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Alcohol Study 2016

A study commissioned by Ballyfermot Local Drugs and Alcohol Task Force to understand current pattern of alcohol use within the area

*Report prepared by
E. Okakpu, S. McDonnell (Ph.D) and R. McHugh*



Archways

Changing behaviour at home and at school

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Foreword

By Henry Harding

I am delighted to introduce this local Alcohol Study funded through the Dormant Account Fund. The overall goal of this study was to provide a detailed overview and understanding of the current patterns of alcohol use and misuse in Ballyfermot and how these compared to national data.

What makes this piece of research important is that it provides an insight into alcohol use within Ballyfermot, it provides a picture of our community's attitude to alcohol use, the availability of alcohol within the community and how service providers are responding. The report highlights that problematic alcohol use within Ballyfermot is prevalent and that our alcohol use is affecting our communities, our families and our health.

While services are available within the community and are in a position to respond to people who are looking for help, the number of people referring to supports for alcohol related problems is not as high as you might expect. This research shows that people are experiencing problems as a result of their alcohol use but are not accessing support – therefore we can assume that many problems in our community are not being addressed. And we know that problem only worsen if they are not addressed early.

An alarming finding from the community alcohol research piece was that people in our community were not aware of what a standard drink was and what low risk guidelines are. This means people are drinking without being aware of the level of risk they are putting themselves under. Hazardous drinking is the norm in Ballyfermot, binge drinking is the norm – our young men and women (18-24) are drinking by far more than the national average for that age group. Lone drinking is common, and experiencing violence and other problems as a result of alcohol is a common experience for our community members. However, again it's important to stress that people are not accessing services, people are not talking about these problems so a lot of the problems associated with alcohol use in our community are hidden.

What can community members do? It's vital that you support our own community to address what is happening by talking about alcohol, by discussing its effects, by un-hiding it. Because believe it or not, although we all see the many negative effects alcohol has in the community when we see drinking in the local park and bottles and cans strewn around our streets, what is equally of concern is what we don't see. What is happening behind closed doors? This is where talking about alcohol, discussing it with your neighbours and friends, your colleagues, can help us all to recognise the

problems associated with alcohol use and begin the process of addressing it ourselves.

Remember also that alcohol is sold in great quantities within our community, there are special offers on a consistent basis enticing us to drink more and for longer. As a community we can address this, but the community need to be aware of the importance of addressing this.

As Community Representative on the task force, myself and my colleague Blianaid, are greatly supportive of getting any information put out to the community which informs them of the role they can play in addressing our concerns locally. This research is one such piece of information which needs to go out to the community.

The Task Force itself is made up of a range of representatives from organisations and services alongside community representatives. The funding the Task Force receives supports the hard work of a number of people in the community and as a community rep I greatly endorse this work and appreciate the commitment and passion these workers bring to their role and ultimately the community of Ballyfermot. However, the community plays a key role in addressing alcohol related harm and as such this piece of research is a great platform to launch this action.

I would like to thank Archways for their report, the service providers who made a contribution to the research and of course I would like to thank the participants in the research who provided an excellent insight into alcohol within our community.

Henry Harding

Executive Summary

This piece of research was undertaken to provide a detailed overview and understanding of the current pattern of alcohol use and misuse in the Ballyfermot Local Drugs and Alcohol Task Force (BLDATF) areas. Recently, the Local Task Forces have been asked to address the growing problem of alcohol misuse within local communities by including alcohol in their remit. Information gathered from this study would offer the Task Force (BLDATF) a significant insight into the presenting issues, thereby assisting the ongoing deliberations to evaluate and adopt functioning strategies towards addressing alcohol problems.

There have been national surveys assessing patterns and trends of alcohol use in Ireland, but very little is known about alcohol use and misuse in local communities like Ballyfermot where local Drugs and Alcohol Task Forces operate.

While some of the findings from this study indicate apparent problem with alcohol use and misuse in this community, there have been some areas where the findings seem to mirror what have been previously found in a national study.

Key findings for the household survey

- Age range for the adult sample was 18-91 years old, with an average age of 44 years (Mean age: 43.61, SD: 15.93).
- Almost every person surveyed (91%) had previously tried alcohol.

- The rate of abstinence, defined as consuming no alcohol in the previous 12 months was 22.6% (95% Confidence Interval, CI, 1.17%-1.28%) among the sample, while 20.6% was recorded in a national survey¹.
- The percentage of those who drank alcohol in the last 12 months was 77.4%, similar to 77% found in a national survey².
- Almost two-thirds (64.4%) of males and over half (58.7%) of females started drinking alcohol before the age of 18 years. This compares to 63.9% of males and 51.4% of females recorded in a national study³
- Over half (53.4%) of people surveyed have never heard of a 'standard drink' or did not know if they have ever heard of it⁴.
- Majority (67.5%) of 18-91 year old drinkers were classified as harmful drinkers using the World Health Organization's AUDIT-C screening tool.
- Nearly everyone (95.7%) in the 18-24 age group was categorised as hazardous drinkers while the least was 65-80 year olds at 76.9%.
- All males (100%) in 18-24 age group and nearly all (92.9%) of females in 18-24 age group make up the proportion of hazardous drinkers categorised in that age group.
- One in five (20%) of the respondents reported consuming alcohol two or more times a week. This is marginally lower than the proportion (21%) found in a recent national study⁵.
- Over one in ten (11.7%), (26.1%- national sample)⁶ of drinkers reported consuming one to two standard drinks on a typical day when they were drinking (within the low-limits of HSE recommended daily alcohol consumption).
- Majority of the people surveyed (79.1%) stated they have at least once in their lifetime had six or more drinks on a single occasion.

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

² As in 1 above

³ As in 1 above

⁴ Knowledge of standard drink was not found to be correlated with educational attainment.

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

⁶ As in 5 above

- Nearly two thirds (63.2%) of all drinkers; virtually four out of five (79.1%) of male drinkers and nearly half (47.5%) of female drinkers consumed 5 or more standard drinks on a typical day when they are drinking.
- A third (33.3%) reported that they have regretted something they said or did after drinking, while nearly one in five (17.3%) stated that their health have been impacted negatively by alcohol drinking.

Introduction

This report presents the findings from a study commissioned by Ballyfermot Local Drugs and Alcohol Task Force (BLDATF) to provide a detailed overview and understanding of the current patterns of alcohol use in the Task Force area. In order to adequately address the aim and objectives of this study, a mixed-methods research design was utilised. This involved conducting a community survey, semi-structured interviews with selected service providers and an alcohol density and distribution analysis.

Background

There are 14 Local Drug and Alcohol Task Forces (LDATFs) in the country operating in urban disadvantaged areas, and 10 Regional Drug and Alcohol Task Forces (RDATFs) operating across regions deemed to be of disadvantage. The aim of the Task Forces is to provide a coordinated area-based approach to deal with drug and alcohol misuse; Task Forces are constituted by representatives from the HSE, an *Garda Síochána*, the Probation and Welfare Service, Education and Training Boards, Local Authorities, the Youth Service, as well as elected public representatives and Voluntary and Community sector representatives.

When established in 1997 the primary aim of the Task Forces was to deal with the growing problem of illicit drug use. However in 2008, this singular focus changed when the public consultation on the National Substance Misuse Strategy identified alcohol misuse as an issue of emerging concern. In an effort to stem future difficulties with regard to alcohol consumption the government broadened the task force remit to include alcohol as well as illicit drugs in the strategy. The Irish government focus on alcohol was consistent with international thinking as reduction of the harmful use of alcohol became a public health priority for the World Health Organisation (WHO) in 2008. In 2010 the same organisation published a global strategy outlining a vision to improve the health and social outcomes of those engaging in harmful use of alcohol, their families and their communities. Here at Home the local and regional Task Forces are now utilised as an avenue of prevention of problematic alcohol use throughout Ireland and in recent years services working under the auspices of the Task Force have been asked to address the problem of alcohol misuse within the communities in which they work.

The Ballyfermot Local Drugs and Alcohol Task Force (BLDATF) have operational and functional oversight for drug and alcohol service provision in Ballyfermot/Cherry Orchard. The area is located in the west of Dublin city ⁷ and has historically experienced high levels of social and economic disadvantage. As might be expected the area experienced considerable hardship during the recent economic slump and as is often the case, has been slow to experience the benefits of or perceived economic upturn. Currently the Task Force area remains designated as an area of profound disadvantage (two of the electoral divisions in

⁷ See Appendix A for a map of the area covered by BLDATF

Cherry Orchard are amongst the 50 most disadvantaged areas of the country). The area has a total population of some 24,000 people consisting of approximately 7500 homes. The area has been poorly served over many decades. It has experienced consistently high levels of unemployment, and levels of educational attainment have been remained poor in comparison with other areas. 38% of the Ballyfermot/Cherry Orchard population has no formal education/ primary education attainment compared to 21% of the entire Dublin city population. Over one quarter of the area's population (26%) left school before they reached 15 years of age. 60% of the area has been educated to lower secondary level or less, compared with 37% of the entire Dublin city area. Approximately 40% of all households with children are headed by a lone parent in Ballyfermot/Cherry Orchard, compared with 32% in the Dublin city area. (CSO, 2016)

Overview of alcohol use in Ireland

Pattern of consumption

In Ireland consumption of alcohol has increased steadily over the last four decades. In 1960 the average Irish person aged 15 plus drank 4.9 litres of pure alcohol, by 2015 this figure had risen to some 10.3 litres of pure alcohol. Whilst there is some evidence to suggest that alcohol consumption levels effectively peaked in 2001, when the average consumption by those aged 15 and over was 14.3 litres of pure alcohol, (Alcohol Action Ireland, 2016) the

overriding picture of alcohol consumption in Ireland remains deeply troubling. In 2015 estimates of individual consumption equated to 29 litres of vodka, 116 bottles of wine or 445 pints of beer per person (HRB, 2016). These figures are notable and are given additional gravitas when one considers that some 20% of adults in Ireland are abstinent.

Consumption of alcohol at these levels is an obvious population health concern. Indeed in 2013 a HRB report found that between 150,000 and 200,000 Irish people could be categorised as dependent drinkers and roughly 1.35 million harmful drinkers (this figure constitutes some 54.3% of adult drinkers between the age of 18 and 75 years old) a classification clinically indicating a possible trajectory towards dependence. On closer examination these figures are telling for our communities on into the future. The majority of both harmful and dependent drinkers were in the 18-24 age groups where 64.3% consumed six or more standard drinks on a typical drinking session in the last year and drinking sessions occurred with a frequency and routine greater than what might typically be expected.⁸ Nationally it was estimated some €50.6 million was spent on alcohol in the week prior to the study and it was estimated that some 3,230 work-or-study years were lost through alcohol related illness in the year prior to the study. The study also found that 75% of all alcohol consumed in Ireland in 2013 was done so as part of a binge-drinking session and that one in five (21.1%) drinkers engage in binge-drinking at least once a month (HRB, 2013;13,14).

Alcohol-related harm

Impact of alcohol use on the individual

The consequence of excessive alcohol consumption has been well documented in the literature (Meyers, 2007). In 2002, the World Health Organisation (WHO) identified alcohol as the third highest risk factor (after tobacco and hypertension) for premature death and ill-health in developed countries. Excess alcohol use is associated with increased mortality, morbidities and co morbidity; indeed according to the WHO excessive alcohol has been shown to be a factor in over 200 potentially terminal medical conditions. In addition Alcohol

⁸ The study did not take into account drinking patterns of those below 18

related accidents and violence are partly to blame for numerous premature deaths every year.

Indeed whilst there have been a declining trend in terms other drugs of dependence, most notably, opiates, the National Substance Misuse Strategy reports that the country has seen a dramatic increase in alcohol-related harm, with the increase most pronounced in the period 1995-2001 (2009).

Impact of alcohol use on the community

The negative impact of alcohol extends beyond the individual to the family and to the community. A 2014 study entitled 'Alcohol's harm to others in Ireland' found that more than one in four (28%) of the Irish population had experienced one or more of the following incidents as a consequence of someone else's drinking; family problems (13.8%), being a passenger with a drunk driver (10.3%), physical assault (8.7%), financial trouble (money problems) (4.5%) had property vandalised (9.1%). Despite the consistently touted notion that alcohol affects all strata of society equally, the evidence simply does not bear this notion out. Those deemed to be from the lower social class were more likely to experience a negative consequence as a result of someone else's drinking than those from the middle or upper classes, and family problems was by far the most common negative consequence experienced for those in lower social class with some 19% reporting experiencing significant family problems. In contrast only 9% of those from the middle social class reported experiencing family problems, while 13.6% of those in upper social class reported experiencing family problems. Those from a lower social class were also more likely than average across all three social classes to report experiencing money problems (6.2%) as a result of someone else's drinking (Hope, 2014).

Methodology

Aims and Objective

The overarching aim of the study was to provide a detailed overview and understanding of the current patterns of alcohol use and misuse in the Ballyfermot Local Drugs and Alcohol Task Force area.

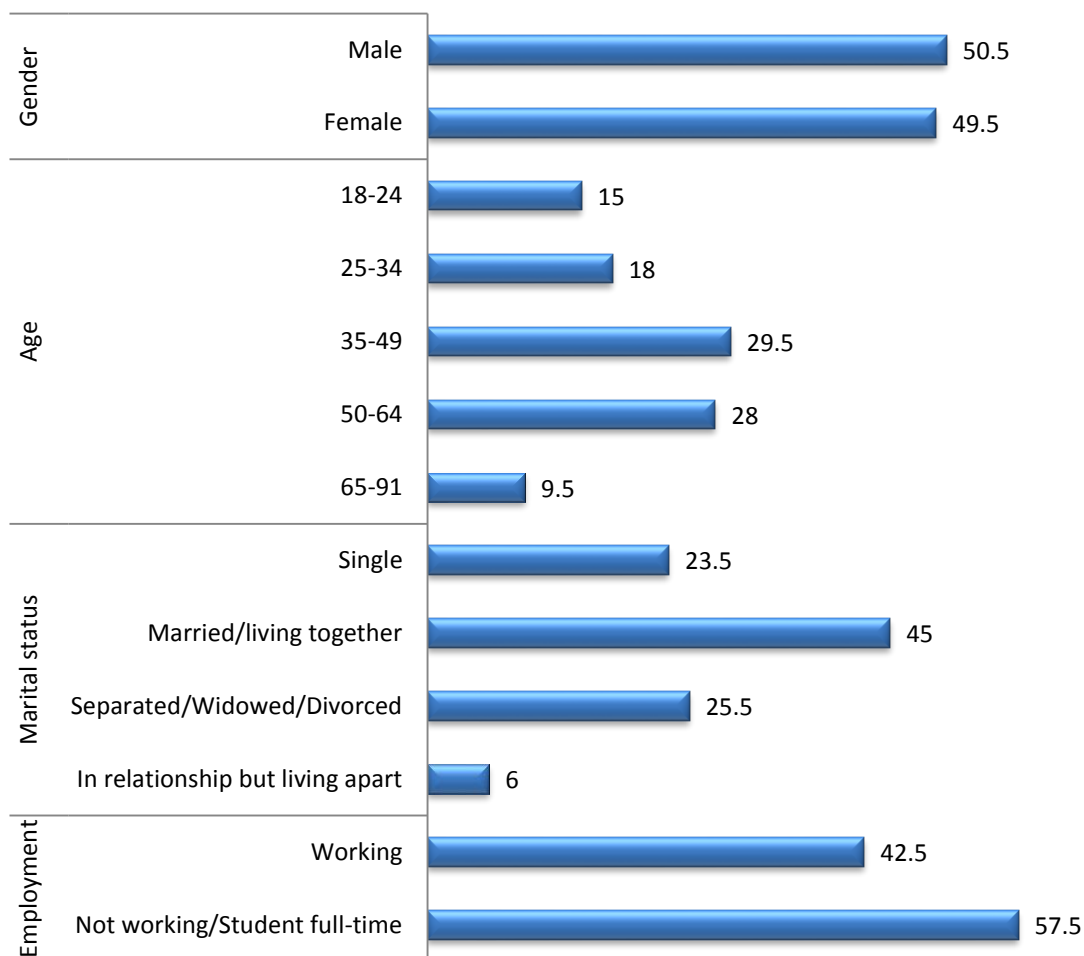
Research Design

This study incorporates a mixed-method research design involving a household survey, semi-structured interview with selected local service providers in the area, and an alcohol outlet density analysis. The survey was carried out with 200 adult members of the Ballyfermot/Cherry Orchard community in November 2016 by trained community surveyors. The survey was designed to identify drinking patterns across a range of dimensions.

Household Survey Sample (18 years and above)

Areas	Sample (n)	Gender %		Age %				
		Male	Female	18-24	25-34	35-49	50-64	65-91
Ballyfermot	102	47%	53%	16.7%	15.7%	32.4%	24.5%	10.8%
Cherry Orchard	98	54%	46%	13.3%	20.4%	26.5%	31.6%	8.2%

Figure 1: Sample Demographic Profile



Recruitment and Training of Surveyors

Community residents with considerable experience of previously working in the community were identified and provided training to enable them to conduct the door- to- door surveys in the Ballyfermot and Cherry Orchard areas. It was envisaged that this process would increase resident engagement and engender support for the research.

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

The following topics were covered:

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

a. Purpose and background of the study

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

b. The Practicalities of the Survey

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

c. Anonymity and Confidentiality

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

Alcohol Questionnaire

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

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

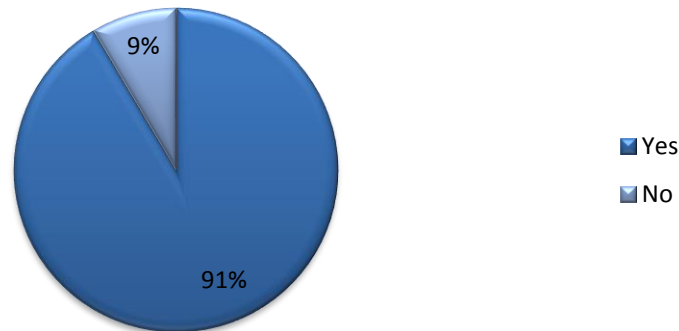
1. Within the past 12 months, have you previously accessed alcohol illegally?
2. Within the past 12 months, do you know someone who has accessed alcohol illegally?
3. Would you consider accessing alcohol illegally if there is an increase in the price of alcohol?

Household Survey Analysis

Drinking Prevalence

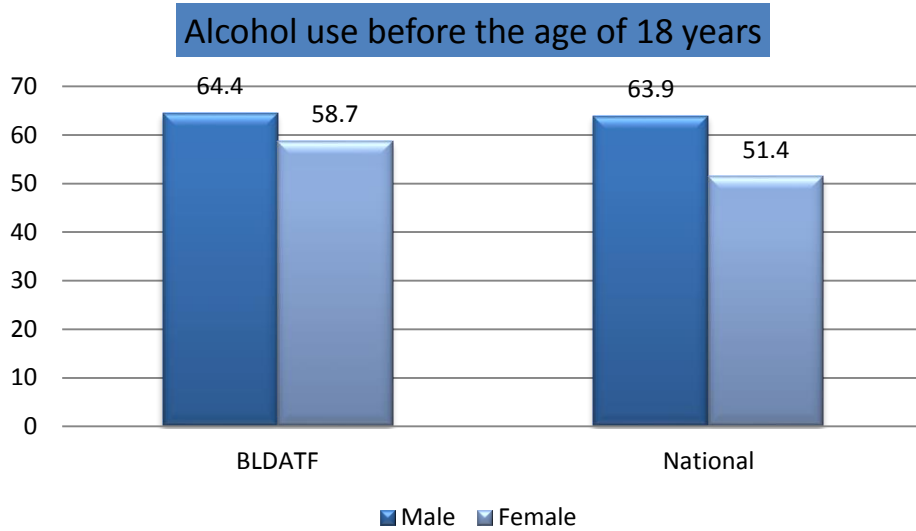
The Majority of people in Ballyfermot/ Cherry Orchard areas have tried alcohol at least once in their lifetime. This figure is higher than the national norm.

Have you ever tried alcohol?



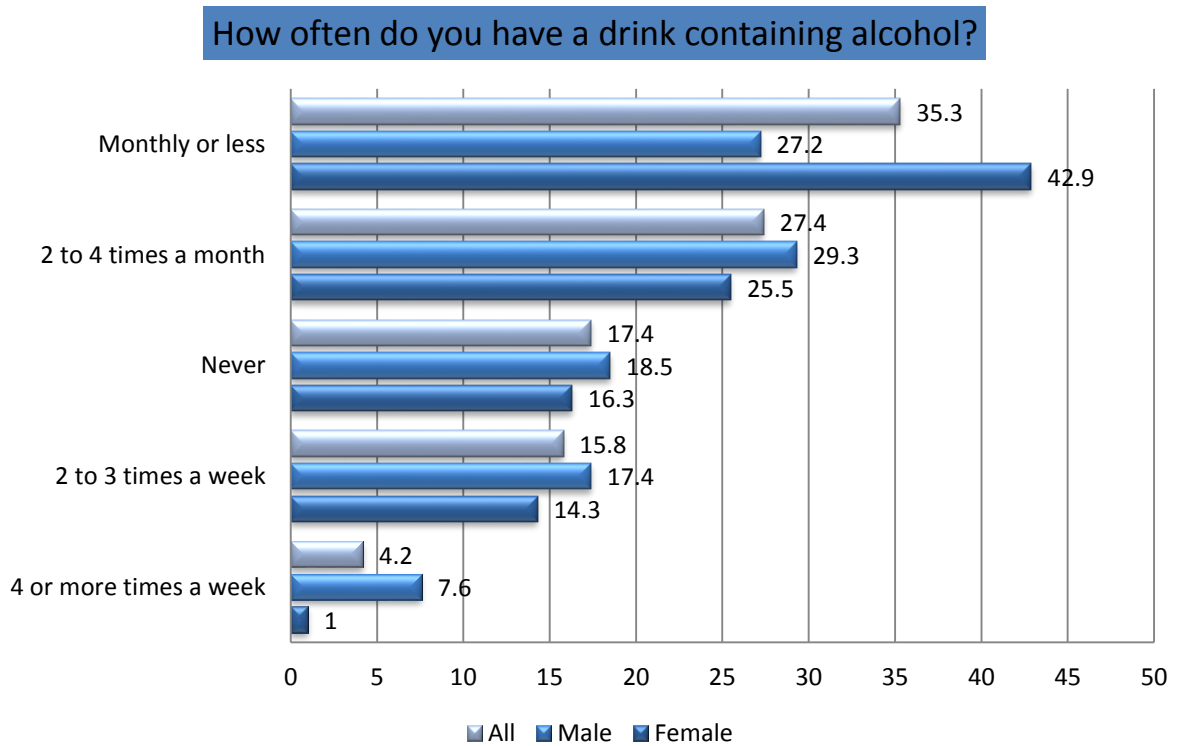
The figure below shows the percentage of those who drank alcohol before the age of 18 years in the BLDATF area compared to the national figures⁹. The percentage of males drinking before the age of 18 years in BLDATF area is similar to those found in other national surveys. However there is a marked difference in the percentage of females drinking before the age of 18 in the BLDATF area and nationally with 7.3% more females drinking before the age of 18 in the BLDATF area than their peers nationally.

⁹ Long & Mongan (2014) Alcohol Consumption in Ireland 2013: Analysis of a national diary survey. Dublin: Health Research Board



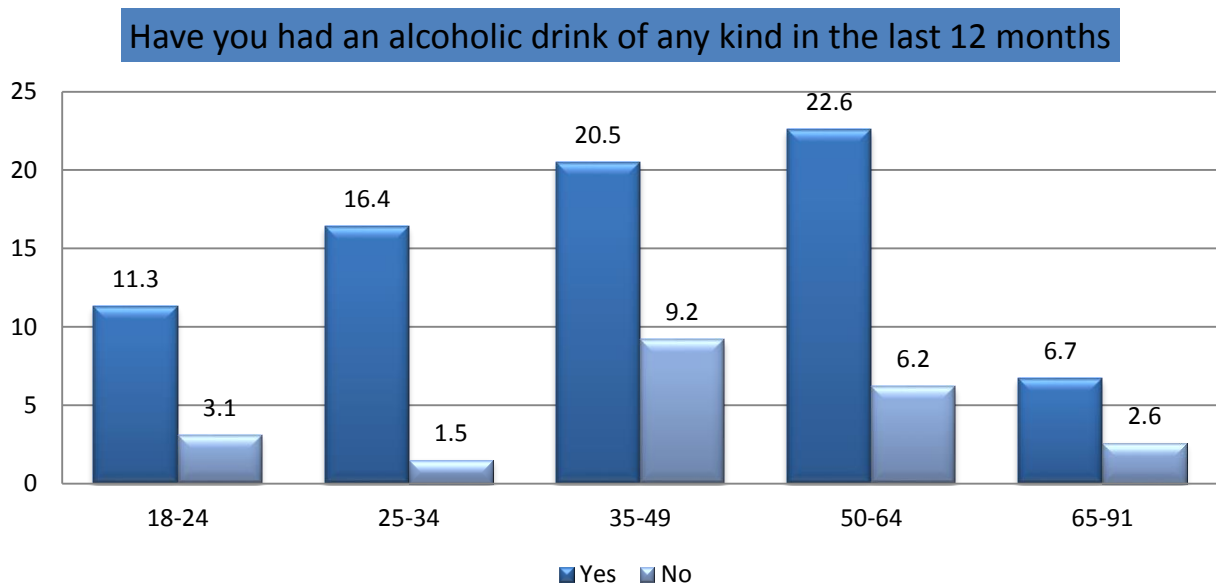
The figure below shows how often alcohol was consumed by gender. The frequency at which males consume alcohol tended to be higher than that of the females in the sample. Nearly one in ten (7.9%) of males drink alcohol 4 or more times a week, while only a fraction of females (1%) would drink at the same frequency.

Figure 2: Shows frequencies alcohol drink is consumed by gender



Whilst the pattern of drinking established within the sample would indicate an at risk population, there are those within this sample who practiced abstinence. As indicated below .Indeed the pattern of abstinence seems to fluctuate within the age cohorts. Whilst the evidence of abstinence should be seen as a positive there a factors to note is the transitional nature of the behaviour. The evidence indicates that abstinence peaks at during the 35 to 49 age group and then declines sharply. This is particularly relevant given that the negative physiological effects of alcohol increase the more the body ages .It is also worth noting that several studies have been produced which indicate that problematic drinking within the aging population is increasing significantly (HRB, 2011)

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



A significant cohort of those surveyed within the area indicated that they drank in a manner best characterized as risky, binge drinking. Of those surveyed some 54.3% of those reported they binge drank¹⁰ at least once a month (a combined figure of ‘everyday’, ‘5-6 times a month’, ‘2-4 times a month’, ‘once a month’ and ‘1-3 times a month’ are grouped). This figure is in contrast with the only 32.2% of respondents who described themselves as sometimes binge drinkers.

¹⁰ The HSE recommends that having more than 5 standard drinks at a time can seriously increase the harmful effects of drinking. Example of standard drink include: A pub measure of spirits (35.5ml), a small glass of wine (12.5% volume), a half pint of normal beer, an alcopop (275ml bottle). A bottle of wine at 12.5% alcohol contains about seven standard drinks.

Of particular note for both the individuals concerned and the community more generally is the 2.7% of respondents who stated they binge drank on daily basis and the 2.2% who binge drank 5-6 times a month. It is also worth noting that the entirety of those who drank 'everyday' and '5-6 times a month' was male.

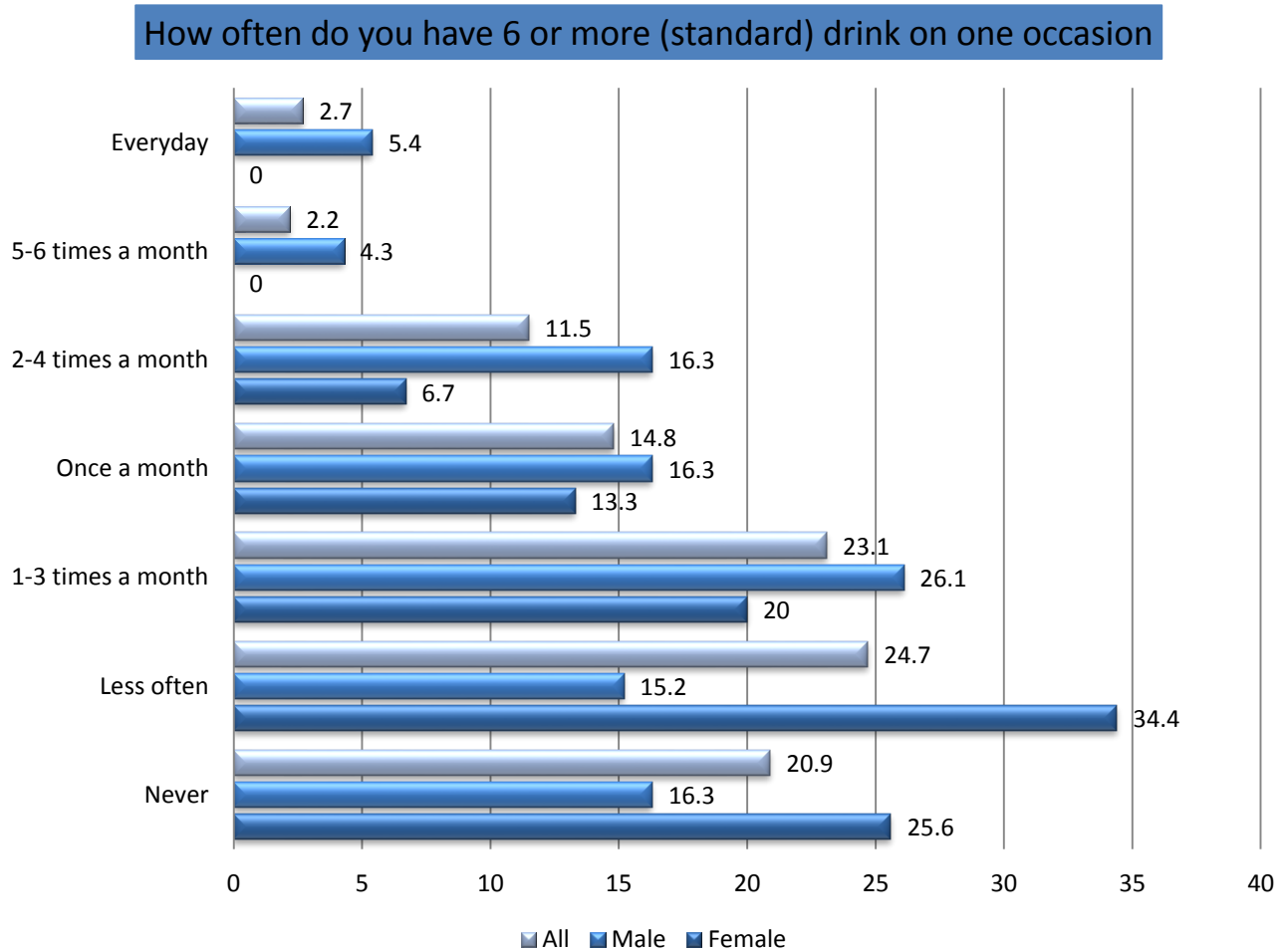
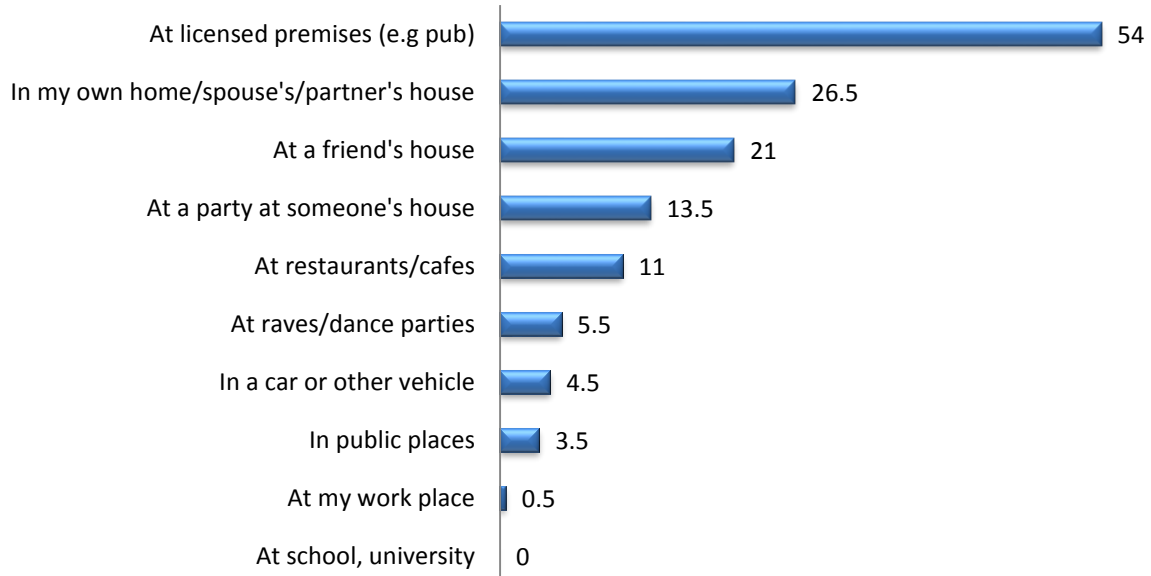


Figure 4: Shows the proportion of those who had an alcoholic drink of any kind in the past year prior to the survey

The household survey also sought to establish the degree or extent to which drinking and sociability were viewed to be mutually inclusive and or co-operatively beneficial activities. To test this assumption the survey examined the locations where individuals routinely drank and with whom. The pattern which emerged was largely social in nature. Just over half (54%) of the respondents stated that their preferred locations for drinking were pubs/clubs, this was by far the most popular location. The respondents own home/spouse's/partner's house was

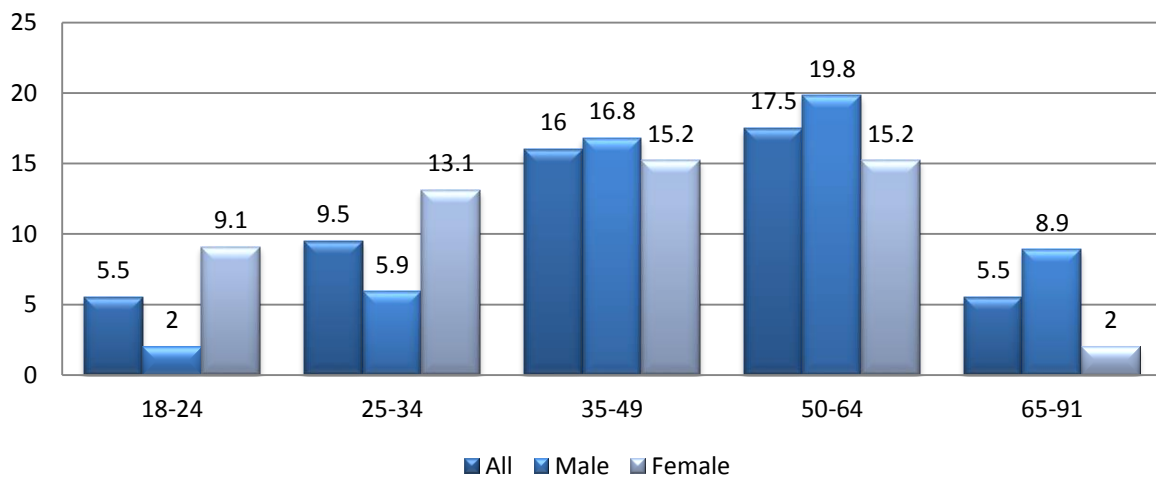
also a preferred locations for 26.5% of those sampled, whilst some 21% stated a friend’s house as a preferred location.

Location where alcohol is usually consumed

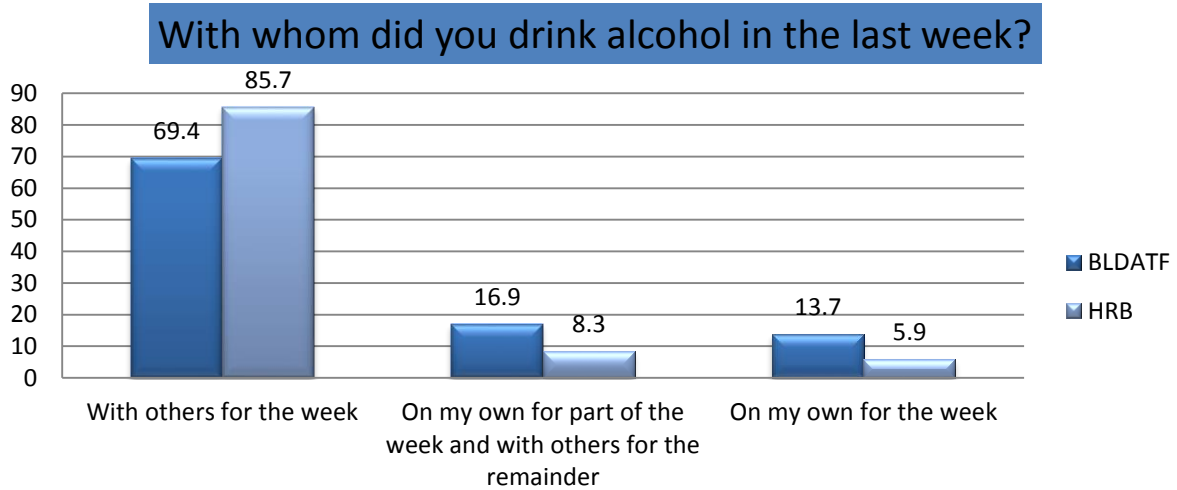


As can be seen in the graph below, more females than males in the 18-24 and 25-34 age groups prefer to drink in the pub. However this pattern changes as the sample ages across the cohorts covered. For example, the proportion of those who prefer to drink in the pub within the 35-49 age groups is largely male.

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



Whilst these figures could be viewed positively and would seem to support the social nature of alcohol consumption within the community as a whole, other more troubling patterns were to be found. In particular a pattern of solitary drinking is apparent with more people from BLDATF area (13.7%) preferring to drink on their own for the week, or partly with others for the week (16.9%) than is found in amongst drinkers in the general population (5.95 and 8.3%, respectively).



There is a gap of some 16.3% between those from Ballyfermot/Cherry Orchard and the general population with those from the area much less likely to drink with others for the week than their national peer group.

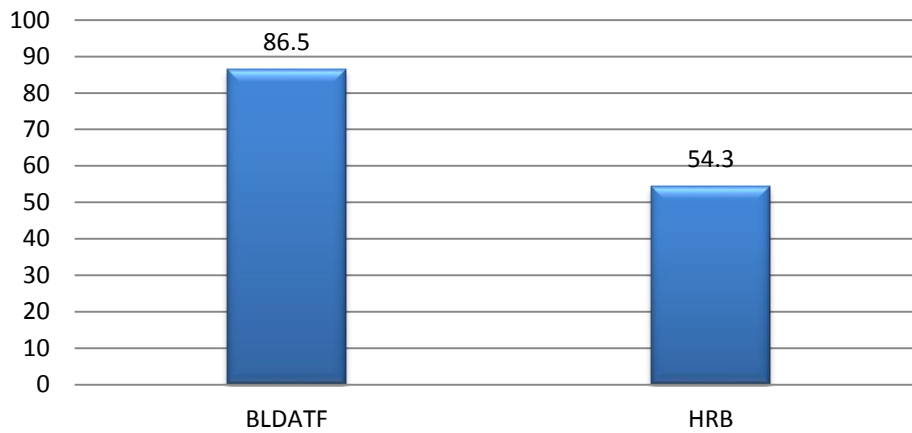
Alcohol Harm

We have already discussed the clear and pressing consequences for the health of the individual of excessive alcohol consumption. This section presents the likely impact of alcohol consumption on the individual in the BLDATF and their immediate surrounding community.

Binge Drinking/ Risky Single Occasion Drinking (RSOD)

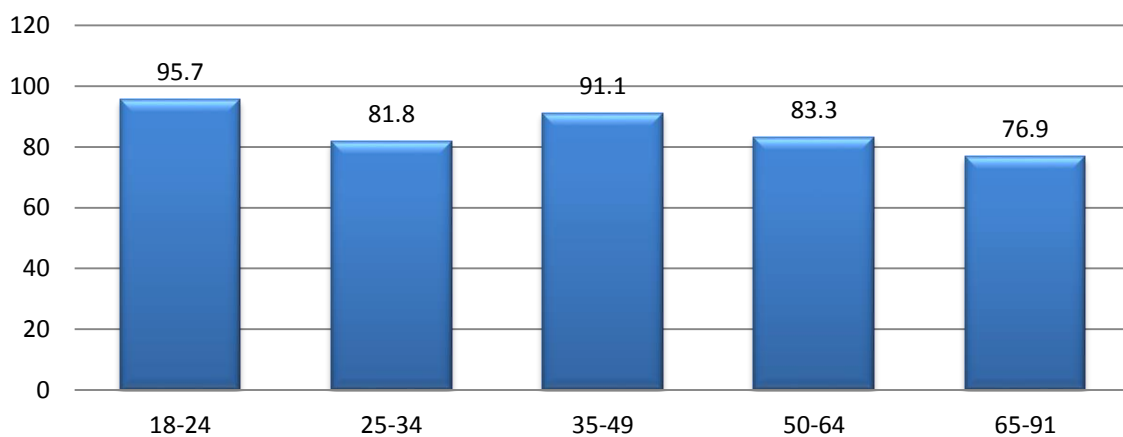
The Majority (86.5%) of those who drink in the BLDATF area drink at levels which would be categorised as hazardous using the World Health Organisation’s screening tool (AUDIT-C).

Comparing the % of harmful drinkers between BLDATF and national sample

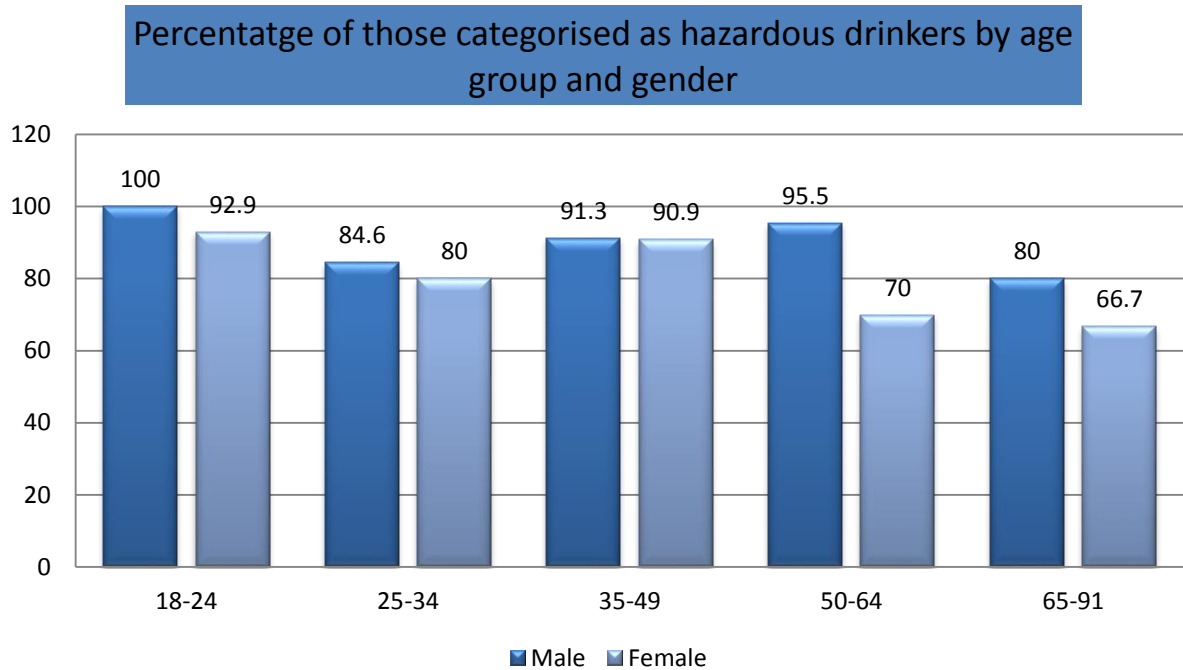


This pattern of hazardous drinking was not simply found in terms of the total sample analyzed but also operated across all five age cohorts contained within the sampled population. Tellingly the age group with the largest proportion of hazardous drinkers was the 18-24 age groups, wherein some 95.7% of respondents who drank were deemed to be hazardous drinkers. Whilst drinking patterns were moderated by age, the moderating effects were minimal. Amongst those in the 35-49 year age group 91.1% of respondents who drank were classed as hazardous drinkers and amongst those aged 65 years and above (normatively considered to be the least likely age group to binge drink) some 76.9% of those who drank sampled could be categorised as hazardous drinkers.

Proportion of those categorised as hazardous drinkers by age group



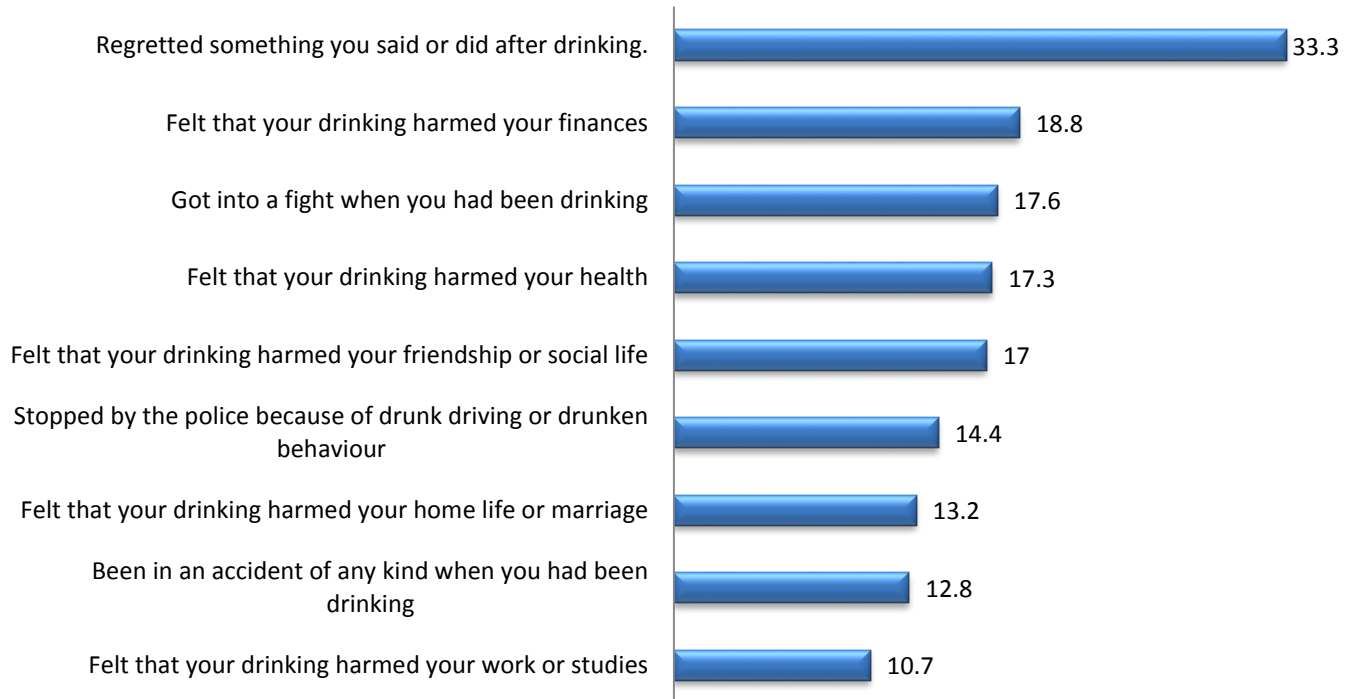
In terms of gender, females in each of the five age groups represented drank less than their male’s counterparts. This difference was starkest in the 50-64 age groups where amongst those who drank only 70% of females were classified as hazardous drinkers compared to 95.5 of males, a difference of 15.5%. In the 65 to 91 age group, 13.3% more males than females were classified as hazardous drinkers. Of particular concern was that 100% of 18-24 year old males who drank are classified as hazardous drinkers.



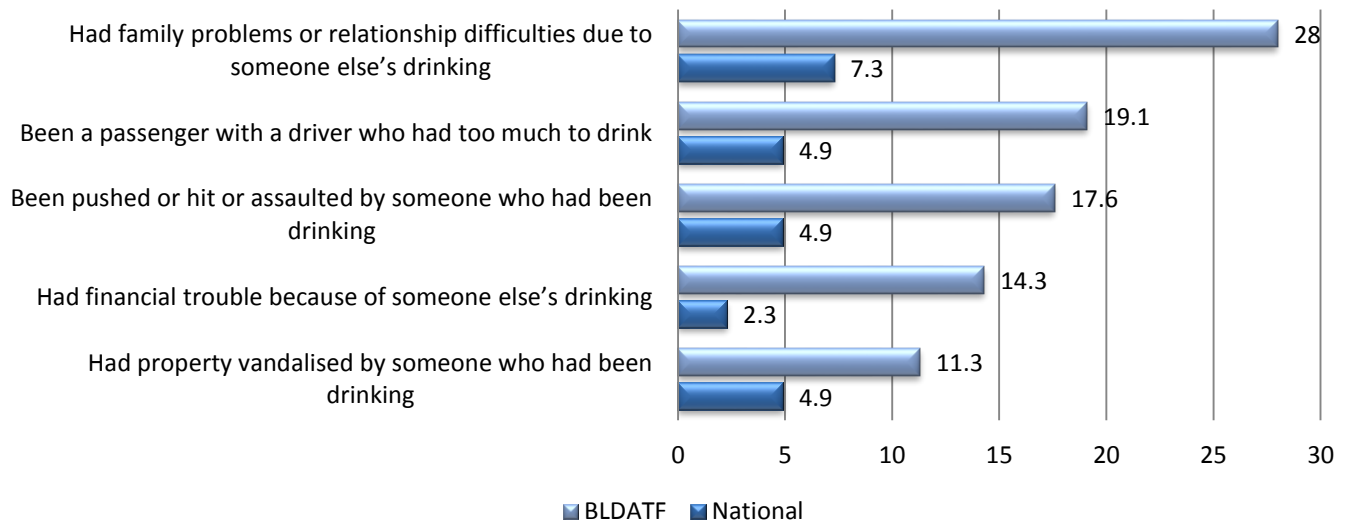
Impact of alcohol

It is clear that in terms of risk to self and others due to exposure to alcohol, examination of the drinking patterns amongst those surveyed indicated that their drinking significantly affected their everyday lives and relationships in a variety of ways. The graph below shows the negative impacts of alcohol on the individual. Those surveyed experienced a range of negative consequences as a result of their drinking. 33.3% indicated that they regretted something they said or did after drinking’. Indeed this was the most common of the reported consequences. However more troubling consequences including harm to health, family and social life, finances and tellingly criminal offences including harm to others and drink driving all were routinely experienced and reported by those surveyed.

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



Comparing the impact of alcohol on others in the year prior to the survey

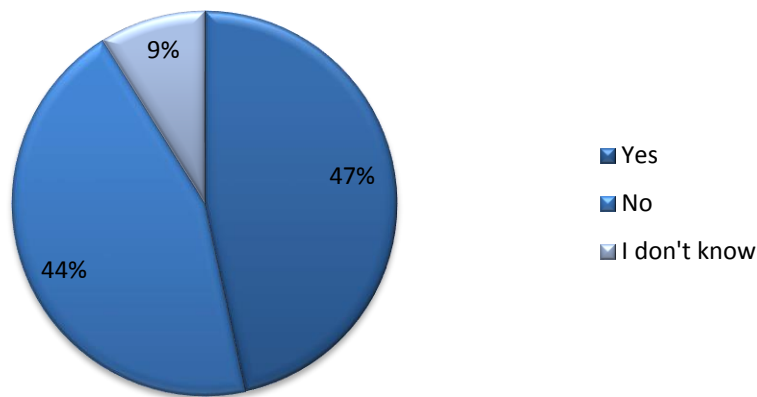


Similarly as can be seen from the graph above, when compared with a national sample those within the BLDATF area had also suffered disproportionately from exposure to others using alcohol excessively. Within these area residents were three times more likely to have experienced violence at the hand of someone drinking, twice as likely to have had property vandalized and vastly more likely to have experienced both family and financial distress than their peers nationally. Interestingly some 19.1% of individuals sampled stated that they had recently been a passenger in a car driven by someone they knew to have drunk excessively compared with only 4.9 of the population generally, this figure clearly indicates an attitudinal effect to alcohol within those surveyed.

Perception of drinking

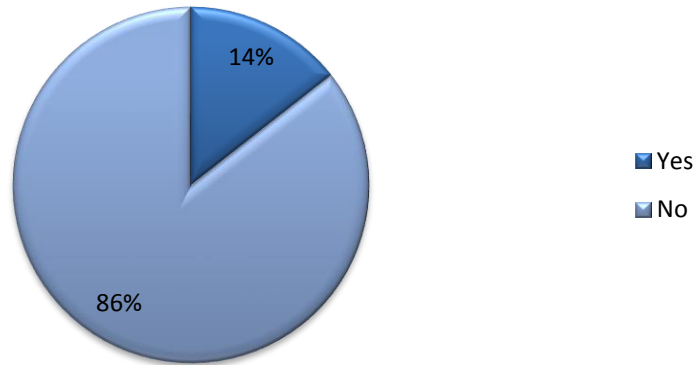
Within the community knowledge of what constituted safe drinking was poor. Over half (53.4%) of those samples reported they either had not heard of a standard drink or were uncertain if they had heard the term previously.

Ever heard of a "standard drink" of alcohol?



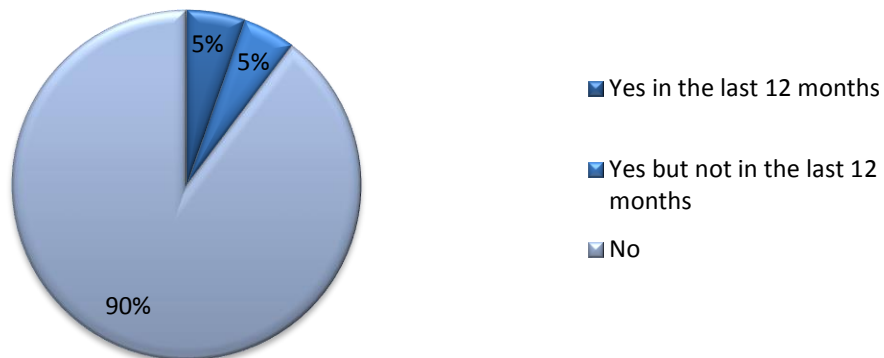
In terms of alcohol access the pattern identified was interesting. Whilst the majority of those sampled accessed alcohol from the usual sources, some one in seven (14.4%) reported having used an alcohol delivery service in the last year.

Within the past 12 months have you used any alcohol delivery service?



Surprisingly whilst services locally reported a relatively low throughput of those seeking assistance for alcohol assistance a total of 10% of those surveyed reported having previously accessed an alcohol treatment service. However the nature and form of treatment was not sought nor disclosed and it is likely the services accessed included hospital and GP Services.

Have you previously accessed alcohol treatment service?



Alcohol Outlet Density and Distribution Survey

Density of Licences

There are currently 23 licensed premises in the Ballyfermot/Cherry Orchard area¹¹, holding one of four different types of licence;

- Publican's Licence (7-Day Ordinary) (entitles the Licensee to sell alcohol for consumption on the premises)
- Spirit, Beer & Wine Retailer's Off Licence (entitles the Licensee to sell alcohol for consumption off the premises.
- Wine Retailer's Off Licence (entitles the trading entity to sell Wine for consumption off the premises)
- Wine Retailer's On Licence (entitles the trading entity to sell Wine for consumption on or off the premises)

Licence	Total
Publican's Licence (7-Day Ordinary)	9
Spirit, Beer & Wine Retailer's Off Licence	7
Wine Retailer's Off Licence	3
Wine Retailer's On Licence	4

Distribution of Licences

The distribution of licences and retail outlets providing access to alcohol in the area is presented below. Access would appear to be spread between Ballyfermot and Cherry Orchard. As some areas are more residential while others have a cluster of commercial outlets the distribution of licences is not evenly spread between all the small electoral areas. The majority of licensed premises are in the electoral division of Carna. (It should be noted that there would appear to be a lack of amenities generally in the cherry orchard area in particular, which will be addressed in the full report.)

¹¹ It should be noted that there are shops and pubs outside of the area of interest where people from the Ballyfermot area are likely to access alcohol (eg. Inchicore A, Inchicore B and Kilmainham B electoral divisions).

Ballyfermot	11
Decies	0
Drumfinn	4
Kilmainham A	4
Kylemore	2
Kylemore/Drumfinn border	1
Cherry Orchard	10
Cherry Orchard C	0
Carna	8
Chapelizod (3 small areas)	1
Cherry Orchard A	1

Analysis of Interviews with Service Providers

A total of seven structured interviews were conducted with addiction services from within the local area. The data gathered were transcribed in verbatim and subjected to thematic analysis; several common and interlinked themes emerged from this process and each was reviewed.

Treatment Protocol for those Engaging in Alcohol Misuse

All of the services indicated that a form of standardised or universal practice was applied to their client grouping, that is they did not differentiate between those who were experiencing addiction whatever the substance was. The processes they described are in keeping with best practice as outlined in guidelines from the UK based National Institute for Healthcare and Excellence (NICE) for dealing with those experiencing alcohol difficulties. All of the services used a screening instrument, usually the Audit-C or CAGE, and based on this process identified a treatment pathway for the client which invariably involved some form of brief counselling intervention as is considered by NICE to be best practice.

Consistent with this tendency towards best practice, a theme which strongly emerged was a view that personnel working in the area had the necessary skills set to deal adequately with those who engaged in alcohol misuse and had experienced little difficulty in their interactions with them in the past. Refinement of skill sets and awareness of the complexity of treating those who misused alcohol had clearly been developed over the years. It was noted that no additional funding was made available upon alcohol becoming a part of the Task Force remit. Front-line providers did not see a lot of clients who were engaging solely in alcohol misuse, however many did indicate they had dealt with significant numbers of clients with poly-substance use where alcohol was one of the substances used, for example, use of opiates and alcohol or cannabis and alcohol. Service providers expressed that in terms of both process and protocols, they consciously did not differentiate between use of alcohol and use of another drug in terms of their treatment approach to clients.

“we didn’t get any additional funding because we were now dealing with alcohol, or you didn’t get any specific training to specifically deal with alcohol, so you used your skills that you had to deal with addiction.” Service provider B

Nature of Addiction

A common theme expressed by service providers was that addiction itself was the presenting problem and that the nature and form of the substance or indeed behaviours involved were secondary to the addiction itself. All of the services recognised that alcohol was presenting as a problem amongst some clients, however they felt that their focus was best served in assisting clients to deal with their addiction and the behaviours underlying it. This was consistent with this view expressed by the majority of those interviewed which indicated that the services they provided to those who misused alcohol were the same as those provided to clients who used other drugs.

“The work we would do with them would be exactly what we would do with an opiate user. We don’t do anything different per se.” Service provider B

Interviewer: “You’ve mentioned that the group you have now contains 13 people in the group and you said there would be about two or three who are, their primary drug, substance is alcohol. So would you have specific services that you provide to those people or would you accommodate them with the rest of the group?”

“No we accommodate them with the rest of the group” Service provider D

This notion of a commonality of treatment was central to the thinking of those interviewed, indeed some argued that to consider the substance above the individual would invariably prove to be self defeating both for the service and the individuals concerned

“We don’t differentiate, addiction is addiction regardless of what substance you’re addicted to. So if you’re addicted to alcohol, you’re addicted to alcohol, if you’re addicted to heroin you’re addicted to heroin” Service provider E

This is not to suggest that those interviewed believed their services could not be improved, indeed all questioned the paring down of addiction services generally, however of greater concern to those interviewed was the lack of conjoined thinking amongst non addiction services as to how best to treat those with addiction and the opportunities they offered or perhaps more accurately withheld and specifically the poor linkages to the mental health

services. All of the services providers indicated that they recognised poor mental health as an integral contributing factor for those within the community who experienced substance misuse. They also were at times critical of the lack of adequate mental health services within the area.

“They resort to alcohol, or other another substance, yet when you bring them for clinical help they’ll say well sort out the alcohol first and then we’ll look at the mental health issues whereas really the underlying factor are the mental health issues.”

Service provider A

The complex nature of addiction and the need for multi agency treatment pathways which reflected this complexity was also touched upon by those interviewed

“...what do you deal with, do you deal with the addiction or do you deal with the mental health, which is the chicken and which is the egg? you know, and to work with both together is quite difficult...” Service provider B

“Mental health. A lot of them would have mental health issues and in part require / need mental health solutions” Service provider D

“I think that’s what happens when people go to a GP, they’re out on something just to calm them down and that in itself, if you’re left on valium on whatever for three, four years while you’re waiting on an appointment in mental health services you now have another addiction issue, you know, or you feel you can’t function without it”

Service provider A

Service providers were also aware that issues relating to addiction had a significant impact on the social landscaping of their community. They indicated that addiction often played a part in the development of, or was related to, for example, a culture of early school-leaving, anti-social behaviour, high prison rates, reduced employment opportunities, child-welfare concerns and domestic violence.

“And it’s particularly the aggression towards the mother in most cases, you’d see a lot of violent behaviour towards the mother” Service provider F

“School would be a huge issue for them and they’d act out with huge anger in school and some of the problem is because of the weed use and the alcohol use, they present very early to schools stoned so the teacher never quite kinda gets to find out who they really are because they’re either stoned or angry” Service provider F

“If the parent isn’t engaging and isn’t doing anything around the addiction issue to make changes, or stabilising, or addressing, we’d have children who come in with significant school attendance issues, 60, 80 days you know, for junior infants you know, building blocks gone like” Service provider F

Many of those interviewed indicated that they are now dealing with intergenerational addiction in the same way the community itself was experiencing intergenerational social effects such as unemployment or early school leaving. Some posited that these intergenerational factors, which are more prevalent in a disadvantaged area, led to reduced social skills, which in turn created a culture and community less emotionally equipped to deal with adverse circumstances and individuals less equipped to deal with societal pressures, expectations and challenges ; this is described eloquently by one service provider;

“If there’s a tragic event, it’s over and done with. No one ever talks about, no one ever talks about the effect or the emotions of it. It’s left there simmering so that the next time something happens it’s just built on and there’s layers and layers and I think that is why a lot of them turn to alcohol or substance of some other sort to cope with what’s going on in their head cos they can’t get it out any other way.” Service provider A

“It becomes sort of ingrained that you don’t talk about things because you don’t maybe have the language or even the confidence to bring it up.” Service provider A

Those interviewed predicted that the survey process would find that hazardous drinking in the BLADTF area to be more prevalent than is the norm nationally thus indicating services capacity to read the pattern of substance misuse on the ground. However it should be noted there is a strong disconnect between the survey findings where 86.5% of those who drink were classified as hazardous drinkers, and the numbers of those attending services for

treatment for alcohol misuse. It should also be noted that all of those interviewed indicated that the introduction of alcohol in the remit of the BLADTF had not made a significant difference in the number of clients presenting to services with issues around alcohol.

“...but we would have always of had a smaller number who are alcohol only so no probably no significant difference” Service provider C

“No increase in people coming here because they have alcohol problem” Service provider E

The services also indicated that those with alcohol problems who do attend their services were often doing so not directly because of their engagement in harmful drinking; instead engagement was often either as an indirect consequence related to harmful drinking patterns such as child welfare concerns, or due to the use of another drug which was being used in conjunction with alcohol. The increasingly broad remit of service providers means that some service providers run classes providing general support to families in the community, for example parenting classes.

Poly-substance use

Poly-substance use, for example the co-use of weed and alcohol; cocaine and alcohol; benzodiazepines and alcohol, was mentioned by all service providers. In these cases use of alcohol itself was not necessarily reported to reach harmful levels, although sometimes it did, but the combination of drugs used had potential to be extremely problematic.

*“Alcohol, when it does present it’s mainly as a secondary, polydrug use, they would come in with probably weed and then sometimes you’d notice that they drink.”
Service provider B*

Service providers suggested that it is possible that people will perceive alcohol misuse differently to how they perceive misuse of other drugs. They suggest that those who misuse other substances may be more aware of the fact that they have a problem than those who misuse alcohol.

“Some would be more in denial around alcohol. I have personally found when a person presents with a weed problem, a cocaine problem, an opiate problem, they’re

quite accepting they have a problem, but when they touch on the alcohol issue, even if the AUDIT shows that they've an alcohol problem, they're more in denial about the alcohol." Service provider B

"A lad that presented recently with just cocaine, that was his only thing when he came in was that he couldn't stop taking cocaine, but he was drinking 2 or 3 litres of vodka a weekend with the cocaine, which is absolutely huge" Service provider F

Some service providers referred to the culture of drinking throughout Ireland, where they believe that drinking is considered acceptable and illicit drugs are not as socially acceptable.

"We're seeing that as a major presenting issue, people who present with alcohol but when you dig down a little bit, its eh cocaine, because obviously cocaine is illegal, they're not talking about it, particularly with women, are very cautious about talking about something illegal and because all of them will have children, or the vast majority will have children." Service provider E

Additionally it was the belief of some of those interviewed that branding was a problem for the services, where those who misuse alcohol simply don't want to be associated with, for example, opiate users.

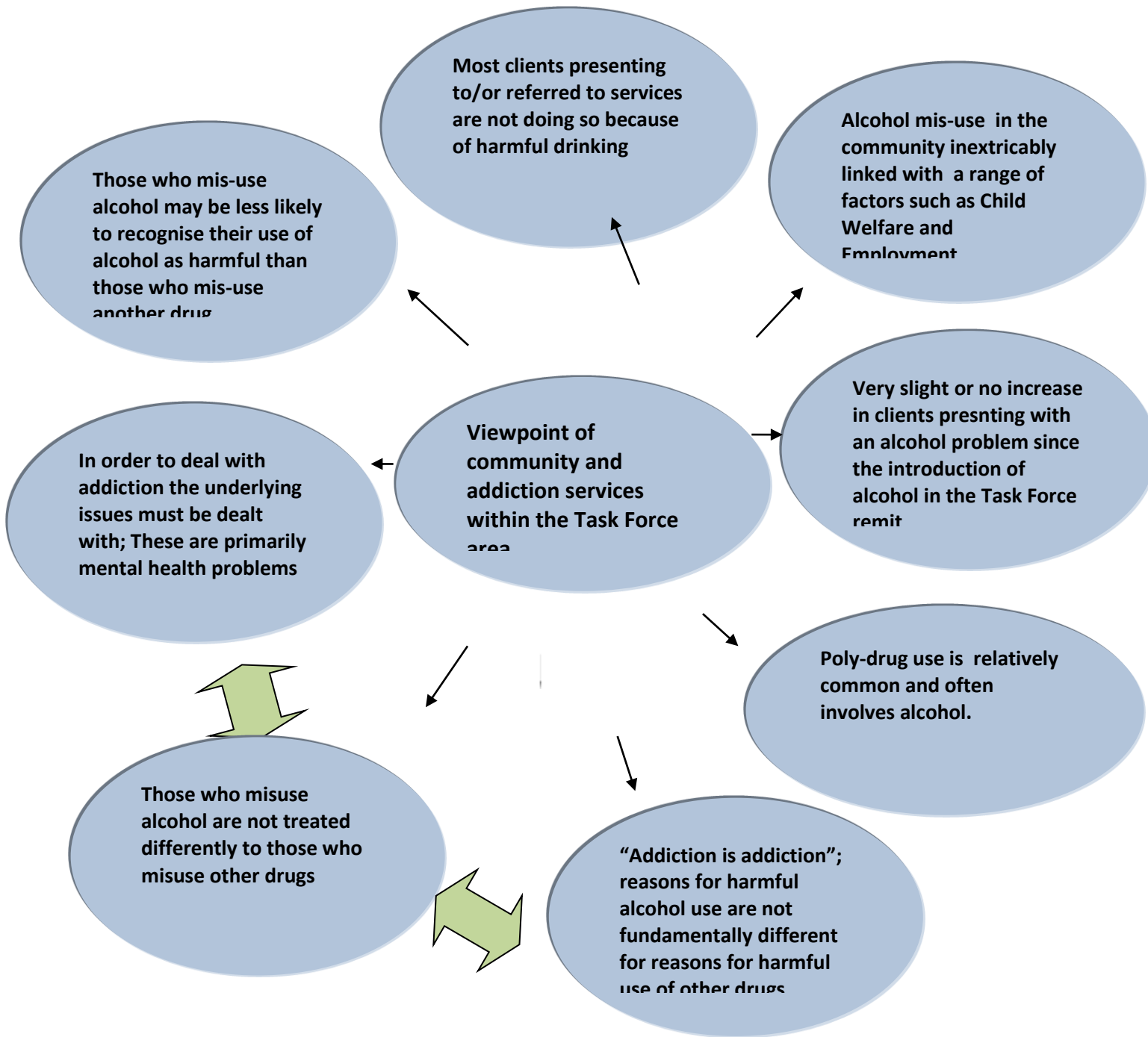
"It's true, there is a hierarchy of addiction. They're dirty junkies, I only have my few pints, I'm not going up, in with them you know, so" Service provider E

Discussion

The figures produced in the survey clearly indicate that drinking patterns within the Ballyfermot community are significantly higher than the national norm. One might suggest that the big picture from this analysis is that the numbers drinking in a hazardous manner in this community is staggering in its implications. It should be noted that the pattern of hazardous drinking discovered suggest that the community might well be facing a deluge of difficulties related to this behaviour into the future.

Given the fact that there is a strong disconnect between the results produced in this study and the numbers of those attending services for alcohol specific treatment one might ask if those demonstrating hazardous drinking seek services. According to the household survey 10% of those in the community have accessed a treatment service for alcohol in the past, while many more were identified as hazardous drinkers. Extrapolating out from these figures one might ask, given the profound physical and psychological consequences of aberrant drinking why are we not seeing more of these people present to services? Are they accessing other services, hospitals, GPs or are they yet to present with concerns serious enough to force them to seek assistance. Whilst these questions cannot be answered, it is likely that the services surveyed will in all likelihood be asked to be at the forefront of alcohol provision into the future and given their skill sets and experience they have accrued; they appear ideally placed to respond to this need. If this is to be the case issues such as branding, cross referral systems, multi agency involvement and invariably funding will have to be considered and addressed.

Figure14: Viewpoint of the service providers



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APPENDIX A

Defining the Ballyfermot/Cherry Orchard area

For the purposes of this research Ballyfermot/Cherry Orchard has been defined as the 7 electoral divisions of Decies, Drumfinn, Kylemore, Kilmainham A (which roughly correspond to Ballyfermot) Cherry Orchard C, Carna and Cherry Orchard A (which roughly correspond to Cherry Orchard), and 3 small areas of Chapelizod electoral division (Small area 268037002, 268037005 and 268037004). The area is defined in the map below.

