



D12 Alcohol Consultation Seminar

“Alcohol – Starting the conversation & Finding Solutions!”

Red Cow Inn, Naas Road

December 11th 2014

Disclaimer: This report aims to present an overview of the discussion during the morning. It is hoped that all points are recorded as accurately as possible. All attempts have been made to omit any sensitive or individual identifying material.

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SECTION 1 - INTRODUCTION

1.1 Background and Context

Alcohol misuse in Ireland is fuelling a growing health and crime crisis that is costing us an estimated €3.7 billion a year and this is only the financial cost. The harmful effects of alcohol misuse go beyond the individual who is drinking, to impact on families, communities, schools, hospitals and businesses.

- 88 deaths every month in Ireland are directly attributable to alcohol
- One in eleven children in Ireland say parental alcohol use has a negative effect on their lives
- There are 1,200 cases of cancer each year from alcohol in Ireland
- One in four deaths of young men aged 15-39 in Ireland is due to alcohol
- One in three road crash deaths is alcohol-related

(Figures from Alcohol Action Ireland, 2014)

Based on the figures in the Health Research Board's Irish Alcohol Diaries 2013 report, more than 150,000 Irish people are dependent drinkers, more than a 1.35 million are harmful drinkers and 30% of people interviewed say that they experienced some form of harm as a result of their own drinking. The report also reveals we underestimate what we drink by about 60%.

In 2013 the government announced new measures to tackle Ireland's alcohol problems, and it was decided to include alcohol in the remit of Local Drugs Task Forces. In response to this new remit and the increasing concerns relating to alcohol related harm in D12 the Dublin 12 Local Drugs and Alcohol Task Force are endeavouring to work with key agencies in D12 and facilitate the development of a local area alcohol strategy.

This Strategy would seek a reduction in the excessive levels of alcohol use in the area and, in so doing reduce alcohol related risk to the community's health, safety, and sense of well-being.

Public health approaches to reducing alcohol related risk have been proven to work in a number of local communities in Ireland, U.S. and Australia. In order to follow this model in Dublin 12, and to explore the possibility of having a collective response to alcohol related harm in D12 a multi-agency, cross cutting approach, in which no one agency can provide the required response is needed.

To initiate a process for developing a strategy, the D12 Local Drugs & Alcohol Task Force decided to hold an alcohol consultation seminar to meet with local agencies to explore the possibility of having a collective response to alcohol-related harm.

The seminar is stage 1 of a process to address alcohol related harm in D12. This document details the content of what was discussed in order to ascertain the nature and extent of alcohol related harm in D12 and initial thinking on the type of components that could be considered in such a strategy.

Introductions and Welcome:

Dublin 12 Local Drug & Alcohol Task Force (D12LDATF) Chairperson

Agencies were welcomed and thanked for making the consultation a priority. (See *Appendix 1 for list of all attendees*). Agencies were selected based on the strong association between their service profile/delivery and alcohol related harm. It is envisaged that a broadening of agency/community participation will be sought and encouraged further on in the process.

There was an acknowledgement that addressing the issue of Alcohol is a huge challenge. Harmful alcohol use is more than an addiction issue, it is a cultural, societal and community issue, and that was hoped that the consultation seminar would encourage dialogue about the issues regarding alcohol in the Dublin 12 community and begin the process of the development of a local integrated response to alcohol.

D12 LDATF Task Force Co-ordinator

Co-ordinator highlighted that Alcohol is an area that needs focus on in 2015. Data shows that alcohol has surpassed all other substances in D12 as the main reason for referral for treatment.

In 2014 the remit of the Task Force changed with the inclusion of alcohol and this change is more than just a change in name. This is a big challenge for the Task Force and also for services. The D12 LDATF has commissioned research on licit and illicit drug use in D12 which is near completion this has involved a wide consultation process. The findings of this research will inform the development of our new Task Force Strategic Plan 2015-2018 along with feedback from today's session.

In December 2014 the Task Force decided to focus on Alcohol and ran a number of events. The first event was a Christmas Harm Reduction campaign “*Don’t lose sight of what’s important this Christmas*” The aim of which was to encourage people to think about their drinking over the Christmas period and the possible impacts. The campaign involved posters displayed on bus stops, Luas trams and bill boards in the area. The message was carried through using beer mats in pubs in the area which were kindly distributed by Community Gardai.

The D12 services and Community have been forward thinking and active in providing interventions in D12 to address alcohol. These initiatives include:

- The D12 Community Advisory Group ‘*Christmas Spirits event*’ which was an alcohol free family orientated event highlighting information on alcohol.
- The Action 30 Alcohol Programme developed by the Drugs Education Resource Worker and the Early School Leaver Programme in conjunction with Health Research Board has been successfully delivered through the schools and youth services.
- Alcohol Reduction/Alcohol Free Programme has been running in ARC for the past 2 years. Feedback and an independent evaluation have been carried out with very positive results.
- Walkinstown Greenhills Resource Centre provides addiction support in relation to alcohol and is launching a new service in January 2015 for non-English speaking communities.
- The HSE Belgard Road Alcohol Service provides a valuable addiction support and education service to people with alcohol addiction including those from D12.

Although Alcohol is a huge challenge for the area there is a lot of good work already been carried out in D12 on which to build. The development of an alcohol strategy would help to identify these supports /interventions while also providing an opportunity for all agencies to look at how collectively we can respond to gaps.

SECTION 2: PRESENTATIONS

The first part of the morning was aimed at creating a knowledge base around local reports of alcohol related harm and current issues arising.

This included presentations from 3 guest speakers (full copies available on request)

Suzanne Costello (Alcohol Action Ireland), "*Alcohol, a national perspective*";

- Suzi Lyons (Health Research Board),
"*Alcohol in Dublin 12, what we know from the data*".
- Hugh Greaves (Ballymun Local Drug & Alcohol Task Force Coordinator),
"*The Ballymun approach to alcohol through Community Mobilisation*".

Suzanne Costello Alcohol Action Ireland - "*Alcohol, a national perspective*";

Ireland has the highest consumption rate of alcohol in Europe. In 2007, 13.37 litres of pure alcohol were consumed in this country for each adult aged 15 years or older (Revenue Commissioner 2007; Central Statistics Office 2007).

- 75% of all alcohol consumed was done so as part of a binge drinking session.
- One in five drinkers engaged in binge drinking at least once a week.
- 64% of men and 51% of women started drinking before the legal age of 18.
- Harmful drinking is highest among 18-24 year old age group (at 75%).
- Dependent drinking is highest among 18-24 year old age group (at 15%).
- More than half (54%) of 18-75 year old drinkers were classified as harmful drinkers, which equates to 1.35 million harmful drinkers in Ireland
- Harms such as ill health, property damage, family break down and acts of Disturbance/violence between individuals and groups are some of the most common consequences.
- Alcohol misuse in Ireland is fuelling a growing health and crime crisis that is costing us an estimated €3.7billion.
- 88 deaths every month in Ireland are directly attributable to alcohol.
- Over 14,000 people were admitted to the liver unit in St Vincent's Hospital for the treatment of alcohol dependence in 2011.
- Liver disease rates are on course to quadruple in Ireland between 1995 and 2015, with the greatest level of increase among 15-to-34-year-olds.
- There are 1,200 cases of cancer each year from alcohol in Ireland.
- One in four deaths of young men aged 15-39 in Ireland is due to alcohol.
- Alcohol has significant impact on our mental health including: depression, anxiety, coping skills, self-harm & suicide.
- The numbers of public order offences are largely alcohol related.

- One in eleven children in Ireland say parental alcohol use has a negative effect on their lives – that is almost 110,000 children
- Heavy drinking is becoming increasingly normalised as its:
 - a lot cheaper
 - more widely available
 - relentlessly promoted
- **What can we do about it?**
 - Lobby local TD and government Ministers for the implementation of The recommendations of the Steering Group Report on the National Substance Misuse Strategy led to the Public Health (Alcohol) Bill
 - Support alcoholireland.ie/campaigns/bill/

Public Health Alcohol Bill includes:

- Minimum unit pricing
- Regulation of marketing and advertising of alcohol
- Enforcement powers will be given to Environmental Health Officers in relation to the sale, supply and consumption of alcohol
- Structural separation of alcohol from other products under section 9 of the Intoxicating Liquor Act 2008 may be commenced
- Regulation of sports sponsorship
- Health labelling of alcohol products

Literature presents a model whereby if alcohol consumption can be reduced this in turn will then reduce alcohol related harms.

Suzi Lyons (Health Research Board),

“Alcohol in Dublin 12, what we know from the data”.

- One third of those who come to treatment in a calendar year do so because of problem alcohol use. Numbers of cases assessed or treated presenting with Alcohol as the main problem drug has been escalating from 120 in 2011 to 144 in 2012 to 147 in 2013
- Majority are men with a median age 40 years
- In 2013 87.1% were in stable accommodation and 3.4% reported as being homeless
- High levels of unemployment- In 2013 66.7% were unemployed with 12.9% reported as retired/unable to work which results in total that 79.6% were not working.
- Main source of referral was self referrals (36.7%) followed by family (14.3%), GP (8.8%), Social Services and Outreach workers (both 7.5%)
- 135 of 147 that were assessed for treatment in 2013 commenced treatment.
- Nearly half have never been previously treated for problem alcohol use (45.2%)
- Beer was the preferred drink (44.9%) followed by spirits (47.1%) wine 18.1%
- 20% of those that presented with drugs as their main problem also reported alcohol as an additional problem

Hugh Greaves (Ballymun Local Drug & Alcohol Task Force Coordinator)

“The Ballymun approach to alcohol through Community Mobilisation”.

Process:

- First roundtable event, organisations present agreed to become part of a collective response to address alcohol related harm/issues (community mobilisation).
- Series of further roundtables established strategy, reviewed/refined actions and planned others.
- Involved local Gardaí, Teachers, GPs, Hospital A&E Depts., Youth Workers, Drugs Workers, Religious communities, Public representatives (Local and National, all party), Social Workers, Local retailers/businesses, Dublin City Council, HSE, BRL
- It was agreed to do so in a ‘community-systemic way’, learning from effective, evidence based responses elsewhere.

Local Findings:

- More people drink at home than in the pub
- Culture of home drinking and alcohol home deliveries (dial-a-can, text-a-can, etc) has significantly reduced the control environment – in terms of access and behaviour;
- Role modelling a big concern

Approach:

- Ballymun Community Alcohol Strategy takes a public-health based (total consumption) approach
- Modelled on community mobilisation (Harold Holder, 1998) principles where all local actors have an important part to play and are equally involved.
- Underpinned by a number of key principles (evidence informed, community development, multi-agency partnership approach)

Strategy Aim - Reduce alcohol related harm by:

- Increasing awareness of alcohol as a community issue – by local people, local public reps, statutory and voluntary services/agencies and therefore alter the community's role in determining the local alcohol environment (from passive to proactive)
- Influencing the attitudes and norms of the local population towards a change in its behaviour around alcohol.
- Changing the local environmental systems which foster and promote a harmful drinking culture

Priorities:

- To reduce harmful drinking and related harm (drink less per drinking occasion)
- To reduce underage drinking-delay onset of drinking
- To reduce the harm experienced due to other people's drinking

These priorities to be addressed by actions under following pillars (some actions included):

Supply Reduction, Availability and Enforcement

- Responsible server training day for bars and hotels
- Continued to support An Garda Síochána local policing strategy in relation to alcohol including;
- Regular and systematic monitoring of Off licences
- Home Deliveries
- Visits to all off licenses by Liquor Licensing Sgt
- Presentation of draft voluntary code on alcohol deliveries operations for discussion to Safer Ballymun and Dublin North West Joint Policing Committee
- Continued enforcement of existing legislation/laws

Community Awareness

- Key thematic messages including secondary purchasing, role modelling, Parents 5 A's at particular times during the year
- Public awareness campaigns and communication through posters, media, leaflets and at community events

Prevention Education

- Provision of information to schools for dissemination for junior certificate results night 'Look after yourself' & 'How to keep yourself safe'
- Supported initiatives to promote safe and healthy behaviours in young people
- Inclusion of alcohol awareness into weekly Health Fitness Wellbeing programmes
- Street and Centre based education/interventions (e.g. BRYR "Tackling Alcohol Together – quizzes/debates/outreach education initiative for Patrick's weekend) (Poppintree Youth Service; Substance Use/Misuse Policy Guidelines/Midnight Meals; Alternative St. Patricks Day.
- Continued inter-agency provision of high quality family skills programmes such as Strengthening Families Programme.
- Local delivery of evidence based training

Treatment and Rehab

- Local alcohol/drugs services booklet with local agencies to support community information /awareness events Printed/disseminated referral or harm reduction leaflets/ information
- Design of a localized integrated care pathway
- Early identification of risky alcohol drinking through outreach/Contact Service
- Local intervention and support options for problematic alcohol use – alcohol integrated into local community drug services
- SAOR training delivered by HSE Health Promotion to local pharmacists/workers in Addiction Services

Children & Family

- Supports to the families of new-borns/infants 0-2 yrs where there are particular risks of alcohol/drug factors identified.
- Increased support and service provision for families/concerned persons

Policy & Research

- Alcohol reaffirmed as part of Local Drug Task Force remit - DTF Conference by Dept of Health
- Representations by TD's/Councillors - Continued to make representations regarding implementation and roll out of the recommendations in the National Substance Misuse Strategy
- Continued to monitor and record alcohol issues in Ballymun in order to highlight priorities
- Alcohol Strategy incorporated into other local strategies/action plans e.g. Community Safety. Sustaining Regeneration, Health for All etc.

Challenges ahead

- Changing the passive to an active voice – creating the conversation, creating consciousness
- Reaching more households
- Helping people believe that their voice is important
- Defining clear and achievable goals whose success can be communicated to the community

SECTION 3: WORKSHOPS

The latter part of the morning was largely aimed at engaging agencies in a collective dialogue looking at possible responses. 4 workshops were formed looking at:

- Young People & Alcohol
- Education/Prevention
- Treatment & Rehab
- Alcohol & Families

Over view of main priorities raised in workshops (*see appendix 2 for full reports*)

Young People & Alcohol

- Outreach to young people
- Services & agencies in D12 working collectively to organise alternative activities for young people especially at key times (exams, Halloween)
- Need for education but not just targeting the young people but also their parents, family and teachers.
- Need for research on the experiences of young people in the community- not just from an organisation's point of view.

Education /Prevention

- **Schools** were identified as a key area to be targeted:
 - need to bridge skills gaps with teachers in order to increase their confidence in addressing issue of drugs/alcohol and associated behaviour and factors and to ensure as sustained response.
 - Awareness programme needed with teachers and parents not just with young people (same messages), e.g. Alcohol Awareness campaign, Strengthening Families.
 - Review of the implementation and delivery of SPHE in schools in D12.
 - Ensure that any drug education and prevention are SPHE are complimentary and supportive of each other and that resources are shared.
- Need for greater alcohol awareness in the wider community. (Cultural problem and accepted in society. Tough challenge to change these attitudes.)
- Need to ensure all stakeholders are involved in this process.
- Need to promote sense of identity in the community of Dublin 12, i.e. how can we positively promote D12 as a community.

Treatment & Rehab

- ** Key priority identified that could be acted on immediately:
- Need for SAOR training for tier one services. Benefits include:
 1. Increase skills set in assessing for substance misuse
 2. Improve referral process for people
 3. Provide an opportunity for networking with training being delivered across different disciplines.
 4. May provide an opportunity to capture people at the hidden 'harmful' or 'hazardous' stages of alcohol use, as most national figures are of dependent drinkers accessing treatment.
 5. Target Tier 1. Services such as Probation, community GP's and A&E, where people may be presenting for non-alcohol related issues.
- Publicise brief Interventions and education locally...it doesn't all have to be about treatment...reduce the use a good model to build on
- Involve /Encourage Gardai in tackling dial a drink services.
- Lobby local TD's regarding changing the public health (alcohol) bill

Alcohol & Families

- *** Key priorities identified by the group-work with parents/care givers around how powerful role modelling is and the impact that it can have on children. Need for a public Campaign (needs to be direct and strong) looking at role modelling "such as when I grow up I want to be like you"
- Supports need to be provided to the family as a whole not just the individual with alcohol misuse problem. In light of this ongoing support from all relevant agencies in D12 for the continuation of Strengthening Families Programmes is needed for 2015. This was a key focus of Partnership as well as lone parenting- Partnership support in question going forward no provision in new site cap programme. Strengthening Families is evidence based programme that has a history of working well in D12. However support and involvement from other key agencies is crucial to the future of the programme including probation, HSE Social Work and schools. SFP Facilitator training schedule for January 2015.

- Review Children First and perceived direction from Dept of Education appears to be some confusion among services between what is written in the Children First guidelines and what educators are asked to do by the department of education. More clarity and support is needed around this issue and training for educators was suggested as a possible supportive solution.
- Training for Childcare providers & Educators on alcohol and how to deal with impacts on child/ family
- Need urgently for more supported childcare (social services and psychological supports)
- Need for more information and education around Foetal Alcohol Syndrome.
- Need for more lone-parent supports

SECTION 4 – DISCUSSION & NEXT STEPS

The following are some key questions/concerns raised by the group;

Can you explain the concept of ‘Binge drinking’?

A standard drink is:



Source: Health Research Board

The slide above shows the recommended amount of standard drinks per week. If a person consumes their weekly recommended amount in one session this is very harmful.

World Health Organisation describes levels of alcohol dependency as:

Hazardous drinking	Harmful drinking	Dependent drinker
Defined as a pattern of alcohol use that increases the risk of harmful consequences for the user. The term describes drinking over the recommended limits by a person with no apparent alcohol-related health problems. This includes experimental drinking.	Can be described as a pattern of use which is already causing damage to health. This damage may be physical or mental.	Refers to physical and psychological dependence on alcohol resulting from habitual use of alcohol, where negative physical withdrawal symptoms result from abrupt discontinuation.

Is there further information available on under 18's drinking behaviour?

Vey limited. The numbers available are quite small but can be looked at. This can be due to lack of services for under 18's or binge drinking not being seen as a problem in comparison to other drugs used by young people.

The HRB form asks the question 'what is the first drug used excluding alcohol? '. The projects find this is misleading.

The forms are devised by the EU and this is an EU question so we therefore do not have the option to change the question. Projects can however put alcohol down as the problem drug and record the age the person started drinking. Nationally the age to start drinking alcohol is 16.

Can anything be done about the availability of alcohol in Supermarkets?

Politicians need to be lobbied to try and change legislation. Supermarkets sell alcohol at below cost price and add money onto other goods in the supermarkets. Legislation is the only way to stop this.

Can we look at Education and Prevention with young people?

The Task Force employs a Drugs Education Worker who works with both the formal and informal sectors. A Road show is currently being rolled out in schools and started off by looking at alcohol. There are programmes taking place involving young people in D12. SPHE programmes are rolled out in schools and the Drugs Education Worker and Schools Completion Programme worker compliment what is being done in schools. There is a need for work to be carried out with teachers and pupils to reinforce the programmes.

Discussion

It was highlighted that it was disappointing to not have any Public Representatives, schools or members of the Gardai present at the consultation. However it was noted the Task Force does have a good working relationship with the Gardai and they are represented on the Task Force board. There is good involvement in Task Force work from local Inspector, Drug Seargent and Community Gardai have been involved in specific pieces of work. The Responsible Serving of Alcohol Training was one of these pieces of work. It was rolled out by the D12 Drug Education Worker in conjunction with the Community Gardai to over 40 Publicans in D12 with follow up visits. This was followed by by the Christmas Harm Reduction Campaign.

There are 4 Public Representatives on the Task Force board that include cross party councillors. It was highlighted that we need to pursue all public representatives request their support and participation in the development of an alcohol Strategy for D12 in addition to local TD's. Representatives from schools also need to be targeted going forward.

It was identified that there is need to tie together work that's already happening e.g. Responsible Serving training, work with schools and parents in relation to alcohol, alcohol interventions and supports provided through services. Joined up working as been a challenge in D12 and this is largely due to the geographical spread with four very defined separate communities. Having representatives present today from a range of services is a starting point to move forward with. A collective strategy that would encompass all of these areas would great help.

It was notes that the Drugs Policy Unit in the Department of Health has offered 5 Task Forces to submit expressions of interest to be a pilot area. Dublin 12 Task Force has made the submission. However regardless of whether D12 is picked as a pilot or not, there is a willingness and commitment today from the D12 LDATF to facilitate the development of a strategy.

NEXT STEPS

The general feedback was very positive indicating that participation in the consultation had been worthwhile. It reaffirmed and further highlighted that alcohol use and related harm is a cause of concern in Dublin 12 and that a collective response is required. In deciding to work in partnership around alcohol related harm, the next step is to decide how to make it work at a local level and what are the key areas that we need to intervene that will have an impact on the quality of lives.

The **main points** that were agreed by all attendees were as follows;

- AGREED to a collective intent to have a strategy to reduce the nature and extent of alcohol related harm in Dublin 12.
- The Community Mobilisation model is to be used
- AGREED that a community stance on public drinking (acceptance versus non acceptance) needs to be determined.
- AGREED to reconvene in a few months to further refine and agree key elements of a strategy.

SECTION 5 Appendices

APPENDIX 1

LIST OF ATTENDEES

Attendees:

Susan Collins	Addiction Response Crumlin
Ann Mc Donnell	Addiction Response Crumlin
Jimmy Norman	Addiction Response Crumlin
John Davis	Walkinstown Greenhills Resource Centre
Claire Smart	Walkinstown Greenhills Resource Centre
Brian Murphy	John Bosco Youth Centre
Tony Foley	South Dublin Probation Services
Brian Raftery	Belgard Road Alcohol Services
Claire Conroy	Belgard Road Alcohol Services
Mariola Masreu	CKU Polish Addiction Support Service
Barbara Ozga	CKU Polish Addiction Support Service
Fidelma Costello	MABS
Angela Tierney	HSE Addiction Services Rehab Manager
Carol Barnes	Community
Frances Griffen	Community
Ray Kay	Community
Susan Mc Govern	Service Users Representative
Robert Kenny	CLAY Youth Service
Fergus Parkinson	D12 Local Policing Forum
Aoife Fitzgerald	D12 Local Drugs & Alcohol Task Force
Susan Sargent	D12 Local Drugs & Alcohol Task Force (Chair)
Amy Carroll	D12 Local Drugs & Alcohol Task Force
Emma Fox	D12 LDATF Rehabilitation Practice Mentor
Cormac O Toole	D12LDATF Project Development Worker
Trevor Bissett	D12 LDATF Drug Education Worker

Guest Speakers:

Hugh Greaves	Ballymun LDATF
Suzi Lyons	Health Research Board
Suzanne Costello	Alcohol Action Ireland

APPENDIX 2 WORKSHOP REPORTS

GROUP 1 - YOUNG PEOPLE AND ALCOHOL

Q1. Do you think young people in D12 are drinking in a harmful way? In your experience (or that of your agency) how have you observed this?

Yes and No – Research Evidence is needed to assess levels and be specific. It is definite that some young people in Dublin 12 are drinking in a harmful way– what proportion is difficult to say.

Youth service staff does not generally see young people who are affected, as they would not be allowed in. Participation levels can be difficult at summertime etc.

Q2. What are the factors contributing to this?

Some young people have problems attending training programmes due to alcohol issues/ sometimes young people will present under the influence.

Parks – workshop members agreed young people are not visible drinking in the parks. Evidence from Outreach is that Young people are moved to other parks. The Drimnagh LUAS Bridge has young people drinking on it everyday of year.

Possibly a School rep from D12 would have a different perspective and would see more drinking. 3% of Young people get in trouble with the Gardai and are prosecuted for Public order offenses. This implies that 97% are not.

Q3. How do you (or your agency) currently deal with issues related to young people and alcohol?

Bosco- Youth Café (DYCE) / Monthly Discos / Rules for involvement / Education programmes / Diversionary programmes / Identification and work with Hi risk / Residents – work with Gardai to enforce law – e.g. confiscation of alcohol from minors – no drinking in public places. /

Treatment services - <18s programme – provide T&R for alcohol and other drugs, however not clear they're ever had someone present with an Alcohol issue. This doesn't necessarily mean Alcohol is not their main problem, but that given the normalised level of alcohol use\ abuse and role modelling in the home, they don't consider it a problem.

GAA clubs – some have rules to adhere to specifically relating to Alcohol.

D12 TF – responds with research & coordination of projects, responses and programmes, such as action 30.

Outreach – Feet on the street, used to support Young People on the street. Young People present to services with issues such as ‘unsafe sex’, largely as an impact of alcohol use. There are many 16-20 year olds hanging around on street corners throughout Drimnagh, with nothing to occupy them – hence are vulnerable. Historically people associated drinking with pubs – but no longer the case – drinking only at ‘events’.

Q3. Please identify one action the community can take to collectively tackle this issue.

Community based ‘Alternative’ (i.e. no alcohol) events at key times - e.g. at Halloween & Paddy’s day. Targeted alcohol reduction events, with stewards & Gardai.

Other actions discussed:

- Outreach – multi service approach – meeting Young People on street.
- Research – existing ‘invisibility – research needed to find evidence of Young Peoples drinking levels of alcohol in D12.
- Promotion and Education – peer education approach.
- Supply control – prevent more ‘dial a can’ services setting up in Dublin 12.
- Recognise that Young People and alcohol is not a priority with Gardai.

GROUP 2 - ALCOHOL AND THE EFFECTS ON FAMILIES AND CHILDREN

Q1. What in your view are the main issues for families affected by problem drinking?

- Dysfunction
- Separation
- Domestic abuse/violence (children/spousal siblings from children)
- Child neglect
- Financial difficulties
- Mental ill health
- Low self esteem/confidence
- Secrecy
- Isolation
- Criminal/antisocial behaviour
- Early school leaving
- Poor nutrition
- Poor sleep
- Personal/emotional growth stunted

- Normalisation of drinking
- Foetal Alcohol Syndrome

Q2. What do you think are the main supports needed for families affected by problem drinking?

- Supports need to be provided to the family as a whole not just the individual with alcohol misuse problem
- Training for educators on alcohol and how to deal with impacts on child family
- Home Liaison support from schools to such families
- Greater provision of access of financial support MABS/ citizens advice
- Need urgently for more supported childcare (social services and psychological supports)
- Support for lone parenting particular where alcohol an issue (Lone parents and Strengthening Families Programmes was a key part of Partnership programme- in question going forward in new site cap programme.
- Awareness on dangers of Foetal Alcohol Syndrome.
- Need to address the issue of role modelling for Young people- Direct advertising campaign.

Q3. What are the potential challenges and opportunities the community may face in the attempt to support families and children in relation to alcohol misuse?

GROUP – 3 TREATMENT & REHABILITATION

Q1. What are the harms associated with alcohol that you experience?

Harms in relation to legal/crime: Public Order Offences, Domestic violence, sexual assault, physical assault, drink driving, issues with anger management.

Harms in relation to T&R: Depression, anxiety, isolation, panic attacks, relationship breakdown, deterioration in physical health and/or mental health, effects on family, children in care.

Group also discussed Hidden harm – that problematic alcohol use is only recognised where it is documented by the support services. There was an acknowledgement that the problem is most likely hidden in areas of the community.

Q2. Services provided from those agencies were outlined and particular scenarios discussed

E.g. the referrals that really didn't want to be there how do you work with them?

E.g. the fact those referrals are often at a dependant drinking stage rather than at the harmful or hazardous stage

Q3. Acknowledging the challenges, how can we collectively begin to address Alcohol misuse and associate harms in D12?

- Focus on the harmful /hazardous drinkers...develop the skills of the tier one services, utilising such models of treatment such as SAOR and then create referral pathways. SAOR may also encourage service providers to initiate the conversation regarding alcohol with an individual, e.g. a person may seek support for a heroin dependency but may not name an issue with alcohol. A SAOR intervention may highlight to the individual what harmful drinking is and allow them to explore this with the worker.
- Publicise brief Interventions and education locally...it doesn't all have to be about treatment...reduce the use a good model to build on.
- If difficult to engage some practitioners e.g. GPs. Target practise Nurses in Surgery who are probably better suited, equipped to provide such a service.
- Learn from what worked in Polish Community.
- Involve those affected by the harms in their community response to tackling the issues e.g. involve young persons in tackling selling of alcohol to young persons
- Involve /Encourage Gardai in tackling Dial a Drink services.
- Approach local TD's regarding changing the public health (alcohol) bill.
- Map services in the surrounding areas with a view to providing services that compliment each others e.g. Community Response.

GROUP 4 – EDUCATION & PREVENTION

Q1. In your experience (or that of your agency), how are you encountering alcohol related harm in D12?

Group member 1- One person that comes into our service really battles with drink, and mixes alcohol with it. It's everywhere in the community particularly amongst young teenagers.

Group member 2- Personally yes,

Group member 3- people who we work with talk about the effects on their family and friends; you hear things and see things (relating to alcohol related harm).

Group member 4- many of our service users are immigrants living alone they suffer alienation and this is worsened by alcohol. It affects our agency in terms of people missing appointments, sometimes arriving under the influence.

Q2. How do you (or your agency) currently deal with issues presented?

Group member 1- personally speaking there's huge denial (of alcohol related harm)

Group member 2- Follow procedures refer to case worker.

Group member 3- Offer appointments, advise service users to attend sober.

In extreme cases such as DT's call the emergency services.

Use/rely on your own instincts and knowledge.

Q3. What are the opportunities and challenges for provision of Education Prevention & Health Promotion on alcohol in D12?

Group member 1- Awareness week on alcohol for schools.

Group member 2- Strengthening Families approach

Group member 3- SPHE not being delivered properly? Is there some way to prevent marginalisation of SPHE subjects?

Q4. Going forward, what are the three main priorities in regards to education prevention and health promotion around alcohol in D12?

General thoughts from group- Ensure buy-in from relevant education stakeholders in area. We must highlight alcohol harm as a community issue.