>

The data reveals that the majority of clients did not have any family members or significant others involved in their treatment, comprising 78% (n=248) of the total sample. Notably, this proportion was particularly high in NWD, with 91% (n=53) of clients reporting no family or significant other involvement.

Approximately 10% (n=31) of clients had one individual involved in their treatment, although this number was lower than 5 in NWD, indicating minimal external support. Only 5% (n=15) of clients had two individuals involved in their treatment, primarily concentrated in ND, accounting for 11 cases.

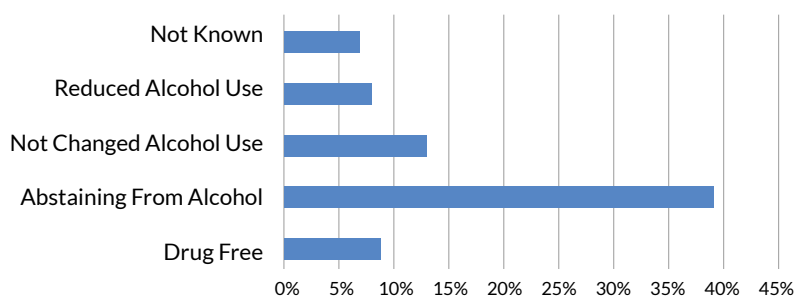
These findings underscore the limited involvement of family members or significant others in clients' treatment across the regions, with the highest levels observed in NWD. Further exploration is necessary to

understand the potential impact of varying levels of support on treatment outcomes and to develop strategies that promote greater engagement of family and significant others in the treatment process.

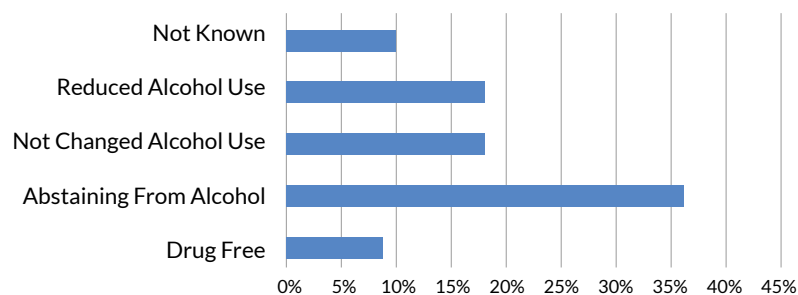


## Condition of Client on Discharge

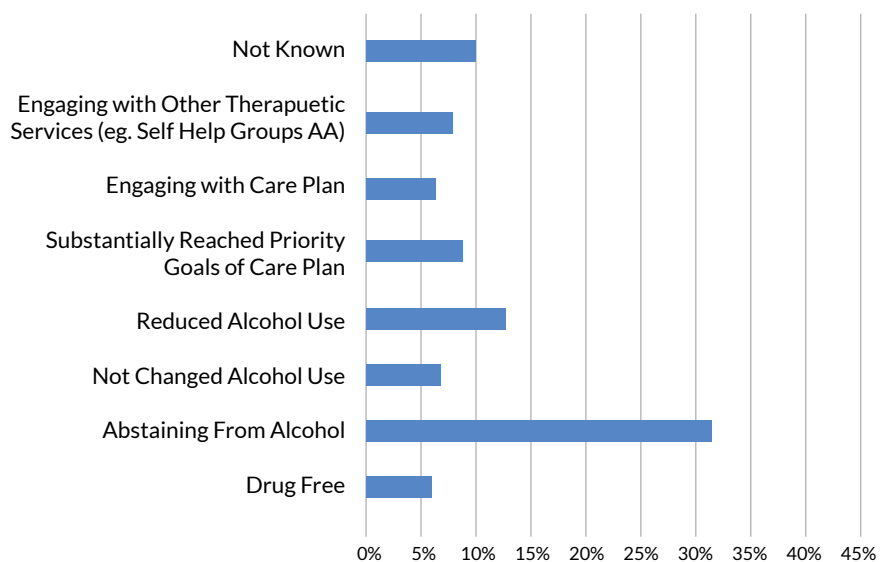
### Dublin North Central (DNC)



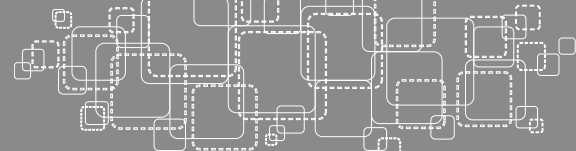
### Dublin North West (NWD)



### Dublin North (DN)







Condition of client on discharge n (%)	Total	Dublin North Central (DNC)	Dublin North (ND)	Dublin North West (NWD)
Drug free	30 (7%)	9 (9%)	15 (5%)	6 (9%)
Not changed drug use	8 (2%)	~	~	~
Increased drug use	~	0	~	~
Reduced drug use	12 (3%)	~	~	~
Abstaining from alcohol	148 (33%)	40 (39%)	86 (31%)	22 (31%)
Not changed alcohol use	45 (10%)	13 (13%)	19 (7%)	13 (19%)
Increased alcohol use	~	~	~	0
Reduced alcohol use	58 (13%)	8 (8%)	37 (7%)	13 (19%)
Substantially reached priority goals of care plan	27 (6%)	~	22 (8%)	~
Engaging with care plan	21 (5%)	~	16 (6%)	~
Disengaged from care plan	9 (2%)	~	~	0
Care plan gaps and blocks identified	~	~	~	0
Engaging with other services (e.g. housing, education)	7 (2%)	~	~	0
Engaging with other therapeutic services (e.g. self help groups, AA)	27 (6%)	~	23 (8%)	~
Engaging with other unstructured aftercare	~	0	~	0
Other	~	0	~	0
Not known	41 (9%)	7 (7%)	27 (10%)	7 (10%)

The data analysis reveals the condition of clients upon existing treatment. The most prevalent condition observed is abstinence from alcohol, representing 33% of clients overall (n=148), with the highest proportion found in DNC at 39% (n=40).

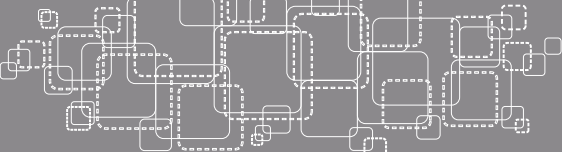
outcome. It is crucial to further investigate and understand the factors influencing these conditions and their implications for treatment success and long-term recovery.

The second most common condition at treatment exit is a reduction in alcohol use, accounting for 13% of clients (n=58) across all regions. However, when examining the specific regions, in DNC, the second most common condition is unchanged alcohol use, with 13% of clients (n=13), compared to only 8% reporting a reduction in alcohol use (n=8).

In ND, 13% of clients (n=37) have reduced their alcohol use, while 7% (n=19) have reported no change in their alcohol use. In NWD, both 19% (n=13) of clients have indicated a reduction in alcohol use and no change in alcohol use.

An undisclosed number of clients, comprising less than 5 individuals, demonstrated an increase in their alcohol use by the time of treatment exit.

These findings shed light on the various conditions exhibited by clients upon completion of treatment, with abstinence from alcohol being the most prevalent



# Chapter Summary:

## Understanding Client Characteristics and Treatment Outcomes

This chapter provides a comprehensive examination of client characteristics and treatment outcomes in the context of substance use treatment. The data presented offer valuable insights into various aspects of client demographics, substance use patterns, interventions received, and treatment outcomes. The findings contribute to our understanding of the diverse factors influencing clients' experiences and shed light on areas that require further attention in treatment approaches.

### Demographic Characteristics:

The analysis of client demographics reveals important patterns. In terms of gender identification, there is a slightly higher representation of male-identifying service users in North Dublin, aligning with the known prevalence of alcohol use disorders among males. Age-wise, the majority of service users are over 50, with significant proportions in the 40-49 age group as well. Stable accommodation is prevalent among service users, although slight variations exist across regions, with North Dublin displaying higher rates of stable accommodation compared to the Dublin North Central area.

### Substance Use Patterns:

Clients' substance use patterns highlight the complexity of their situations. A considerable proportion of clients' report using more than one drug, with cannabis and cocaine emerging as the most common additional problem substances. Moreover, the majority of clients have a primary problem drug, with slight variations observed across regions. This underscores the importance of tailored treatment approaches that address the specific substances individuals are struggling with.

### Employment and Education:

Unemployment is the most common employment status among service users, closely followed by employed individuals. Furthermore, the majority of clients have completed their Leaving Certificate, while a significant proportion has completed the Junior Certificate. Third-level education is reported by a considerable number of clients, indicating the need to explore the relationship between educational attainment and substance abuse.

### Interventions Received:

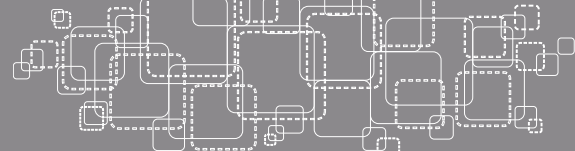
Clients have received various interventions as part of their treatment journey. Brief interventions, teleworking, individual counselling, and key-working are the most common interventions reported. It is encouraging to note that there are no significant differences in the distribution of interventions across regions, indicating a standardised approach to treatment provision.

### Reasons for Treatment Exit:

Understanding the reasons for treatment exit is crucial for improving treatment engagement and retention. The data highlight regional differences in the most common reasons for treatment exit. Non-attendance or being a "no-show" emerges as the primary reason in some areas, while treatment completion is the leading cause in others. Declining further treatment and transfer to another service is also reported, emphasising the need to address barriers to continued engagement and ensure smooth transitions between services.

### Client Support and Involvement:

Client support and involvement in the treatment process play a vital role in outcomes. The majority of clients report having no family members or significant others involved in their treatment, with significant variations observed across regions. Strengthening family and social support networks can enhance treatment efficacy and promote sustained recovery.



### Treatment Outcomes:

The condition of clients at the treatment exit provides valuable insights into their progress. Abstinence from alcohol is the most common condition observed, while reduced alcohol use follows closely behind. Regional variations exist, with some areas reporting higher rates of unchanged alcohol use. Identifying factors associated with improved treatment outcomes and tailoring interventions accordingly can further enhance the effectiveness of treatment approaches.

### Conclusion:

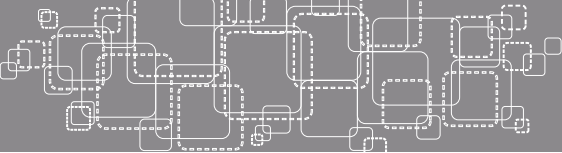
This chapter provides a comprehensive overview of client characteristics and treatment outcomes in the field of substance use treatment. The findings underscore the importance of a person-centred and region-specific approach to treatment, considering demographic factors, substance use patterns, and individual needs. Enhancing family and social support, addressing barriers to treatment engagement, and tailoring interventions to meet the unique challenges faced by clients can contribute to improved treatment outcomes and long-term recovery. Further research is needed to delve deeper into the complexities of client characteristics and treatment outcomes, with the aim of continually refining and optimising substance use treatment practices.

## Key Recommendations:

### Enhance Outreach and Engagement Strategies:

To address the high rates of non-attendance and no-shows, treatment providers should implement targeted outreach efforts. These efforts may include personalised reminders, flexible appointment scheduling, and proactive follow-up to ensure clients attend scheduled sessions. Additionally, collaboration with community organisations and primary care providers can help identify individuals in need of treatment and facilitate their engagement in services.

1. **Targeted Intervention Programs:** Given the high prevalence of alcohol dependence, it is crucial to develop and implement targeted intervention programmes tailored to the specific needs of dependent drinkers. These programmes should focus on providing comprehensive support, including counselling, detoxification services, and ongoing monitoring to help individuals overcome their alcohol dependence.
2. **Regional Disparities:** The significant regional differences in alcohol dependency and drinking patterns suggest the need for region-specific strategies. In areas such as DNC with higher rates of dependent drinkers, resources should be allocated to increase accessibility and availability of treatment services. Collaboration with local healthcare providers, community organisations, and support groups can help ensure comprehensive and coordinated care for individuals in these regions.
3. **Early Intervention and Prevention:** To address hazardous and harmful drinking, early intervention and prevention strategies are vital. Community education programmes should be developed to raise awareness about the risks associated with excessive alcohol consumption and provide information on healthy drinking guidelines. Collaboration with schools, workplaces, and community centres can facilitate the dissemination of this knowledge and encourage individuals to seek help before their drinking patterns become problematic.
4. **Develop Tailored Treatment Approaches:** Given the variations in primary problem drugs and additional problem substances, treatment programmes should adopt a personalised and comprehensive approach that addresses the specific needs and challenges of each client. This may involve adapting interventions and therapeutic modalities to target the substances individuals are struggling with, such as cannabis and cocaine. A tailored treatment plan can optimise outcomes and improve engagement and retention rates.
5. **Strengthen Family and Social Support:** Recognising the limited involvement of family members or significant others in clients' treatment, interventions should aim to involve and engage these



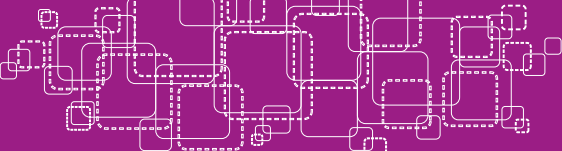
individuals in the recovery process. Family therapy sessions, psychoeducation for family members, and support groups for loved ones can contribute to improved treatment outcomes and provide a stable support system beyond the treatment period. Additionally, initiatives to reduce the stigma surrounding substance abuse within families and communities can encourage greater support and understanding.

6. **Enhance Treatment Completion Rates:** To increase treatment completion rates, service providers should explore strategies that address barriers to sustained engagement. This may include individualised treatment plans, flexible scheduling options, and the provision of support services such as transportation assistance or childcare. Implementing motivational interviewing techniques and incentives for treatment milestones can also promote treatment adherence and completion.
7. **Promote Continued Education and Vocational Training:** Recognising the high rates of unemployment among service users, treatment programmes should collaborate with educational institutions and vocational training centres to offer educational and skill-building opportunities. Providing access to educational resources and job placement services can empower individuals in their recovery journey and enhance their prospects for long-term employment and stability.
8. **Implement Routine Testing for Infectious Diseases:** The high proportion of clients who are unaware of their testing status for Hepatitis B, Hepatitis C, and HIV highlight the need for routine testing protocols within substance abuse treatment settings. Establishing regular screening procedures, accompanied by appropriate counselling and referrals, can help identify infections early, ensure appropriate care, and reduce the transmission of these diseases.
9. **Conduct Further Research:** The findings presented in this chapter provide valuable insights, but additional research is needed to deepen our understanding of client characteristics, treatment outcomes, and factors influencing engagement and retention. Future studies should explore the specific reasons for non-attendance and no-shows, investigate the impact of family and social support on treatment outcomes, and identify effective interventions for reducing substance use and improving overall well-being.
10. **Foster Collaboration and Knowledge Sharing:** Treatment providers, researchers, and policymakers should actively collaborate and share knowledge to facilitate the implementation of evidence-based practices and ensure continuous quality improvement in substance abuse treatment. Establishing networks, conferences, and forums for professionals to exchange ideas and experiences can promote innovation and the dissemination of best practices.

By implementing these recommendations, substance abuse treatment programmes can enhance their effectiveness, improve client outcomes, and contribute to the overall well-being and recovery of individuals affected by substance use disorders. These efforts should be guided by a person-centred approach that respects the unique needs and circumstances of each client, with a commitment to reducing barriers and providing equitable access to high-quality treatment services.



## **SECTION 4:** Planet Youth 2022 Data from North Dublin



# Presentation of North Dublin Planet Youth 2022 Data

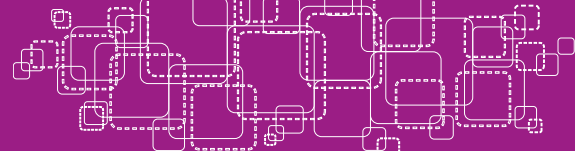
## Introduction

The Planet Youth Survey played a significant role in this study as a valuable data source for examining alcohol use in the North Dublin region. The Planet Youth Survey is a widely recognised and rigorous survey methodology that focuses on gathering information on various aspects of youth behaviour, including substance use. The North Dublin iteration presented here collected 76% of the total available population of 14 to 16 year olds in the region. After data was cleaned and spoiled returns removed, it was 2677 children in total whose data was analysed. This highly representative sample provides insights into their attitudes, behaviours, and experiences related to alcohol consumption. The survey is designed to capture information on alcohol use patterns, prevalence rates, risk factors, and protective factors among youth. By leveraging the Planet Youth Survey data, this study gained access to a rich dataset that facilitated the exploration of alcohol use in North Dublin, allowing for a comprehensive understanding of the local context and informing the development of effective strategies to address harmful drinking practices. The robustness and credibility of the Planet Youth Survey methodology contribute to the reliability and validity of the findings obtained from this data source.

## Highlights

The highlights of the North Dublin Planet Youth Survey reveal important insights into substance use behaviours among students in the region. Alcohol emerged as the most commonly consumed substance, with 25% reporting use in the past year and 13% in the past month.

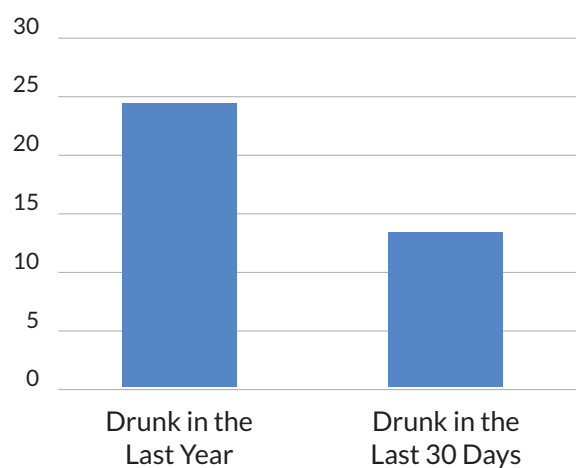
- Gender differences were observed, with female students being more likely to engage in drinking (67% ever, 58% past year, 33% past 30 days). Male students exhibited the lowest rates of alcohol use across all measured timeframes.
- The survey identified friends as the primary source of alcohol (13%) for students, while parents accounted for 12% of alcohol sources. Notably, parents who reported weekly episodes of getting drunk were associated with increased recent drinking among students (32% vs. 10%). Witnessing parental fights was also linked to higher rates of recent drinking (42% vs. 27%). Students' perception of parental rules and involvement showed a slight increase in recent drinking.
- Proximity to suicide and COVID-19 illness and death increased students' drinking. Moreover, students who engaged in higher levels of substance use experienced poorer sleep quality. Additionally, students who perceived themselves to be worse off financially were more likely to engage in drinking.
- These findings emphasize the prevalence of alcohol among students, highlighting gender differences and the role of familial factors. They also underscore the influence of mental health and financial circumstances on substance use behaviours. Understanding these patterns can inform targeted interventions and support strategies to address substance use issues and promote healthier behaviours among students in North Dublin.



# Alcohol use, peers, and parents

## Pupils who report the following

Pupils who report being drunk in %

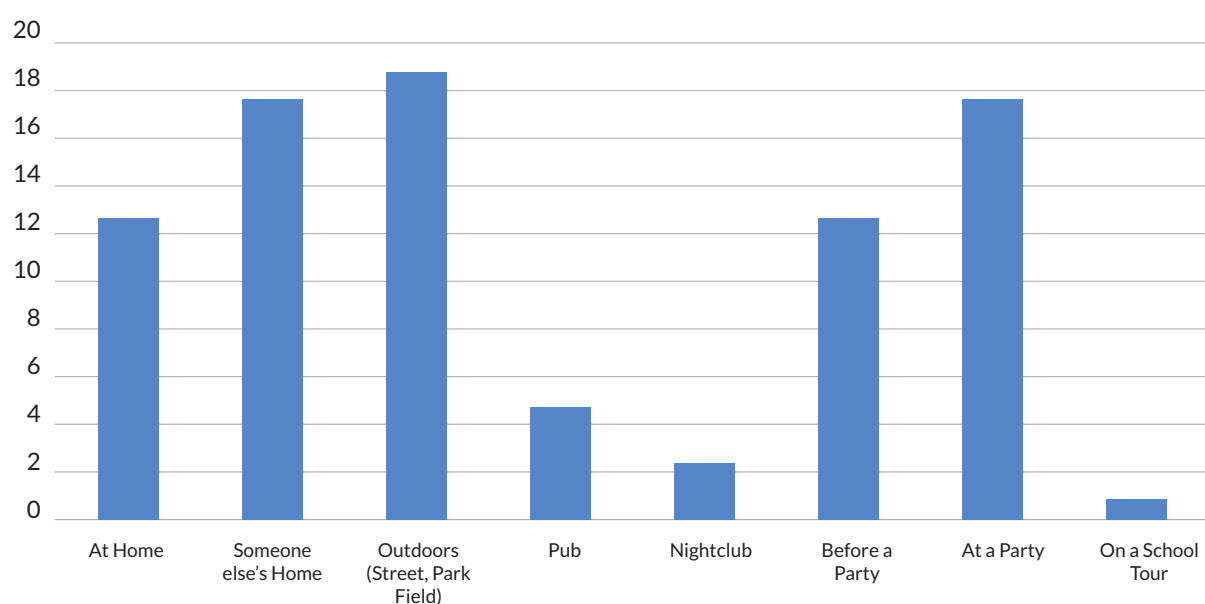


Variable	%	n
Drunk in the last Year	24.91	1255
Drunk in the last 30 days	13.46	708

According to empirical evidence, alcohol emerges as the prevailing substance in terms of consumption patterns, with a substantial proportion of individuals (25%) reporting its usage within the past year and a slightly lower figure (13%) within the previous month.

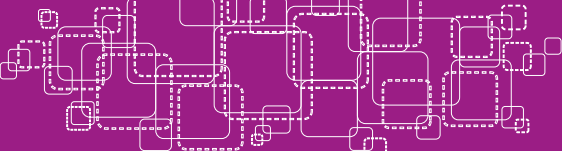
## Pupils who sometimes or often drink in the following places.

Pupils who sometimes or often drink, do so in the following places (%)



Location	Percentage	Freq.
At Home	12.85	325
Someone else's home	17.5	441
Outdoors (street, park, field)	18.79	474
Pub	5.08	128
Nightclub	2.31	58
Before a party	12.75	321
At a party	17.69	446
On a School tour	0.76	19



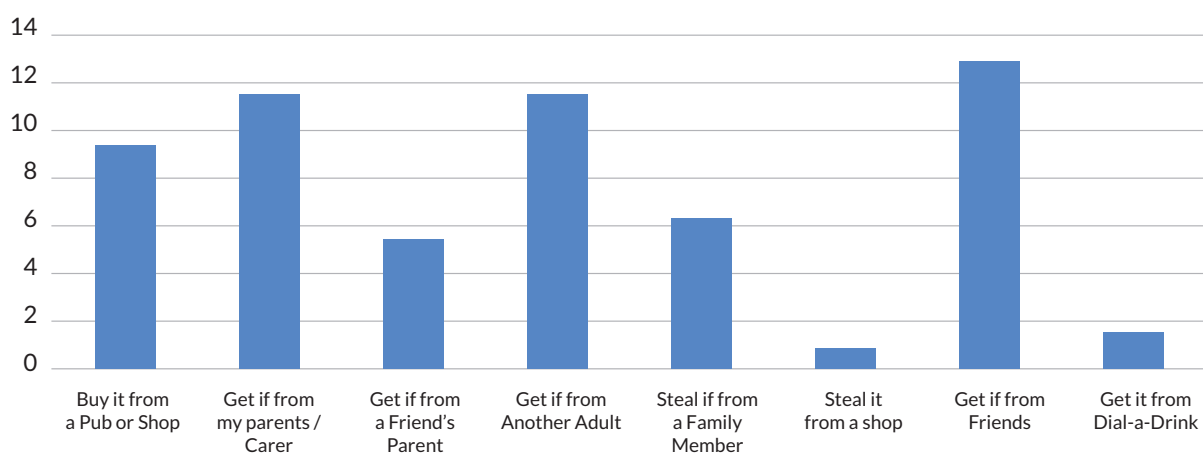


The data reveals prevalent locations where students engage in alcohol consumption. Outdoors, parties, and gatherings hosted at someone else's house account for the highest proportions, constituting 19%, 18%, and 18% respectively. Predrinks, involving alcohol consumption prior to attending a party or venue, represents a notable location choice at 13%. In

contrast, pubs, nightclubs, and school tours exhibit lower frequencies, with percentages of 5%, 2%, and 0.8% respectively. The limited presence of students in pubs and nightclubs can be attributed to age restrictions, while the infrequent occurrence of school tours accounts for their negligible proportion.

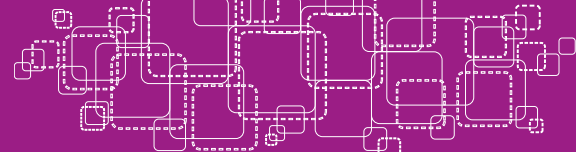
### Pupils who sometimes or often get their alcohol in the following ways

Pupils who sometimes or often get their alcohol in the following ways (%)



Method	Percentage	Freq.
Buy it from a pub or shop	9.4	235
Get it from my parents/carer	11.61	291
Get it from a friend's parent	5.71	143
Get it from another adult	11.33	283
Steal it from a family member	6.31	158
Steal it from a shop	1.08	27
Get it from friends	12.92	323
Get it from dial-a-drink	1.6	40

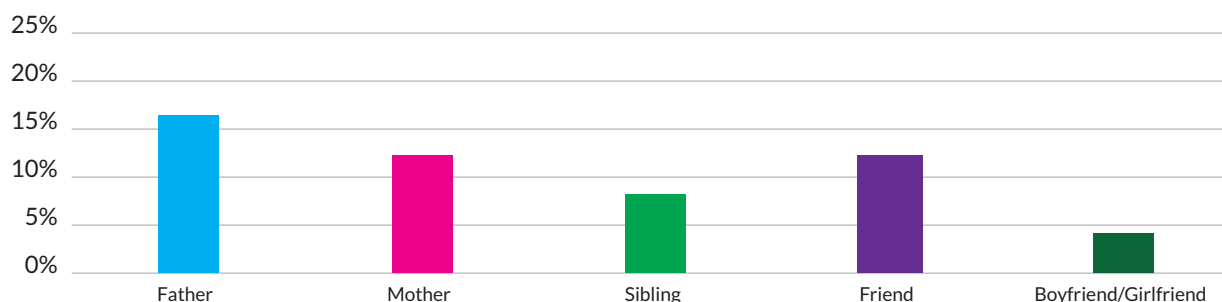
The analysis reveals prevalent methods employed by individuals to obtain alcohol. Acquiring it from friends, parents, or other adults emerges as the most common approach, constituting 13%, 12%, and 11%, respectively. Conversely, utilising dial-a-drink services exhibits a lower occurrence at 2%, likely attributed to its relatively high cost. Similarly, stealing alcohol is reported at 1%, potentially due to the associated risks involved.



## Pupils who say the following people become drunk at least once each week

**THIS GRAPH NOT SUPPLIED**

### Pupils who say the following people become drunk at least once each week

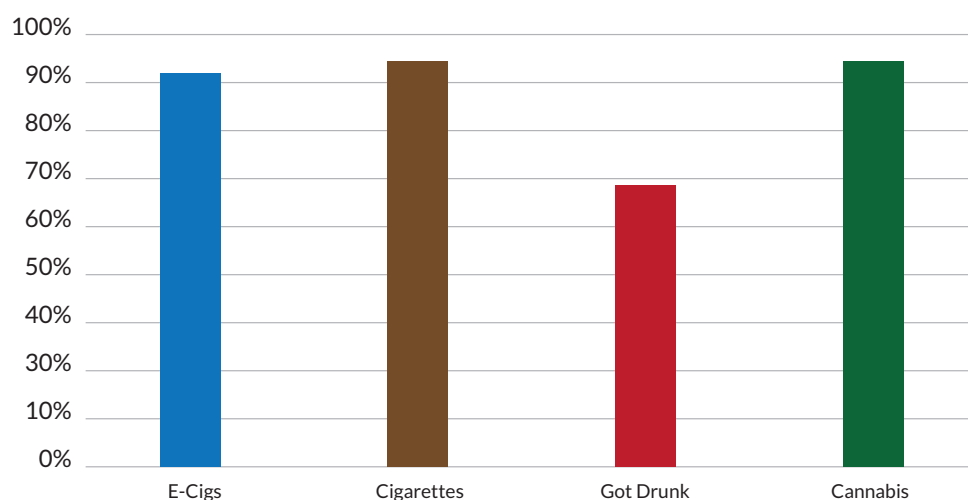


Relation	Percentage	Freq.
Father	16.8	424
Mother	13.21	334
Sibling	9.12	230
Friend	13.13	332
Boyfriend/Girlfriend	4	101

The observations indicate patterns of familial alcohol use, as perceived by students. According to their perceptions, fathers (17%), mothers (13%), and friends (13%) are reported to have the highest likelihood of being drunk on a weekly basis. In contrast, boyfriends/girlfriends are deemed least likely to be intoxicated weekly, with a prevalence rate of 4%.

## Pupils who say their carers / parents would be against or totally against the following

### My parents/carers are against:



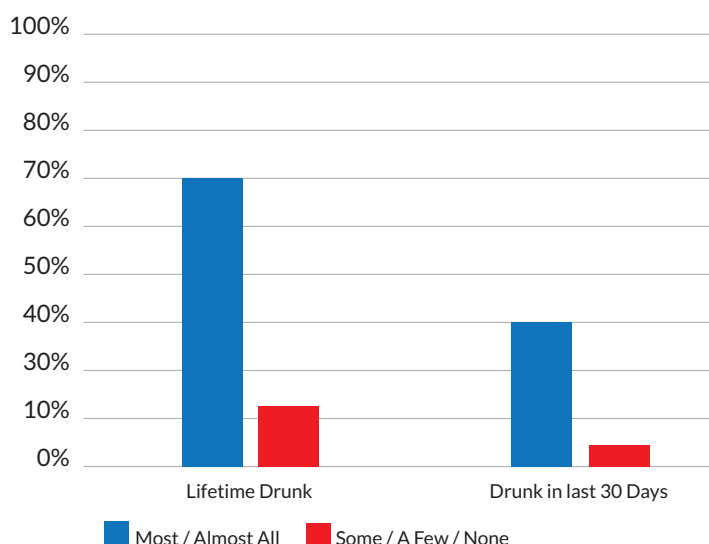
Substance	Percentage	Freq.
E-Cigs	91.46	2293
Cigarettes	95.14	2386
Got Drunk	70.06	1759
Cannabis	94.42	2368



The data reveals parental attitudes towards various substances. A significant majority of parents (95%) express disapproval towards cigarettes, followed closely by cannabis (94%) and vaping (91%). Interestingly, a relatively lower percentage of students (70%) believe that their parents would disapprove of them getting drunk. This indicates a notable difference in parental attitudes towards alcohol compared to other substances.

### Drinking against perceived parental attitude to getting drunk

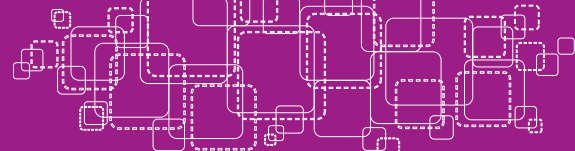
Drinking and perceived parental attitude to getting drunk (%)



% of students	Lifetime Drunk	Drunk in last 30 days
Parents a bit against/don't care	57%	32%
Parents are against/totally against	17%	5%

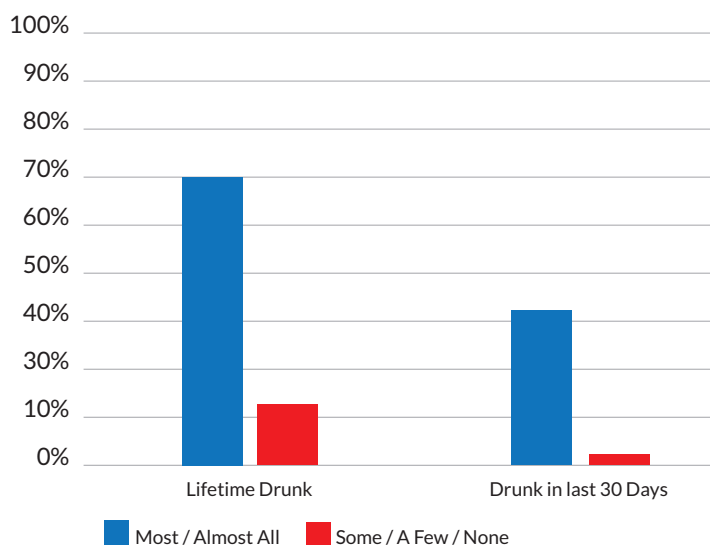
N	Lifetime Drunk	Drunk in last 30 days
Parents a bit against/don't care	426	230
Parents are against/totally against	294	93

Here we examine the relationship between parental attitudes towards alcohol and their influence on student behaviours. Findings indicate that among students whose parents exhibit a moderate or indifferent stance towards getting drunk, a significant proportion (57%) have experienced intoxication, with 32% reporting recent alcohol consumption within the past 30 days. In contrast, students with parents who are strictly against getting drunk demonstrate substantially lower rates of alcohol use, with only 17% having experienced being drunk and a mere 5% reporting recent alcohol consumption. These results suggest that parental strictness and negative attitudes towards substance use contribute to reduced usage among children. However, it is important to acknowledge that other factors, such as parental involvement, may also play a role in shaping these behaviours.



## Substance use against my mother or father gets drunk weekly

### Student drinking x Parent gets drunk weekly



% of students	Lifetime Drunk	Drunk in last 30 days
Parent gets drunk weekly	53%	32%
Parent does not get drunk weekly	24%	10%

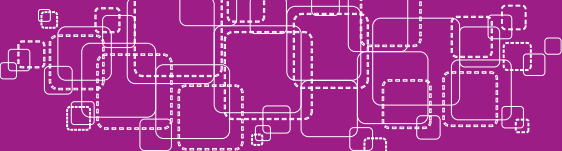
N	Lifetime Drunk	Drunk in last 30 days
Parent gets drunk weekly	393	230
Parent does not get drunk weekly	932	381

Here we see student's alcohol use compared to how often their parents get drunk.

53% of students whose parent's got drunk weekly have drunk before, and 32% in the last 30 days.

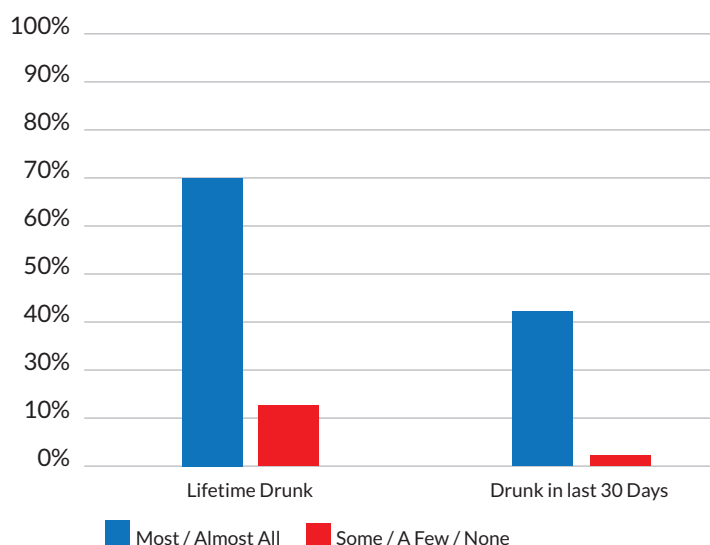
Only 24% of students whose parents did not get drunk weekly have drunk before, and 10% in the last 30 days.

Here we see that common parental drunkenness (or perceived as such) is associated with increase in student drinking.



## Drinking against perceived peer alcohol use: How many of your friends do you think drink alcohol?

### How many of your friends do you think drink alcohol?



% of students	Lifetime Drunk	Drunk in last 30 days
Most/ almost all	70%	42%
Some/ a few/ none	15%	3%

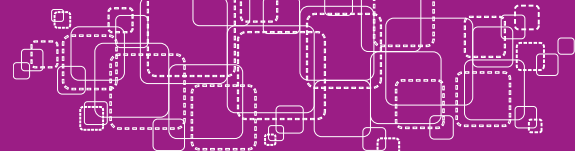
N	Lifetime Drunk	Drunk in last 30 days
Most/ almost all	446	262
Some/ a few/ none	274	60

Here we look at how many of a student's friends drink and how much the student themselves drink.

70% of students who believes most/almost all of their friends drink have drank before, and 42% in the last 30 days.

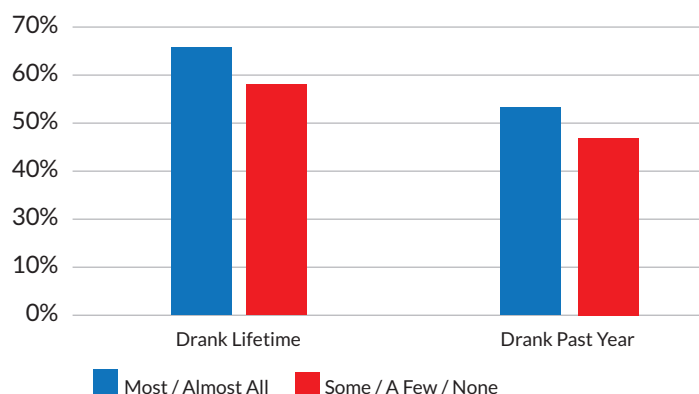
15% of the students who believe some/a few/none of their friends drink have drank before, and 3% in the last 30 days.

This insinuates that students whose friends drink are more likely to drink themselves.



## Believing schoolwork is pointless and student's drinking

### Believing schoolwork is pointless and drinking (%)



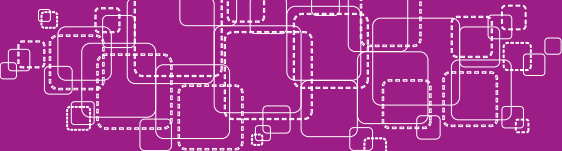
% of students		Drank lifetime	Drank past Year
I find schoolwork pointless	Almost Never+ Rarely	66%	54%
	Often+ Almost Always	59%	46%

N		Drank lifetime	Drank past Year
I find schoolwork pointless	Almost Never+ Rarely	317	257
	Often+ Almost Always	500	380

Here we see whether students feel schoolwork is pointless and if they drink.

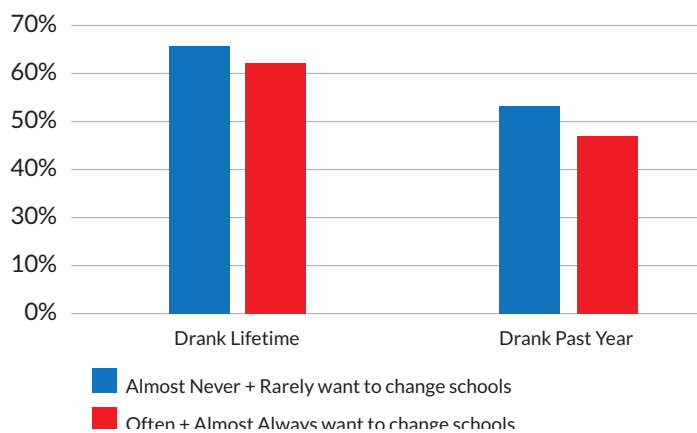
Students who find schoolwork pointless were less likely to have drunk before (59%) and drank in the past year (46%).

While this result is surprising, it may relate to a certain degree of dislike of school and associated associability, where student drinking is commonly a group activity.



## Drinking and wanting to change schools

### Wanting to change schools and drinking

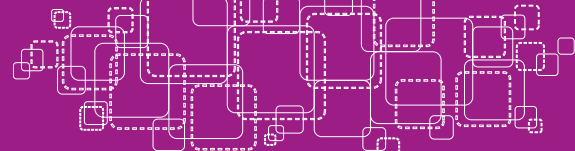


%		Drank lifetime	Drank past Year
I want to change schools	Almost Never+ Rarely	66%	56%
	Often+ Almost Always	62%	49%

N		Drank lifetime	Drank past Year
I want to change schools	Almost Never+ Rarely	183	154
	Often+ Almost Always	1189	927

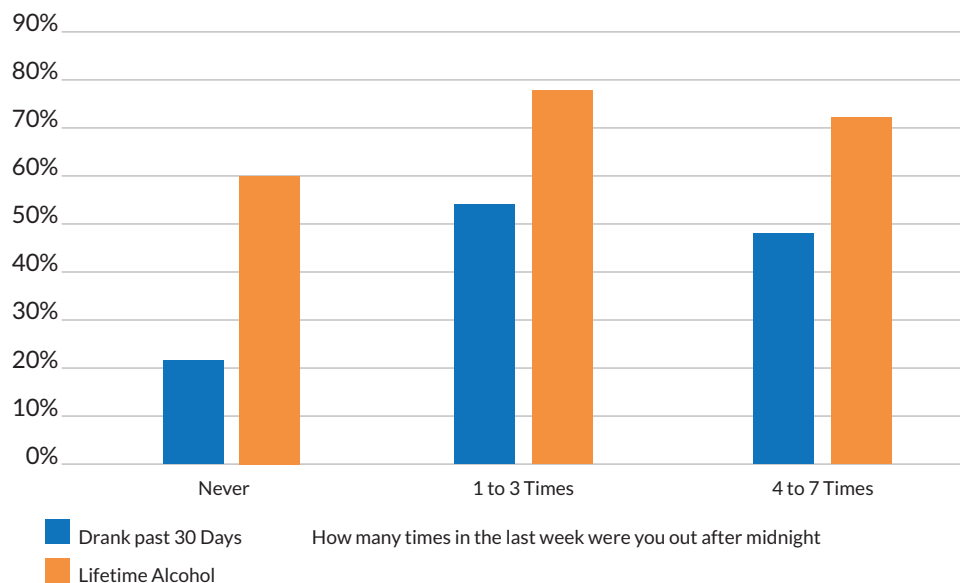
Here we see whether students want to change schools and how that relates to their substance use.

Similar to above, students who wanted to change schools were less likely to have drunk (62%), and drank in the past year (49%). This may relate to the dislike of school and lack of social network mentioned above.



## Drinking and being out after midnight

### How often Students are out past midnight X SubsU



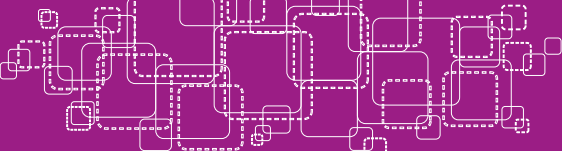
% of students		Drank past 30 days	Lifetime Alcohol
How many times in the last week were you out after midnight?	Never	23%	60%
	1-3 times	56%	79%
	4-7 times	48%	72%

n		Drank past 30 days	Lifetime Alcohol
How many times in the last week were you out after midnight?	Never	448	1166
	1-3 times	207	293
	4-7 times	27	41

Here we see whether students are out after midnight and their substance use.

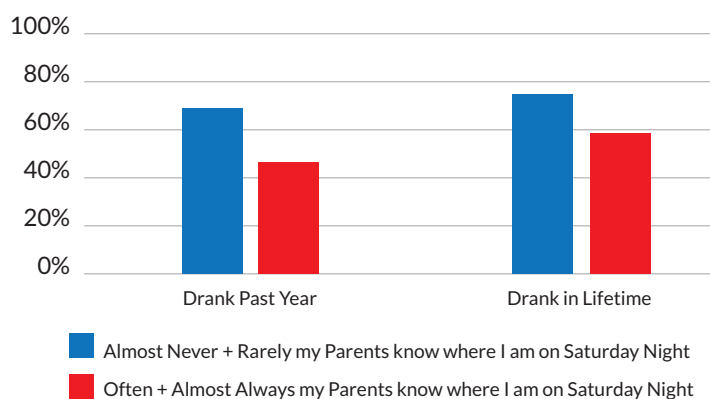
Students who were never out after midnight in the past week were less likely to have drunk ever (60%) and drank in the past month (23%). Students who were out after midnight 1-3 times a week were the most likely to have drunk (79%), and drank in the past 30 days (56%).





## Drinking and parents know where I am on Saturday nights

### My parents know where I am on Saturday night and drinking

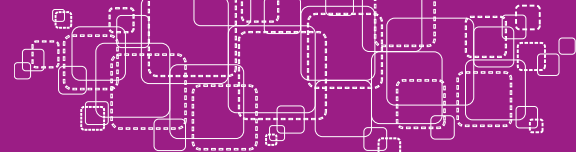


%		Drank past Year	Drank in lifetime
My parents know where I am on Saturday night	Almost Never+ Rarely	71%	78%
	Often+ Almost Always	45%	59%

n		Drank past Year	Drank in lifetime
My parents know where I am on Saturday night	Almost Never+ Rarely	139	86
	Often+ Almost Always	861	234

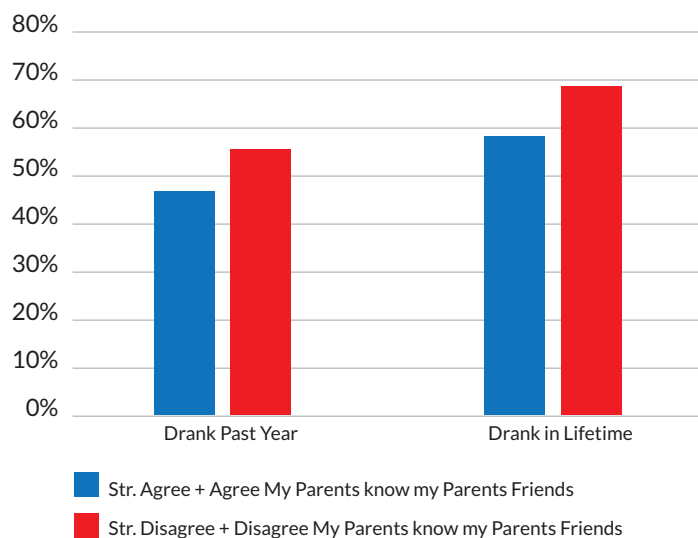
Here we compare whether students' parents know where they are on a Saturday night and their drinking. Students whose parents don't know where they are on a Saturday night were more likely to have drunk ever (78%), and drank in the past year (71%).

Compared to this, 59% of students whose parents do know where they are on a Saturday night have drunk before, and only 45% had drank in the past year.



## Drinking and Parents know my friends Parents

### My parents know my parents friends and drinking



% of students		Drank past Year	Drank in Lifetime
My parents know my parents friends	Str.agree+agree	47%	59%
	Str.Disagree+disagree	56%	70%

N		Drank past Year	Drank in Lifetime
My parents know my parents friends	Str.agree+agree	566	710
	Str.Disagree+disagree	336	419

Here we see the comparison between parents knowing the students friends parents and the students substance use.

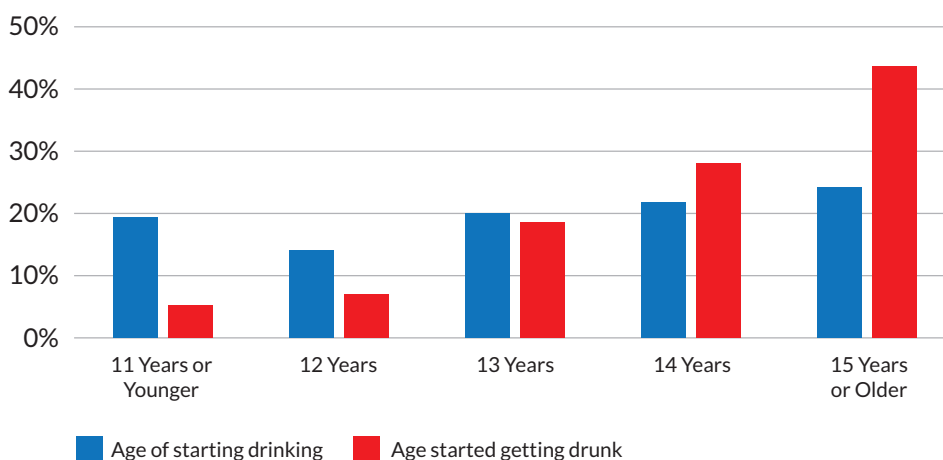
Students who felt their parents didn't know their friends parents were more likely to have drank in the past year (56%) or drank ever (70%).

The difference is not large, where students who felt their parents did know their friends parents had drank in the past year at (47%), or drank ever (59%).



## Age of Onset of Drinking

### Age of onset of Drinking among those who partake



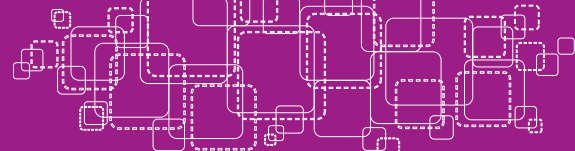
%	Age of Starting Drinking	Age started getting drunk
11 years or younger	20%	3%
12 years	16%	7%
13 years	20%	19%
14 years	21%	28%
15 or older	23%	43%

N	Alcohol	Drunk
11 years or younger	306	23
12 years	249	55
13 years	300	146
14 years	320	222
15 or older	349	338

The data illustrates the trend in alcohol initiation and drinking to be drunk. Here we see that most students start drinking at 15 or older.

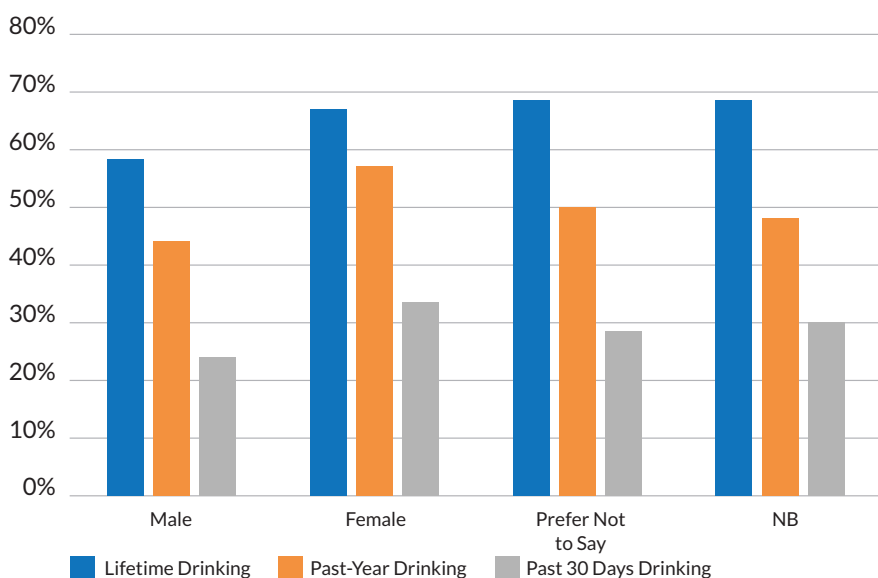
The age most students below 15 start drinking is at 14 (21%), 13 (20%) and 11 or younger (20%).

The age most students below 15 start getting drunk is 14 (28%) with only 3% getting drunk at 11 or younger.



## Self-identified Gender and Alcohol Use

### Gender x Drinking Behaviour



%	Lifetime Drinking	Past-year Drinking	Past 30 days drinking
Male	58%	44%	24%
Female	67%	58%	33%
Prefer not to say	69%	50%	29%
NB*	68%	49%	30%

\*NB= non-binary.

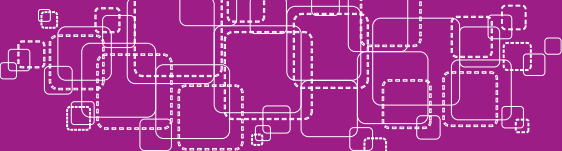
%	Lifetime Drinking	Past-year Drinking	Past 30 days drinking
Male	758	572	186
Female	724	618	106
Prefer not to say	37	26	11
NB	55	39	16

\*NB= non-binary.

Here we see the comparison between parents knowing the students friends parents and the students substance use.

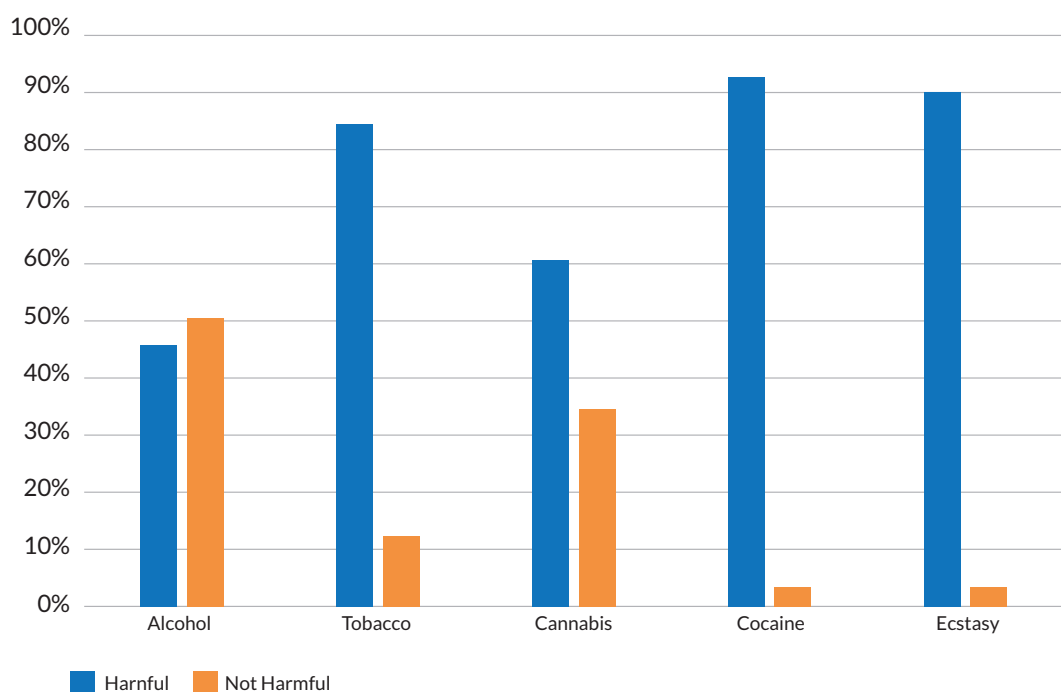
Students who felt their parents didn't know their friends parents were more likely to have drank in the past year (56%) or drank ever (70%).

The difference is not large, where students who felt their parents did know their friends parents had drank in the past year at (47%), or drank ever (59%).



## General Harm for alcohol compared to other substances

### Is this substance harmful?

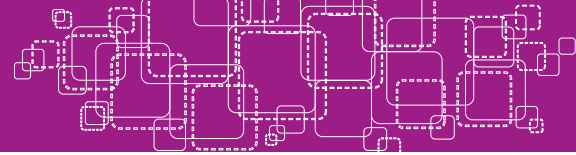


%	Alcohol	Tobacco	Cannabis	Cocaine	Ecstasy
Harmful	46	85	60	94	90
Not Harmful	51	12	35	2.5	2.6

N	Alcohol	Tobacco	Cannabis	Cocaine	Ecstasy
Harmful	1146	2122	1520	2368	2255
Not Harmful	364	309	865	64	70

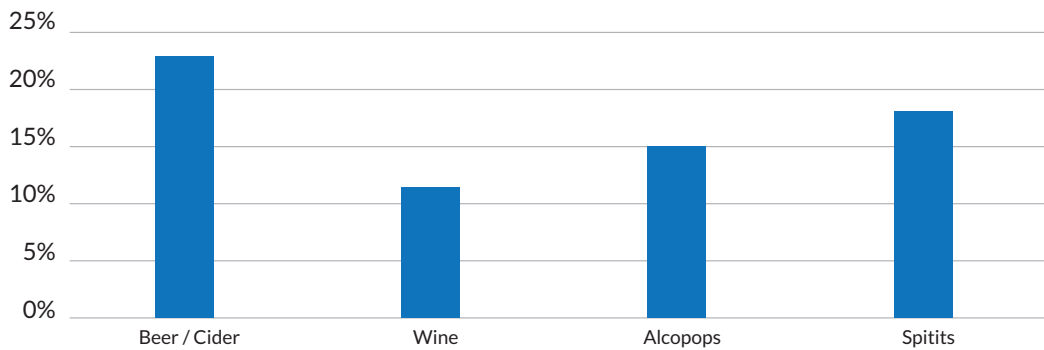
Here we see students perceptions of the harm of alcohol compared to other substances.

94% of students believe cocaine is harmful, 90% for ecstasy, 85% for tobacco, 60% for cannabis, and 46% for alcohol.



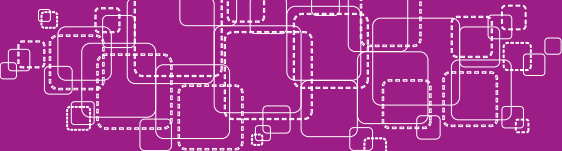
## Types of alcohol consumed by students

Percentage of students who drank alcohol in the past month by type of alcohol



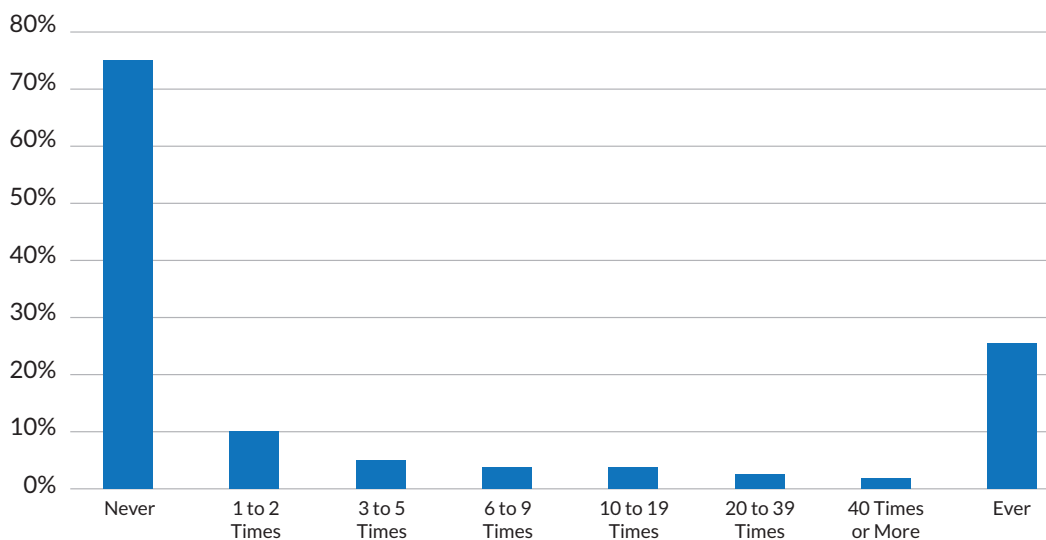
Type of Alcohol	Percentage
Beer/Cider	22.35
Wine	10.76
Alcopops	15.26
Spirits	17.87

Here we see the most common alcohol types consumed by students. Beer/cider is the most popular at 22%, then spirits at 18%, Alcopops (Smirnoff ice etc.) at 15%, and lastly wine at 11%.



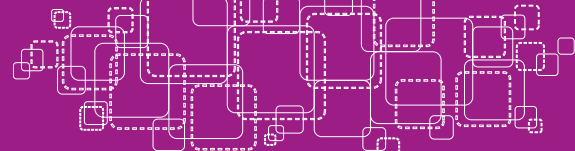
## Binge Drinking

Percentage of students who have binge drank



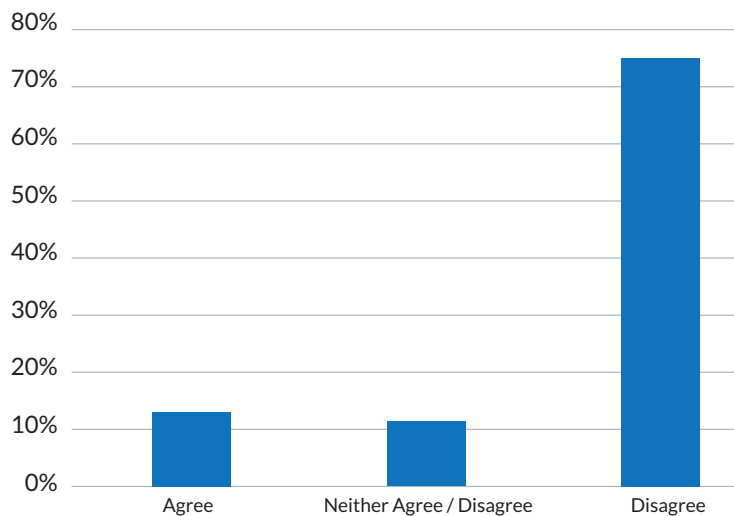
How often have you binged drank? (+6 units)	%	freq.
Never	75.22	1,903
1-2 times	10.79	273
3-5 times	5.18	131
6-9 times	3	76
10-19 times	2.45	62
20-39 times	1.98	50
40 times or more	1.38	35
Ever	24.78	627

Here we look at how often students have binge drank. Most have never binge drank at 75%, while 11% have once or twice, 5% have 3-5 times, 3% have 6-9 times, 2% have 10-19 times, while 3% have 20-40+ times.



## Peer Pressure

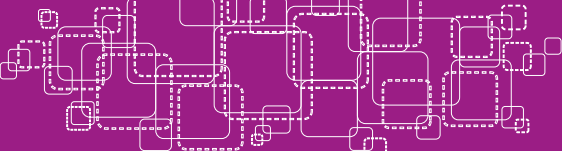
### You have to drink so you're not left out?



Agree	12.81%	320
Neither agree/disagree	11.33%	283
Disagree	75.86%	1895

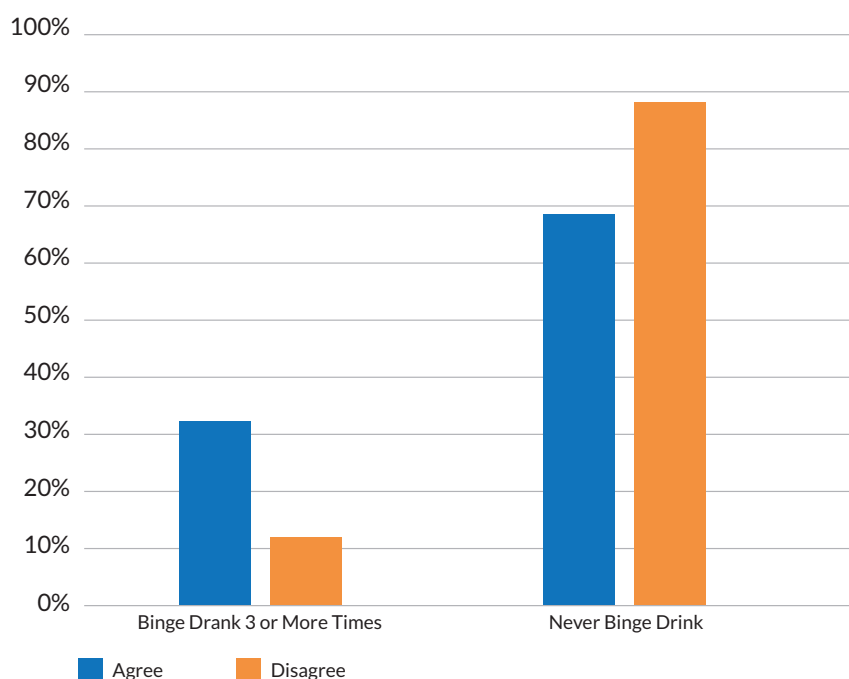
Here we look at whether students believe you have to drink to not be left out. 76% do not believe you need to drink to not be left out, while 13% would agree. 11% are undecided.





## Peer Pressure and Binge Drinking

% of students who agreed that you need to drink to not be left out



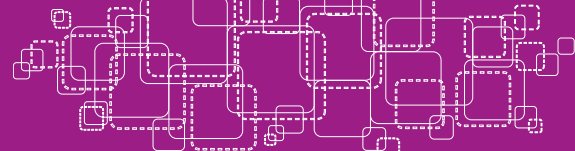
%	Binge Drank 3 or more times	Never binge drank
Agree	31%	69%
Disagree	12%	88%

n	3 or more times	Never binge drank
Agree	80	175
Disagree	205	1517

Here we look at the previous graph compared to how much the students binge drank.

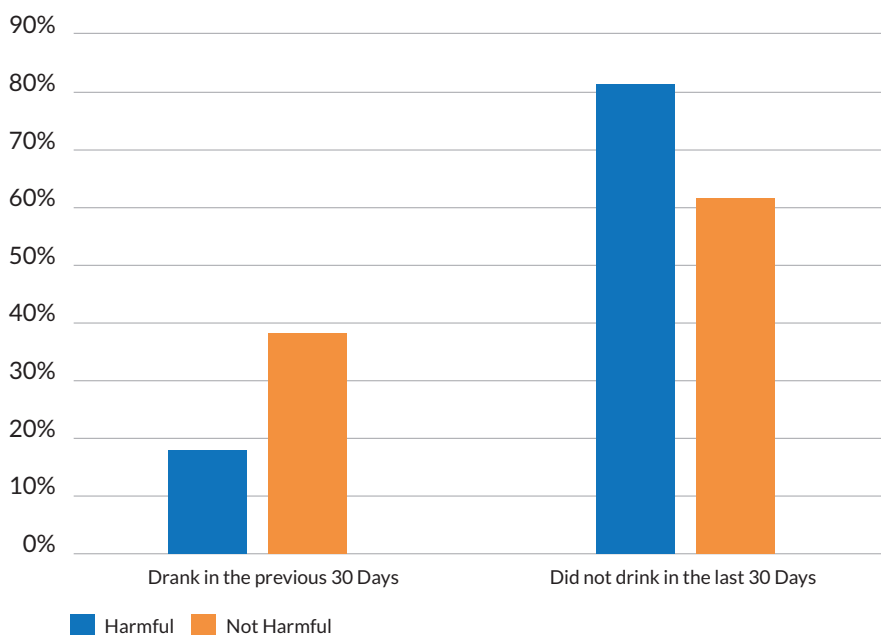
Of the students who agreed that you need to drink to not be left out, 31% have binge drank 3 or more times. Of students who did not agree you need to drink to not be left out, only 12% had binge drank 3 or more times.

This suggests that the peer pressure may lead to an increase in binge drinking.



## Type of beliefs towards alcohol and recent use

### Perception of Alcohol harms and Drinking Behaviour



%	Drank in the previous 30 days	Did not drink in the last 30 days
Harmful	18%	82%
Not Harmful	38%	62%

%	Drank in the previous 30 days	Did not drink in the last 30 days
Harmful	204	907
Not Harmful	467	774

Here we look at whether students believe alcohol is harmful, and then how much they have drunk in the past month.

Of those who believe alcohol is harmful, only 18% have drunk in the past month.

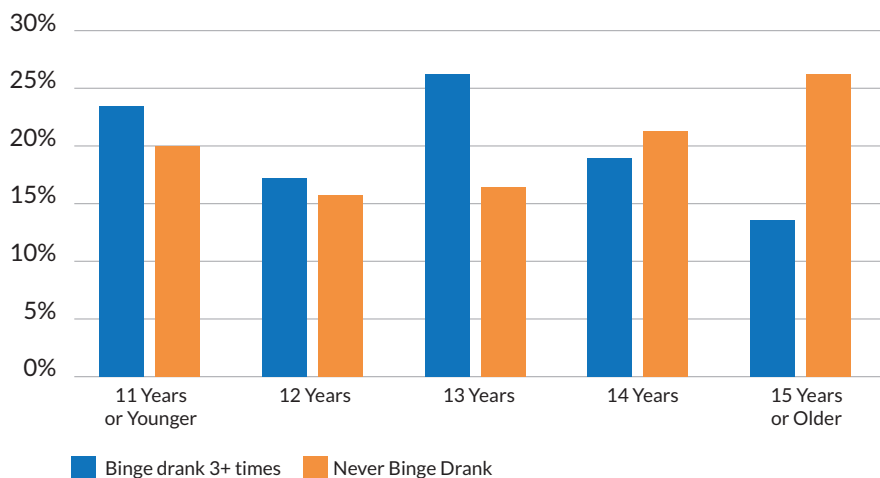
Of these who believe alcohol is not harmful, 38% have drunk in the past month.

This suggests that drinking regularly makes students believe alcohol is less harmful or believing that alcohol isn't harmful leads to regular drinking.



## Age of Onset of Drinking and Binge Drinking

### Age of Onset x Bingeing



(%) Started drinking at:	Binge drank 3+ times	Never Binge drank
11 years or younger	23%	20%
12 years	17%	16%
13 years	26%	17%
14 years	19%	22%
15 or older	14%	26%

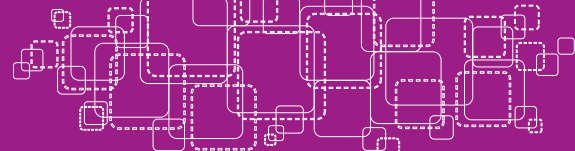
(n) Started drinking at:	Binge drank 3+ times	Never Binge drank
11 years or younger	78	186
12 years	59	144
13 years	89	154
14 years	65	198
15 or older	47	236

Here we look at when students started drinking, and how much they binge drank.

Of those who binge drank 3+ times, 26% started drinking at 13, 23% at 11 or younger, 19% at 14, 17% at 12, and 14% at 15 or older.

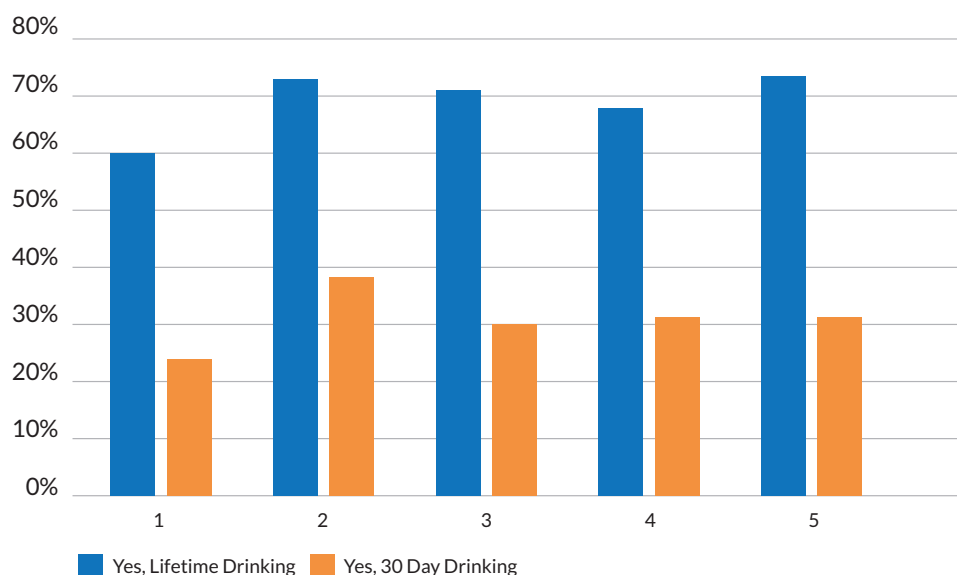
Of those who've never binge drank, 26% started drinking at 15 or older, 22% at 14, 20% at 11 or younger, 17% at 13, and 16% at 12 years old.

This suggests that the transition into secondary school and making a new friend group etc. may lead to binge drinking.



## Same Sex Attraction and Drinking

### Same Sex Attraction and Drinking

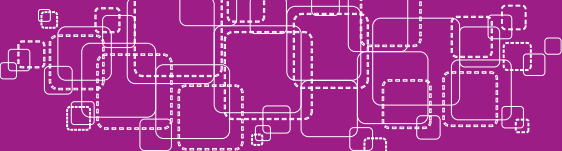


Self-given same-sex attraction rating %	Yes lifetime drinking	Yes 30 day drinking
1	60%	26%
2	74%	39%
3	71%	30%
4	69%	32%
5	74%	34%

Self-given same-sex attraction rating n	Yes lifetime drinking	Yes 30 day drinking
1	401	40
2	183	24
3	117	13
4	72	12
5	140	19

Here we look at students' self-rated sexuality and their drinking. Where 1 represents very straight and 5 represents very gay. Students who rated themselves as 5 were most likely to have ever drank (74%). Students who rated themselves 2 were most likely to have drank in the past month (39%).

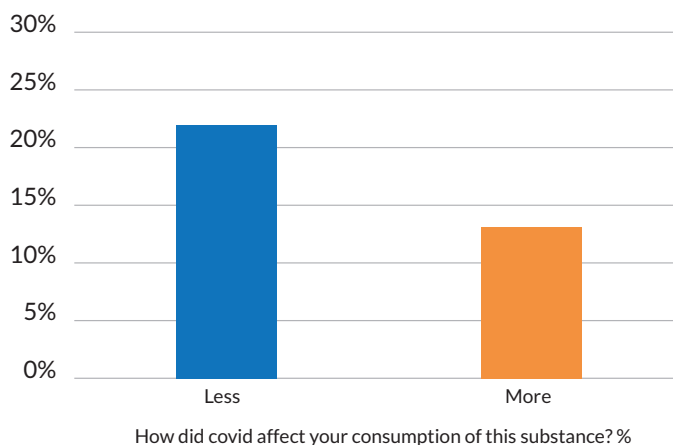
Overall students who rated themselves 1 were least likely to have drank ever (60%), and in the past month (26%).



## Covid and Substance Use

Here we look at sickness or death from COVID around a student and see whether that affected their substance use.

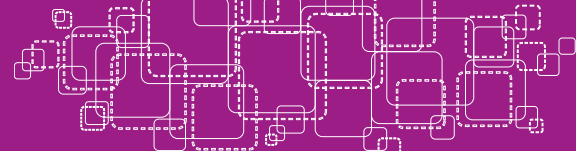
### How did covid affect your consumption of this alcohol? %



		% of students
How did covid affect your consumption of this substance?	Less	21.19
	More	13.34

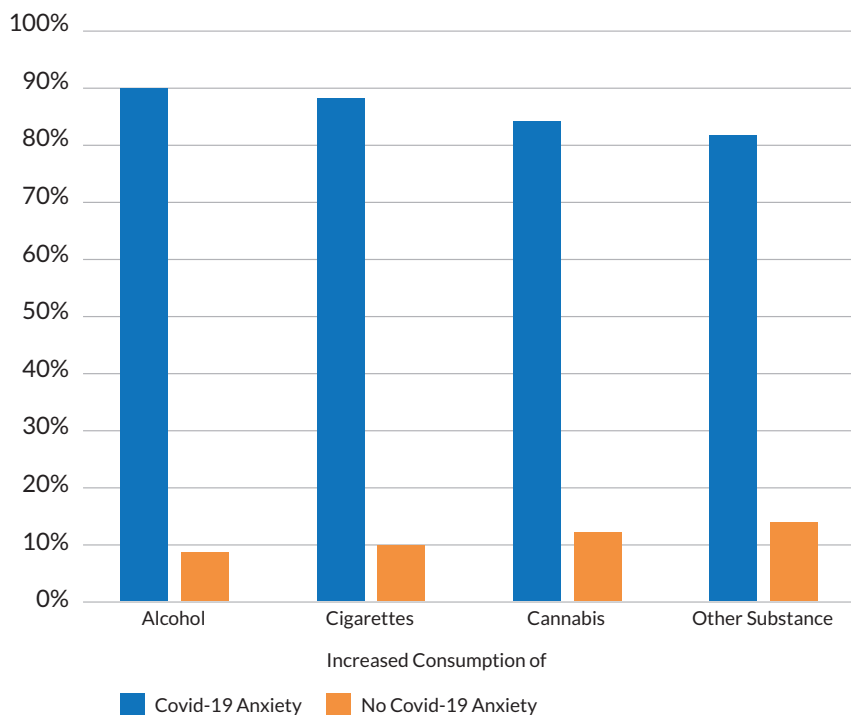
		n of students
How did covid affect your consumption of this substance?	Less	500
	More	314

Overall, 21% of students decreased their alcohol consumption and 13% increasing alcohol consumption. This may be due to substance use among students as usually a social activity, restricted by the lockdowns.



## Anxiety from Covid-19 x Substance Use

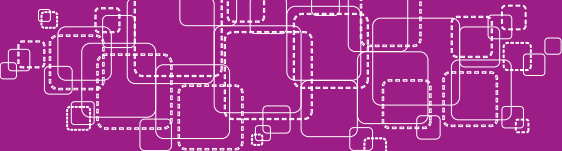
### Anxiety among students who increased their substance use during COVID



	% of students who increased their alcohol use
Covid-19 Anxiety	91%
No Covid-19 Anxiety	9%

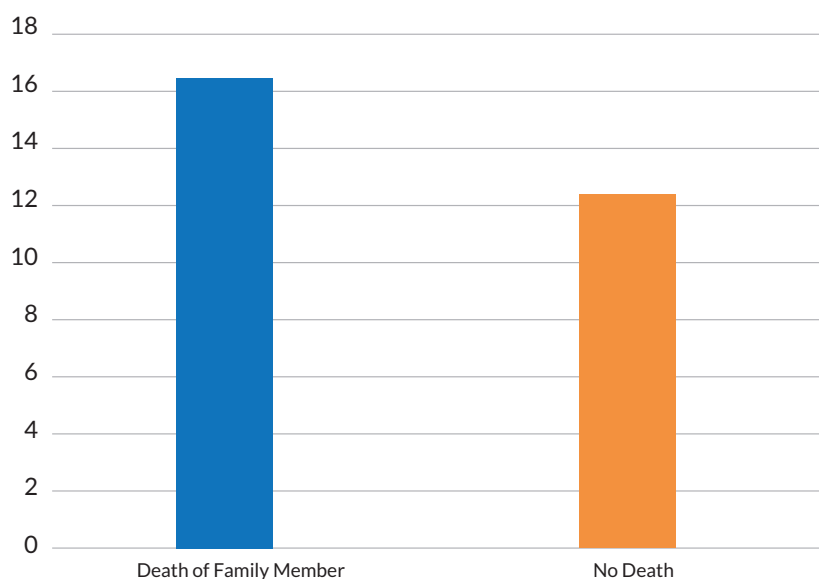
	n of students who increased their alcohol use
Covid-19 Anxiety	246
No Covid-19 Anxiety	23

Here we just look at students who increased their alcohol use during covid. We then see if they suffered from anxiety related to the COVID-19 pandemic. Of those who increased their consumption of alcohol, 91% had covid-19 related anxiety, while only 9% of those without COVID-19 related anxiety increased their drinking. This suggests that COVID-19 related anxiety led to an increase in substance use.



## Death from COVID-19 x Substance Use

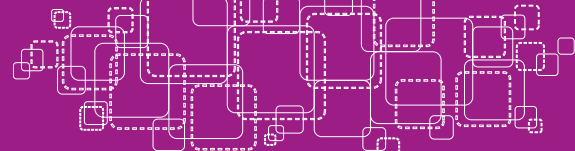
### Death from COVID-19 surrounding students who increased their drinking during COVID



%	Alcohol
Death of family member	17
No death	13

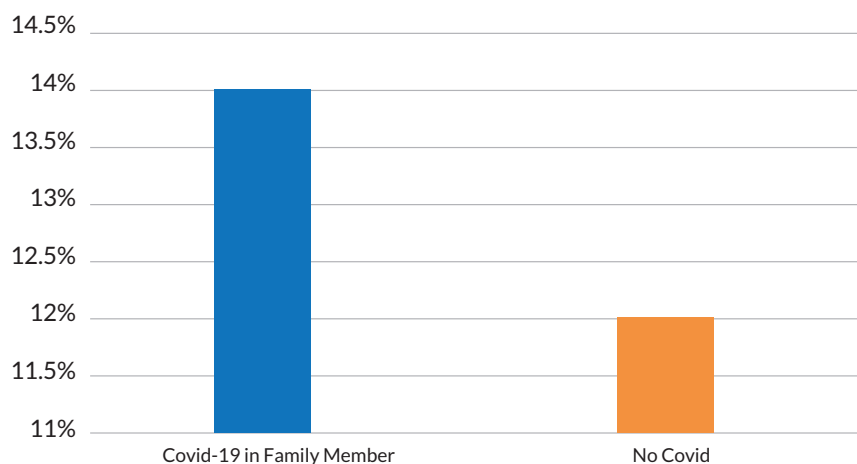
n	Alcohol
Death of family member	4
No death	265

Here we look at whether students had a death from COVID-19 among their family or close friends and whether they increased their drinking. Among those with a death from COVID-19 among their close ones, 17% increased alcohol consumption, while in those with no death from COVID-19 among their close ones, only 13% increased alcohol consumption.



## Illness from Covid-19 in family member and student drinking

### Illness from COVID-19 in family among students who increased their drinking during COVID

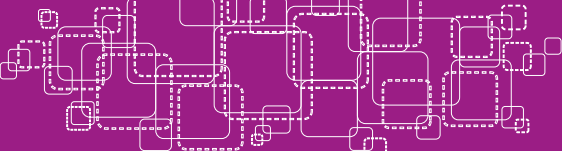


%	Alcohol
Covid-19 in family member	14
No Covid	12

n	Alcohol
Covid-19 in family member	219
No Covid	94

Here we look at whether students had an illness of COVID-19 among their family or close friends and whether they increased their substance use. Among those whose close ones had COVID-19, 14% increased alcohol consumption, while in those with no death from COVID-19 among their close ones, 12% increased alcohol consumption. This suggests that the presence of illness did not make a large impact on drinking in students.



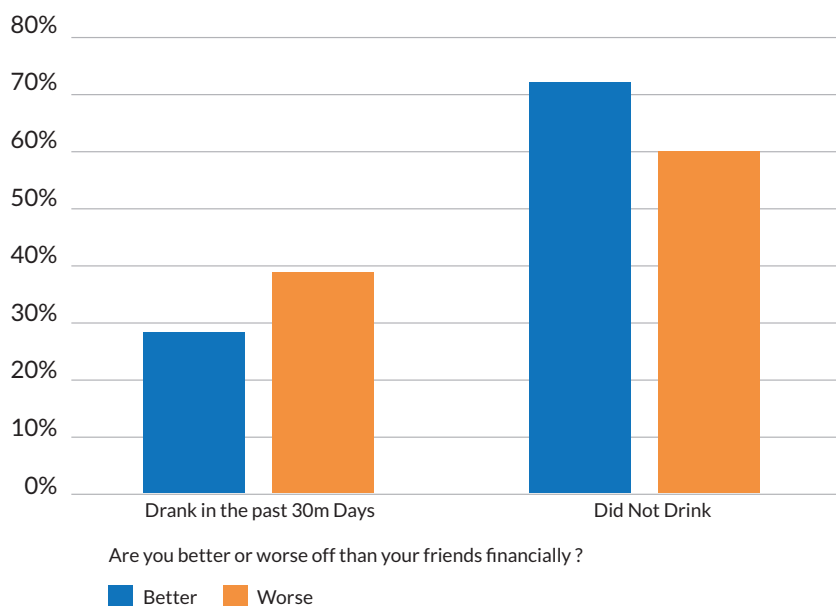


## Domestic Factors and Drinking

The following data are general domestic related analyses (finances, conflict, rules, and sleep quality) and drinking.

### Financial Situation

#### Alcohol use in the past 30 days X Perception of familial finances

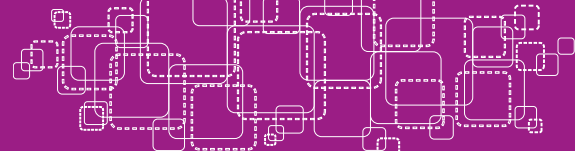


%	Drank in the past 30 days	Did not drink
Better	27%	73%
Worse	39%	61%

n	Drank in the past 30 days	Did not drink
Better	323	877
Worse	121	187

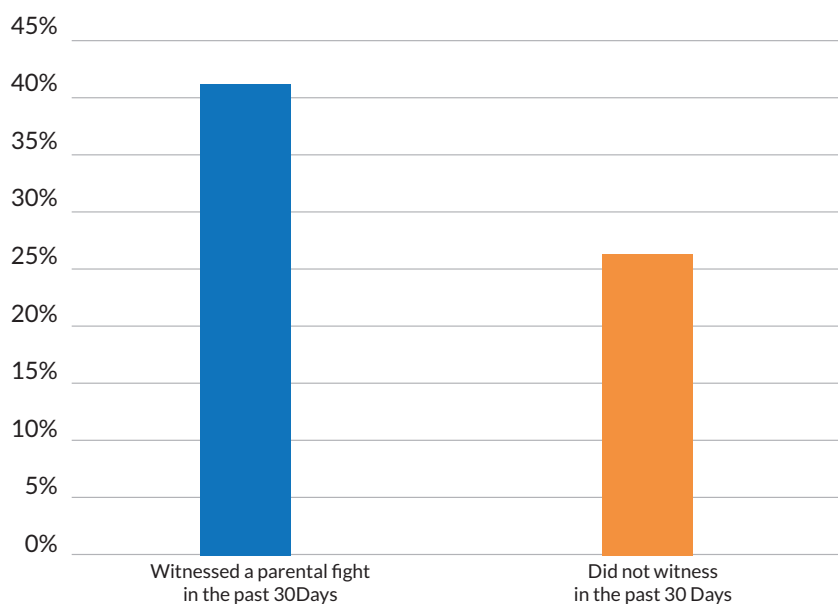
Here we look at whether students think their family is less well-off financially than their peers and if they've drank in the past month.

While 39% of those who think they're worse off drank in the past month, only 27% of those think they're better off did.



## Perceived Conflict in Home and Substance Use Parent rules and Drinking

### % of students who drank alcohol in the past month



	% of students who drank alcohol in the past month
Witnessed a parental fight in the past 30 days	42%
Did not witness in past 30 days	27%

	n of students who drank alcohol in the past month
Witnessed a parental fight in the past 30 days	124
Did not witness in past 30 days	584

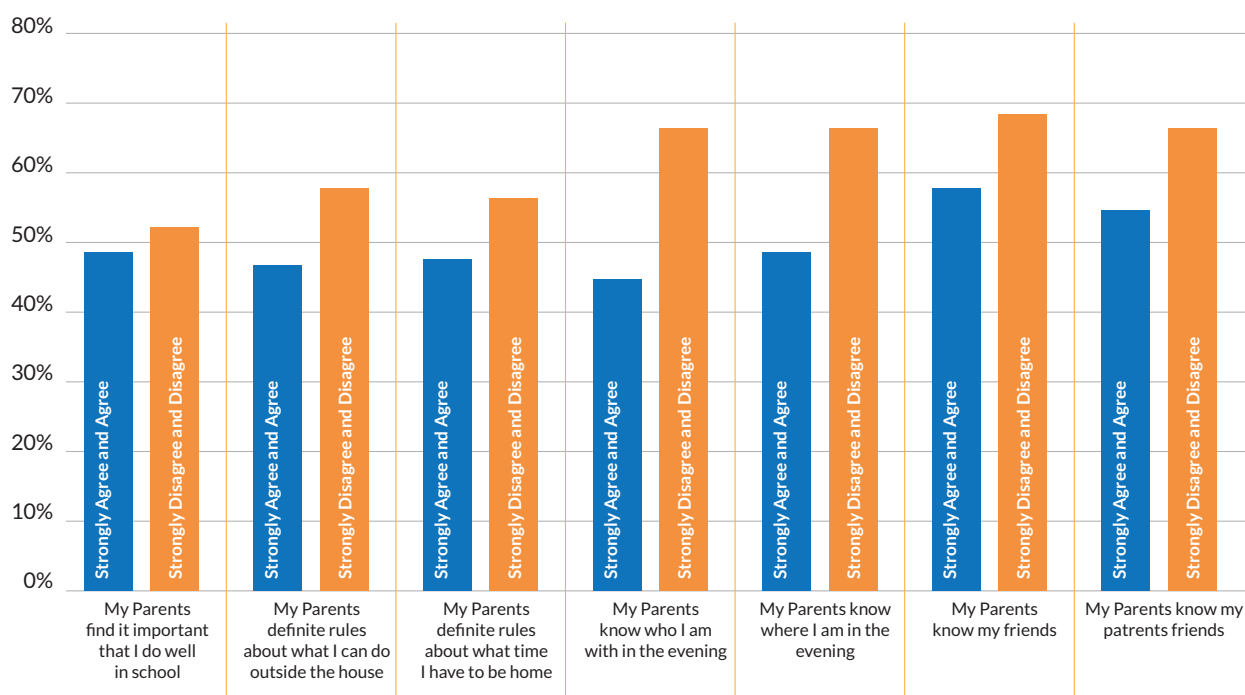
Here we look at whether students have seen their parents fight in the past month and if they've used certain substances in the past month.

42% of those who witnessed their parents fight in the past month drank, vs. 27% of those who didn't see their parents fight. This suggests student's seeing their parents fight can lead to increased drinking.

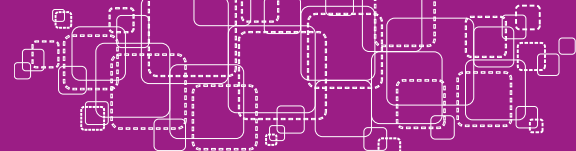


## Parent rules and Drinking

### Past Year Drinking



%		Past year Drinking
My parents find it important that I do well in school	Strongly Agree and agree Strongly Disagree and disagree	50% 51%
My parents set definite rules about what I can do outside the house	Strongly Agree and agree Strongly Disagree and disagree	48% 58%
My parents set definite rules about what time I have to be home	Strongly Agree and agree Strongly Disagree and disagree	48% 57%
My parents know who I am with in the evening	Strongly Agree and agree Strongly Disagree and disagree	46% 71%
My parents know where I am in the evening	Strongly Agree and agree Strongly Disagree and disagree	45% 73%
My parents know my friends	Strongly Agree and agree Strongly Disagree and disagree	49% 58%
My parents know my parents friends	Strongly Agree and agree Strongly Disagree and disagree	47% 56%



## Parent rules and Drinking

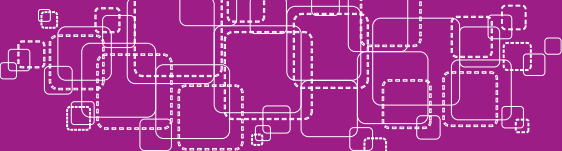
n		Past year Drinking
My parents find it important that I do well in school	Strongly Agree and agree Strongly Disagree and disagree	1097 41
My parents set definite rules about what I can do outside the house	Strongly Agree and agree Strongly Disagree and disagree	624 290
My parents set definite rules about what time I have to be home	Strongly Agree and agree Strongly Disagree and disagree	685 263
My parents know who I am with in the evening	Strongly Agree and agree Strongly Disagree and disagree	859 180
My parents know where I am in the evening	Strongly Agree and agree Strongly Disagree and disagree	805 183
My parents know my friends	Strongly Agree and agree Strongly Disagree and disagree	969 103
My parents know my parents friends	Strongly Agree and agree Strongly Disagree and disagree	556 336

Here we look at students perceptions of their parents rules and involvement and if they drank in the past year. Overall, the higher the involvement of the parents, the less students drank.

Of students that believe that their parents think it's important to do well in school, 50% had drank in the past year, where 51% of students who believe their parents do not believe they need to do well in school had drank in the past year.

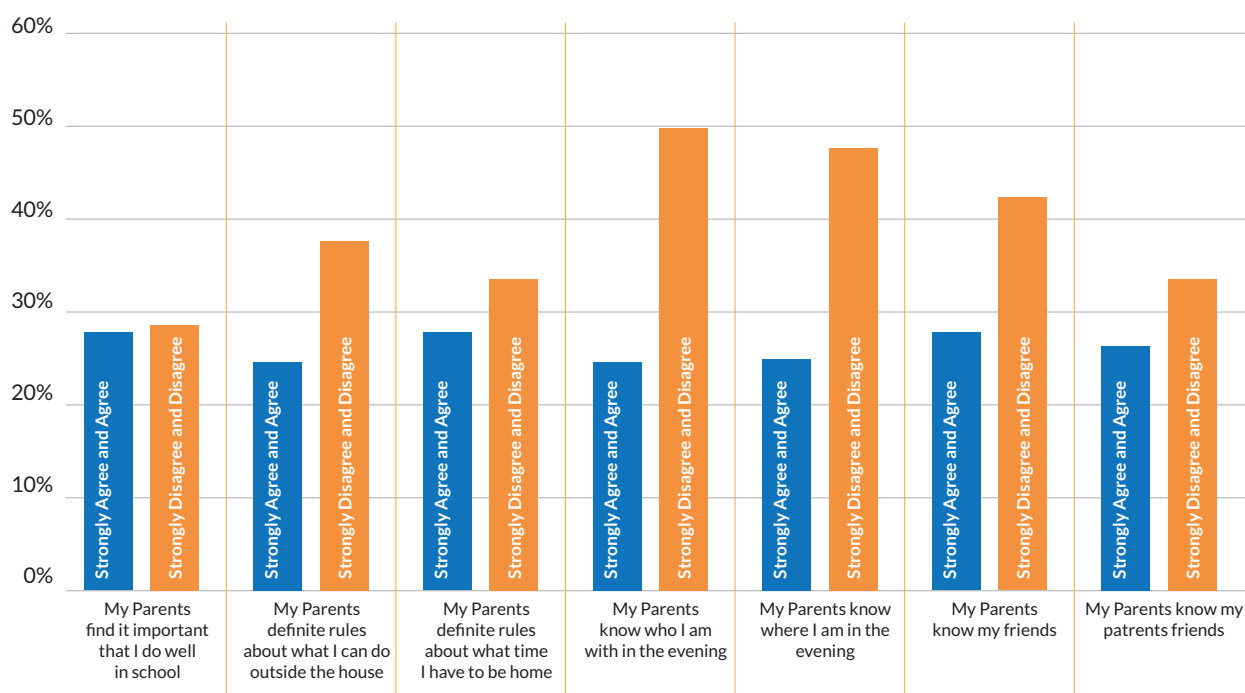
The same trend is followed in students whose parents  
(agree, disagree: % of students who drank in the past month):

- set definite rules about what they can do outside the house- 48% vs. 58%,
- set definite rules about when they have to return home- 48% vs. 57%,
- know who they're with in the evenings- 46% vs. 71%,
- know where they are in the evenings- 45% vs. 73%,
- in those whose parents know their friends- 49% vs. 58%,
- and in those whose parents know the parents of their friends- 47% vs. 56%.

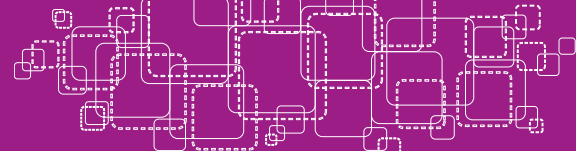


## Past Month Drinking and Parental Rules

### Past Month Drinking



%		Past Month Drinking
My parents find it important that I do well in school	Strongly Agree and agree Strongly Disagree and disagree	27% 29%
My parents set definite rules about what I can do outside the house	Strongly Agree and agree Strongly Disagree and disagree	25% 37%
My parents set definite rules about what time I have to be home	Strongly Agree and agree Strongly Disagree and disagree	28% 34%
My parents know who I am with in the evening	Strongly Agree and agree Strongly Disagree and disagree	24% 50%
My parents know where I am in the evening	Strongly Agree and agree Strongly Disagree and disagree	24% 48%
My parents know my friends	Strongly Agree and agree Strongly Disagree and disagree	27% 41%
My parents know my parents friends	Strongly Agree and agree Strongly Disagree and disagree	26% 34%



n		Past Month Drinking
My parents find it important that I do well in school	Strongly Agree and agree Strongly Disagree and disagree	605 23
My parents set definite rules about what I can do outside the house	Strongly Agree and agree Strongly Disagree and disagree	320 183
My parents set definite rules about what time I have to be home	Strongly Agree and agree Strongly Disagree and disagree	305 155
My parents know who I am with in the evening	Strongly Agree and agree Strongly Disagree and disagree	443 124
My parents know where I am in the evening	Strongly Agree and agree Strongly Disagree and disagree	417 120
My parents know my friends	Strongly Agree and agree Strongly Disagree and disagree	527 73
My parents know my parents friends	Strongly Agree and agree Strongly Disagree and disagree	307 205

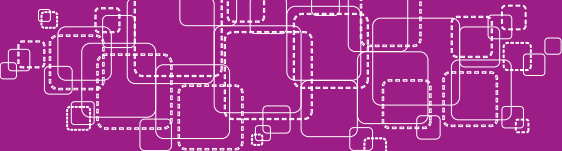
### Perceptions of their parent's involvement and drinking

Here we look at the same as the above except it is past month drinking. This graph reflects students perceptions of their parent's rules and involvement and if they drank in the past month, representing regular drinkers. Overall, the higher the involvement of the parents, the less students drank.

Of students that believe that their parents think it's important to do well in school, 27% had drank in the past month, where 29% of students who believe their parents do not believe they need to do well in school had drank in the past month.

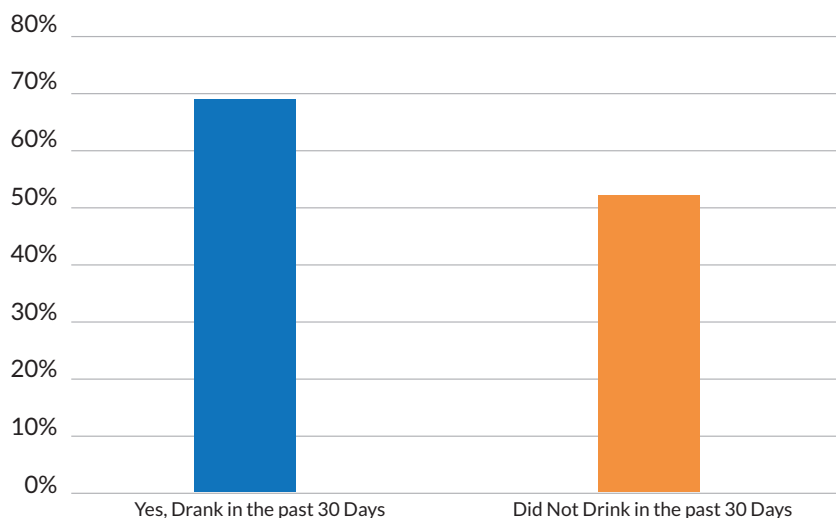
The same trend as past year drinking is followed in the rest of the factors, where in students whose parent (agree, disagree: % of students who drank in the past month):

- set definite rules about what they can do outside the house- 25% vs. 37%,
- set definite rules about when they have to return home- 28% vs. 34%,
- know who they're with in the evenings- 24% vs. 50%,
- Know where they are in the evenings- 24% vs. 48%,
- in those whose parents know their friends- 27% vs. 41%,
- and in those whose parents know the parents of their friends- 26% vs. 34%.



## Sleep Quality

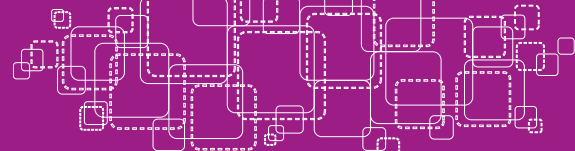
### How many students had poor sleep and their substance use



	% of students who had poor sleep quality
Yes drank in the past 30 days	69%
Did not drink in the psat 30 days	53%

	n of students who had poor sleep quality
Yes drank in the past 30 days	485
Did not drink in the psat 30 days	940

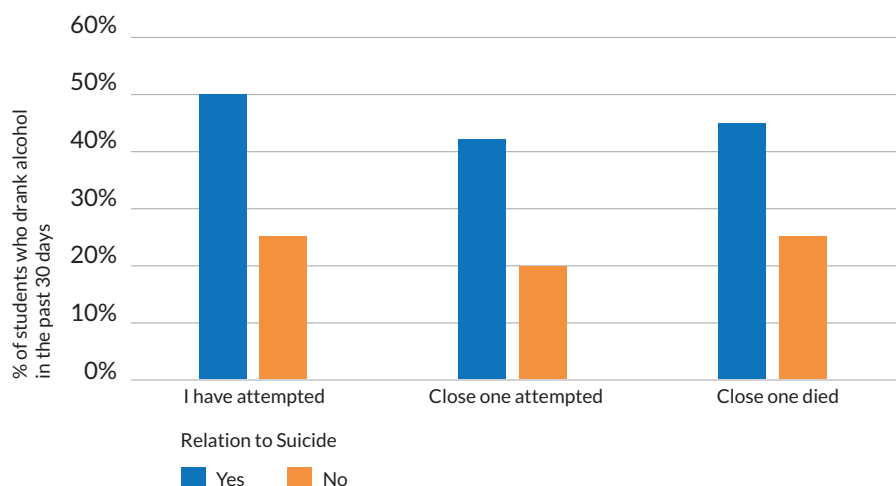
Here we look at all the students who had poor sleep (less than 8 hours) and their substance use. Of those who had consumed alcohol in the past month, 69% had poor sleep, while only 53% of those who did not consume alcohol in the past month had poor sleep.



## Suicide and Drinking

Here we look at the suicide factors and student's associated drinking.

**Suicide Factors x alcohol use in the past 30 days**



	Alcohol		
%	I have attempted	Close one attempted	Close one died
Yes	50%	42%	45%
No	26%	20%	26%

	Alcohol		
%	I have attempted	Close one attempted	Close one died
Yes	152	413	154
No	548	292	550

Here we look at students' encounters with suicide factors and if they drank in the past 30 days. The above tables only include students who have drunk in the past 30 days. Of the students who have attempted suicide, 50% drank in the past month, while those haven't attempted suicide, only 26% have drunk in the past 30 days.

Of the students who have had a close friend or family member attempted suicide, 42% drank in the past month, while of those who haven't, only 20% have drunk in the past 30 days.

Of the students who have had a close friend or family member die of suicide, 45% drank in the past month, while of those who haven't, only 26% have drunk in the past 30 days.







## **SECTION 5:** Exploring the Benefits, Limitations, Applicability, and Insights Gained from the Planet Youth Survey



# Planet Youth Data: Benefits and limitations

The Planet Youth survey has gained recognition as a valuable tool for collecting data on substance use behaviours among young people. While the survey offers numerous benefits, it is essential to acknowledge its limitations.

## Benefits of the Planet Youth Data:

1. **Data Collection:** The survey provides a systematic and standardised approach to collect data on substance use behaviours, risk factors, and protective factors among young people. It offers a wide range of information to inform policy development, programme planning, and resource allocation.
2. **Comparative Analysis:** The Planet Youth survey enables cross-cultural comparisons by adapting the methodology to different countries. This comparison allows for the identification of common trends, differences, and best practices in substance use prevention strategies, facilitating international collaboration and knowledge sharing.
3. **Longitudinal Monitoring:** The survey's longitudinal approach allows for the monitoring of substance use trends over time, providing insights into changes in prevalence rates, emerging substances, and the effectiveness of prevention efforts. This longitudinal data contributes to evidence-based decision-making and program evaluation.
4. **Identification of Risk and Protective Factors:** The survey helps identify risk and protective factors associated with substance use behaviours among young people. This information is critical for designing targeted prevention programs and interventions that address specific risk factors and reinforce protective factors.
5. **Evidence-Based Approach:** The Planet Youth survey is based on a comprehensive, evidence-based framework, incorporating validated measures and research-backed indicators. This ensures the reliability and validity of the collected data, providing a solid foundation for evidence-informed decision-making.

6. The data gathered represents real-time trends among young people and provides a valuable base of information for public health planning by organisations and networks. With such a base, a community of practice in relation to prevention can be established to tackle problematic alcohol use as it begins in adolescence.

## Limitations of the Planet Youth Data:

1. **Lack of Causality:** As a survey tool, the Planet Youth data does not establish causal relationships between risk factors, protective factors, and substance use behaviours. It provides associations and correlations but cannot determine the cause-and-effect relationships necessary for understanding the underlying mechanisms driving substance use.
2. **Self-Reporting Bias:** Survey data relies on self-reported responses, which may be subject to recall bias, social desirability bias, or underreporting of sensitive behaviours. These limitations can affect the accuracy and reliability of the data, potentially leading to misinterpretation or underestimation of substance use behaviours.
3. **Limited Contextual Information:** The survey's focus on substance use behaviours may overlook crucial contextual information that influences these behaviours. Factors such as socioeconomic status, cultural norms, and environmental influences may play a significant role but are not comprehensively captured in the survey.
4. **Generalizability:** The Planet Youth survey's generalizability to different populations and settings may be limited. The survey was developed in Iceland, and while efforts have been made to adapt it, variations in cultural contexts, language, and social norms across



countries may impact the applicability and generalizability of the data.

5. **Absence of Intervention Component:** While the survey provides valuable data, it is important to recognise that it is not a programme for change or intervention. The survey may inform the development of evidence-based prevention programmes and interventions; however, its limitations lie in the absence of direct action or implementation of strategies to address substance use behaviours.

The Planet Youth survey offers significant benefits as a survey tool for collecting data on substance use behaviours among young people. It facilitates data-driven decision-making, comparative analysis, and the identification of risk and protective factors. However, it is crucial to acknowledge the limitations associated with its nature as a survey, including the lack of causality, self-reporting bias, limited contextual information, generalizability challenges, and the absence of an intervention component. Recognising these limitations helps inform the appropriate use and interpretation of the survey data. Moreover, it underscores the importance of combining survey findings with targeted prevention programmes and evidence-based interventions to address substance use behaviours effectively.

### Applicability of the Planet Youth survey outside Iceland:

**Comparative Analysis:** By adapting the survey to different countries, it becomes possible to compare substance use patterns, risk and protective factors, and related issues across different cultural contexts. This comparative analysis can provide valuable insights into the similarities and differences in youth substance use behaviours globally, allowing for the identification of common challenges and the development of targeted prevention and intervention strategies.

1. **Evidence-Informed Interventions:** Adapting the survey to other countries enables the collection of local data on substance use and related factors. This data can serve as a foundation for evidence-informed interventions tailored to the specific needs of the target population. Understanding the prevalence and contributing factors of substance use in North Dublin can inform the design and implementation of effective prevention and intervention programs for the region.
2. **Knowledge Exchange and Collaboration:**

Adapting the survey to different countries fosters knowledge exchange and collaboration among researchers, policymakers, and practitioners. It allows for sharing best practices, lessons learned, and successful strategies across borders. Collaborative efforts can lead to the development of a global network of experts working towards reducing substance use among youth and promoting positive health outcomes. Collaborating with and using the experience of previous regions in Ireland to take part in Planet Youth like Galway and Roscommon, the NDRDATF can examine their actions taken after the survey and derive lessons learned.

3. **Policy Development:** The adapted survey data can provide evidence to support policy development and implementation related to substance use prevention and harm reduction. It can help policymakers understand the specific challenges and needs of particular populations, guiding the allocation of resources, implementing targeted interventions, and evaluating policy effectiveness.
4. **Monitoring and Evaluation:** Implementing the adapted survey regularly in different countries allows for ongoing monitoring and evaluation of trends in youth substance use. Longitudinal data collection can provide valuable information on the effectiveness of prevention efforts, policy changes, and evolving risk and protective factors. This information helps stakeholders like the NDRDATF assess the impact of interventions, monitor changes in the population, and make informed decisions for future strategies.
5. **Global Perspective:** Adapting the survey outside Iceland expands the global perspective on youth substance use. It contributes to a comprehensive understanding of the complex factors influencing substance use behaviours, including social, cultural, and environmental determinants. This broader perspective enables the development of holistic approaches that consider diverse populations and contexts. As North Dublin continues to experience increased demographic diversity, the information provided by the survey will enable the targeting of specific interventions for novel alcohol-related issues that may arise.

Adapting the Planet Youth survey outside Iceland allows the opportunity to generate localised data,



inform evidence-based interventions, promote knowledge exchange, support policy development, and contribute to global efforts in understanding and addressing youth substance use. It empowers countries to tailor their approaches based on local realities and collaborate towards creating healthier and safer environments for young people worldwide.

The transferability of the Planet Youth survey outside Iceland is an important consideration when applying it to different countries or regions. While the survey was initially developed and validated in Iceland, efforts have been made to adapt it for use in other countries. Here are some factors to consider regarding its transferability:

1. **Cultural Context:** The cultural context of each country or region should be taken into account when adapting the survey. Cultural differences can influence substance use patterns, attitudes, and social norms. It is essential to assess the relevance and appropriateness of the survey questions, response options, and overall structure to ensure they align with the cultural context of the target population.
2. **Language Adaptation:** Adapting the survey to the local language is crucial to ensure understanding and accurate participant responses. Translating the survey accurately, including idiomatic expressions and cultural references, is important for maintaining the integrity and validity of the instrument. Linguistic validation and piloting with representative samples can help ensure the clarity and appropriateness of the translated version.
3. **Sampling Considerations:** The sampling methodology used in Iceland may not be directly transferable to other countries. Factors such as population size, demographics, and geographical distribution may require adjustments to ensure a representative sample. It is important to consider the sampling frame, sampling techniques, and sample size calculation to obtain reliable and generalisable results.
4. **Psychometric Properties:** The psychometric properties of the adapted survey should be assessed to ensure its reliability and validity. This includes conducting tests of internal consistency, test-retest reliability, and construct validity. Cultural adaptation may impact the psychometric properties, and rigorous psychometric evaluation is necessary to establish the

reliability and validity of the adapted survey in the new context.

5. **Context-Specific Factors:** While the Planet Youth survey provides a comprehensive framework for understanding substance use, it may only capture some context-specific factors relevant to each country or region. Local adaptations may be needed to address specific risk and protective factors, policies, and interventions appropriate to the target population.
6. **Collaborative Approach:** Collaboration with local stakeholders, including researchers, policy-makers, and community organisations, is crucial for the successful transfer and adaptation of the survey. Engaging local experts and involving them in the adaptation process ensures that the survey is customised to the particular needs of the target population.
7. **Continuous Monitoring and Evaluation:** Ongoing monitoring and evaluation of the adapted survey's implementation and outcomes are necessary to assess its effectiveness and identify areas for improvement. Regular feedback from participants, data quality checks, and comparisons with other relevant data sources can contribute to refining and enhancing the adapted survey.

In summary, while the Planet Youth survey was initially developed for Iceland, its transferability to other countries requires careful consideration and adaptation. Taking into account cultural context, language, sampling, psychometric properties, context-specific factors, collaboration, and ongoing evaluation can enhance the transferability and utility of the survey in different settings.

### The Planet Youth Survey Insights Gained:

1. **Understanding of Risk and Protective Factors:** The survey has identified a range of risk and protective factors that influence substance use behaviours among young people. These factors include family dynamics, peer influence, school environment, community support, and individual characteristics. Understanding these factors helps in designing targeted prevention programs and interventions.
2. **Early Prevention is Key:** The survey has



highlighted the importance of early prevention efforts in reducing substance use among young people. Identifying risk factors and implementing prevention strategies at an early age can mitigate the likelihood of developing substance use problems later in life.

3. **Importance of Social Factors:** The survey has emphasised the role of social factors, such as family and peer relationships, in influencing substance use behaviours. It has shown that strong family support, positive peer influence, and a sense of belonging can protect against substance use.
4. **Impact of School Environment:** The survey has demonstrated the significant impact of the school environment on substance use behaviours. Factors such as academic engagement, school connectedness, and supportive relationships with teachers can contribute to lower rates of substance use among students.
5. **Effectiveness of Evidence-Based Prevention Programs:** The survey has provided evidence for the effectiveness of evidence-based prevention programs in reducing substance use. It has shown that programs targeting multiple risk factors delivered through various channels (e.g., schools, families, communities) can positively reduce substance use among young people.
6. **Longitudinal Monitoring:** The survey's longitudinal approach has allowed us to monitor substance use trends over time. This has provided valuable information on changes in substance use behaviours, the emergence of new substances, and the effectiveness of prevention efforts.
7. **Cross-Cultural Comparisons:** The survey has facilitated cross-cultural comparisons by adapting the methodology to different countries. This has enabled researchers and policymakers to understand variations in substance use patterns and risk factors across cultures and identify best practices for prevention and intervention.
8. **Importance of Data-Informed Decision-Making:** The survey has emphasised the importance of data-driven decision-making in designing and implementing substance use prevention and intervention strategies. The survey data has

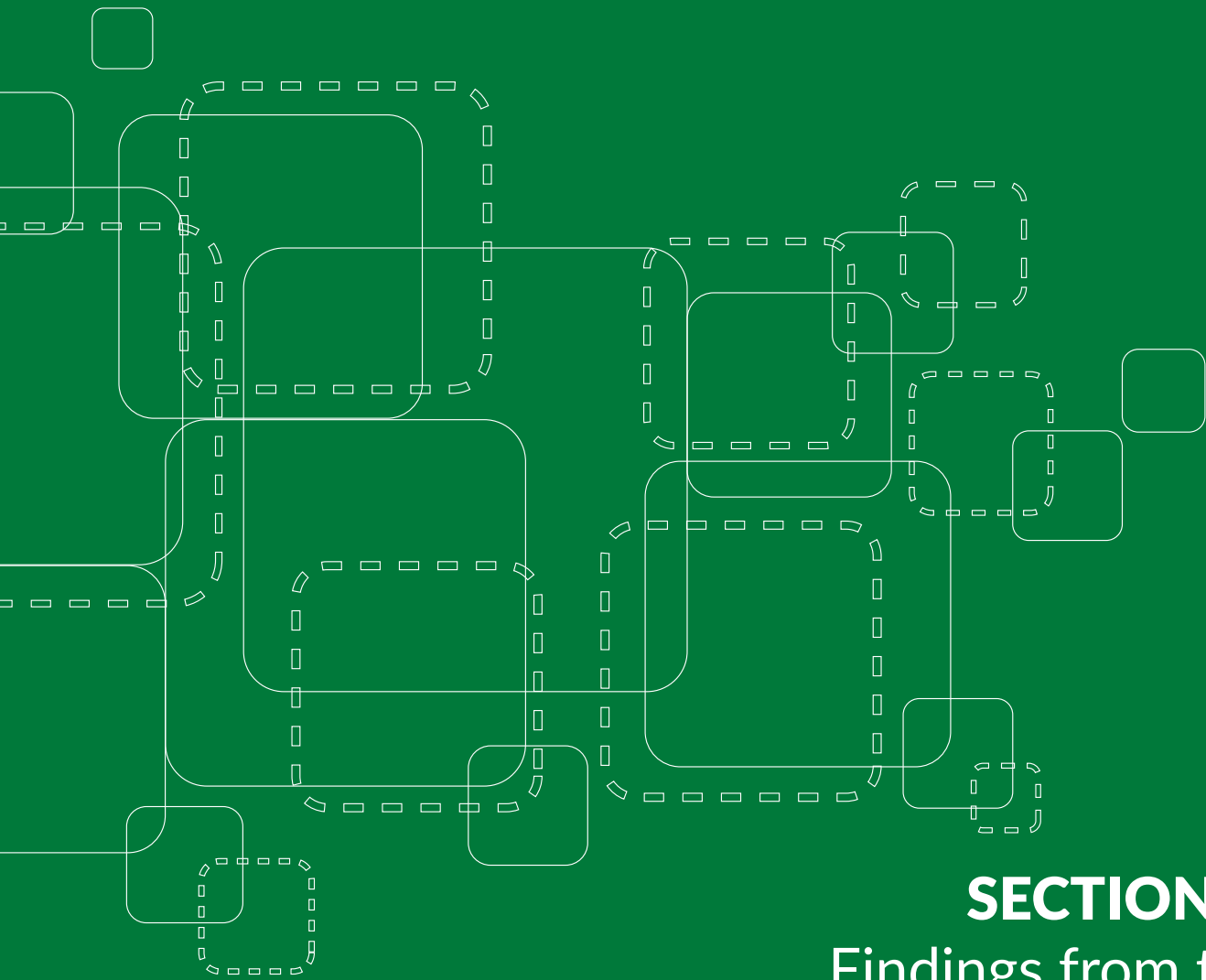
provided valuable insights that inform policy development, resource allocation, and program planning.

9. **Collaboration and Knowledge Sharing:** The Planet Youth survey has fostered collaboration and knowledge sharing among researchers, policymakers, and practitioners in the field of substance use prevention. It has facilitated the exchange of best practices, research findings, and effective prevention and intervention strategies.
10. **Continuous Evaluation and Adaptation:** The survey has highlighted the need for continuous evaluation and adaptation of prevention efforts. Monitoring the effectiveness of prevention programs, gathering participant feedback, and adjusting strategies based on emerging trends and challenges are essential for maintaining the relevance and effectiveness of prevention efforts.

Overall, the Planet Youth survey has provided valuable lessons on understanding substance use patterns, identifying risk and protective factors, implementing evidence-based prevention programs, and promoting data-informed decision-making. These lessons inform strategies for effective substance use prevention and intervention among young people.

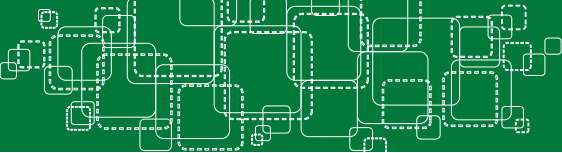






## **SECTION 6:** Findings from the Collective Intelligence Groups





## Collective Intelligence Overviews

In qualitative research, a collective intelligence group refers to a methodological approach that involves gathering a diverse group of individuals to collaboratively generate insights, ideas, and knowledge on a specific topic of interest. The group typically consists of participants who possess different perspectives, backgrounds, and expertise related to the research topic.

The purpose of a collective intelligence group is to leverage the collective wisdom and expertise of the participants to explore and understand complex phenomena. By bringing together individuals with diverse knowledge and experiences, the group can generate rich and nuanced insights that may not be accessible through individual interviews or observations alone.

The process of a collective intelligence group typically involves facilitated discussions, brainstorming sessions, and interactive activities. The group members are encouraged to share their thoughts, engage in open dialogue, challenge each other's ideas, and collectively analyse the data or research topic under investigation. The key principles of a collective intelligence group in qualitative research include:

1. **Diversity:** The group should include participants with different backgrounds, perspectives, and expertise relevant to the research topic.
2. **Equality:** Each participant's input is valued and considered equally important, regardless of their status or background.
3. **Collaboration:** Participants work together in a collaborative and inclusive manner to generate insights and knowledge.
4. **Respectful Dialogue:** Open and respectful dialogue is fostered to encourage the exchange of ideas, perspectives, and opinions.
5. **Iterative Process:** The collective intelligence group process may involve multiple sessions or iterations to refine and deepen the insights generated.

The outputs of a collective intelligence group in qualitative research can include rich narratives, shared understandings, patterns, themes, and emergent concepts. These outputs can contribute to the development of theory, inform policy and practice, or provide a deeper understanding of the research phenomenon under investigation.

Overall, a collective intelligence group in qualitative research leverages the power of collaboration and diversity to generate collective insights and knowledge that go beyond what individual perspectives can offer. It is a valuable approach for exploring complex social, cultural, or organisational phenomena and gaining a deeper understanding of the research topic. In the current research, three Collective Intelligence Sessions were included.

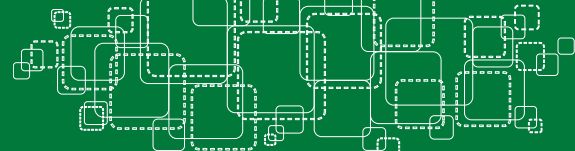
1. A NDRDATF service user and concerned family member group (N=6)
2. The NDRDATF Core Staff Group (N=8)
3. A NDRDATF Cross-regional group (N=50)

The findings of these groups were thematically analysed and are presented below.

### Findings Group #1: NDRDATF service user and concerned family member group.

The NDRDATF (North Dublin Regional Drugs and Alcohol Task Force), the service user and family support group, comprised of diverse perspectives on alcohol within the region. The group consisted of both service users seeking help for their alcohol-related challenges and family members supporting individuals accessing treatment. Participants shared their personal experiences, whether as individuals seeking treatment or as concerned family members supporting their loved ones in accessing treatment within the region. This allowed for a rich exchange of insights and first-hand accounts, fostering a deeper understanding of the challenges faced by individuals seeking help for alcohol-related issues and the support needed by their families. The group aimed to provide a safe and supportive space for sharing experiences, gaining knowledge, and collectively exploring effective strategies to address alcohol-related concerns in the region.

Service users shared their personal experiences, challenges, and journeys towards recovery, offering



unique insights into the struggles associated with alcohol addiction. On the other hand, family members shared their perspectives as they navigated the complexities of supporting a loved one in their journey to overcome alcohol-related issues. Their experiences provided valuable insights into the impact of alcohol addiction on families, relationships, and the broader community. The participants discussed how the family support group served as a safe and empathetic space where individuals could openly discuss their concerns, seek guidance, and offer support to one another.

Moreover, the family support group within NDRDATF provided a platform for individuals to share their perspectives on alcohol-related issues within the region, highlighting a lack of awareness of available services. Participants discussed their experiences and challenges, expressing a common theme of limited knowledge about the support services and resources available to those affected by alcohol addiction. The group recognised the need for increased awareness campaigns and outreach efforts to ensure that individuals and families are well-informed about the services and assistance they can access.

Emphasising the crucial role of general practitioners (GPs) as the first point of contact. Participants shared their experiences and insights, recognising the significance of GPs in addressing alcohol-related concerns. The group acknowledged the importance of GPs in early detection, intervention, and referral to appropriate services for individuals and families affected by alcohol addiction. They highlighted the need for increased awareness and training among GPs to effectively identify and address alcohol-related issues. By emphasising the role of GPs as the initial contact, the family support group aimed to promote better collaboration between GPs and specialised alcohol support services, ensuring timely and comprehensive care for individuals and families seeking help for alcohol-related challenges within the region.

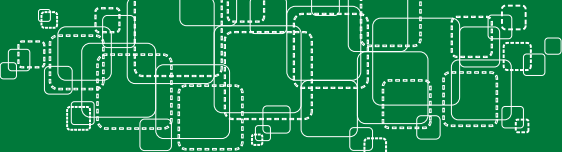
The group within discussed the impact of mutual aid and fellowships on supporting their loved ones dealing with alcohol-related issues. Participants shared varied perspectives, highlighting both the benefits and challenges associated with these forms of support. Mutual aid and fellowships, such as Alcoholics Anonymous (AA) or Narcotics Anonymous (NA), were seen as valuable sources of support, offering a sense of community, shared experiences, and guidance for both individuals and families. These programs were recognised for their ability to provide a supportive network and promote recovery. However, some participants also expressed concerns about potential

hindrances, such as conflicting ideologies, lack of professional guidance, or the possibility of dependency on these groups. The family support group acknowledged the importance of balancing the benefits of mutual aid and fellowships with the need for professional support services to ensure comprehensive care for individuals and families affected by alcohol-related challenges.

Participants recognised the need for a balanced perspective, acknowledging the positive impact of mutual aid and fellowships while also understanding the importance of exploring diverse support options that best meet the unique needs of individuals and their families. By acknowledging the nuances surrounding mutual aid and fellowships, the group aimed to encourage a more inclusive and comprehensive approach to supporting loved ones affected by alcohol addiction within the region.

Participants placed a strong emphasis on the support they received beyond the treatment of their loved ones. Participants shared their experiences and perspectives, highlighting the crucial role of support networks, resources, and services available to families affected by alcohol addiction. They recognised that while their loved ones were undergoing treatment, they themselves needed support, guidance, and education to navigate the challenges they faced. The group acknowledged the importance of tailored support services for families, including counselling, educational programs, and peer support groups. These resources provided a safe and understanding environment where participants could share their experiences, learn coping strategies, and gain a sense of empowerment. By emphasising the significance of comprehensive support for families, the group aimed to advocate for and enhance access to a range of services that address the holistic needs of those impacted by alcohol addiction within the region.

The family support group within NDRDATF placed significant emphasis on the support they received beyond the treatment of their loved ones. Participants shared their experiences and perspectives, highlighting the importance of comprehensive support systems that extend beyond the direct treatment of individuals struggling with alcohol addiction. They emphasised the need for emotional, practical, and educational support for themselves as family members, recognising that their own well-being and understanding of addiction are crucial in supporting their loved ones effectively. The group highlighted the value of mutual support, shared experiences, and access to resources that help family members navigate the challenges associated



with alcohol addiction. By emphasising the importance of support beyond treatment, the family support group aimed to advocate for a holistic approach that addresses the needs of both individuals struggling with addiction and their families, fostering resilience, understanding, and well-being within the community.

The family support group within NDRDATF emphasised the critical need to expand services. Participants shared their experiences and perspectives, indicating that the existing support services for families affected by alcohol addiction were insufficient to meet the growing demand and complexity of their needs. They identified gaps in availability, accessibility, and variety of services, stressing the importance of expanding resources to ensure comprehensive support for families. The group advocated for increased funding, staffing, and infrastructure to address the existing limitations and improve the quality and reach of services. By highlighting the need to expand services, the family support group aimed to raise awareness and advocate for enhanced support systems that adequately meet the diverse needs of families impacted by alcohol addiction within the region.

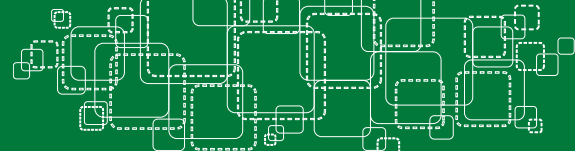
The family support group within NDRDATF (North Dublin Regional Drugs and Alcohol Task Force) emphasised the critical need to expand the services available. Participants shared their experiences and perspectives, identifying gaps and limitations in the existing support systems for families affected by alcohol addiction. They highlighted the need for increased availability and accessibility of services that address the unique needs and challenges faced by families. The group recognised the importance of comprehensive support, including counselling, education, respite care, and support groups tailored specifically to families impacted by alcohol addiction. By highlighting the need to expand services, the family support group aimed to advocate for the allocation of resources and the development of new initiatives to ensure that families have the necessary support to navigate the complexities of alcohol addiction and promote overall well-being within the community.

The family support group within NDRDATF emphasised the importance of national media campaigns to support individuals experiencing alcohol-related issues. Participants shared their experiences and perspectives, recognising that widespread media campaigns can play a crucial role in raising awareness, educating the public, and reducing the stigma surrounding alcohol addiction. They advocated for campaigns that highlight the health harms associated with excessive alcohol consumption and provide

information about available supports, like other public health campaigns. The group acknowledged that such campaigns could help in early detection, encourage individuals to seek help and provide guidance to family members on how to support their loved ones effectively. By emphasising the need for national media campaigns, the family support group aimed to promote a broader understanding of alcohol-related issues, reduce barriers to seeking help, and ensure that individuals and families affected by alcohol addiction have access to the necessary support and resources throughout the region.

**Based on the discussion within the NDRDATF Service user and family support group, the following key recommendations can be derived:**

- 1. Increase awareness campaigns and outreach efforts:** Develop and implement campaigns to raise awareness about available services and support resources for individuals and families affected by alcohol addiction within the region.
- 2. Enhance the role of general practitioners (GPs):** Provide training and resources to GPs to effectively identify, intervene, and refer individuals and families dealing with alcohol-related issues to appropriate support services.
- 3. Balance mutual aid and fellowships with professional support:** Recognize the benefits of mutual aid and fellowships while ensuring access to professional support services to provide a comprehensive and balanced approach to supporting individuals and families affected by alcohol addiction.
- 4. Expand support services for families:** Develop tailored support services, including counselling, educational programs, and peer support groups, to address the unique needs of family members supporting individuals with alcohol addiction.
- 5. Advocate for comprehensive support beyond treatment:** Highlight the importance of emotional, practical, and educational support for family members, recognising that their well-being and understanding of addiction are crucial in effectively supporting their loved ones.
- 6. Expand and improve existing services:** Allocate increased funding, staffing, and infrastructure to expand the availability, accessibility, and variety of support services for families impacted by



alcohol addiction.

7. **National media campaigns:** Launch national media campaigns to raise awareness, educate the public, and reduce the stigma surrounding alcohol addiction, providing information about available supports and encouraging early detection and help-seeking.

By implementing these recommendations, the NDRDATF and other relevant stakeholders can work towards improving support systems and addressing the challenges faced by individuals and families affected by alcohol addiction within the region, fostering a more resilient and understanding community.

### Findings Group #2: NDRDATF Core Staff Group

The NDRDATF Core Team group consisted of a diverse range of perspectives concerning alcohol in the region. The findings highlight the key discussions, priorities, and recommendations put forward by the group in terms of service development, interagency working, innovative programs, evidence-based practice, and resource allocation.

By incorporating these varied perspectives into the research, we aimed to foster a comprehensive understanding of alcohol-related issues, facilitate collaborative problem-solving, and develop effective strategies to address the complex challenges associated with alcohol in the NDRDATF region.

Through collaborative discussions, the group emphasised the importance of capturing service development and maintaining an upward trajectory of progress in the region. Key discussions and recommendations are outlined below.

**Interagency Working:** One of the key points highlighted by the group was the significance of interagency collaboration in delivering comprehensive and effective alcohol services. They recognised the need for close cooperation and coordination among various agencies, including health services, community organisations, and social support networks. By working together, the group stressed that agencies can leverage their collective expertise, share resources, and enhance the overall support provided to individuals and families affected by alcohol addiction.

**Innovative Programs and Evidence-Based Practice:** The NDRDATF group acknowledged the importance of innovative programs in addressing alcohol-related issues. They highlighted the need to explore and

implement evidence-based practices that have proven effective in prevention, harm reduction, and recovery. The group discussed the value of continuously evaluating and updating programs to ensure their relevance and impact in the context of the evolving needs of the community.

**Rapid and Comprehensive Assessment:** Efficient and comprehensive assessment processes were identified as crucial for early intervention and appropriate service provision. The group emphasised the need for rapid and comprehensive assessment protocols to identify individuals in need of support and tailor interventions to their specific needs. This approach can facilitate timely access to services and improve outcomes for those seeking treatment and support.

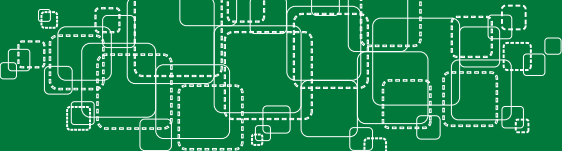
**Resource Allocation:** The group recognised that sufficient resources are vital for the development and sustainability of alcohol services. They highlighted the importance of securing adequate funding and allocating resources strategically to support service provision, research, training, and community outreach. The group recommended ongoing advocacy efforts to ensure that the necessary resources are available to meet the growing demand for alcohol services in the region.

The Core Team within NDRDATF demonstrated a commitment to improving alcohol services through collaboration, innovation, evidence-based practice, rapid assessment, and resource allocation. By representing diverse perspectives and expertise, the group provided valuable insights and recommendations to guide the development of comprehensive and effective services for young people, families, and adults seeking treatment. Their discussions emphasised the importance of interagency working, capturing service development, implementing innovative programs, and ensuring evidence-based practices. These recommendations will serve as a valuable resource for NDRDATF and stakeholders in their ongoing efforts to address alcohol-related issues within the region.

### Findings Group # 3: NDRDATF cross-sectional group

The NDRDATF cross-sectional group provided a platform for professionals and experts in the field of drug and alcohol research, data analysis, and treatment to exchange knowledge, share experiences, and collaborate on addressing emerging challenges across the region. The group aim to enhance the effectiveness of drug and alcohol treatment services and develop evidence-based strategies to improve outcomes for





individuals affected by substance use. The group included the participation of the Task Force staff and several partner agencies from across the region.

The discussions encompassed the following key areas:

#### **Older People Seeking Treatment**

The meeting participants noted a notable increase in the number of older individuals seeking treatment for substance use, particularly alcohol-related issues. This trend poses unique challenges, as older adults may have different physiological responses to substances, multiple comorbidities, and social support needs. The Task Force Staff and partner agencies emphasised the importance of adapting treatment programmes to meet the specific needs of this population. Additionally, the group discussed the need for improved outreach strategies and the development of age-appropriate interventions to address substance use among older adults effectively.

#### **Women Seeking Treatment for Alcohol**

Another significant observation highlighted during the meeting was the increasing number of women seeking treatment for alcohol-related problems. Historically, substance abuse treatment has predominantly focused on men, and the changing trend necessitates a gender-specific approach. The Task Force Staff and partner agencies recognised the importance of addressing the unique factors contributing to alcohol abuse among women, such as societal pressures, trauma, and gender-specific health issues. The group emphasised the need to develop tailored interventions, enhance access to treatment, and reduce the stigma associated with women seeking help for alcohol-related problems.

#### **Alcohol and Mental Health Needs**

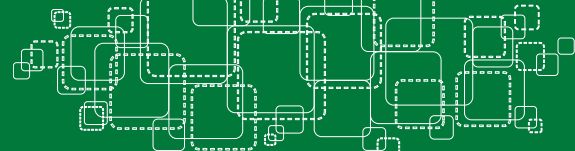
The meeting participants also discussed the alarming rise in the number of individuals with co-occurring alcohol abuse and mental health disorders seeking treatment. The Task Force Staff and partner agencies acknowledged the complex nature of dual diagnosis cases and emphasised the significance of integrated treatment approaches. They stressed the importance of collaboration between substance abuse treatment services and mental health providers to ensure comprehensive care for individuals with co-occurring disorders. The group also recognised the need for enhanced training and support for professionals to address the specific challenges associated with dual diagnosis.

#### **Recommendations from the NDRDATF Collective Intelligence Group**

The NDRDATF Collective Intelligence Group, consisting of Task Force Staff and partner agencies, has

formulated the following recommendations to address the evolving challenges in substance abuse treatment:

- 1. Expansion of Community and Residential Detox Services:** Recognizing the increasing demand for detoxification services, it is recommended to expand both community-based and residential detox facilities. This expansion will help accommodate the growing number of individuals seeking treatment and ensure timely access to safe and effective detoxification services.
- 2. Development of Evidence-Based Alcohol Aftercare Services:** To enhance long-term recovery outcomes, it is crucial to develop evidence-based alcohol aftercare services. These services should focus on providing ongoing support, relapse prevention strategies, counselling, and access to community resources. Collaboration with community organisations and peer support groups can contribute significantly to the success of aftercare programs.
- 3. Development of Specific Services to Meet the Needs of New Populations:** With the recognition of new populations seeking treatment within the NDRDATF area, it is imperative to develop specific services tailored to their unique needs. This could include specialised programs for women, older adults, individuals with co-occurring disorders, and other groups experiencing specific challenges related to substance abuse. These services should consider cultural, gender, and age-specific factors to provide effective and relevant support.
- 4. Specific Programs and Campaigns for Older People Seeking Treatment for Alcohol:** In order to meet the needs of older individuals seeking treatment for alcohol abuse, targeted programs and campaigns should be developed. These initiatives can include educational campaigns aimed at raising awareness about substance abuse in the elderly population, as well as specific interventions that address the social, physical, and emotional challenges faced by older individuals. It is also essential to promote access to treatment by providing transportation assistance, reducing barriers, and offering flexible appointment schedules.
- 5. Provision of Childcare and Support for Parents Accessing Treatment:** Recognizing the impact of

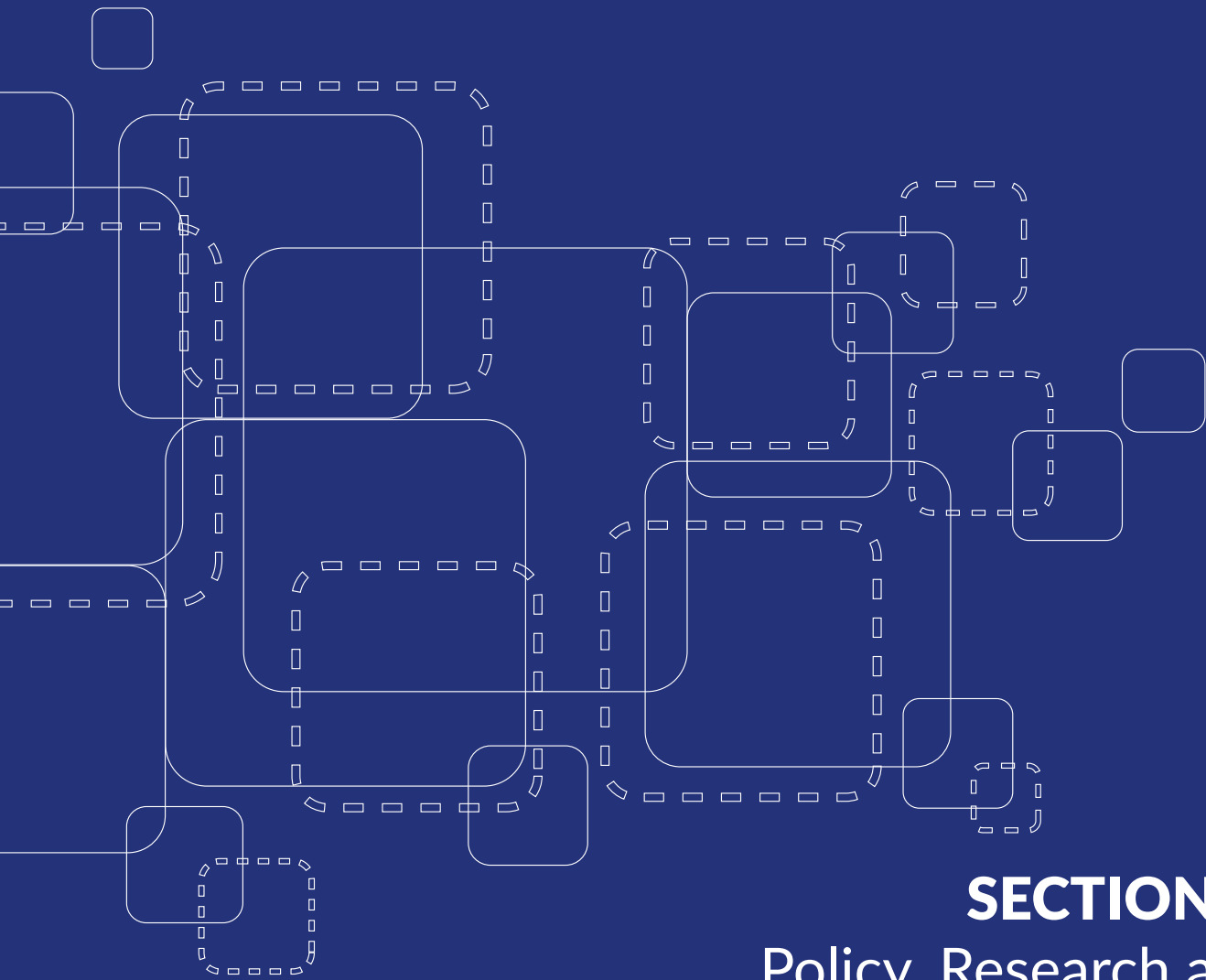


substance abuse on families, it is crucial to provide childcare services and support for parents seeking treatment. This may involve partnering with childcare agencies or developing on-site childcare facilities within treatment centres. Additionally, support groups and parenting programs can be established to address the unique needs and challenges faced by parents in recovery.

6. **Cocreating Evidence-Based Services within General Practice and A&E:** Integration of substance abuse services within general practice (primary care) and emergency departments (A&E) is highly recommended. This includes training healthcare professionals to identify and address substance abuse issues, providing referral pathways to specialised treatment services, and implementing evidence-based interventions within these settings. Collaborative partnerships between substance abuse treatment providers and healthcare facilities can improve early detection, intervention, and support for individuals struggling with substance abuse.

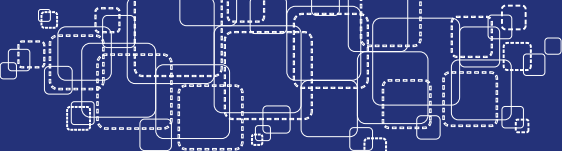
The recommendations outlined by this group aim to address these changing trends and improve the effectiveness of drug and alcohol treatment services. By implementing these recommendations, the NDRDATF can enhance its capacity to provide comprehensive, evidence-based, and responsive services to individuals seeking treatment for substance use. These initiatives aim to improve access, quality, and effectiveness of care, ultimately leading to better outcomes and improved well-being for those affected by substance abuse in the region.





## **SECTION 7:** Policy, Research and Practice Recommendations





# Evidence-Based Policy Recommendations for Alcohol Services for Young People, Families, and Adults

## 1. Prevention:

- a. Implement comprehensive alcohol education programs in schools and communities, focusing on the risks, consequences, and responsible consumption of alcohol.
- b. Develop targeted prevention campaigns that address the specific vulnerabilities and risk factors faced by young people, families, and adults, emphasising the importance of early intervention and support.

## 2. Harm Reduction:

- a. Establish accessible harm reduction services, including needle and syringe exchange programs, naloxone distribution, and safe drinking guidelines, to minimise the negative consequences of alcohol use.
- b. Provide training and resources to healthcare professionals and community organisations on harm reduction strategies and interventions, enabling them to effectively support individuals at risk.

## 3. Addiction Treatment:

- a. Increase the availability and accessibility of evidence-based addiction treatment services, including detoxification, outpatient counselling, residential rehabilitation, and medication-assisted treatment.
- b. Ensure that treatment services are tailored to the individual needs of young people, families, and adults, incorporating approaches such as cognitive-behavioural therapy, motivational interviewing, and family-based interventions.

## 4. Recovery Support:

- a. Establish comprehensive and holistic recovery support services that focus on long-term recovery goals, including peer support groups, counselling, vocational training, and housing assistance.
- b. Promote the integration of recovery support services into the wider community, fostering social connections and reducing the stigma associated with alcohol addiction.

## 5. Integration and Collaboration:

- a. Foster collaboration and coordination among

various stakeholders, including healthcare providers, social services, schools, law enforcement agencies, and community organisations, to ensure a comprehensive and integrated approach to alcohol services.

- b. Establish mechanisms for information sharing, joint planning, and cross-referrals to facilitate seamless transitions between prevention, harm reduction, addiction treatment, and recovery support services.

## 6. Evaluation and Quality Assurance:

- a. Implement robust monitoring and evaluation systems to continuously assess the effectiveness and impact of alcohol services.
- b. Use evidence-based practices, guidelines, and quality standards to guide the delivery of services and ensure the provision of high-quality, evidence-based care.

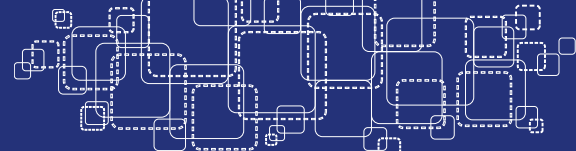
## 7. Research and Innovation:

- a. Promote research initiatives that address gaps in knowledge and inform the development and improvement of alcohol services.
- b. Encourage innovation and the adoption of emerging evidence-based practices to enhance the effectiveness and responsiveness of alcohol services.

## 8. Resource Allocation:

- a. Advocate for increased funding and resources to support the expansion and sustainability of alcohol services for young people, families, and adults.
- b. Prioritise resource allocation based on needs assessment, evidence of effectiveness, and equity considerations to ensure equal access to services for all individuals.

These evidence-based policy recommendations provide a comprehensive framework for alcohol services targeting young people, families, and adults. By implementing these recommendations, policy-makers can work towards reducing the harms associated with alcohol use, promoting prevention, providing effective harm reduction strategies, improving access to addiction treatment, fostering recovery, and strengthening collaboration among



# Research Recommendations for Alcohol Services

stakeholders.

## 1. Prevention:

- a. Conduct longitudinal studies to explore the effectiveness of various prevention strategies and programmes targeted at young people, families, and adults in the NDRDATF area.
- b. Investigate the long-term impact of early prevention interventions on reducing alcohol-related harm and the factors that contribute to sustained behaviour change.
- c. Explore the role of social determinants of health in alcohol prevention, including socioeconomic factors, cultural influences, and environmental contexts.

## 2. Harm Reduction:

- a. Conduct research on the effectiveness of harm reduction initiatives, such as safe drinking guidelines, in reducing alcohol-related harm and promoting responsible alcohol consumption.
- b. Examine the impact of harm reduction programmes on specific populations, such as young people, individuals with co-occurring disorders, older adults, and women.
- c. Explore innovative harm reduction strategies, including novel technologies, to better address emerging challenges related to alcohol use.

## 3. Policy and System-level Research:

- a. Investigate the impact of alcohol-related policies and regulations on prevention, harm reduction, addiction treatment, and recovery support outcomes.
- b. Assess the cost-effectiveness of different alcohol services and interventions, considering the economic impact on individuals, families, and society.
- c. Examine the role of organisational and system-level factors in delivering effective alcohol services, including workforce capacity, coordination, and integration of services.

## 4. Recovery Support:

- a. Conduct research on the effectiveness of various recovery support services, including peer support, counselling, and access to community resources, in promoting sustained recovery from alcohol addiction.
- b. Explore the role of social networks, family involvement, and community support in

supporting individuals and families throughout the recovery process.

c. Investigate the long-term outcomes and quality of life measures among individuals who have successfully recovered from alcohol addiction.

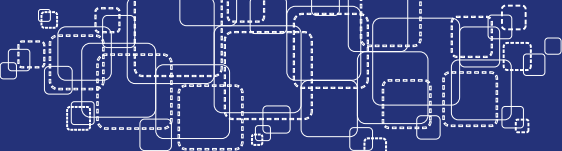
## 5. Family Dynamics and Interventions:

- a. Explore the impact of alcohol addiction on family dynamics, relationships, and functioning, including the needs of family members and the role of family support in treatment and recovery.
- b. Investigate the effectiveness of family-focused interventions in addressing alcohol addiction within the family system and improving treatment outcomes.
- c. Examine the long-term impact of family-centred interventions on relapse prevention, family well-being, and overall recovery outcomes.

## 6. Implementation and Dissemination Research:

- a. Study the implementation processes and factors influencing the successful adoption and sustainability of evidence-based alcohol services.
- b. Assess the scalability and transferability of effective alcohol service models across different settings and populations.
- c. Develop knowledge translation strategies to effectively disseminate research findings to policymakers, practitioners, and the public and facilitate evidence-based practice in alcohol services.

By prioritising these research recommendations, the NDRDATF can advance our understanding of effective alcohol services for young people, families, and adults. These studies will provide crucial insights into prevention, harm reduction, addiction treatment, and recovery support, enabling the development of evidence-based interventions and improving the overall effectiveness and impact of alcohol services.



# Practice and Service Delivery Recommendations for Alcohol Services

## 1. Prevention:

- a. Develop and implement comprehensive prevention programs that target young people, families, and adults, focusing on evidence-based approaches and tailored interventions.
- b. Engage schools, community organisations, and healthcare providers in delivering prevention initiatives, ensuring collaboration and integration across settings.
- c. Promote early identification of risk factors and early intervention strategies to prevent or delay the onset of alcohol use among young people.

## 2. Harm Reduction:

- a. Establish accessible harm reduction services, such as needle and syringe programs, naloxone distribution, and safe alcohol storage, with a particular emphasis on reaching vulnerable populations.
- b. Provide education and resources on responsible alcohol consumption, including safe drinking guidelines, to reduce the risk of harm associated with alcohol use.
- c. Collaborate with community partners to create a supportive environment that fosters harm-reduction practices and reduces stigmatisation.

## 3. Addiction Treatment:

- a. Offer a continuum of evidence-based addiction treatment services, including medication-assisted treatment, counselling, and psychosocial support, tailored to the unique needs of young people, families, and adults.
- b. Ensure timely access to treatment by reducing barriers such as waitlists and providing targeted outreach to underserved populations.
- c. Implement integrated care models that address co-occurring mental health disorders and provide comprehensive support for individuals throughout their recovery journey.

## 4. Recovery Support:

- a. Establish robust recovery support programs that encompass peer support, counselling, and access to community resources to facilitate sustained recovery for individuals and families.
- b. Foster collaboration between treatment providers, support groups, and community

organisations to create a comprehensive and seamless system of care.

- c. Promote the involvement of families in the recovery process, providing education, support, and resources to enhance their understanding and ability to support their loved ones.

## 5. Culturally Competent Services:

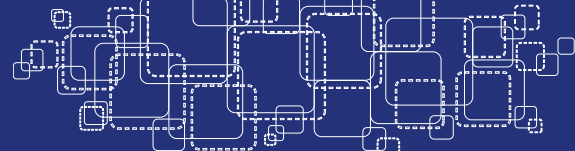
- a. Recognize and address the unique cultural and social contexts that influence alcohol use and treatment-seeking behaviours among diverse populations.
- b. Ensure that services are culturally sensitive and responsive, taking into account language barriers, cultural norms, and values.
- c. Train and educate service providers to enhance their cultural competency in delivering alcohol services and engaging with individuals and families from diverse backgrounds.

## 6. Collaboration and Continuity of Care:

- a. Foster collaboration among different service providers, agencies, and sectors involved in alcohol services to ensure coordinated and holistic care.
- b. Facilitate seamless transitions between prevention, harm reduction, addiction treatment, and recovery support services to provide individuals and families with continuous and integrated care.
- c. Implement effective information-sharing systems to enable efficient communication and coordination of services across different providers and settings.

## 7. Integrated Care:

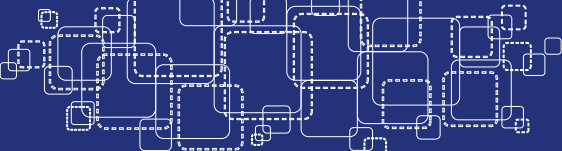
- a. Adopt a holistic approach to service delivery by integrating alcohol services with other healthcare systems, including mental health services, primary care, and social support networks.
- b. Enhance interagency collaboration and information sharing to ensure coordinated and seamless care for individuals and families accessing alcohol services.
- c. Implement evidence-based practices, such as care coordination, case management, and shared care planning, to improve communication and continuity of care across service providers.



**8. Family-Centred Care:**

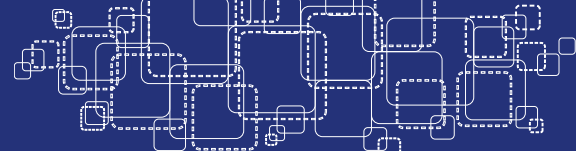
- a. Recognise the importance of family involvement in alcohol services and actively engage and support family members in the treatment and recovery process.
- b. Provide education, counselling, and resources specifically tailored to the needs of family members to enhance their understanding of alcohol addiction and equip them with strategies to support their loved ones.
- c. Offer family-focused interventions and support groups that address the impact of alcohol addiction on family dynamics, communication, and overall family well-being.

By implementing these practice and service delivery recommendations, alcohol services for young people, families, and adults can be enhanced to effectively address prevention, harm reduction, addiction treatment, and recovery support. These recommendations emphasise the importance of collaboration, accessibility, cultural competency, and continuity of care to ensure comprehensive and person-centred services that promote positive outcomes and support individuals and families in their journey towards healthier lives.



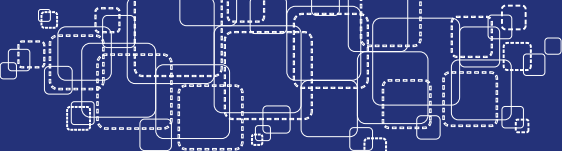
## References

- Abrahao, K. P., Salinas, A. G., & Lovinger, D. M. (2017). Alcohol and the brain: neuronal molecular targets, synapses, and circuits. *Neuron*, 96(6), 1223-1238.
- Agabio, R., Trogu, E., & Pani, P. P. (2018). Antidepressants for the treatment of people with co-occurring depression and alcohol dependence. *Cochrane Database of Systematic Reviews*(4).
- Alvanzo, A. A., Storr, C. L., Mojtabai, R., Green, K. M., Pacek, L. R., La Flair, L. N., Cullen, B. A., & Crum, R. M. (2014). Gender and race/ethnicity differences for initiation of alcohol-related service use among persons with alcohol dependence. *Drug and Alcohol Dependence*, 140, 48-55.
- Andrews, M. M., Meda, S. A., Thomas, A. D., Potenza, M. N., Krystal, J. H., Worhunsky, P., Stevens, M. C., O'Malley, S., Book, G. A., & Reynolds, B. (2011). Individuals family history positive for alcoholism show functional magnetic resonance imaging differences in reward sensitivity that are related to impulsivity factors. *Biological psychiatry*, 69(7), 675-683.
- Arya, A., Surati, L., Aziz, S., & Chaudhari, B. (2021). Alcohol dependence running in a family. *Industrial Psychiatry Journal*, 30(3), 350.
- Association, A. P. (2018). Diagnostic and statistical manual of mental disorders. *Am Psychiatric Assoc*, 21(21), 591-643.
- Authority, R. S. (2020). Road Deaths and Alcohol 2013-2017.
- Bellos, S., Skapinakis, P., Rai, D., Zitko, P., Araya, R., Lewis, G., Lionis, C., & Mavreas, V. (2013). Cross-cultural patterns of the association between varying levels of alcohol consumption and the common mental disorders of depression and anxiety: secondary analysis of the WHO Collaborative Study on Psychological Problems in General Health Care. *Drug and Alcohol Dependence*, 133(3), 825-831.
- Biegel, D. E., Kola, L. A., Ronis, R. J., & Kruszynski, R. (2013). Evidence-based treatment for adults with co-occurring mental and substance use disorders: Current practice and future directions.
- Blow, F., Gillespie, B., Barry, K., Mudd, S., & Hill, E. (1998). Brief screening for alcohol problems in elderly populations using the Short Michigan Alcoholism Screening Test-Geriatric Version (SMAST-G). *Alcoholism: Clinical and Experimental Research*, 22(suppl 3), 131A.
- Boffetta, P., & Hashibe, M. (2006). Alcohol and cancer. *The lancet oncology*, 7(2), 149-156.
- Bruton, L., Gibney, S., Hynes, T., Collins, D., & Moran, P. (2021). Spending Review 2021 Focused Policy Assessment of Reducing Harm, Supporting Recovery: An analysis of expenditure and performance in the area of drug and alcohol misuse. In: Government of Ireland: Dublin.
- Butterworth, R. F. (2014). Hepatic encephalopathy in alcoholic cirrhosis. *Handbook of clinical neurology*, 125, 589-602.
- Caputo, F., Vignoli, T., Leggio, L., Addolorato, G., Zoli, G., & Bernardi, M. (2012). Alcohol use disorders in the elderly: A brief overview from epidemiology to treatment options. *Experimental Gerontology*, 47(6), 411-416. <https://doi.org/10.1016/j.exger.2012.03.019>
- Carbia, C., García-Cabrero, R., Cryan, J. F., & Dinan, T. G. (2022). Associations between Mental Health, Alcohol Consumption and Drinking Motives during COVID-19 Second Lockdown in Ireland. *Alcohol and Alcoholism*, 57(2), 211-218. <https://doi.org/10.1093/alcalc/agab067>
- Carbia, C., Lannoy, S., Maurage, P., López-Caneda, E., O'Riordan, K. J., Dinan, T. G., & Cryan, J. F. (2021). A biological framework for emotional dysregulation in alcohol misuse: from gut to brain. *Molecular Psychiatry*, 26(4), 1098-1118.
- Carew, A. M., O'Neill, D., Lyons, S., & Smyth, B. P. (2021). Estimating need for alcohol treatment in Ireland using national treatment surveillance data. *Irish Journal of Medical Science* (1971 -). <https://doi.org/10.1007/s11845-021-02788-9>
- Carroll, K. M. (2004). Behavioral therapies for co-occurring substance use and mood disorders. *Biological psychiatry*, 56(10), 778-784.
- Castillo-Carniglia, A., Keyes, K. M., Hasin, D. S., & Cerdá, M. (2019). Psychiatric comorbidities in alcohol use disorder. *The Lancet Psychiatry*, 6(12), 1068-1080. [https://doi.org/10.1016/s2215-0366\(19\)30222-6](https://doi.org/10.1016/s2215-0366(19)30222-6)
- Chakravorty, S., Chaudhary, N. S., & Brower, K. J. (2016). Alcohol dependence and its relationship with insomnia and other sleep disorders. *Alcoholism: Clinical and Experimental Research*, 40(11), 2271-2282.
- Chaplin, E., Gilvarry, C., & Tsakanikos, E. (2011). Recreational substance use patterns and co-morbid psychopathology in adults

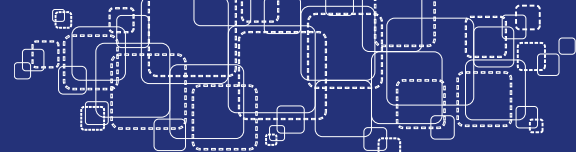


- with intellectual disability. *Research in developmental disabilities*, 32(6), 2981-2986.
- Chong, R. Y., Uhart, M., McCaul, M. E., Johnson, E., & Wand, G. S. (2008). Whites have a more robust hypothalamic-pituitary-adrenal axis response to a psychological stressor than blacks. *Psychoneuroendocrinology*, 33(2), 246-254.
- Chrostek, L., Jelski, W., Szmikowski, M., & Puchalski, Z. (2003). Gender-related differences in hepatic activity of alcohol dehydrogenase isoenzymes and aldehyde dehydrogenase in humans. *Journal of Clinical Laboratory Analysis*, 17(3), 93-96. <https://doi.org/10.1002/jcla.10076>
- Churchill, S. A., & Farrell, L. (2017). Alcohol and depression: Evidence from the 2014 health survey for England. *Drug and Alcohol Dependence*, 180, 86-92.
- Claffey, C., Crowley, D., MacLachlan, M., & Van Hout, M. C. (2017). Exploring Irish Travellers' experiences of opioid substitute treatment: a phenomenological study. *Heroin Addiction and Related Clinical Problems*, 19(6).
- Claire O'Dwyer, D. M., Anne Doyle, Brian Galvin. (2021). Alcohol consumption, alcohol-related harm and alcohol policy in Ireland. HRB Overview Series 11. <https://www.revenue.ie/en/corporate/documents/statistics/excise/quarterly-alcohol-breakdown.pdf>
- Clarke, J. J., & Wilson, D. N. (1999). Alcohol problems and intellectual disability. *Journal of Intellectual Disability Research*, 43(2), 135-139. <https://doi.org/10.1046/j.1365-2788.1999.00200.x>
- Comission, T. R. (2022). Quarterly Alcohol Breakdown- Net Duty Paid Quantities. In.
- Cornah, D. (2006). Cheers? Understanding the relationship between alcohol and mental health. Mental Health Foundation.
- Council, European, Transport, Safety. (2020). DRINK-DRIVING FACT FILE. European Union.
- Cox, R. G., Zhang, L., Johnson, W. D., & Bender, D. R. (2007). Academic Performance and Substance Use: Findings From a State Survey of Public High School Students. *Journal of School Health*, 77(3), 109-115. <https://doi.org/10.1111/j.1746-1561.2007.00179.x>
- Crews, F. T., Robinson, D. L., Chandler, L. J., Ehlers, C. L., Mulholland, P. J., Pandey, S. C., Rodd, Z. A., Spear, L. P., Swartzwelder, H. S., & Vetreno, R. P. (2019). Mechanisms of persistent neurobiological changes following adolescent alcohol exposure: NADIA consortium findings. *Alcoholism: Clinical and Experimental Research*, 43(9), 1806-1822.
- Crum, R. M., Brown, C., Liang, K.-Y., & Eaton, W. W. (2001). The association of depression and problem drinking: Analyses from the Baltimore ECA follow-up study. *Addictive Behaviors*, 26(5), 765-773.
- Curran, P. J., & Chassin, L. (1996). A longitudinal study of parenting as a protective factor for children of alcoholics. *Journal of Studies on Alcohol*, 57(3), 305-313.
- Davoren, M. P., Lane, D., Kirby, J., Gibney, K., Kinsley, G., Hope, A., Byrne, M., & Perry, I. J. (2019). Support for evidence-based alcohol policy in Ireland: results from the Community Action on Alcohol Pilot Project. *Journal of Public Health Policy*, 40(1), 76-90. <https://doi.org/10.1057/s41271-018-0151-y>
- Devaud, L. L., Risinger, F. O., & Selvage, D. (2006). Impact of the hormonal milieu on the neurobiology of alcohol dependence and withdrawal. *The Journal of general psychology*, 133(4), 337-356.
- Development., O. f. E. C.-o. a. (2022). Alcohol consumption. [Internet]. Available from: <https://data.oecd.org/healthrisk/alcohol-consumption.htm> (accessed 20/07/2022)
- Devries, K. M., Child, J. C., Bacchus, L. J., Mak, J., Falder, G., Graham, K., Watts, C., & Heise, L. (2014). Intimate partner violence victimization and alcohol consumption in women: A systematic review and meta-analysis. *Addiction*, 109(3), 379-391.
- Diehl, A., Croissant, B., Batra, A., Mundle, G., Nakovics, H., & Mann, K. (2007). Alcoholism in women: is it different in onset and outcome compared to men? *European Archives of Psychiatry and Clinical Neuroscience*, 257(6), 344-351. <https://doi.org/10.1007/s00406-007-0737-z>
- Dormal, V., Bremhorst, V., Lannoy, S., Lorant, V., Luquiens, A., & Maurage, P. (2018). Binge drinking is associated with reduced quality of life in young students: A pan-European study. *Drug Alcohol Depend*, 193, 48-54. <https://doi.org/10.1016/j.drugalcdep.2018.08.033>
- Doyle, A. (2021). Alcohol consumption, alcohol-related harm, and alcohol policy in Ireland. *Drugnet Ireland*(78), 8.
- Edenberg, H. J., & Foroud, T. (2013). Genetics and alcoholism. *Nature Reviews Gastroenterology & Hepatology*, 10(8), 487-494. <https://doi.org/10.1038/nrgastro.2013.86>
- Edenberg, H. J., & McClintick, J. N. (2018). Alcohol dehydrogenases, aldehyde dehydrogenases, and alcohol use disorders: a critical review. *Alcoholism: Clinical and Experimental Research*, 42(12), 2281-2297.
- Ekerdt, D. J., De Labry, L. O., Glynn, R. J., & Davis, R. (1989). Change in drinking behaviors with retirement: findings from the normative aging study. *Journal of Studies on Alcohol*, 50(4), 347-353.



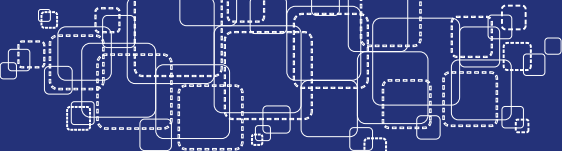


- El Ansari, W., Salam, A., & Suominen, S. (2020). Is alcohol consumption associated with poor perceived academic performance? Survey of undergraduates in Finland. *International journal of environmental research and public health*, 17(4), 1369.
- Emiliussen, J., Andersen, K., & Nielsen, A. S. (2017). Why do some older adults start drinking excessively late in life? Results from an Interpretative Phenomenological Study. *Scandinavian Journal of Caring Sciences*, 31(4), 974-983.  
<https://doi.org/10.1111/scs.12421>
- Emslie, C., Lennox, J., & Ireland, L. (2017). The role of alcohol in identity construction among LGBT people: A qualitative study. *Sociology of health & illness*, 39(8), 1465-1479.
- Enoch, M.-A., & Goldman, D. (2001). The genetics of alcoholism and alcohol abuse. *Current Psychiatry Reports*, 3(2), 144-151.  
<https://doi.org/10.1007/s11920-001-0012-3>
- Erol, A., & Karpyak, V. M. (2015). Sex and gender-related differences in alcohol use and its consequences: Contemporary knowledge and future research considerations. *Drug and Alcohol Dependence*, 156, 1-13.
- Essex, H. N., White, I. R., Khadjesari, Z., Linke, S., McCambridge, J., Murray, E., Parrott, S., & Godfrey, C. (2014). Quality of life among hazardous and harmful drinkers: EQ-5D over a 1-year follow-up period. *Quality of Life Research*, 23(2), 733-743. <https://doi.org/10.1007/s11136-013-0521-7>
- Ewing, J. A. (1984). Detecting alcoholism: the CAGE questionnaire. *Jama*, 252(14), 1905-1907.
- Faltinek, A. (2022). Alcohol, Substance Use Disorders and Mental Health: Resources for U.S. Veterans. *Alcoholism Treatment Quarterly*, 40(3), 294-298. <https://doi.org/10.1080/07347324.2022.2074813>
- Flores-Bonilla, A. (2020). Sex Differences in the Neurobiology of Alcohol Use Disorder. *Alcohol Research: Current Reviews*, 40(2).  
<https://doi.org/10.35946/arcr.v40.2.04>
- Forum., S. G. o. t. E. A. a. H. (2011). Alcohol, work and productivity.
- Fraser, A. G. (1997). Pharmacokinetic interactions between alcohol and other drugs. *Clinical pharmacokinetics*, 33(2), 79-90.
- Fraser, B., Pierse, N., Chisholm, E., & Cook, H. (2019). LGBTIQ+ homelessness: A review of the literature. *International journal of environmental research and public health*, 16(15), 2677.
- Gowin, J. L., Sloan, M. E., Stangl, B. L., Vatsalya, V., & Ramchandani, V. A. (2017). Vulnerability for Alcohol Use Disorder and Rate of Alcohol Consumption. *American Journal of Psychiatry*, 174(11), 1094-1101.  
<https://doi.org/10.1176/appi.ajp.2017.16101180>
- Grant, J. D., Vergés, A., Jackson, K. M., Trull, T. J., Sher, K. J., & Bucholz, K. K. (2012). Age and ethnic differences in the onset, persistence and recurrence of alcohol use disorder. *Addiction*, 107(4), 756-765. <https://doi.org/10.1111/j.1360-0443.2011.03721.x>
- Greenwood, G. L., & Gruskin, E. P. (2007). LGBT tobacco and alcohol disparities. In *The health of sexual minorities* (pp. 566-583). Springer.
- Groenman, A. P., Janssen, T. W., & Oosterlaan, J. (2017). Childhood psychiatric disorders as risk factor for subsequent substance abuse: a meta-analysis. *Journal of the American Academy of Child & Adolescent Psychiatry*, 56(7), 556-569.
- Gual, A., Bravo, F., Lligona, A., & Colom, J. (2009). Treatment for Alcohol Dependence in Catalonia: Health Outcomes and Stability of Drinking Patterns over 20 Years in 850 Patients. *Alcohol and Alcoholism*, 44(4), 409-415.  
<https://doi.org/10.1093/alcalc/agg032>
- Gutwinski, S., Schreiter, S., Deutscher, K., & Fazel, S. (2021). The prevalence of mental disorders among homeless people in high-income countries: An updated systematic review and meta-regression analysis. *PLOS Medicine*, 18(8), e1003750.  
<https://doi.org/10.1371/journal.pmed.1003750>
- Hallgren, M., Högberg, P., & Andréasson, S. (2009). Alcohol consumption among elderly European Union citizens. Health effects, consumption trends and related issues. Stockholm: Swedish National Institute of Public Health.
- Han, B. H., & Moore, A. A. (2018). Prevention and Screening of Unhealthy Substance Use by Older Adults. *Clinics in Geriatric Medicine*, 34(1), 117-129. <https://doi.org/10.1016/j.cger.2017.08.005>
- Hanley, C., Healy, D., & Scriver, S. (2009). Rape and Justice in Ireland. In: Galway: Rape Crisis Network Ireland.
- Harper, C. (2007). The neurotoxicity of alcohol. *Human & experimental toxicology*, 26(3), 251-257.
- Hart, C. L., Morrison, D. S., Batty, G. D., Mitchell, R. J., & Smith, G. D. (2010). Effect of body mass index and alcohol consumption on liver disease: analysis of data from two prospective cohort studies. *Bmj*, 340.
- Hawkins, J. D., Catalano, R. F., & Miller, J. Y. (1992). Risk and protective factors for alcohol and other drug problems in adolescence and early adulthood: Implications for substance abuse prevention. *Psychological Bulletin*, 112(1), 64-105.  
<https://doi.org/10.1037/0033-2909.112.1.64>

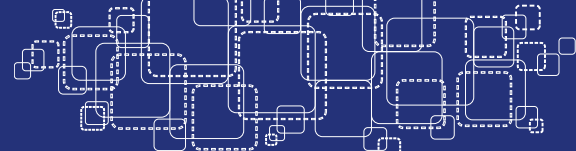


- Heinz, A. J., Beck, A., Meyer-Lindenberg, A., Sterzer, P., & Heinz, A. (2011). Cognitive and neurobiological mechanisms of alcohol-related aggression. *Nature Reviews Neuroscience*, 12(7), 400-413.
- Henry, M., de Sousa, T., Tano, C., Dick, N. . (2022). The 2021 Annual Homeless Assessment Report (AHAR) to Congress, Part 1: Point-in-Time Estimates of Sheltered Homelessness. Washington: US Department of Housing and Urban Development. . <https://www.huduser.gov/portal/sites/default/files/pdf/2021-AHAR-Part-1.pdf>
- Hunt, G., Antin, T., Sanders, E., & Sisneros, M. (2019). Queer youth, intoxication and queer drinking spaces. *Journal of Youth Studies*, 22(3), 380-400. <https://doi.org/10.1080/13676261.2018.1508826>
- Ipsen, J. C., Wilson, D., Akindipe, T. O., Sager, C., & Stein, D. J. (2015). Pharmacotherapy for anxiety and comorbid alcohol use disorders. *Cochrane Database of Systematic Reviews*(1).
- ISPC. (2010). If they're getting loaded, why can't I? Irish Society for the Prevention of Cruelty to Children.
- Iwamoto, D. K., Cheng, A., Lee, C. S., Takamatsu, S., & Gordon, D. (2011). "Man-ing" up and getting drunk: The role of masculine norms, alcohol intoxication and alcohol-related problems among college men. *Addictive Behaviors*, 36(9), 906-911. <https://doi.org/10.1016/j.addbeh.2011.04.005>
- Jacobsen, B., Lindemann, C., Petzina, R., & Verthein, U. (2022). The Universal and Primary Prevention of Foetal Alcohol Spectrum Disorders (FASD): A Systematic Review. *Journal of Prevention*, 43(3), 297-316. <https://doi.org/10.1007/s10935-021-00658-9>
- Johnston, L. D., O'Malley, P. M., & Bachman, J. G. (2002). Monitoring the Future National Survey Results on Drug Use, 1975-2001. Volume II: College Students & Adults Ages 19-40, 2001.
- Jouhki, H., & Oksanen, A. (2022). To Get High or to Get Out? Examining the Link between Addictive Behaviors and Escapism. *Substance Use & Misuse*, 57(2), 202-211. <https://doi.org/10.1080/10826084.2021.2002897>
- Kendler, K. S., Edwards, A. C., & Gardner, C. O. (2015). Sex differences in the pathways to symptoms of alcohol use disorder: a study of opposite-sex twin pairs. *Alcoholism: Clinical and Experimental Research*, 39(6), 998-1007.
- Keyes, K. M., Allel, K., Staudinger, U. M., Ornstein, K. A., & Calvo, E. (2019). Alcohol consumption predicts incidence of depressive episodes across 10 years among older adults in 19 countries. *International review of neurobiology*, 148, 1-38.
- Kilian, C., Rehm, J., Allebeck, P., Braddick, F., Gual, A., Barták, M., Bloomfield, K., Gil, A., Neufeld, M., O'Donnell, A., Petruželka, B., Rogalewicz, V., Schulte, B., & Manthey, J. (2021). Alcohol consumption during the COVID-19 pandemic in Europe: a large-scale cross-sectional study in 21 countries. *Addiction*, 116(12), 3369-3380. <https://doi.org/10.1111/add.15530>
- Koski, A., Vuori, E., & Ojanperä, I. (2005). Newer antidepressants: evaluation of fatal toxicity index and interaction with alcohol based on Finnish postmortem data. *International Journal of Legal Medicine*, 119(6), 344-348. <https://doi.org/10.1007/s00414-005-0528-x>
- Kuerbis, A., & Sacco, P. (2012). The impact of retirement on the drinking patterns of older adults: a review. *Addictive Behaviors*, 37(5), 587-595.
- Lange, S., Probst, C., Gmel, G., Rehm, J., Burd, L., & Popova, S. (2017). Global Prevalence of Fetal Alcohol Spectrum Disorder Among Children and Youth. *JAMA Pediatrics*, 171(10), 948. <https://doi.org/10.1001/jamapediatrics.2017.1919>
- Lapham, S. C., Hall, M., & Skipper, B. J. (1996). Homelessness and substance use among alcohol abusers following participation in project H&ART. *Journal of Addictive Diseases*, 14(4), 41-55.
- Larkin, C., Griffin, E., Corcoran, P., McAuliffe, C., Perry, I. J., & Arensman, E. (2017). Alcohol Involvement in Suicide and Self-Harm. *Crisis*, 38(6), 413-422. <https://doi.org/10.1027/0227-5910/a000488>
- Larkin, C., Griffin, E., Corcoran, P., McAuliffe, C., Perry, I. J., & Arensman, E. (2017). Alcohol involvement in suicide and self-harm: Findings from two innovative surveillance systems. *Crisis: The Journal of Crisis Intervention and Suicide Prevention*, 38(6), 413.
- Latvala, A., Rose, R. J., Pulkkinen, L., Dick, D. M., Korhonen, T., & Kaprio, J. (2014). Drinking, smoking, and educational achievement: Cross-lagged associations from adolescence to adulthood. *Drug and Alcohol Dependence*, 137, 106-113. <https://doi.org/10.1016/j.drugalcdep.2014.01.016>
- Lees, B., Meredith, L. R., Kirkland, A. E., Bryant, B. E., & Squeglia, L. M. (2020). Effect of alcohol use on the adolescent brain and behavior. *Pharmacology Biochemistry and Behavior*, 192, 172906. <https://doi.org/10.1016/j.pbb.2020.172906>
- Leickly, E., Skalsky, J., Oluwoye, O., McPherson, S. M., Srebnik, D., Roll, J. M., Ries, R. K., & McDonell, M. G. (2018). Homelessness predicts attrition but not alcohol abstinence in outpatients experiencing co-occurring alcohol dependence and serious mental illness. *Substance Abuse*, 39(3), 271-274. <https://doi.org/10.1080/08897077.2017.1391926>
- Li, D., Zhao, H., & Gelernter, J. (2012). Strong protective effect of the aldehyde dehydrogenase gene (ALDH2) 504lys (\*2) allele against alcoholism and alcohol-induced medical diseases in Asians. *Human Genetics*, 131(5), 725-737. <https://doi.org/10.1007/s00439-011-1116-4>

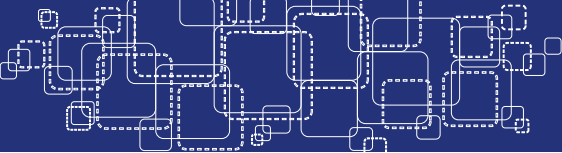




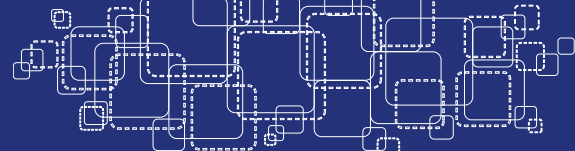
- Lieberman, D. Z. (2000). Children of alcoholics: an update. *Current Opinion in Pediatrics*, 12(4), 336-340.
- Liu, Y.-T., Lee, J. H., Tsai, M. K., Wei, J. C.-C., & Wen, C.-P. (2022). The effects of modest drinking on life expectancy and mortality risks: a population-based cohort study. *Scientific Reports*, 12(1). <https://doi.org/10.1038/s41598-022-11427-x>
- Lu, A., & Johnson, K. (2019). The UK and Ireland incidence of Foetal Alcohol Syndrome (FAS): a new study. *Advances in Dual Diagnosis*, 12(1/2), 99-102. <https://doi.org/10.1108/add-02-2019-041>
- Magura, S. (2008). Effectiveness of dual focus mutual aid for co-occurring substance use and mental health disorders: A review and synthesis of the "double trouble" in recovery evaluation. *Substance use & misuse*, 43(12-13), 1904-1926.
- Maleki, N., Tahaney, K., Thompson, B. L., & Oscar-Berman, M. (2019). At the intersection of alcohol use disorder and chronic pain. *Neuropsychology*, 33(6), 795.
- Marsh, B., Carlyle, M., Carter, E., Hughes, P., McGahey, S., Lawn, W., Stevens, T., McAndrew, A., & Morgan, C. J. (2019). Shyness, alcohol use disorders and 'hangxiety': a naturalistic study of social drinkers. *Personality and Individual Differences*, 139, 13-18.
- McNicholl, B., Goggin, D., & O'Donovan, D. (2018). Alcohol-related presentations to emergency departments in Ireland: a descriptive prevalence study. *BMJ Open*, 8(5), e021932. <https://doi.org/10.1136/bmjopen-2018-021932>
- Meier, P., & Seitz, H. K. (2008). Age, alcohol metabolism and liver disease. *Current Opinion in Clinical Nutrition & Metabolic Care*, 11(1), 21-26.
- Mongan, D., Millar, S. R., & Galvin, B. (2021). The 2019-20 Irish National Drug and Alcohol Survey: Main Findings.
- Mongan, D., Millar, S. R., O'Dwyer, C., Long, J., & Galvin, B. (2020). Drinking in denial: a cross-sectional analysis of national survey data in Ireland to measure drinkers' awareness of their alcohol use. *BMJ Open*, 10(7), e034520. <https://doi.org/10.1136/bmjopen-2019-034520>
- Moore, A. A., Beck, J. C., Babor, T. F., Hays, R. D., & Reuben, D. B. (2002). Beyond alcoholism: identifying older, at-risk drinkers in primary care. *Journal of Studies on Alcohol*, 63(3), 316-324.
- Moore, A. A., Whiteman, E. J., & Ward, K. T. (2007). Risks of combined alcohol/medication use in older adults. *The American journal of geriatric pharmacotherapy*, 5(1), 64-74.
- Morris, H., Larsen, J., Catterall, E., Moss, A. C., & Dombrowski, S. U. (2020). Peer pressure and alcohol consumption in adults living in the UK: a systematic qualitative review. *BMC Public Health*, 20(1). <https://doi.org/10.1186/s12889-020-09060-2>
- Moustafa, A. A., Parkes, D., Fitzgerald, L., Underhill, D., Garami, J., Levy-Gigi, E., Stramecki, F., Valikhani, A., Frydecka, D., & Misiak, B. (2021). The relationship between childhood trauma, early-life stress, and alcohol and drug use, abuse, and addiction: An integrative review. *Current Psychology*, 40(2), 579-584. <https://doi.org/10.1007/s12144-018-9973-9>
- Mukherjee, R. A., Hollins, S., & Turk, J. (2006). Fetal alcohol spectrum disorder: an overview. *Journal of the Royal Society of Medicine*, 99(6), 298-302.
- Nawi, A. M., Ismail, R., Ibrahim, F., Hassan, M. R., Manaf, M. R. A., Amit, N., Ibrahim, N., & Shafurdin, N. S. (2021). Risk and protective factors of drug abuse among adolescents: a systematic review. *BMC Public Health*, 21(1). <https://doi.org/10.1186/s12889-021-11906-2>
- Nesvåg, R., Knudsen, G. P., Bakken, I. J., Høye, A., Ystrom, E., Surén, P., Reneflot, A., Stoltenberg, C., & Reichborn-Kjennerud, T. (2015). Substance use disorders in schizophrenia, bipolar disorder, and depressive illness: a registry-based study. *Social psychiatry and psychiatric epidemiology*, 50(8), 1267-1276.
- O'Dwyer, C., Mongan, D., Millar, S. R., Rackard, M., Galvin, B., Long, J., & Barry, J. (2019). Drinking patterns and the distribution of alcohol-related harms in Ireland: evidence for the prevention paradox. *BMC Public Health*, 19(1). <https://doi.org/10.1186/s12889-019-7666-4>
- O'Regan, A., Cullen, W., Hickey, L., Meagher, D., & Hannigan, A. (2018). Is problem alcohol use being detected and treated in Irish general practice? *BMC Family Practice*, 19(1). <https://doi.org/10.1186/s12875-018-0718-5>
- Oota, H., Pakstis, A. J., Bonne-Tamir, B., Goldman, D., Grigorenko, E., Kajuna, S. L. B., Karoma, N. J., Kungulilo, S., Lu, R.-B., Odunsi, K., Okonofua, F., Zhukova, O. V., Kidd, J. R., & Kidd, K. K. (2004). The evolution and population genetics of the ALDH2 locus: random genetic drift, selection, and low levels of recombination. *Annals of Human Genetics*, 68(2), 93-109. <https://doi.org/10.1046/j.1529-8817.2003.00060.x>
- Orwin, R. G., Garrison-Mogren, R., Jacobs, M. L., & Sonnefeld, L. J. (1999). Retention of homeless clients in substance abuse treatment: Findings from the National Institute on Alcohol Abuse and Alcoholism Cooperative Agreement Program. *Journal of Substance Abuse Treatment*, 17(1-2), 45-66.
- O'Toole, T. P., Gibbon, J. L., Hanusa, B. H., Freyder, P. J., Conde, A. M., & Fine, M. J. (2004). Self-reported changes in drug and alcohol use after becoming homeless. *American Journal of Public Health*, 94(5), 830-835.



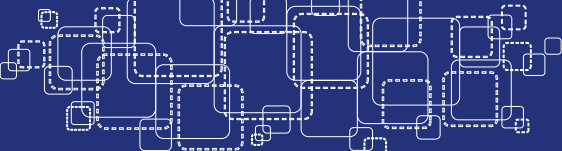
- Parrott, D. J., & Eckhardt, C. I. (2018). Effects of alcohol on human aggression. *Current Opinion in Psychology*, 19, 1-5.
- Patte Karen, A., & Wei, Q. (2017). Binge drinking and academic performance, engagement, aspirations, and expectations: A longitudinal analysis among secondary school students in the COMPASS study. *Health Promotion and Chronic Disease Prevention in Canada: Research, Policy and Practice*, 37(11), 376.
- Peltier, M. R., Verplaetse, T. L., Mineur, Y. S., Petrakis, I. L., Cosgrove, K. P., Picciotto, M. R., & McKee, S. A. (2019). Sex differences in stress-related alcohol use. *Neurobiology of stress*, 10, 100149.
- Peters, R., Peters, J., Warner, J., Beckett, N., & Bulpitt, C. (2008). Alcohol, dementia and cognitive decline in the elderly: a systematic review. *Age and ageing*, 37(5), 505-512.
- Petrakis, I. L., Gonzalez, G., Rosenheck, R., & Krystal, J. H. (2002). Comorbidity of alcoholism and psychiatric disorders: an overview. *Alcohol Research & Health*, 26(2), 81.
- Peyton, L. (2021). A review of Practice and Audit of Cases of Neglect: Report on the findings of the Pilot Phase of the National Audit of Neglect. Health Service Executive.
- Pihl, R. O., & Peterson, J. B. (1993). Alcohol, serotonin, and aggression. *Alcohol Health and Research World*, 17, 113-113.
- Polimanti, R., Peterson, R. E., Ong, J.-S., MacGregor, S., Edwards, A. C., Clarke, T.-K., Frank, J., Gerring, Z., Gillespie, N. A., & Lind, P. A. (2019). Evidence of causal effect of major depression on alcohol dependence: findings from the psychiatric genomics consortium. *Psychological Medicine*, 49(7), 1218-1226.
- Price, J. L., Frazier, I. R., Lewis, B., Walker, R., Javors, M. A., Nixon, S. J., & Adinoff, B. (2019). Differences in pituitary-adrenal reactivity in Black and White men with and without alcohol use disorder. *Psychoneuroendocrinology*, 100, 180-189.
- Quintero, M. (2011). Substance Abuse in People With Intellectual Disabilities. *Social Work Today*, 11, 26. <https://www.social-worktoday.com/archive/071211p26.shtml>
- Ransome, Y., Carty, D. C., Cogburn, C. D., & Williams, D. R. (2017). Racial Disparities in the Association between Alcohol Use Disorders and Health in Black and White Women. *Biodemography and Social Biology*, 63(3), 236-252. <https://doi.org/10.1080/19485565.2017.1335589>
- Reynolds, C. M. E., Purdy, J., Rodriguez, L., & McAvoy, H. (2021). Factors associated with changes in consumption among smokers and alcohol drinkers during the COVID-19 'lockdown' period. *European Journal of Public Health*, 31(5), 1084-1089. <https://doi.org/10.1093/eurpub/ckab050>
- Rhoades, H., Rusow, J. A., Bond, D., Lanteigne, A., Fulginiti, A., & Goldbach, J. T. (2018). Homelessness, Mental Health and Suicidality Among LGBTQ Youth Accessing Crisis Services. *Child Psychiatry & Human Development*, 49(4), 643-651. <https://doi.org/10.1007/s10578-018-0780-1>
- Riley, E. P., Infante, M. A., & Warren, K. R. (2011). Fetal alcohol spectrum disorders: an overview. *Neuropsychology review*, 21(2), 73-80.
- Roberts, B., Murphy, A., Chikovani, I., Makhashvili, N., Patel, V., & McKee, M. (2014). Individual and Community Level Risk-Factors for Alcohol Use Disorder among Conflict-Affected Persons in Georgia. *PLoS ONE*, 9(5), e98299. <https://doi.org/10.1371/journal.pone.0098299>
- Romero-Martínez, Á., & Moya-Albiol, L. (2013). Neuropsychology of perpetrators of domestic violence: the role of traumatic brain injury and alcohol abuse and/or dependence. *Revista de Neurología*, 57(11), 515-522.
- Salloum, I. M., & Thase, M. E. (2000). Impact of substance abuse on the course and treatment of bipolar disorder. *Bipolar disorders*, 2(3p2), 269-280.
- Satre, D. D., Mertens, J. R., Areán, P. A., & Weisner, C. (2004). Five-year alcohol and drug treatment outcomes of older adults versus middle-aged and younger adults in a managed care program. *Addiction*, 99(10), 1286-1297. <https://doi.org/10.1111/j.1360-0443.2004.00831.x>
- Selous, C., Kelly-Irving, M., Maughan, B., Eyre, O., Rice, F., & Collishaw, S. (2020). Adverse childhood experiences and adult mood problems: evidence from a five-decade prospective birth cohort. *Psychological Medicine*, 50(14), 2444-2451. <https://doi.org/10.1017/s003329171900271x>
- Shield, K. D., Parry, C., & Rehm, J. (2014). Chronic diseases and conditions related to alcohol use. *Alcohol Research: Current Reviews*, 35(2), 155.
- Shivani, R., Goldsmith, R. J., & Anthenelli, R. M. (2002). Alcoholism and psychiatric disorders: Diagnostic challenges. *Alcohol Research & Health*, 26(2), 90.
- Siochana, A. G. (2022). <https://garda.ie/en/about-us/our-departments/office-of-corporate-communications/press-releases/2022/january/an-garda-siochana-provisional-crime-statistics-2021-28th-january-2022.html>

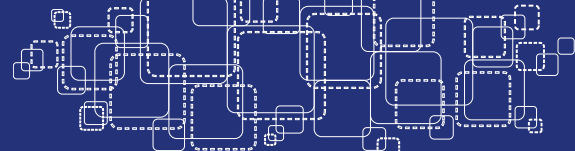


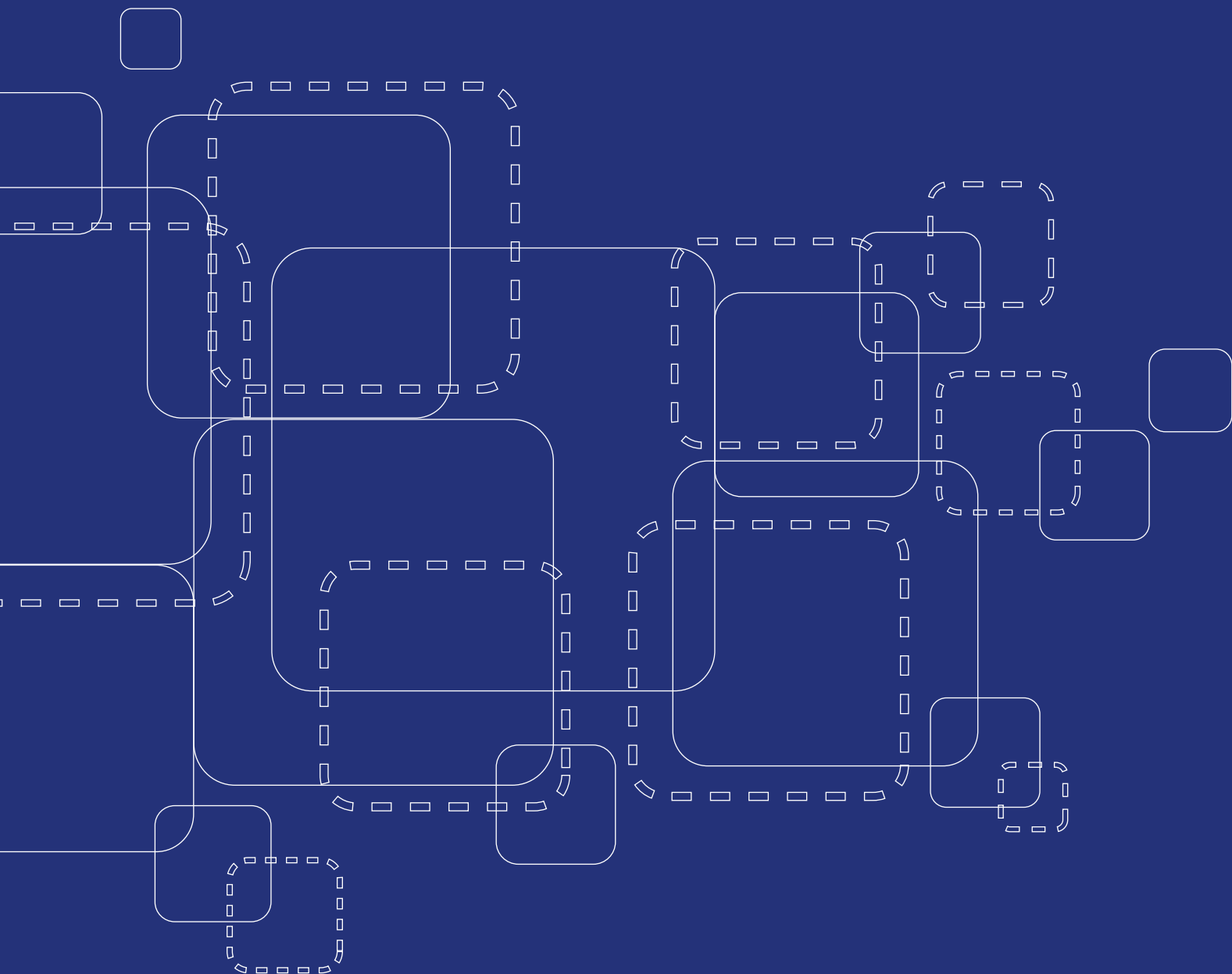
- Sloan, F., Grossman, D., & Platt, A. (2011). Heavy Episodic Drinking in Early Adulthood and Outcomes in Midlife. *Journal of Studies on Alcohol and Drugs*, 72(3), 459-470. <https://doi.org/10.15288/jsad.2011.72.459>
- Smalley, K. B., Warren, J. C., & Barefoot, K. N. (2016). Differences in health risk behaviors across understudied LGBT subgroups. *Health Psychology*, 35(2), 103.
- Solmi, M., Civardi, S., Corti, R., Anil, J., Demurtas, J., Lange, S., Radua, J., Dragioti, E., Fusar-Poli, P., & Carvalho, A. F. (2021). Risk and protective factors for alcohol and tobacco related disorders: An umbrella review of observational studies. *Neurosci Biobehav Rev*, 121, 20-28. <https://doi.org/10.1016/j.neubiorev.2020.11.010>
- Staff, J., & Maggs, J. L. (2020). Parents allowing drinking is associated with adolescents' heavy alcohol use. *Alcoholism: Clinical and Experimental Research*, 44(1), 188-195.
- Stewart, S. H. (1996). Alcohol abuse in individuals exposed to trauma: a critical review. *Psychological Bulletin*, 120(1), 83.
- Stickel, F., Moreno, C., Hampe, J., & Morgan, M. Y. (2017). The genetics of alcohol dependence and alcohol-related liver disease. *Journal of hepatology*, 66(1), 195-211.
- Studies, I. o. A. (2020). Ethnic Minorities and Alcohol. <https://www.ias.org.uk/wp-content/uploads/2020/12/Ethnic-minorities-and-alcohol.pdf>
- Subbaraman, M. S., Mulia, N., Kerr, W. C., Patterson, D., Karriker-Jaffe, K. J., & Greenfield, T. K. (2020). Relationships between US state alcohol policies and alcohol outcomes: differences by gender and race/ethnicity. *Addiction*, 115(7), 1285-1294. <https://doi.org/10.1111/add.14937>
- Taggart, L., McLaughlin, D., Quinn, B., & McFarlane, C. (2007). Listening to people with intellectual disabilities who misuse alcohol and drugs. *Health & social Care in the Community*, 15(4), 360-368.
- Tanaka, E. (2003). Toxicological interactions involving psychiatric drugs and alcohol: an update. *Journal of clinical pharmacy and therapeutics*, 28(2), 81-95.
- Tavolacci, M.-P., Berthon, Q., Cerasuolo, D., Dechelotte, P., Ladner, J., & Baguet, A. (2019). Does binge drinking between the age of 18 and 25 years predict alcohol dependence in adulthood? A retrospective case-control study in France. *BMJ Open*, 9(5), e026375. <https://doi.org/10.1136/bmjopen-2018-026375>
- Teesson, M., Hodder, T., & Buhrich, N. (2003). Alcohol and other drug use disorders among homeless people in Australia. *Substance use & misuse*, 38(3-6), 463-474.
- Terry-McElrath, Y. M., & Patrick, M. E. (2020). U.S. adolescent alcohol use by race/ethnicity: Consumption and perceived need to reduce/stop use. *Journal of Ethnicity in Substance Abuse*, 19(1), 3-27. <https://doi.org/10.1080/15332640.2018.1433094>
- Tinnfält, A., Fröding, K., Larsson, M., & Dalal, K. (2018). "I Feel It In My Heart When My Parents Fight": Experiences of 7-9-Year-Old Children of Alcoholics. *Child and Adolescent Social Work Journal*, 35(5), 531-540. <https://doi.org/10.1007/s10560-018-0544-6>
- Tucker, J. A., Chandler, S. D., & Witkiewitz, K. (2020). Epidemiology of recovery from alcohol use disorder. *Alcohol Research: Current Reviews*, 40(3).
- Tyssen, R., Vaglum, P., Aasland, O. G., Gronvold, N. T., & Ekeberg, O. (1998). Use of alcohol to cope with tension, and its relation to gender, years in medical school and hazardous drinking: a study of two nation-wide Norwegian samples of medical students. *Addiction*, 93(9), 1341-1349. <https://doi.org/10.1046/j.1360-0443.1998.93913415.x>
- Vaeth, P. A. C., Wang-Schweig, M., & Caetano, R. (2017). Drinking, Alcohol Use Disorder, and Treatment Access and Utilization Among U.S. Racial/Ethnic Groups. *Alcoholism: Clinical and Experimental Research*, 41(1), 6-19. <https://doi.org/10.1111/acer.13285>
- Van Hout, M. C. (2009). Alcohol use and the Traveller community in the west of Ireland. *Drug and Alcohol Review*, 29(1), 59-63. <https://doi.org/10.1111/j.1465-3362.2009.00085.x>
- Van Oorsouw, K., Merkelbach, H., & Smeets, T. (2015). Alcohol intoxication impairs memory and increases suggestibility for a mock crime: A field study. *Applied Cognitive Psychology*, 29(4), 493-501.
- Vandegrift, B. J., You, C., Satta, R., Brodie, M. S., & Lasek, A. W. (2017). Estradiol increases the sensitivity of ventral tegmental area dopamine neurons to dopamine and ethanol. *PLoS ONE*, 12(11), e0187698. <https://doi.org/10.1371/journal.pone.0187698>
- Vasilenko, S. A., Evans-Polce, R. J., & Lanza, S. T. (2017). Age trends in rates of substance use disorders across ages 18-90: Differences by gender and race/ethnicity. *Drug and Alcohol Dependence*, 180, 260-264. <https://doi.org/10.1016/j.drugalcdep.2017.08.027>



- Viner, R. M., & Taylor, B. (2007). Adult outcomes of binge drinking in adolescence: findings from a UK national birth cohort. *Journal of Epidemiology & Community Health*, 61(10), 902-907.
- West, S. L. (2011). Substance use among persons with traumatic brain injury: A review. *NeuroRehabilitation*, 29(1), 1-8.
- Westman, J., Wahlbeck, K., Laursen, T. M., Gissler, M., Nordentoft, M., Hällgren, J., Arffman, M., & Ösby, U. (2015). Mortality and life expectancy of people with alcohol use disorder in Denmark, Finland and Sweden. *Acta Psychiatrica Scandinavica*, 131(4), 297-306. <https://doi.org/10.1111/acps.12330>
- Whitehead, J., Shaver, J., & Stephenson, R. (2016). Outness, stigma, and primary health care utilization among rural LGBT populations. *PLoS ONE*, 11(1), e0146139.
- Witbrodt, J., & Romelsjö, A. (2012). Treatment seeking and subsequent 1-year drinking outcomes among treatment clients in Sweden and the USA: A cross-cultural comparison. *Addictive Behaviors*, 37(10), 1122-1131.
- Wright, N. M., & Tompkins, C. N. (2006). How can health services effectively meet the health needs of homeless people? *British Journal of General Practice*, 56(525), 286-293.
- Yule, A. (2019). Integrating Treatment for Co-Occurring Mental Health Conditions. *Alcohol Research: Current Reviews*, 40(1). <https://doi.org/10.35946/arcr.v40.1.07>







This research was commissioned by the  
North Dublin Regional Drug & Alcohol Task Force



**NORTH DUBLIN**  
Regional Drug & Alcohol Task Force

in association with



Coláiste na Tríonóide, Baile Átha Cliath  
Trinity College Dublin  
Ollscoil Átha Cliath | The University of Dublin



The North Dublin Regional Drug & Alcohol Task Force brings all the key stakeholders together in a coordinated health led approach to reduce the harm caused by alcohol and other drugs in the North Dublin Region. Its core funding is from the Department of Health.

This report has been resourced by LEADER funding supported by the Fingal Leader Partnership.

If you or someone you know needs advice or support for alcohol use, our highly qualified and experienced team, offer free and confidential evidence based interventions. Please contact us below for more information.

### North Dublin Regional Drug & Alcohol Task Force (DATF)

Phone: **01-22 33 493**

Email: **info@ndublinrdtf.ie**

Web: **www.ndublinrdtf.ie**

with assistance from the following



Riadas  
na hÉireann  
Government  
of Ireland  
2040  
Funded by the Department of  
Rural and Community Development



**Dublin Rural  
LEADER**  
Growth, Sustainability & Inclusion



The European Agricultural  
Fund for Rural Development:  
Europe investing in rural areas