

Community Alcohol Awareness Project



'getting better together'

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Project Stake Holders

Members of the steering committee included:

Chairman:	Mr Hugh Kane	Assistant Chief Executive
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- Health Promotion Department, South Western Area Health Board
- Communications Department, South Western Area Health Board
- Dr Ann Hope, National Alcohol Policy Advisor
- Health Promotion Unit, Department of Health and Children
- Dr Catherine Hayes and Dr Annette Rhatigan, Dept. of Public Health, ERHA

Executive Summary

Objective:

To explore the effectiveness of an alcohol awareness project with the emphasis on safe and responsible drinking and to explore the effective models of partnership with local communities.

Community Background:

The community was chosen, as it was representative of a typical growing community in Ireland today. It has a population of 3,251, which has increased by 46% between 1996 and 2001. The community has a good urban/rural and social class mix. It is a commuter town 22 miles from Dublin.

Methodology:

The planning and implementation of the project was carried out using an adapted version of the five-stage community organisation model developed by Bracht et al, (1999).

Focus groups were used to inform the project and the participants of these focus groups were recruited from different settings. The themes that emerged from the focus groups were instrumental in shaping the project. These themes included Irish society and attitudes to alcohol consumption, use of alcohol as a reward, changes in lifestyles and family structures, lack of alternative activities available to young people, peer pressure, availability of alcohol and the influence of advertising and the media.

An adapted version of the *SLÁN Questionnaire* was given to the 48 participants of the focus groups before the discussion. Most of the participants were regular drinkers with

- 44% having had a drink during the last week
- 23 % had a drink in the last month
- 6% had a drink more than a year ago and
- 10% were non-drinkers.

The average number of drinks consumed by participants the last time they drank was 5.6 drinks.

68% of participants normally buy their alcoholic drinks in a pub.

The events listed below were developed with the themes from the focus groups in mind and aimed to raise awareness among a random sample of the whole community. They included the following:

- Alcohol Awareness Training for front line staff
- Responsible serving of alcohol was delivered locally for bar staff

- A free and confidential telephone service
- Media workshops with transition year students
- Fifth Year students performed a public debate
- An art competition was held for all primary school children
- Promotional materials were distributed to all workplaces
- A public information meeting was held
- An open evening for local clubs and societies was held
- A project base was established within the community
- A slide show at a local fashion show

The training and media workshops were evaluated using a structured questionnaire. The *Drinkline* was evaluated independently. The general community were asked to evaluate the project through a phone interview. Face-to-face interviews were used as an evaluation tool with the young adult population.

Key findings from the project:

Each aspect of this project was evaluated directly after its implementation.

- Evaluation of the RSA training for bar staff and the Alcohol Awareness training proved that the training was beneficial and applicable to the participants work.
- The Alcohol Awareness training facilitated the forming of links between disciplines working at the front line interface of alcohol problems.
- 85% of transition year students who participated in the facilitated workshops with felt that they could refuse an alcoholic drink if they wanted to. These workshops allowed young people to reflect on the theme of moderation and how the media glamorises the use of alcohol. 85% also agreed the interpretation of the project theme "less is more" means moderation is best. 32.5% students said they already maintain awareness and another 32.5% might change their behaviour on alcohol.
- The telephone survey to 65 homes and the face-to-face interviews with 22 young adults in three licensed premises demonstrated a high level of awareness of the project's events and young adults in the community identified moderation as the message associated with the slogan 'Less is more'.

Recommendations :

Planning the project

- Design the project so that it fosters community participation in all stages
- Assign a sufficient time scale
- Consider the time of the year
- Engage people with good skills mix in the project
- Form a steering group with professionals and the local community
- In planning future community consultations, consideration should be given to lifestyle patterns such as commuting arrangements

Training

- Alcohol awareness training should be offered to all front-line staff
- Alcohol awareness training should also be offered to all staff working in the statutory and voluntary organisations and key people in the wider community
- Dedicated resources are required to develop and sustain alcohol awareness training and programmes on alcohol related issues
- ‘Responsible Serving of Alcohol’ should be given to all those who work in the hospitality trade

Implementing the project

- Establish a base within the community
- Use local media to increase awareness
- Provide help and support through a helpline for those who identify problems in relation to alcohol
- Use innovative means to reach the target population

Evaluation

- The community expressed a desire for more information on alcohol support services. Consideration should be given to marketing these services in future
- The themes and messages identified in the focus groups should be considered when planning future campaigns or services

CHAPTER ONE

1.1 Background to the community alcohol project

Ireland is second in Europe's league of alcohol consumers, having moved up 24 places within 14 years (Strategic Task Force on Alcohol, 2002). Alcohol consumption in Ireland has increased by 41% between 1989 and 1999 and it is still rising (Strategic Task Force on Alcohol, 2002). The population of Ireland consumes 11 litres of pure alcohol per head of population compared to the 9.1 litre European average. The consumption of alcohol has been associated with social, cultural and sporting events in this country. Alcohol itself is not harmful to health when taken in moderate quantities but when consumed to excess it has a major impact on the health of individuals and our communities. 'The adverse effects of alcohol extends beyond physical health issues to mental, social and financial problems' (Strategic Task Force on Alcohol, 2002 pg.8).

The Department of Health Promotion, University College Galway carried out two base line surveys of health related behaviours across Ireland in 1998; the *SLÁN (Survey of Lifestyle, Attitudes and Nutrition)* survey, which explored health related behaviour in the adult population and the *HBSC (Health Behaviour in School Aged Children)* survey, which explored health related behaviours in school going children. Seven areas of health behaviour were measured including alcohol-consumption patterns in Ireland (Friel *et al.*, 1999). The *SLÁN* survey found that 27% of males and 21% of females consumed more than the recommended limits for alcohol. Young adults between the ages of 18-24 consume greater quantities of alcohol on a typical drinking occasion than older age groups. Young women in this age group are more likely than their male counterparts to engage in high-risk drinking i.e. binge drinking and drinking more than the recommended standard weekly drinks (Friel *et al.*, 1999). *HBSC* survey showed that over half of the young people in Ireland start experimenting with alcohol before the age of 12. One third of 15-16 year olds reported binge drinking three or more times a month and one quarter have reported being drunk three or more times in the last month and this pattern was prevalent throughout Ireland (Friel *et al.*, 1999).

1.2 The health effects of excessive alcohol consumption

Problems relating to alcohol are common but often go undetected. At the Mater Hospital, Dublin, a pilot study which investigated the rate of alcohol-related presentations to the Accident & Emergency Department found that one quarter of all cases were alcohol-related, while 13% of all patients presented in an intoxicated state (Brazil & Sheehan, 2001).

Research recently carried out in a Dublin Hospital found that 30% of male and 8% of female patients interviewed met the DSM IV criteria (American Psychiatric Association, 1994), a criteria for diagnosing alcohol abuse and alcohol dependence, most of whom had not been picked up by medical staff on admission (Hearne *et al.*, 2002). Alcohol related problems range from a once-off episode with fatal consequences to life long poor health. Consumption of excess alcohol can result in premature death due to suicide, accidents or homicide (Rossow *et al.*, 2001). There is a strong correlation between drinking and violence, with evidence that excessive drinking leads to fights and assaults (Rossow *et al.*, 2001). In Ireland it is thought that at least 1,200 alcohol related public order offences occur each week (Clancy, 2001). Alcohol is also estimated to be associated with at least 30% of all road accidents and 40% of fatal accidents (National Safety Council, 2002).

Alcohol consumption has a major impact on our physical well being. The link with heavy alcohol use and liver disease is well known; chronic alcohol use can cause chronic liver disease and cirrhosis (Strategic Task Force on Alcohol, 2002). Alcohol affects our immunity, which can lead to various health problems and most significantly regular alcohol consumption has an association with many cancers of the upper digestive tract (IRAC, 1988). Heavy alcohol consumption is a leading factor in strokes, blood pressure disease, peripheral neuritis, gastritis and anaemia. Alcohol consumption is contraindicated in pregnancy, as it is known to cause Foetal Alcohol Syndrome (Mills, J. *et al.* 1984). Deaths relating to alcohol have risen in Ireland and this increase correlates with increased alcohol consumption (Strategic Task Force on Alcohol, 2002).

The links between alcohol and unprotected and unintentional sex are well established. Research carried out on crisis pregnancy in Ireland identified alcohol as one of the factors, which leads to unwanted pregnancies (Mahon *et al.*, 1998). Unprotected sex is also an established risk factor for sexually transmitted infections (Southern Health Board, 2001), and in the last decade the rate of sexually transmitted infections have increased by 165%. In the year 2000 there were approximately 8,900 sexually transmitted infection cases reported throughout Ireland (National Disease Surveillance Centre, 2002).

1.3 The cost of excessive alcohol consumption

Irish consumers spent 5.3 billion euro on alcohol in 2001 (Central Statistics Office, 2003). Alcohol generates revenue in taxation but this has to be balanced by the costs of alcohol related problems in Ireland including healthcare, accidents, crime, productivity and absenteeism in the workplace.

These costs were estimated at approximately €2.37 billion for the year 1999 which is 1.7% of Gross Domestic Product (Byrne, 2001).

1.4 Alcohol policy

The World Health Organisation has recognised the problems related to alcohol and has stated that reducing the adverse affects of alcohol is one of the most important public health actions any country can do to improve quality of life (WHO, 2000). In Paris in December 1995 the WHO held a conference on *Health, Society and Alcohol* where Ireland endorsed the European Charter On Alcohol (Appendix 1). This conference highlighted the need to have a comprehensive national alcohol policy.

In 1996 the Department of Health and Children published the National Alcohol Policy which outlined the need to reduce alcohol consumption and thereby reduce alcohol related problems. The Minister for Justice, Equality and Law Reform established a commission for liquor licensing in November 2002. This commission recommended that a task force on alcohol should be established. Subsequently the Department of Health and Children established a strategic task force on alcohol to review research, examine alcohol consumption, recommend measures to prevent and reduce alcohol related harm, and to examine attitudes and actions that have influenced alcohol policy in Ireland since the publications of the National Alcohol Policy. This Strategic Task Force on Alcohol published their interim report in 2002 (Strategic Task Force on Alcohol, 2002).

Professor Robin Room, an international researcher on alcohol issues and Dr Ann Hope, National Alcohol Policy Advisor, contributed papers on alcohol to the task force. Professor Robin Room carried out an extensive review of international literature to identify the effectiveness of alcohol policies in reducing alcohol consumption and concluded that the policies that have been proven to be highly effective are those that involve regulating the market availability of alcohol beverages and drinking–driving countermeasures. Professor Room also suggests that “well considered community mobilisation approaches” (Pg 31) have some effect on reducing alcohol related problems. This is in keeping with one of the key elements of the Charter for Health Promotion, adopted in Ottawa in 1986 (WHO, 1986), strengthening community action to promote community health.

CHAPTER TWO

The Community Alcohol Awareness Project

In May 2002 the South Western Area Health Board brought together a working group to develop an alcohol awareness project in partnership with a designated community. The working group hoped to explore the effectiveness of an alcohol awareness project with the emphasis on safe and responsible drinking and to explore the effective models of partnership with local communities. 'Working with communities to increase their participation in decisions affecting health is an essential aspect of health promotion' (Naidoo and Wills, 2000). The community selected was chosen as it had been proactive in relation to health promotion projects in the past and had requested an input from the health board on alcohol.

2.1 Community background

The chosen community is an Irish town with a population of 3,251. The population has increased by 46% between 1996 and 2001 (Central Statistics Office, 2003). The community has a good urban/rural and social class mix. It is a commuter town 22 miles from Dublin. Local businesses include banks, a factory, a hardware store, a credit union, two garages, three supermarkets and four public houses. There is one post primary school, three primary schools and a large health centre in the town which offers an addiction counselling service once a week.

There are a number of local groups, clubs and societies in the community including a GAA club, an Irish Countrywomen's Association, a Drama and Musical Society, a Canoe Club, a Historical Society, an Athletic Association, a Basketball Club, a Rugby Club and a Karate Club. There is no local community centre but groups can meet in one of the two community halls or in the post primary school.

2.2 The aims of the project were:

1. To enable a community to make conscious and informed choices on alcohol consumption.
2. To strengthen community action on alcohol by adopting a partnership approach to planning, implementing and evaluation of this initiative.
3. To support the development of an alcohol policy in three settings i.e. community, workplace and schools.
4. To create supportive environments for those who identify alcohol problems in themselves or others.

5. To increase the capacity of the community to identify and deal with alcohol related problems and deploy the available appropriate support.

2.3 Project process

The process used in the planning, implementation and evaluation of the project was formatted by adapting a 'Five-Stage Community Organisation Model', which was developed by Bracht *et al.* (1999). This is a model of community organisation, which is based on the principles of community empowerment. There are five key stages involved:

Stage 1: Community Analysis

Stage 2: Design and Initiation

Stage 3: Implementation

Stage 4: Maintenance

Stage 5: Dissemination

Bracht and his colleagues have adapted this model for health promotion based on (a) their own work in the community, (b) general principles of social and community change, (c) elements of organizational development and strategic planning and (d) community empowerment theory. Bract *et al.* (1999) advise us on one lesson they have learned based on their experience working on community health promotion projects. 'Individuals and groups in communities need to feel in control and need to be empowered to collectively control factors that influence health and well being' (Bract *et al.*, 1999 pg 84).

This project will be described using four of the above five stages. As the project was operational for a short period the maintenance stage was omitted. Details of the evaluation results will be disseminated to the community and all interested parties.

CHAPTER THREE

Community analysis and design of project

3.1 Stage 1: Community analysis

To engage on any level with a community one must primarily get to know that community. An “accurate analysis and an understanding of the communities needs, resources, social structure and values” are essential for successful community health promotion programmes (Bracht *et al.*, 1999 pg 91). For this project the analysis and understanding was achieved by meeting with key individuals in the community and community groups. Lists were compiled of local organizations and citizens in the community who would be best placed to assist the project.

More formally an open meeting was held where representatives from the South Western Area Health Board met with the local community to engage with them in a discussion on alcohol. This meeting was announced at Sunday Mass and was included in the Parish Bulletin. Invitation letters were sent to key individuals in the community. The meeting took place at 7:30pm on Wednesday the 17th of June 2002 and was attended by thirteen members of the community.

Current statistics were presented on alcohol consumption. Feedback was sought from those present. In general those in attendance suggested that an alcohol awareness project was a good idea. At the outset suggestions were made on raising awareness by focusing on current drinking patterns, especially amongst young people. However, during the course of the meeting those in attendance expressed a view that focusing on positive messages for all age groups might be more beneficial. The audience identified barriers to changing the behaviour of young people in relation to alcohol and they noted the lack of alcohol free venues, community centres or youth clubs in the community where young people can ‘hang out’.

The timing of the project was discussed and those in attendance suggested that autumn was a more appropriate time to gain community commitment, as the summer months were particularly busy for many members of the community. The next meeting was arranged for the Wednesday the 21st of August 2002 at 8:00pm. All those contacted for the first meeting were invited to the second. Thirteen people attended the first meeting in June while only three people attended the second meeting in August.

3.2 Stage 2: Design and Initiation

3.2.1 Organisation of the project

At the onset the core-planning group for the programme consisted of senior managers representing various departments within the South Western Area Health Board. A Health Promotion Officer was assigned as project co-ordinator to oversee the project at local level. Local service providers and the project co-ordinator joined the core-planning group to form the steering group and regular meetings were held to review progress and to decide collectively on all elements of the project. It was hoped that members of the community would join the steering group. However this level of participation was not achieved during the project. At a steering group meeting on the 13th of June 2002 it was agreed that in the design and initiation phase work would be focused in key settings. The Ottawa Charter (WHO, 1986) stated that ‘health is created and lived by people within the settings of their everyday life: where they work, play and love’. Using a settings approach we can address and promote the health needs of people as they work, play and love. A setting is somewhere an individual or group are living their lives e.g. school, workplace, community and health services.

3.2.2 Encouraging community participation

To promote community participation and to create supportive environments in the community a number of activities were organised to engage and mobilize members of the community. Meetings were held with key members of the community. The local GP agreed to participate in the project and observe trends in those who engaged with him for alcohol related problems throughout the time frame of the project. The local Garda Sergeant and the Parish Priest also agreed to support the project. In order to inform the project seven focus groups were held. Focus groups encourage community participation and can be useful in collecting information to design project interventions (Kruger & Casey, 2000).

3.2.3 Methodology

By working through settings it was hoped to gain greater access to various population groups. However, more fundamentally it was hoped that this approach would facilitate consideration of some of the issues in relation to policy and structure within the settings. Each of the settings chosen were represented through a focus group.

These were:

- Workplace X 1 (6 participants)
- School X 1- (Post Primary students-16-18 year olds – 8 participants)
- Health care and other front line staff working in alcohol related areas X 1 (8 participants)
- The Community X 4--General community (7 participants)
 - Parents (6 participants)
 - Young adults (18-30yrs- 4 participants)
 - Older persons (6 + 3 volunteers participants)

3.3 Focus groups

3.3.1 Sampling and selection

Ideally a sample is a proportion of a defined population, which is selected to participate in the project and which should reflect the characteristics of that population. Purposeful sampling was utilized for this project and the project co-ordinator conducted recruitment of the samples.

The sample for each of the focus groups were deliberately chosen on the basis that these people were the best available people to provide in-depth data on the issues being researched. Forty-eight people from the community participated in the focus groups. The number of participants at each group varied from 4 to 9 with a mean or average number of 6 people per group. Two-thirds of the participants were female. The age profile of the participants is shown in Table 3.1.

Table 3.1: The age profile of the participants of the focus groups

Age	No of participants
15-18	8
18-30	8
30-65	26
Over 65	6

3.3.2 The sampling and selection process

Recruitment for focus groups was challenging; fifteen people were contacted from the electoral register for the general community focus group but only two from this recruitment method came to the focus group. Recruitment of parents came from an established group the ‘parents council’. The older persons focus group also came from an established group, the ‘Open Door’, which meets each Friday morning in the Scouts hall.

Ten employers were contacted and asked if members of staff could participate in the workplace focus group.

Recruiting within the 18-30 year old age group proved difficult. The majority of young people in this age group were either away at college or working outside the local area. Established networks for this age group mainly comprised of sporting groups. Using these established groups was problematic due to training schedules and summer recess.

The focus group of the 16-18 year olds was held with eleven participants from the local school. All participants under 18 had written parental consent.

3.3.3 The focus groups structure

At the start of the focus groups an adapted version of the *Slán Questionnaire* (Appendix 2) was distributed and conducted by each participant. The discussion was then opened up with a question: "Can you tell me about the use of alcohol in your age group? ". The list of topics used in the focus groups is included in (Appendix 3). Kemmis & Mc Taggart (1982) stressed the importance of identifying relevant ethical principles to guide community action research projects. Informed consent and voluntary participation were issues that were covered at the outset of each focus group. The confidentiality and anonymity of focus group members was assured prior to commencement of each group and on delivering the questionnaires. These procedures were outlined in the letter sent to participants in the focus groups (Appendix 4).

3.4 Data analysis

A mixed methods approach to this project was adopted with both qualitative and quantitative methodologies employed and the results then triangulated. The quantitative methodology used an adaptation of the *SLÁN Questionnaire* (Friel *et al*, 1999) as a data collection method, collected data on the drinking habits, views and opinions on alcohol of the focus group participants. The *SLÁN Questionnaire* was adapted in consultation with the steering committee.

Following the administration of the questionnaire, the focus group was conducted. The results of the questionnaire and the data that emerged from the focus groups were used to inform the project and are presented in Chapter Four.

Two methods were used to analyse the themes generated from the focus groups:

Colaizzi framework which is cited in Holloway & Wheeler (1996). This involves repeatedly reading the transcripts in order to gain a 'holistic grasp' of what was being conveyed by the informants. Meanings were formulated from the significant statements and phrases which were then organised into themes. Themes and sub themes generated from the focus groups included:

- Assessment of Irish societal cultural values
- Awareness messages
- Insights into peer pressure
- Use of National I.D. cards
- Family structures.

The ideas were then integrated into an exhaustive description of the phenomenon. Theme clusters were organized into an integrated description of the question under investigation that incorporated the use of direct informant quotes.

(B) WinMAX code and retrieve data analysis package (WinMAX, 1998). This package was used to code the themes that emerged from each focus group. The interviews from each of the seven focus groups were analysed separately by assigning coded segments to the printed text that contained themes. Finally, when all the focus groups were analysed, coded segments were cross-referenced with each other to generate the final description of the phenomena under investigation. WinMAX software package was used to facilitate data management chores owing to the large amount of printed text generated from the seven focus groups and to make the analytic process of analysis more transparent, accountable and reliable. The WinMAX software package facilitates data management chores, which are tedious and may be subject to error when done manually.

CHAPTER FOUR

Findings from the focus groups

Both quantitative and qualitative data were collected from the focus groups; the *SLÁN Questionnaire* provided quantitative data on the drinking habits and opinions about alcohol and the material from the focus groups themselves provided the qualitative data. These findings are presented below.

4.1 Qualitative data from the focus groups

The goal of analysing and presenting the major issues from in-depth discussions with the 48 people in the focus groups was to give a description of the community's attitudes and experiences of alcohol. The major themes identified from the analysis of the focus group material are listed below and direct quotes from the interview texts are used to illustrate the themes and the messages from the community, which provided input to the project.

4.2 Themes from the focus groups

The themes that emerged from the seven focus groups were:

Theme 1: Irish society and attitudes to alcohol consumption

Theme 2: The use of alcohol as a reward

Theme 3: Changes in lifestyles and family structures

Theme 4: Lack of alternative activities available for young people

Theme 5: Peer pressure to drink

Theme 6: Availability of alcohol

Theme 7: Influence of advertising and the media

Theme 1: Irish society and attitudes to alcohol consumption

The most dominant theme emerging from the focus groups was the complexity of people's attitudes and behaviours towards alcohol consumption in Ireland. Members of the focus groups discussed their attitudes to alcohol and attributed the high consumption of alcohol on society's tolerance of alcohol, e.g.

" We Irish are proud of our drinking...We win drinking competitions.....I think it's the culture very much. That could be the cause of our problems, children growing up with that culture".

"A big part of our culture is the pub scene, everything happens in a pub, funerals and confirmations".

Theme 2: Alcohol used as a reward

The increasing trend to use alcohol as a reward and as a relaxant was discussed in the focus groups. Participants identified that alcohol was used as a reward within the workplace. Participants felt that alcohol was now established as a household "perk" or "pick me up" following the stresses and strains of everyday life events e.g.

".....go into the shop on the way home buy a bottle of wine, or what ever, a video, and sit in and relax".

"Some of the gang went kayaking and then they went straight to the pub after kayaking to relax, what does that tell you!".

"I'm in the sales business, now the usual reward for anyone in sales, if you get a good return, is a good skit, a free bar. If you want to get value, your reward, yes, it's to drink".

Theme 3: Changes in lifestyles and family structures

Participants commented on how the family unit has changed and how in many cases both parents are now working outside the home. They highlighted the fact that structures and roles within families had changed particularly in areas of rapid growth, e.g.

"It's a high mortgage area, in the community, how can people supervise kids if both of them are working".

"Both parents are going drinking now, equal rights.... you know kids are coming home and finding nobody at home".

Theme 4: Lack of alternative activities available for young people

A number of participants noted the lack of amenities and activities available to the youth in the community. It was felt that high insurance costs were largely to blame for lack of facilities, e.g.

"The skateboard place that closed down, because the insurance company closed it down".

"There is very little social outlet for young people here, there's absolutely nothing for them. Apart from the pubs and they tend to gather with their friends and peers around and that's it".

Theme 5: Peer pressure to drink

Peer pressure was a common theme in the focus group discussions. The examples cited ranged from a teenager going to a football match, to a youth out for the night, to adults caught up in a round system, e.g.

"He said mam they all had a drink and he said I drank coke and I have to say I felt silly I felt a bit childish, he said I stuck with the coke...".

"It's peer pressure like or whatever you call it, you go out with a gang, and everyone's going too, you're not going to be the odd one out".

"If you've got like six people drinking, that means everybody's going to have at least seven drinks. Exactly, you don't have a choice... You're caught into it".

Theme 6: Availability of alcohol

National identity cards generated a lot of discussion among focus group participants. Many felt frustration at the lack of requests for ID cards. It was felt that this was due to policing problems and the culture of turning a blind eye to alcohol laws, e.g.

" I have never had a problem going to a pub in the town, I been going since I was 14 and they served me straight away".

" We all had false IDs Yes. False IDs and there were no bones, no, nothing said, No remarks passed on that".

"Young girls especially always look older particularly when they get dressed up, they have no problems getting access to alcohol".

Theme 7: Influence of advertising and the media

Common views were expressed in relation to how alcohol was portrayed through advertising. Participants felt that the media glamorised alcohol to sell their product and most felt helpless in the face of this media exposure as the following examples indicate, e.g.

"They (the media) make it look like the people who are the best soccer players in the world are drinking".

"Sponsorship from Irish breweries, you know, glamorising drink on TV making drink out to be great, you know, if you want to be a real good hurler or footballer".

4.3 Summary of the main themes found in the focus groups

Participants of the focus groups discussed societal attitudes to alcohol. The participants identified that social occasions and celebrations are often held in places where alcohol is served. While the absence of alternatives and alcohol free venues was identified as an issue, using alcohol as a reward and peer pressure were also identified as reasons why alcohol consumption levels may exceed the safe recommended levels. The participants stated they found it hard to get out of round systems or refuse alcohol in social settings.

In many of the focus groups the participants have identified changes in lifestyles and family structures. High mortgages and pressure on both parents to work long hours with less time for parenting was raised as a concern. Easy access to alcohol at off licences, supermarkets and public houses has enabled young people (under 18s) to access and consume alcohol.

4.4 Messages on alcohol from the focus groups

The participants attending the seven focus groups were asked as part of their input to the alcohol awareness project the following questions:

"If you had a message about alcohol - what would it be? And how would you deliver it?"

The messages were:

1. Moderation is possible
2. Give information on the effects of alcohol
3. Warn young women of specific dangers to them
4. Increase awareness and visibility of health services
5. Enforce the law
6. Support Social Personal Health Education (SPHE) in schools

(Quotes from focus groups relating to the above – Appendix 5)

4.5 Summary of messages

From the responses some clear messages were identified. Participants of the focus group wanted more information on the dangers of excess alcohol consumption. Participants stated they were not aware of how potent certain drinks are, or what is considered the safe daily or weekly limit. Some felt people particularly young people would drink in moderation if they had the facts. Participants felt that there was a lack of awareness of services in the community for those who have alcohol related problems, e.g. helplines/contact numbers and they would like to see current laws enforced more rigidly and policy decisions on alcohol availability in this country.

The suggested messages that emerged from participants are congruent with current research on methods that have been found to be beneficial in reducing alcohol related problems. Alcohol policies that “are orientated to public health and order can reduce rates of problems (alcohol problems)” (Strategic Task Force on Alcohol, 2002 pg 30). The participants saw enforcement of the policies on alcohol availability and alcohol control as an effective method of reducing alcohol related problems.

4.6 Testing of promotional materials

Promotional materials developed by the Department of Health and Children to support the alcohol campaign ‘Think before you drink-Less is more’ were focus tested with the 18-30 year old age group and the 16-18 year old age group. These materials included mouse mats, posters, calendars pens and ‘post its’ with messages on alcohol. The materials were received positively and they were later used in the community alcohol awareness project.

4.7 Quantitative findings from the focus groups

The *SLÁN Questionnaire* was given to the 48 participants of the focus groups before the discussion and the results are presented here.

4.7.1 Drinking behaviour

Most of the participants were regular drinkers with 44% having had a drink during the last week, 23 % had a drink in the last month, 6% had a drink more than a year ago and 10% were non-drinkers. The average number of drinks consumed by participants the last time they drank was 5.6 drinks with a male average of 7.3 and a female average was 4.3.

68% of participants normally buy their alcoholic drinks in a pub.

4.7.2 Adverse effects of drinking

In the last 12 months 29% of participants had been drunk and a small number experienced other adverse effects (Table 4.1).

Table 4.1: Adverse effects of drinking

Adverse effect	Number (%) N=48
Been drunk	14 (29%)
Felt you ought to cut down on drinking	8 (17%)
Felt the effects of alcohol on you at work	8 (17%)
Missed days from work due to hangover	3 (6%)
Driven a car after two or more drinks	8 (17%)

There were a number of other problems experienced either as a result of the individual’s own drinking or that of someone else (Table 4.2). The problems reported most often were *doing something I usually wouldn’t do* (23%) and *having arguments with family/friends about drinking* (21%).

Table 4.2: Problems due to the drinking of themselves or others

Problem	As a result of my own drinking	As a result of someone else's drinking
Had property vandalised	1	1
Had arguments with family/friends about drinking	4	6
Got into a fight	2	5
Had financial trouble	3	2
Had family/marital difficulties	0	0
Been a passenger with a driver who was drunk	2	3
Was in a car accident	2	1
Done something I usually wouldn't do	9	2
Had unintentional sexual intercourse	3	0
Been hit or assaulted	1	3
Been sexually assaulted	0	0

4.8 Summary -Triangulation of qualitative and quantitative

The major theme elicited from the focus groups centres on the complexities of Irish people's attitudes towards alcohol and its consumption. Attitudes to alcohol that emerged from the focus groups and results from the *SLÁN* questionnaire do not appear to correlate. Participants in the focus groups had a very good awareness of alcohol and its effects. The awareness of the need to consume alcohol in moderation was not however reflected in alcohol consumption levels. Interestingly, the results from the *SLÁN* questionnaire indicate that some of the participants themselves often drank over the recommended weekly limits, which are 14 units for females and 21 units for males. 40% out of 35 participants consumed eight or more units the last time they drank with 13% drinking six or more units every day and 29% stated they had felt the adverse effects of alcohol.

The participants of the focus groups requested more information about "safe drinking" and facts on how much alcohol you can consume without causing damage to your body. Many also showed concern about the number of young people consuming large quantities of alcohol and asked for warnings to be given to young people especially young girls about the dangers of excess alcohol consumption. This would suggest that they already had an awareness of a number of these *dangers* however the questionnaire results would indicate that these are often forgotten on a *good night out*.

CHAPTER FIVE

Implementation of project

The information gained from the community analysis and focus groups helped to inform the next stage which was to implement the different elements of the project in the community. There were a number of elements:

- Alcohol Awareness training for front-line staff
- Responsible Serving of Alcohol training
- The provision of a Helpline for those concerned with alcohol related issues
- Work with young people in the school setting
- Work with the general public in the community setting

These different elements of the community project are described below.

5.1 Alcohol Awareness Training

A three-day Alcohol Awareness Training Session was provided for front line staff. These front line staff comprised of people working in the community services who, in the course of their work, may have to deal with alcohol related problems (see Table 5.1).

Table 5.1: Participants in Alcohol Awareness Training Programme

Number	Occupation
Member of the Garda Síochána	2
Public Health Nurse	1
General Practitioner	1
Social worker	1
Community mental health nurse	1
FÁS supervisor	1
Parents drug awareness council	2
Juvenile liaison officer	1
Community Addiction Services Education Officer	1
A representative from the ambulance services	1
Staff nurse in a residential unit for mental health care	1

The aims of the course were:

- To encourage active participation in health promotion towards sensible drinking.
- To share the experience of health care workers in dealing with alcohol-related problems.
- To broaden awareness of levels of alcohol-related problems in community.
- To equip staff with necessary knowledge and skills to identify and deal appropriately with alcohol related problems.
- To ensure frontline staff are aware of key services to which they can refer.

The course content included modules on:

EU Charter on Alcohol

Alcohol Quiz

Exploration of the Meaning of Health

Continuum and Progression of Alcohol-Related Problems

Film: Last Orders on Acute and Chronic Harm

Adolescent Problems and Teen Counselling

Kildare/West Wicklow Addiction Service

Process and Wheel of Change

Screening Tools

Group Discussions

Alcohol and Suicide

5.2 Responsible Serving of Alcohol Training

The Responsible Serving of Alcohol Training is a training initiative for those who work in the hospitality trade (Dept. of Health and Children, 2001). It was designed to help licence holders develop policies on serving alcohol so as to reduce inappropriate alcohol consumption. It also aims to provide management and bar staff with the knowledge and awareness necessary to ensure responsible serving of alcohol in licensed premises. The training took place at 7:30pm on the 7th of October 2002 and nine bar staff employed by one local publican attended. Local Gardaí supported the training and answered any legal questions posed by participants. The Responsible Serving of Alcohol training included a training workshop, a supporting manual and guidelines for best practice to be implemented by license holders.

The training workshop covered:

- Problems associated with excessive consumption
- How to handle difficult customers and situations
- Alcohol and the law
- Avoiding serving to those underage
- Monitoring bar area

5.3 Provision of a helpline

The Steering group felt that it was essential to provide support for individuals and families that identified alcohol related problems as a result of this project. The staff of the Drugs/HIV Helpline provided this support by setting up a 'Drink-line' i.e. a freephone helpline for the community during the campaign. It was decided that the name 'Drinkline' would be more appropriate than Drink Helpline as Helpline might be identified with problematic drinking. It was hoped to portray that any queries on drink would be welcomed. A local printing company printed flyers and stickers with the help line number. These were placed on promotional material displayed throughout the community and the flyers were distributed to every household, the local library, the Church, GP surgery, courthouse and the Garda station.

5.4 Calendar of events

A calendar of events (Appendix 6) was drafted using the ideas taken from the focus groups, the steering committee and local staff. The national alcohol campaign slogan 'Think before you drink-Less is more' was adapted for this local project as it was closely related to the messages that emerged from the focus groups. The events that took place in the community over the six weeks of the project are described on a week-by-week basis. A number of novel and opportunistic methods were used to get the message across.

Week One: Oct 7th- Oct 13th-2002

Community

Promotional Materials

On the first week of the campaign promotional materials that had been previously focus tested were distributed to workplaces, shops, cafes and bars. These included approximately 200 mouse mats and fifty posters. The mouse mats were received well and were put into use straight away.

Community Alcohol Debate

The local 'Traders Association' was approached on the 3rd of October 2002 to discuss the possibility of holding a public debate on alcohol. They themselves did not wish to host the debate but were willing to sponsor the event.

Workplaces

Substance Abuse Policy

Ten local businesses were approached about developing an alcohol policy. They were approached by the workplace health promotion officer and asked if they had an alcohol policy for staff and if not were they willing to form one. Only one large employer was willing at this time to develop a written policy. Other businesses stated that they had an oral policy on alcohol in place and it was adhered to. The company were supported in developing an alcohol policy for staff, which was then included in the safety manual.

Post Primary Schools

Media Workshops with Transition Year Students

Following discussion with teachers and students in the post primary school a theatrical artist was contracted to carry out 'Awareness workshops' with transition year students. The workshops explored alcohol and the media, how advertising works and how it affects purchasing decisions using improvisational drama workshop, theatre games and the use of photography. 45 transition year students took part in the alcohol awareness project. They had 4-5 classes with a facilitator using the Title "**Think before you drink - Less is more**". The focus of these workshops was to examine the role played by advertisers in the promotion and placement of products. Branding, marketing and product placing and the effects that alcohol has on the community were explored.

The media workshops facilitated exploration of the following questions:

- How does media work?
- How does one read or decode adverts?
- What type of language is used in advertising?
- The history of advertising.
- Social, personal and cultural facets of the media.
- Cognitive skills in terms of media.
- The understanding of fundamental media concepts (denotation/connotation etc.).

As part of the workshops each of the 45 students were given a disposable camera and asked to photograph and display images of alcohol in their community and then to display their artwork and analyse the affect advertising plays in our drink culture.

Substance Abuse Policy

The post primary school was approached about the inclusion of alcohol in the substance abuse policy. This issue has been referred to the education officer with the community drug team and plans to include alcohol in the current substance abuse policy are in progress.

Week Two: Oct 14th- Oct 20th-2002

Community

Promotional Materials

Picture posters containing a warning message produced by the Department of Health and Children were placed in all of the local public houses in the town. These posters were also placed in the toilets of the local coffee shops. One of the coffee shops was a popular meeting place for young people and the feedback on these posters was very positive.

Primary Schools

Art Competition

Following discussion with the primary school principals an art competition was arranged for all pupils attending primary school in the community. The theme of this competition was 'food and drink you would find at parties'. A parental consent form was requested from all participants. The schools also covered the topic of alcohol as part of the SPHE programme during the project period. Approximately 350 students took part in this competition.

Week Three: Oct 21st-Oct 27th-2002

Community

A letter was sent out to 1000 parents of the students in the area with details of the campaign. An old cab office was leased and this provided a high street location and base from which to distribute health information leaflets. This health information booth was manned from 2pm to 5pm four days a week. Support and information on a range of health promoting issues were available such as smoking cessation and nutrition.

Week Four: Oct 28th –Nov 3rd 2002

Community

Public Information Evening

A public information meeting to inform local community on the effects of alcohol was held on the 30th of October 2002. The meeting was advertised in the local paper, in the parish newsletter, through posters around the town and in a letter sent to all homes of students attending schools in the town. Five people attended the public information evening.

Week Five: Nov 4th-Nov 10th 2002

Community

Fashion Show

The organiser of a local fashion show held in a local hotel offered the steering group a slot on the visual slide show that would run during the intervals of the fashion show. She also offered to run the slide show in a local hairdressing salon for the month of December.

'Open Evening' for local clubs and societies

As a lack of alternative activities for young people had been identified as a contributing factor to excess consumption of alcohol an '*Open Evening*' was held so that local clubs and societies could advertise and promote their activities. Six clubs came along on the night but there was a poor attendance from the public. A reporter from local paper attended the '*Open Evening*' and documented and published information on many of the local clubs and activities on offer in the area.

National I.D. Cards

The need for identity cards was identified during focus group discussions and the South Western Area Health Board agreed to sponsor national age cards. At the '*Open Evening*' application forms, for the national age cards, were available and the local Garda Sergeant was in attendance to sign these forms. There were no applications made at the event. As there were very few in attendance the Garda Sergeant informed the principal of the post primary school that those over eighteen who wished to apply could still do so, to date there have been no applications for same.

Primary Schools

Art Competition

Entries for the art competition were collected from the primary school and adjudicated by the health promotion department.

Week Six: Nov 11th –Nov 17th 2002

Post Primary Schools

Art Work

A series of twelve art pieces based on images developed by the transition year students and an artist, measuring “4’ x 4””, were produced. They were diamond shaped yellow images that were intended to represent reflective consciousness. These art pieces were placed over the canal with the help of two local traders.

Week Seven: Nov 18th-Nov 25th 2002

Closing Event

The final night of the project was held on Thursday the 21st of November 2002 where 200 members of the community attended. The principal of the local post- primary was MC on the night. The chairperson of the Board opened the event and one of the Assistant Chief Executive’s for SWAHB thanked the community for their contribution to the project. A preliminary report on the project was presented to the community. The attendees were asked to hear and judge the fifth year debate, which was sponsored by the local traders association.

Prizes were presented to the winners of the Primary Schools Art Competition. Pictures from the art competition and a collage of images produced by the transition year students were on display on the walls of the hall. The night ended with refreshments and music by a local band.

CHAPTER SIX

Evaluation of the Project

Evaluation is required to determine if the health promotion objectives are met, if the methods used are appropriate, effective and efficient (Naidoo & Wills, 2000). Following are the evaluation questions that were asked in relation to the alcohol awareness project:

1. Did the project activities occur as envisioned?
2. Did the community find the activities useful?
3. Did the community gain awareness of alcohol using the theme “Less is more”?
4. Did the project activities achieve the project aims?

6.1 Evaluation of training course for front-line staff

Thirteen individuals took part in the three-day alcohol awareness programme described in Chapter Five. A self-administered questionnaire was given to each participant at the end of the training course for the purpose of evaluating the course content and administration (Appendix 7). There was a high level of satisfaction with the course. All participants on the course rated the aims and administration of the course as good or excellent. For future alcohol awareness projects the following recommendations were made:

- 4 recommended further training on alcohol awareness
- 3 recommended inter-agency involvements
- 2 recommended more input from AA and Alanon
- 1 recommended that the project be run at Christmas and New Year
- 1 recommended better use of newsletter on events

Participants identified a number of benefits, which they acquired from the course:

- 4 participants felt they would be more empathetic to their clients
- 3 felt they would listen more
- 3 thought they would refer more appropriately
- 3 would look more closely for signs of alcohol abuse

Overall comments from the participants are shown below:

- 6 felt the course provided excellent training and facilitation
- 3 felt the course provided valuable information and was a reflective course
- 2 enjoyed meeting other health professionals
- 2 stated they wished that more funding be made available for this problem

6.2 Evaluation of the Responsible Serving of Alcohol (RSA) training

Nine bar staff participated in the RSA training workshop. All participants completed an approved questionnaire used by the Department of Health and Children to evaluate their RSA training workshops.

All of the participants responded positively to the training finding it very enjoyable (56%) or OK (44%) and all stated they felt the skills provided by the course would be useful. Four participants would not change anything in the course, while three would like to see the Equality Act included and two would like more feedback and humour. In response to a question on the most useful parts of the training:

- 3 participants found it all useful
- 2 thought the part on dealing with aggressive customers was useful
- 2 found the section on law useful
- 1 found that gaining skill on how to refuse alcohol to a customer useful
- 1 thought the case studies were useful

A variety of advantages of the training programme were reported:

- 2 participants felt it was useful to be aware of alcohol abuse
- 2 felt it added to the staff's qualifications
- 1 enjoyed that all publicans got to work together
- 1 found that the course improved politics within the working environment
- 1 found that it helped in dealing with customers
- 1 felt that it helps maintain the good reputation of a pub
- 1 reported they felt there was no advantage

Overall the participants in the RSA training programme found the programme very useful and gained extra skills and knowledge, which they can put into use in their daily work. However, one participant felt the course was time consuming.

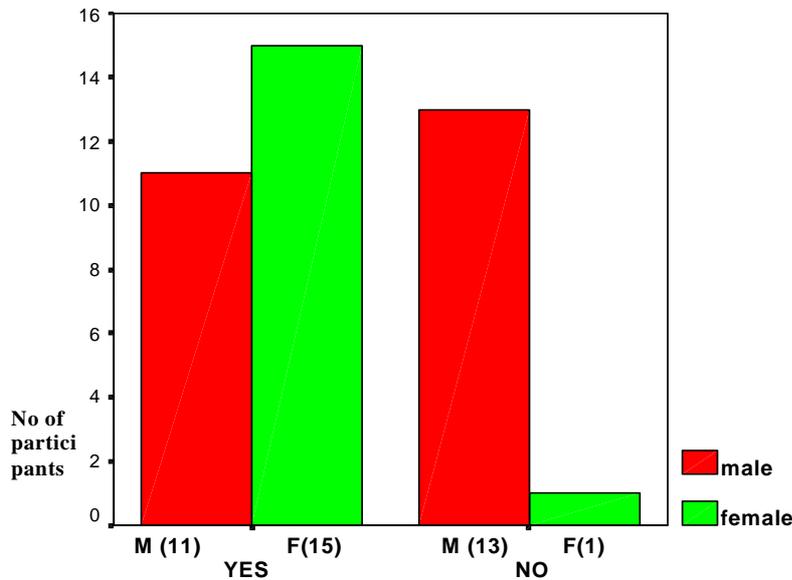
6.3 Evaluation of media workshops

Forty-five transition year students from the local post primary school took part in a media workshop. They had 4–5 classes with a facilitator using the title "**Think before you drink - Less is more**". The work in the school was evaluated using a short questionnaire given to 40 students (Appendix 8).

6.3.1 Profile of student participants

60% of the students were male, 60% were aged 15 years and 65% answered ‘yes’ to the question “Do you consume alcohol?” Figure 6.1 shows that only one of the 16 females who answered the question was a non-drinker compared to 13 of the 24 males.

Figure 6.1: “Do you consume alcohol” by gender



6.3.2 Level of awareness

A series of questions on different issues on alcohol was asked to evaluate awareness post interventions (Table 6.1).

Table 6.1: Level of awareness among student participants (N=40)

	Agree	Disagree	Not sure
I can refuse an alcoholic drink if I want to (peer pressure)	34 (85%)	4 (10%)	2 (5%)
Alcohol increases the risk of a sexual encounter	33 (83%)	3 (7%)	4 (10%)
I know why the media image of alcohol is attractive	26 (65%)	0	14 (35%)
Knowing how to use alcohol is as important as having fun	26 (65%)	3 (7%)	11 (38%)

Thirty-five students (85%) interpreted the project slogan “*less is more*” to mean if you drink less you have more enjoyment. Two students thought the slogan was ‘stupid’ or didn’t convey a message, two thought you should only drink if it’s your choice and one thought it meant ‘don’t start drinking’.

6.3.3 Change in behaviour

When asked, “How likely are you to change your attitudes and current behaviour towards alcohol?” the following responses were made (Figure 6.2):

Figure 6.2: “How likely are you to change your behaviour in relation to alcohol?”

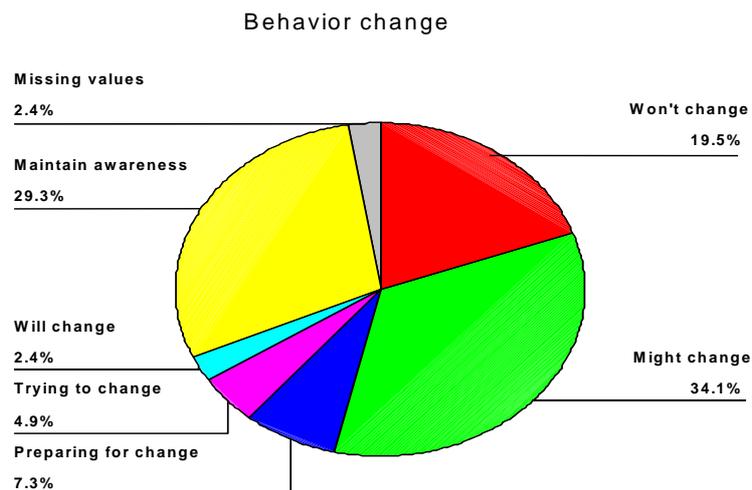


Figure 6.2

The largest groups were those who ‘already maintained an awareness’ (13 students) and those who ‘might change’ (also 13 students).

6.3.4 Satisfaction with the workshops

Most students were *very satisfied* or *satisfied* with the awareness sessions (85%).

The reasons given were: 56% were more aware of the effects of alcohol

10% understood ‘less is more’

7.5% stated the workshops answered a lot of questions

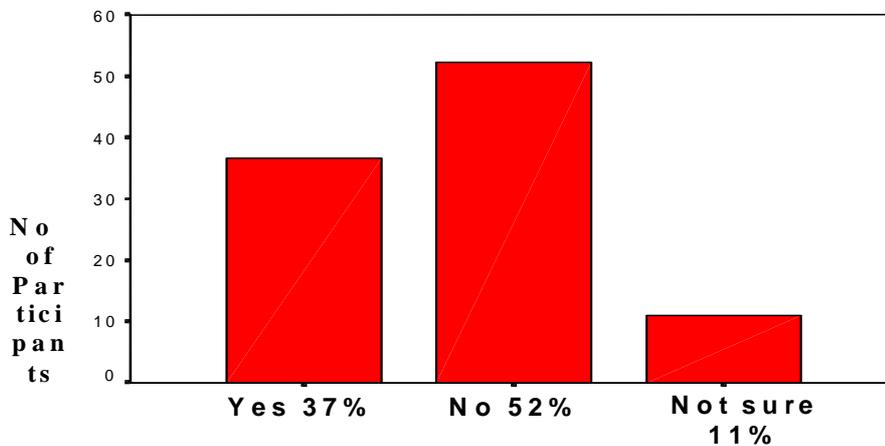
2.5% stated that it was fun

However, 22% had no positive thoughts on the programme. There was a missing value of 2%.

6.4 Evaluation of the project in the general community

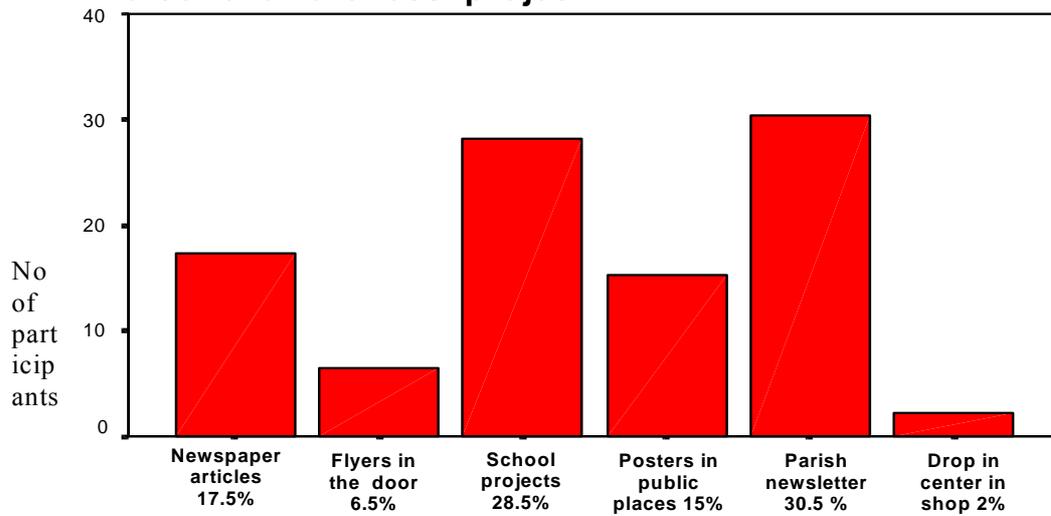
Seventy-five homes were contacted for this telephone survey. Numbers were generated randomly from the telephone directory. A total of 63 participated (84% response rate), two people refused and ten homes had no reply (Appendix 9). Most of the respondents were female (63%). Almost three quarters of the sample (73%) were aware of the alcohol project and 46% got a message from the project. When asked more specifically about the “Less is more” message the response was not so good, and half the sample said they did not get the message (Figure 6.3).

Figure 6.3: Did you get the message “Less is more”?



The methods used to raise awareness varied and there was a broad range of interest in different media as is evident from Figure 6.4. The parish newsletter and school projects were the most widely accessed.

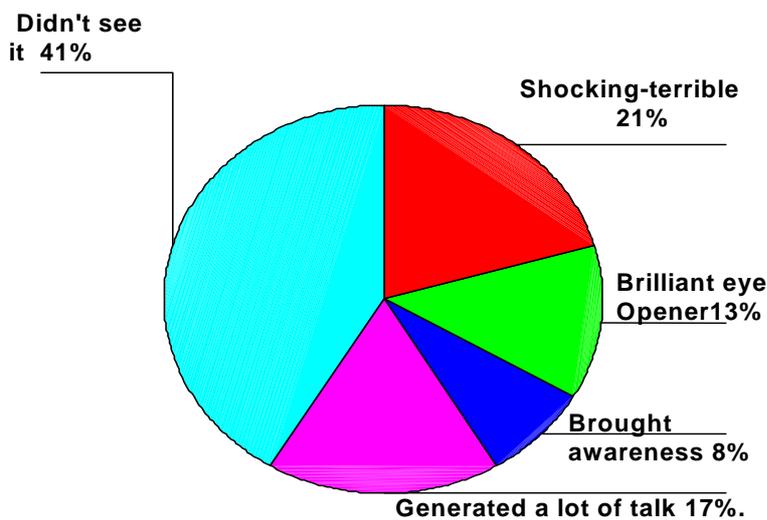
Figure 6.4: What did you notice of interest in the alcohol awareness project ?



Respondents were also asked if they had watched an R.T.E. Prime Time programme on alcohol related problems, which was televised (Nov 2002) near the end of the project. Almost half (44%) of the sample had seen it and 11% had heard about it. When asked what they thought about it, many of those who had seen it thought it shocking (21%).

The range of responses is shown in Figure 6.5.

Figure 6.5: What did you think of RTE's prime time programme on alcohol?



For the last question participants were asked to suggest a better way of increasing people's awareness of the dangers of excessive alcohol consumption.

The following suggestions were made:

- 31.5% of the community would like to see more local alcohol campaigns
- 25% would like to see the law enforced better
- 12% would like a repeat of the primetime programme
- 10% would like to address parenting skills
- 10% would like alcohol advertising to be limited
- 6.5% would like pubs to be closed earlier
- 5% would like to ban the association of alcohol and sport

6.5 Evaluation of the project in a young adult sample

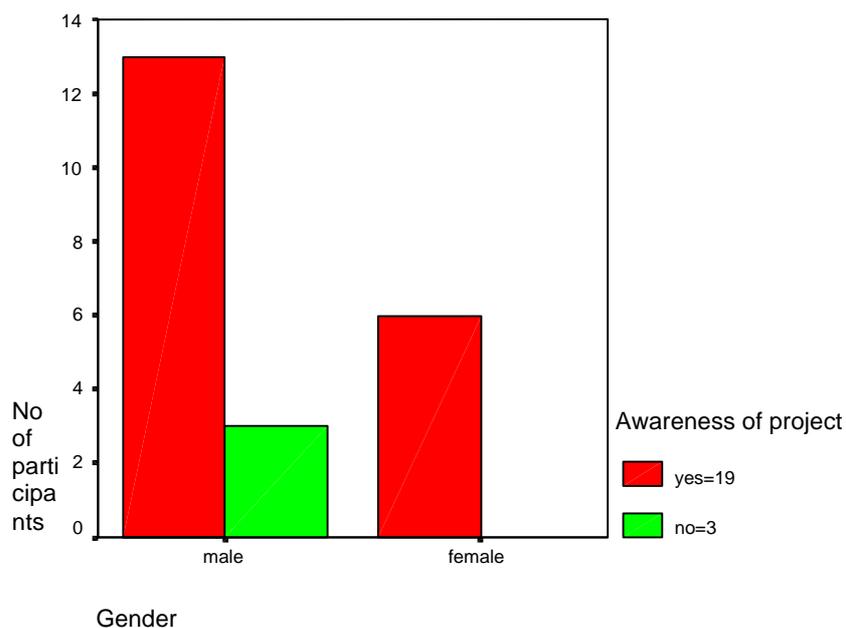
To evaluate the project with the 18-30 year old age group face-to-face interviewing of young adults was carried out in the social setting of three local licensed premises.

A semi-structured informal interview was conducted using the following format:

1. Were you aware of a recent health promotion campaign in your area?
2. If yes, What awareness did it bring?
3. What does the message "less is more" convey?
4. How would you conduct an alcohol awareness program?

Twenty-two people participated in this part of the evaluation. The average ages of respondents was 25 years and most were male (73%). Awareness of the project was high (86%) and the male/female breakdown is shown in Figure 6.6.

Figure 6.6: Gender breakdown of awareness of project



When asked how the project raised awareness the commonest response was “It made me think”. Most respondents noticed the posters in public places (68%) the posters “seemed to be everywhere” and 16% noticed articles in the local newspaper.

The message “Less is more” was responded to in the following way:

No clear message	8 people (36%)
Drink less - Have a better time	8 people (36%)
Be moderate with your drinking	4 people (18%)
Enough is enough	2 people (9%).

When asked how they would conduct an alcohol awareness project the following responses were given:

- **27.3% show before and after pictures of the affects of excess alcohol**

This 27.3% advocated before and after pictures of well-known people who have had an alcohol problem and pictures of young men and girls that were shown on the RTE prime time alcohol programme.

- **27.3% suggested that they would like to see more media adverts on the dangers of excess alcohol consumption**

This 27.3% advocated more media adverts on TV on the dangers of alcohol with

- graphic pictures of possible health damage (liver) aimed at shocking people
- pictures of violent acts and
- personality changes following alcohol consumption.

They also suggested showing another prime time programme on alcohol problems in Ireland. Finally a request for information in magazines like *FHM*, *Loaded* (Male magazines), *Hot press* and *Big issue*.

- **18.2% did not have any ideas of how to conduct an alcohol awareness project**
- **9.1% suggested more local health promotion projects such as this one**
- **4.5% suggested that the legal drinking age should be increased to 21 years**
- **4.5% suggested that the price of alcohol should be increased**

6.6 Evaluation of the helpline - 'Drinkline'

The helpline was available for the duration of the project and was widely advertised. The manager and the staff of the Drugs and HIV Helpline recorded data on the calls made to 'Drinkline'. Table 6.2 shows an analysis of the calls received.

Table 6.2: Analysis of 'Drinkline' calls Oct 7th-Nov 24th 2002

Type of call	Number of calls
Support calls	6
Information calls	2
Administrative calls	1
Hang ups	4
Wrong Number	1
Test calls	1
Total	15

The average length of calls was 15 minutes.

The age of the drinker was only revealed in 6 calls.

One 16yr old

One 24yr old

Two 21yr olds

Two 45yr olds

During the eight-week period of the project there were eight calls where there was an interaction about drink or drinking.

Who called?

3 calls were from mothers

1 was from a wife

3 people were calling for themselves

1 was a teacher

6.7 Summary of the evaluation

Each aspect of this project was evaluated directly after its implementation.

- Evaluation of the RSA training for bar staff and the Alcohol Awareness training proved that the training was beneficial and applicable to the participants work.
- The Alcohol Awareness training facilitated the forming of links between disciplines working at the front line interface of alcohol problems.
- 85% of those who participated in the facilitated workshop for transition year students felt that they could refuse an alcoholic drink if they wanted to. These workshops allowed young people to reflect on the theme of moderation and how the media glamorises the use of alcohol. 85% also agreed the interpretation of the project theme "less is more" means moderation is best. 32.5% students said they already maintain awareness and another 32.5% might change their behaviour on alcohol.
- The telephone survey to 65 homes and the face-to-face interviews with 22 young adults in three licensed premises demonstrated a high level of awareness of the project's events and young adults in the community identified moderation as the message associated with the slogan 'Less is more'.

CHAPTER SEVEN

Discussion

The overall goal of this project was to raise the community's awareness of safe and responsible drinking. It was hoped that the project would enable the community to make conscious and informed choices on alcohol consumption. The community were consulted initially using public meetings and then through focus groups with participants from different settings in the community. Through all the interventions including the evaluation 600 people were directly targeted. This does not include the fashion show at which 250 people attended however they were not all from the targeted community. One thousand letters detailing the project and its events were sent out to parents of all students attending the local schools. Two hundred mouse mats were distributed throughout the community. There was also contact with people through the local media, which was not measured.

7.1 Project aims and objectives

The aims and objectives of the project and the achievements of these aims are discussed below.

7.1.1 To enable a community to make conscious and informed choices on alcohol consumption

The project hoped to achieve this aim by raising awareness of safe drinking and the need for moderation. It is obvious from the focus group results that there was already an awareness of the need to drink in moderation and this project hoped to reinforce the message.

During the evaluation it was found that the theme used for the project "**Think before you drink- less is more**" was grasped and understood by 37% of those who participated in telephone interviews. This message was designed with young adults in mind and 63% of young adults interviewed did have an understanding of the message. When asked to suggest a better or another way of bringing about awareness 32% of those contacted in the telephone survey suggested further local alcohol awareness programmes with 25% advocating better enforcement of the law.

When transition year students were asked what does the message **less is more** convey, over 85% responded, "drink less - enjoy more" with another 5% responding "only drink if it's your choice". This suggests that a message of moderation was conveyed to the transition year students in addition to increasing awareness. From the 18-30 age group 86.4% were aware of the project and out of these 45.4% took a message of moderation from the project.

This age group is the prime target group as the issue of binge drinking has been identified among those aged 18-30 (Friel *et al*, 1999). It is interesting that this group would like to see the media used more often to highlight the dangers of excess drinking. Males would like to see magazines such as FHM or music magazines such as Hot Press targeted for future awareness campaigns. During the focus groups participants stated they wanted more information on alcohol and its effects. Only five people attended the information meeting held during the project. The duration and scale of this project did not facilitate the investigation for this.

7.1.2 To strengthen community action on alcohol awareness by adopting a partnership approach to planning, implementing and evaluation of this initiative

A partnership approach to planning, implementing and evaluating the project was employed. The project was conducted over a seven-week period and key informant interviews suggested that a longer lead in time would have been necessary to engage and mobilise full community involvement. There was a member of the community on the steering group but this person was an employee within the health services. The project had hoped that a community coalition could be formed however due to time constraints this was not achieved.

7.1.3 To support the development of an alcohol policy in all settings i.e. community, workplace and schools

During the 2002-2003 school year there is a drive to get post primary schools to develop a substance abuse policy. The project coordinator addressed the development of this policy with the post-primary school principal. The issue was later referred to the education officer with the community addiction team. A policy on addiction misuse already exists and is being revised to include alcohol. This is part of an ongoing process in keeping with objective 43 in the National Drug Strategy 2001-2008 (2001 pg 116) whereby a facilitated school policy workshop is offered by an education officer to schools (predominately post primary schools). This process incorporates recommendations and frameworks in the resource pack 'Developing Policy on Alcohol, Tobacco and Drug Use - Guidelines for schools' (The Area Health Boards of the ERHA, 1999).

The task of developing alcohol policies in the workplace proved difficult. Alcohol is a factor in workplace productivity (Strategic Task Force on Alcohol, 2002) but it is not usually incorporated into workplace policies. Ten workplaces were visited in the local area and only one workplace was willing at this time to incorporate alcohol into their safety policy. Three of the small businesses approached stated they had an oral policy on alcohol, which was adhered to by their staff.

7.1.4 To create supportive environments for those who identify problems in themselves or others

Supportive environments were achieved through the development of a synergy between multiple agencies. This project has been a collaborative project between the South Western Area Health Board and the local community. There were numerous stakeholders involved in this health promotion project, each adding their own expertise and skills. The project fostered interdisciplinary action within health services between local service providers, mental health and addiction services, alcohol services and health promotion.

Support from the Drugs/HIV Helpline was one of the resources that was made available to this project. The senior addiction counsellor for the South Western Area Health Board offered alcohol awareness training to front line staff. On the three-day alcohol awareness training there was a combination of skills from interagency personnel. Many of those who participated in the training stated that they valued the opportunity to hear views of other disciplines. Co-operation between local businesses, school, workplace, gardaí and sports clubs was also achieved. While the project managed to involve and mobilise all these various groups the timeframe of the project limited any sustainable effort.

7.1.5 To increase the capacity of the community to identify and deal with alcohol related problems and deploy the available appropriate support

The capacity of the community to recognise alcohol related problems was increased through training and skills development. This is an essential part of effective health promotion programs. Consulting individuals to identify their training needs and then involving them in relevant educational activities and increasing personal skills plays an important role in health promotion. Participants involved in the Alcohol Awareness training for front line staff and the Responsible Serving of Alcohol training for hospitality staff indicated, through their evaluations, that the training was very effective in providing necessary information and skill development.

There was also an exchange of information to the community through posters and media messages. The information evening was poorly attended and more innovative methods for imparting information on alcohol needs to be considered for future campaigns.

7.2 Overall Discussion

The project did manage to increase awareness on alcohol moderation. The community did participate in the project but they did not take full ownership of the project. A possible reason for this may be due to the short time limit given to the project. The full explanation however was beyond the remit of this project although some recommendations have been suggested which may increase participation in future projects. At the end of this project members of the community expressed an interest in establishing a group to examine underage drinking in the town. This is a positive progression and a follow up with the community has been arranged.

7.3 Process Evaluation

Interviews were conducted with key stakeholders who had an input into the alcohol awareness project to get accounts of their experiences while working on the project. All of the respondents stated that they were happy that the aims relating to their area of input were realistic. However all respondents felt that the project was limited by the short timeframe. It was felt that more time spent developing the project and getting community involvement at the early stages would have proved beneficial.

The timeframe for similar projects should be carefully considered. The project commenced in late June and was given a timeframe of four months for the planning stage and one month for the implementation phase (this was later lengthened to seven weeks). Innovative methods of recruitment to the focus groups are required which need careful planning and a longer lead in time. It is essential to map out networks at the initial stage of the project and to make contacts within the community.

It was suggested that those who wished to call the helpline may have needed some time to feel comfortable to do so rather than making the call immediately thus promotion of the service needs to be more strategic and advertised for a longer timeframe.

During the first few weeks of the project, it was the co-ordinators impression that much of the community felt that the project was concentrating on problematic drinking rather than creating awareness on alcohol and its safe consumption. One member of the community asked if “we had got many *alcoholics*” and another two members of the community asked how was the project doing and did we get many calls. Careful management of how the focus of the project is maintained is necessary for future projects.

While this broad campaign was aimed at the wider community there was a reliance on the schools for notifications of events and venues for hosting of events and meetings. Inadvertently this may have led to a feeling among the community that the focus was on young people and students and was directed to those who had children in school.

7.4 Recommendations

Planning the project

- Design the project so that it fosters community participation in all stages.
- Assign a sufficient time scale to allow the community to engage and mobilise in the project and thereby allow for community ownership.
- Consideration should be given for the time of the year that you plan to carry out community consultation and run your project. A particular time of the year may be more effective than others for an alcohol project. Summer time is a difficult time to get community consultation.
- Engage people with a good skill mix in the project. Joint planning and sharing of experiences between researchers, health promoters, policy makers, service providers and the community are important. It is best to involve all community stakeholders and service providers from the beginning.
- Form a steering group with professionals and the local community.
- In planning future community consultations, consideration should be given to lifestyle patterns such as commuting arrangements.

Training

- Alcohol awareness training should be offered to all front-line staff as it was found to be very beneficial by everyone who attended.
- Alcohol awareness training should also be offered to all staff working in the statutory and voluntary organisations and key people in the wider community.
- Dedicated resources are required to develop and sustain alcohol awareness training and programmes on alcohol related issues.
- ‘Responsible Serving of Alcohol’ should be given to all those who work in the hospitality trade. It was identified as effective in increasing the awareness among hospitality staff of the legal implications of serving those who have had too much to drink and equipping them in methods for dealing with difficult customers. Thus this programme is an important component of a community alcohol awareness project.

Implementing the project

- Establish a base within the community as it allows community members to identify the project coordinator and forms links with the co-ordinator and the community.
- Use local media to increase awareness. The use of local newspapers, local parish newsletters and local radio stations was a very effective method in getting your message out to the community.
- Provide help and support through a helpline for those who identify problems in relation to alcohol.
- Use innovative means to reach your target population. The methods used in the project allowed us to reach a wide audience. The fashion show reached women of all age groups. The art competition involved children and their parents as did the school debate. The transition year media workshops worked in a fun way with young adolescence. We had hope to reach young males through sporting organisations however there were a lot of sporting fixtures on during the planning phase of the project which concluded in the organisation winding down. At the start of the season would have been a better time for this.

Evaluation

- The community expressed a desire for more information on alcohol support services. Consideration should be given to marketing these services in the future.
- The themes and messages identified in the focus groups should be considered when planning future campaigns or services.

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Appendix 1

European Charter on Alcohol, 1995

Ethical principles and goals

In furtherance of the European Alcohol Action Plan, the Paris Conference calls on all Member States to draw up comprehensive alcohol policies and implement programmes that give expression, as appropriate in their differing cultures and social, legal and economic environments, to the following ethical principles and goals, on the understanding that this document does not confer legal rights.

1. All people have the right to a family, community and working life protected from accidents, violence and other negative consequences of alcohol consumption.
2. All people have the right to valid impartial information and education, starting early in life, on the consequences of alcohol consumption on health, the family and society.
3. All children and adolescents have the right to grow up in an environment protected from the negative consequences of alcohol consumption and, to the extent possible, from the promotion of alcoholic beverages.
4. All people with hazardous or harmful alcohol consumption and members of their families have the right to accessible treatment and care.
5. All people who do not wish to consume alcohol, or who cannot do so for health or other reasons, have the right to be safeguarded from pressures to drink and be supported in their non-drinking behaviour.

Ten strategies for alcohol action

Research and successful examples in countries demonstrate that significant health and economic benefits for the European Region may be achieved if the following ten health promotion strategies for action on alcohol are implemented to give effect to the ethical principles and goals listed above, in accordance with the differing cultures and social, legal and economic environments in each Member State:

1. Inform people of the consequences of alcohol consumption on health, family and society and of the effective measures that can be taken to prevent or minimize harm, building broad educational programmes beginning in

early childhood.

2. Promote public, private and working environments protected from accidents and violence and other negative consequences of alcohol consumption.
3. Establish and enforce laws that effectively discourage drink-driving.
4. Promote health by controlling the availability, for example for young people, and influencing the price of alcoholic beverages, for instance by taxation.
5. Implement strict controls, recognizing existing limitations or bans in some countries, on direct and indirect advertising of alcoholic beverages and ensure that no form of advertising is specifically addressed to young people, for instance, through the linking of alcohol to sports.
6. Ensure the accessibility of effective treatment and rehabilitation services, with trained personnel, for people with hazardous or harmful alcohol consumption and members of their families.
7. Foster awareness of ethical and legal responsibility among those involved in the marketing or serving of alcoholic beverages, ensure strict control of product safety and implement appropriate measures against illicit production and sale.
8. Enhance the capacity of society to deal with alcohol through the training of professionals in different sectors, such as health, social welfare, education and the judiciary, along with the strengthening of community development and leadership.
9. Support nongovernmental organizations and self-help movements that promote healthy lifestyles, specifically those aiming to prevent or reduce alcohol-related harm.

Formulate broad-based programmes in Member States, taking account of the present European Charter on Alcohol; specify clear targets for and indicators of outcome; monitor progress; and ensure periodic updating of programmes based on evaluation.

Appendix 2

Questionnaire adapted from Slán survey 2002 to explore current drinking habits and your views and opinions about alcohol.

All answers are treated as confidential and anonymity is assured.
Please tick the box that corresponds to your answer.

Section A.

Q 1. Gender

Male

Female

Q 2. What age group are you in?

15- 18

18- 30

30- 65

over 65

Q 3. Status

Single

Married

Separated

Divorced

Widowed

Living with a partner

Q 4. Employment status

Student

Employed full time

Employed part time

Unemployed

Pension/disability

House duties

Section B.

Q 5. How long ago did you last have an alcoholic drink?

- During the last week
- One week to 1 month ago
- One month to 3 months ago
- Three months to 12 months ago
- More than 12 months ago go to Q 10
- Never had alcohol beyond sips or tastes. go to Q 10.

Q 6. On the days that you drank alcohol, how many drinks did you have on average?

- A drink is:
- A half pint of beer, larger, stout or cider
 - A single measure of spirits (whiskey, rum, vodka, gin)
 - A single glass of wine, sherry or port
 - A premixed drink (twodogs, bacardi breezer, hooch)

Number of drinks _____

Q 7. Thinking about your drinking in the last year, did you usually drink alcohol in a typical week?

- Yes
- No

Q 8. On how many days during a typical week did you usually drink alcohol, on average?

Number of days _____

Q 9. How often did you have 6 or more drinks?

- Every day
- 2 - 4 times a week
- 5 - 6 times a week once a week
- 1 - 3 times a month
- less than once a month, but in the last 12 months

Section C.

Q 10. During the last 12 months have you experienced any of the following problems as a result of your own drinking or someone else's drinking? (tick as many as apply to you)

	→	As a result of your own drinking	as a result of someone else's	↓
Been what you'd call drunk			<input type="checkbox"/>	
Felt you ought to cut down on your drinking			<input type="checkbox"/>	
Felt the affects of alcohol while at work			<input type="checkbox"/>	
Missed days from work due to hangover			<input type="checkbox"/>	
Had property vandalized			<input type="checkbox"/>	<input type="checkbox"/>
Had arguments with family/friends about drinking			<input type="checkbox"/>	<input type="checkbox"/>
Got into a fight			<input type="checkbox"/>	<input type="checkbox"/>
Had financial trouble			<input type="checkbox"/>	<input type="checkbox"/>
Had family/marital difficulties			<input type="checkbox"/>	<input type="checkbox"/>
Been a passenger with a driver who was drunk			<input type="checkbox"/>	<input type="checkbox"/>
Was in a car accident			<input type="checkbox"/>	<input type="checkbox"/>
Done something you wouldn't usually do			<input type="checkbox"/>	<input type="checkbox"/>
Had unintentional sexual intercourse			<input type="checkbox"/>	<input type="checkbox"/>
Had unprotected sexual intercourse			<input type="checkbox"/>	<input type="checkbox"/>
Been verbally abused			<input type="checkbox"/>	<input type="checkbox"/>
Been hit or assaulted			<input type="checkbox"/>	<input type="checkbox"/>
Been sexually assaulted			<input type="checkbox"/>	<input type="checkbox"/>
None of these			<input type="checkbox"/>	<input type="checkbox"/>

Q 11. During the past 12 months have you driven a car after consuming 2 or more alcoholic drinks?

- Yes
- No
- Don't normally drive

Section D.

Q 12 Where do you usually purchase your alcoholic drinks?

- Public house/ hotels
- Social Club
- Supermarket
- Off license
- Internet
- Home brew
- Other _____

Q 13. Where do you usually consume your alcoholic drinks?

- Public houses/ hotels
- Clubs
- House parties
- At home
- Restaurants
- Other _____

Q 14 What support services are available in ●●●●●● for people with alcohol related problems?

Don't know / not sure

Q 15 What services do you think would benefit people with alcohol problems?

Don't know / not sure

End of questionnaire.

Thank you for your participation.

Appendix 3

Focus group topic guide for ●●●●●● community alcohol project.

Brief introduction to the project. Aims of the focus group

Consciousness raising questions aimed at producing awareness about alcohol.

1. Can you tell me about the use of alcohol **in your** age group?
2. Is there an alcohol problem in the ●●●●●● community?
3. What do you suggest as ways of overcoming these problems?
4. How would you run a campaign to enable people make informed choices about alcohol consumption?
5. If you had **a message about alcohol** - what would it be?
- how would you deliver it?.

What awareness programs, health promotion activities, community action or services should be made available to assist the alcohol related problems of this community?

Conclusion.

Thank you for your participation.

Appendix 4

Letter to focus group participants



South Western Area Health Board
Health Promotion Unit
Third Floor
Broomhill Road
Tallaght
Dublin 24

Tel: 01 6707987

Fax: 01 6707978

RE: Invitation to participate in a focus group on alcohol awareness.

Dear _____,

The South Western Area Health Board are currently undertaking as part of a health promotion project an action research study seeking the views and opinions of ●●●●●●s community on alcohol consumption and the awareness of existing services for alcohol related problems. We seek your participation in a focus group consisting of 8 – 10 of your peers to examine these issues.

This study hopes to address with your assistance the problems related to excess alcohol consumption in the ●●●●●● community and find ways of addressing these problems by involving as many people as possible using a cross section of the community.

Should you decide to take part in this project you will be free to withdraw from the project at any time should you wish to do so. We wish to emphasis that your identity at all times will remain anonymous, the information you may give as part of a focus group, in dept interview or questionnaire will in no way be utilized to assess you individually.

Many thanks for your anticipated assistance. I look forward to hearing from you and working with you on this project.

Faithfully yours,

Laura Molloy

Appendix 5

Quotations backing up the messages from the focus groups

1. *Moderation is possible*

“We can say don't drink up to a certain age but I suppose after that, it's up to them to be responsible. You can drink in moderation”.

“Give the message that its unhealthy to drink...And that some people go out sometimes without having a drink, that you don't always have to be having a drink. Attitudes have to change *really*”.

2. *Give information on the effects of alcohol*

“Target the whole community” “young, middle-aged, old people don't attach blame on any specific group”.

“It would be good to have campaigns around to let people know Safe Drinking, how much you can drink”. “Be very blunt and give facts and figures”.

“You can tell them, if you drink more than so many pints a week, you're more likely to cause damage to your body. Explain to somebody...Health. What is so bad about drinking?”

“There's nothing on television to hit young people with the disastrous affects it can have. I was wondering, if you got young people that had experienced a drink problem, people that are after going to a treatment centre, say late teenage years, like 19, 20 year olds and have gone through the, the fray as it were, and have come out and let them tell their story....”.

“The A & E dept they should make a video of all the alcohol related admissions.”

“Show them a video of someone drunk, then say this is the affects it has this is what will happen when you drink too much or someone slips a date rape drug in your drink”.

3. *Warn young women on the specific dangers to them*

“A message to highlight that young girls are going out and are preyed upon especially in night”.

“You should educate the girls separate from the boys because there is more risks for girls being drunk than boys”.

4. *Increase awareness and visibility of health services available*

“Its like a needle in a haystack to find the services, they're there but when you go looking for them you have to ring one number then another, there has to be direct access to this information be it online.....for young people, when dealing with the elderly it's a user friendly that they can use maybe not a high tech orientated. We just have to have all the services out there that can be easily located by all”.

“A number someone can ring, because a lot of the kids think there's nowhere to go, like ...Oh that's true, If they're stuck on the canal banks, sick and maybe suicidal...”.

5. Enforce the law

“We don't have strict policies nor do we have any policies? Maybe the cops could be more vigilant. Put more pressure on the Gardaí, they are not doing their jobs, they are not really bothered really”.

“Payment for damage caused by alcohol will have to be statutory introduced (introduced by the government) to be carried out. Let the government know to make something happen on the long term”.The alcohol lobby is very powerful the same as the cigarette lobby and I think it will have to be taken on a government and European wide level as well as a community level”.

“Alcohol awareness isn't about don't drink more, it just about making it safer, if your driving home. Drink driving 10 or 15 years ago, it mightn't have been such big thing to drink drive- now it is”.

6. Support Social Personal Health Education in schools to educate young people

“Tell people, make them aware early, not when they're in 3rd year, its too late then, everyone in my class by then has had a drink or been drinking for ages, we haven't been educated properly. You should tell them in primary school 5 and 6 class- you start tasting it then”.

“We don't seem to have the confidence or social skills to interact without drink; it goes back to the life skills program, SPHE in schools. The schools are resisting putting in this program because they say our academic targets come first, a half an hour a week is nothing, especially when it means children will have better decision making and a better sense of looking out for themselves and others, wouldn't it mean you would have a group that would be better engaged and could focus better on exam pressure and life events”.

Appendix 6 Calendar of Events

WEEK	EVENTS	ACTIONS	PROGRESS
<u>Week One</u> October 7 th to 13 th	Posters Mouse mats Drink line RSA Training Visit worksites	Distribute and place posters Distribute to businesses Advertise same Five hospitality venues identifies Trainer from Department of Health to facilitate Encourage the development of policies on alcohol	Posters being delivered Monday Distribution Tuesday 8 th of October Flyer complete and distributed Rescheduled for 7 th of October One working place currently working on policy Other worksites identifying need for alcohol policies
<u>Week Two</u> October 14 th to 20 th	Transition Year workshops	Students will identify projects on alcohol awareness Identify resources in relation to projects	Meeting with school 7 th of October
<u>Week Three</u> October 21 st to 27 th	Art competition in primary schools Half-day awareness on alcohol	Visit primary schools and distribute details of competition Identify participants Identify venue	Visited schools Permission obtained A number of potential participants identified and contacted. Awaiting response. Venue booked

WEEK	EVENTS	ACTIONS	PROGRESS
<p><u>Week Four</u></p> <p>October 28th – November 3rd</p>	<p>Public Information evening</p>	<p>Identify speakers for public information meeting</p> <p>Identify ways to advertise public information meeting Supply refreshments for public information meeting Identify venue for information meeting</p>	<p>The education officer for community drug services in the South Western Area Health Board approached re information meeting, Further meeting arranged</p> <p>Local papers identified for advertisement</p>
<p><u>Week Five</u></p> <p>November 4th –10th</p>	<p>Debate</p> <p>Open evening to show what clubs available within the community</p>	<p>Host debate on an alcohol related topic</p> <p>Encourage participation of all clubs in the community Identify venue Supply stands</p>	<p>Met with chamber of commerce who have agreed to sponsor and adjudicate debate. Debate team to be identified meeting with school on the 7th of October</p> <p>Ten clubs approached and have agreed to attend event</p>
<p><u>Week Six</u></p> <p>November 11th –17th</p>	<p>Closing Event</p>	<p>Presentation to winners of art competitions</p> <p>Performance by transition year students</p> <p>Identify those who will attend - contact communications dept of the SWAHB</p> <p>Identify chairperson for the night</p> <p>Identify musician</p> <p>Provide refreshments</p>	<p>Communications dept contacted</p> <p>Musicians identified and booked</p> <p>Caterer identified and booked</p>

Appendix 7

ALCOHOL PROJECT

Introduction to Community Alcohol Problems for Health and Community Workers

Education and information sessions as we know are a starting point in prevention work.

Your assistance in the evaluation of the 3 – day course will greatly assist the overall outcome and evaluation of the project

4	=	excellent
3	=	good
2	=	average
1	=	poor

Day 1

a.m.	Charter on Alcohol	4	3	2	1
	What is health?	4	3	2	1
p.m.	Alcohol Quiz	4	3	2	1
	Progression of Alcohol Problems	4	3	2	1

Day 2

a.m.	Alcohol & Suicide	4	3	2	1
	Film: Last Orders	4	3	2	1
	Discussion	4	3	2	1
pomp	Addiction Service	4	3	2	1
	Process of Change	4	3	2	1

Day 3

a.m.	Stages of Change	4	3	2	1
	Info on other alcohol services	4	3	2	1
	Adolescent Drinking	4	3	2	1
p.m	Screening Tools + Film	4	3	2	1

Discussion on overall aims Of course and learning Outcomes	4	3	2	1
Overall Administration of Course	4	3	2	1
Course Venue	4	3	2	1

A. What suggestions do you have for improvement of the course?

B. What recommendations do you have for further training event/follow up?

C. As a result of your attendance at the course, are there any one or two things you will do differently in your work with the clients?

D. Any personal reflections or comments?

Thank you very much for your co-operation.

Appendix 8

Questionnaire used for transition year students fors alcohol awareness project.

Your answers will remain confidential and your anonymity is assured. This questionnaire is for research purposes and will assist in the evaluation of the recent alcohol awareness project.

It is important that you answer all the 10 questions as truthfully as possible by ticking the box that corresponds to your answer or adding your comments in the spaces provided.

Section A. Level of participation.

Q 1 Gender **Male**
Female

Q 2 What age are you? _____

Q 3 Do you consume alcohol? **Yes** **No**

If so, how many drinks do you have in a given week _____

Please name your preferred alcoholic drink (if any) _____

Q 4 Did you attend any alcohol awareness sessions led by Stephen Holland?

Yes
No

If yes, please circle the number of sessions you attended:

1 2 3 4 5 6

Section B. Level of satisfaction.

Q 5 Please tick your level of satisfaction with the alcohol awareness sessions conducted with Stephen Holland

- Very satisfied**
- Satisfied**
- Dissatisfied**
- Very dissatisfied**

Please give reasons for your response....

Q 6 How did you find taking photos of the images associated with drinking on the ●●●●●● community

- Very satisfied**
- Satisfied**
- Dissatisfied**
- Very dissatisfied**

Please give reasons for your response....

Q 7 What does " Alcohol Awareness " mean to you?

Positive thoughts.....

Negative thoughts.....

Appendix 9
Community evaluation of project

Telephone survey to ●●●●●● homes .

My name isI am conducting a phone survey for the Health Promotion Department, SWAHB to evaluate

1. Households phone number _____

2. Male Female

3. Were you aware of a recent health promotion campaign in ●●●●●●?

Yes No

4. If yes, what did you notice of interest

5. Did they get a message across ? Yes no

6. Did you get the message "Less is more"..... Yes no

7. Did you see the recent R.T.E. prime time programme on alcohol?

Yes No

What did you think of it?

8. Can you suggest a better way of increasing people's awareness of the dangers of excessive alcohol consumption.....

Thank you for your time.