



DRINKAWARE INDEX

**ANALYSING HAZARDOUS
DRINKING IN IRELAND**

DRINKAWARE

ACKNOWLEDGEMENTS

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FOREWORD

The negative impact of alcohol in Irish society is widely known, and both national data and international statistical comparisons are well cited and acknowledged. What however is less comprehensive, is published analysis on the motivational drivers, the behaviours and attitudes of Irish society towards alcohol across different demographics and ages.

Qualifying the context in which alcohol is experienced – in terms of both consumption and environmental exposure – is critical if we are to understand the depth of the social problem we are trying to redress.

Based on our vision of an Ireland where alcohol is not misused, and our 76% public awareness and trust, Drinkaware's new three-year Strategic Plan (2019-2021) articulates our social contract to prevent and reduce the harmful use of alcohol. To effectively deliver this positive change, we are committed to finding and filling in the knowledge gaps relating to attitudes and behaviours to alcohol so that drinking to excess and drinking underage become unacceptable.

While the Drinkaware Barometers in 2016 and 2017 tracked Irish people's behaviour and attitudes towards alcohol, the 2019 Drinkaware Index's aim was to conduct a deeper dive to provide detailed profiles of different types of drinkers to better understand their specific behaviour and attitudes, with a view to tailoring messaging and interventions to encourage positive behavioural change.

The identification of two key groups within the drinking population – the hazardous and the borderline hazardous drinkers – provides clear markers regarding where our focus should be if we are to fulfil our mission.

Furthermore, and of critical significance, is that the Drinkaware Index has quantified and exposed, for the first time, the collective complacency and cultural acceptance surrounding Irish drinking patterns. It is neither conjecture nor supposition, but rather is robust qualified analysis that paints a clearer picture of who, why, where and how alcohol is experienced in Ireland.

The Index effectively elucidates what alcohol consumption in Ireland really looks like, and as such provides a clear illustration of the need for, and benefits of, in-depth research beyond consumption data and volume.

The utilisation of several internationally recognised models strengthens the findings through their cross-corroboration. By adding additional flesh to the data bones of the Index, they have already proved useful as both catalyst and fodder for the growing discourse on alcohol.

The value of this storytelling is to gain attention, interest and traction amongst stakeholders, and in particular the general public. This in turn supports the other work Drinkaware and organisations such as the HSE are doing to motivate, educate and enable people to better understand alcohol harm. Furthermore, the resulting campaigns will make an important contribution towards the achievement of a number of alcohol and health-related targets of the Sustainable Development Goals (SDGs).

As with all our research, Drinkaware is publishing this data so that it can be shared and utilised by interested parties, and be accessible to those in the areas of health promotion, interventions, consumerism and so on.

Looking forward, there are four key implications arising from the Index findings:

1. It quantifies, in unique evidential terms, the urgent need to support the under-25s from continuing along the current misuse trajectory.
2. It affirms a vital and previously unqualified challenge to positive behavioural change – namely our complacent and complicit culture – that needs to be actively addressed.
3. It exposes a critical cohort – U34 males – who are hazardous drinkers but open to enabling risk mitigation strategies that leverage their self-awareness and willingness to addressing their drinking behaviours.
4. It provides a clear red flag that people do not know what constitutes a Standard Drink or the Low Risk Guidelines, and if the volume and frequency of alcohol consumption is to be addressed, this knowledge needs to be embedded.

Ultimately, the Drinkaware Index maps out meaningful data, insights and direction that will inform our evidence-based programmes and interventions, and will sustain a crucial national conversation regarding alcohol and alcohol-related harm in Ireland.



SHEENA HORGAN
CEO, Drinkaware

RESEARCH BACKGROUND

THIS RESEARCH AIMS TO:

- Provide an overview of adults' drinking behaviour in Ireland, including how frequently and how much they are drinking;
- Explore attitudes towards alcohol, drinking occasions, motivations for drinking, harmful drinking behaviour, and strategies people use to moderate their drinking;
- Investigate drinking behaviour among different demographic groups and explore which groups may be at higher risk of alcohol-related harm;
- Segment Irish adults on the basis of their attitudes and behaviours relating to alcohol;
- Provide profiles of different types of drinkers, to help Drinkaware to target its communications and tailor its messages effectively.

RESEARCH METHODOLOGY

The Drinkaware Index was conducted by Behaviour & Attitudes on behalf of Drinkaware. The purpose of this national survey was to establish rigorous statistical measures on Irish adult attitudes and behaviours relating to alcohol consumption. The bespoke nature of the research ensured all aspects of the survey were customised exactly to the requirements of Drinkaware.

A multi-stage quota controlled sampling procedure was utilised to deliver a strictly nationally representative sample of 1,000 adults aged 18+. All interviewing was carried out face-to-face in respondents' homes. Respondents also had the option to self-complete on tablet computers especially sensitive question subjects. All survey interviewing was conducted in April and May 2018.

Interviewing was conducted across 63 separate sampling points. Within each sampling point, respondents were selected on the basis of quota controls relating to gender, age and social class within region. Quota controls were based on the most recent Census statistics of the national population.

Data collection was through CAPI (Computer Assisted Personal Interviewing), utilising handheld tablets to conduct face-to-face interviews. In home face-to-face interviewing is undoubtedly the 'gold standard' in public attitude or opinion research, as one has greater certainty about the identity, background and attention of the participant as well as exact geographical distribution. This interviewing approach also maximises the accurate representation of national samples, especially in relation to younger and older age groups, C2DEs and Rural areas.

All interviewing was conducted by fully trained and experienced members of the Behaviour & Attitudes field-force, who work under direct supervision and are subject to rigorous quality controls (personal, postal and telephone checks) and operate to the guideline standards established by the company's membership of the MRS and ESOMAR (the international industry representative body).

Visit banda.ie for more detailed information.

QUESTIONNAIRE DESIGN

The questionnaire design for the Drinkaware Index incorporated seven internationally recognised and standardised question models, making it possible to corroborate and cross-analyse with international research:

1. Alcohol Use Disorder Identification Test - (AUDIT)¹

The AUDIT tool, developed by the World Health Organisation (WHO), is used to measure an individual's level of risk and/or harm in relation to their alcohol consumption patterns. The test consists of ten questions, and the resulting analysis categorises respondents into four graduated categories of alcohol related risk and/or harm:

- Low risk;
- Hazardous/increasing risk;
- Harmful/higher risk;
- Possible dependence.

The AUDIT-C is a modified, three question version of the AUDIT instrument.

2. The Drinking Motive Questionnaire: Revised Short Form (DMQ-R SF)²

The Drinking Motive Questionnaire: Revised Short Form (DMQ-R SF) consists of 12 motivations for drinking and a five point response scale. An individual's responses are used to determine the extent to which they drink for social reasons (e.g. to improve parties and celebrations), enhancement reasons (e.g. because they like the feeling), conformity (e.g. to be liked), or coping reasons (e.g. to improve a bad mood). This measure was included in the survey to enable responses to be analysed according to the different motivations.

3. The Short Warwick-Edinburgh Mental Wellbeing Scale (SWEMWBS)³

The WEMWBS, developed by Warwick and Edinburgh Universities, uses a set of 14 positively worded statements about specific thoughts and feelings, with five response

categories to determine how often an individual has experienced them; this is used to assess mental wellbeing. A shortened version of the tool, called SWEMWBS, with seven items, was used in the survey, to allow for analysis of any difference in response patterns according to mental wellbeing. Each of the seven items carried a score between one and seven, giving individual participants an overall score between seven and 35, with a lower score denoting a lower level of mental wellbeing. For the purpose of analysis in this report the level of mental wellbeing has been assessed as either low, medium or high.

4. Drinking occasions

Key typical drinking occasions; frequency of experience.

5. Monetary Choice Questionnaire⁴

The Monetary Choice Questionnaire is a tool based upon Kirby and Marakovic's (1996)⁵ work on the delay-discounting rate, and it aims to assess each participant's overall impulsiveness. This tool was included based on research suggesting a link between unhealthy lifestyle behaviours and people's impulsiveness to seek immediate gratification linked to socioeconomic factors. The measure is shown to assess a general dispositional tendency with regards to delay gratification, and has been applied to health behaviours such as eating, smoking and alcohol misuse.

6. Readiness to Change Questionnaire (RCQ)⁶

Assesses the extent to which a person is ready to change their consumption levels.

7. Overall Combined Risk Index

The risk of alcohol consumption in relation to other unhealthy lifestyle behaviours: smoking, poor diet and lack of exercise.

EXECUTIVE SUMMARY

Using internationally recognised tests for alcohol use disorders, the Drinkaware Index has, for the first time, mapped two key groups within the drinking population that deepen our understanding of alcohol consumption in Ireland today. In its ground-breaking, risk-based configuration of the Irish drinking population, this research draws particular attention to two groups:

- Hazardous/increasing risk drinkers (21% of the drinking population), and
- A subset of drinkers within the low risk group who can be classified as at potential risk, and who constitute 23% of the drinking population.

The hazardous drinking group demonstrates a degree of awareness regarding the negative implications of their drinking behaviour in their responses, along with an openness to modifying this behaviour.

Through a refinement in the application of the WHO alcohol use disorder test (AUDIT) to the low risk segment of the drinking population, this research also identifies those with a propensity to drink in a hazardous manner i.e. their behaviour indicates they may enter the hazardous group but are not there yet. The highlighting of this group, in effect, offers a crucial early warning system that signals characteristics among low risk drinkers that may well lead to increasing risk.

Drinkaware views the classification of these two groups as a major advance in the understanding of alcohol consumption in Ireland. Identifying a degree of self-awareness among those engaged in harmful drinking suggests a potential willingness to engage with consumption mitigation strategies. For the first time, the Index generates pivotal awareness of a key subset group classified as at potential risk of becoming hazardous drinkers within what was

previously considered a broadly low risk cohort. These findings question previous assumptions in relation to almost half (44%)* of Irish drinkers and suggest useful directions for future research.

The Drinkaware Index findings also identify and assess cultural influences and individual psychological motivations that drive drinking behaviours in Ireland. The research highlights a collective complacency and cultural acceptance surrounding Irish drinking habits. It also sheds a light on the contradiction of behaviour regarding the evident health and wellbeing trend in Ireland, and broad acceptance of an excessive drinking culture.

KEY DRIVERS

Significantly, this research indicates that levels of alcohol consumption in Ireland are driven by i) a combination of the frequency of drinking occasions, ii) the excessive quantities consumed per occasion and iii) a culture that is, broadly accepting of excessive drinking, mitigated somewhat by a consistent 23% of the population that never drinks alcohol.

i) Frequency of alcohol consumption

*Weekly alcohol intake is habitual for more than two out of five Irish adults, with 44% of all those surveyed reporting that they drink alcohol at least once a week. That percentage equates to a figure of 1,593,000 Irish adults who are weekly drinkers.

Within the drinking population specifically, the weekly drinker is in the majority (at 57%).

ii) Quantities consumed

Close to one in five (19%) Irish drinkers report consumption of seven or more standard drinks on a typical day of drinking, i.e. exceeding binge drinking levels. The WHO defines heavy episodic drinking (HED)⁷ as drinking at least

60 grams or more of pure alcohol on at least one occasion in the past 30 days. In Ireland, one standard drink contains 10 grams of pure alcohol, therefore six or more is equal to 60 grams+ (binge drinking).

When asked to recall the number of occasions in the previous year that they had six or more standard drinks on a single occasion, Irish drinkers reported 16 occasions on average in which they had consumed that quantity.

This number rises to 22 occasions for men, more than twice the average frequency for women (10 times in the past year). The average frequency levels rise highest of all for the under-25s who report having six or more standard drinks on a single occasion 28 times in the past year.

Of note is that 98% of respondents could not identify the HSE weekly low risk alcohol guidelines, indicating a critically low awareness and knowledge of standard drinks and low risk drinking levels.

iii) Culture of acceptance

Most Irish drinkers are complacent about their alcohol consumption levels with 84% stating that they do not think they drink to excess, while 46% strongly disagree that they should cut down on their drinking. They also appear relatively comfortable with the notion of sometimes drinking to excess. A large percentage (70%) agree, to a greater or lesser extent, with the idea that drinking to excess is a 'part of Irish culture', while half believe that drinking to excess at some stage is 'no big deal'.

The Index provides the data to support anecdotal claims about the new norm of home drinking in Ireland, with a significant proportion of all drinking occasions taking place within the home. This suggests a cultural acceptance and social norming of alcohol consumption in a home setting, a departure from long-held assumptions of Ireland's social reliance and intrinsic association with licensed premises.

Excessive consumption among the under-25s
The under-25s are identified as a group where recurrent consumption patterns are particularly intense. At 34%, the proportion of under-25s consuming six-plus standard drinks on a single occasion each week is by far the highest in any age group and almost double the percentage of 25-34 year olds (18%) consuming at that level on a weekly basis.

In addition, and of particular significance in terms of indicating the direction in which underage drinking trends are moving, under-25s report that their average age when they had their first drink was 14.3 years compared to the national average of 15.5 years.

The social motivation around the first drink is also important to understand if underage drinking is to be addressed.

FINDINGS

1. FIRST DRINK

THE INTRODUCTION TO ALCOHOL – BY WHO, WHEN AND WHERE?

The average age at which Irish adults had their first alcoholic drink is 15.5 years and, this research indicates, is getting younger. It is interesting to note the significant role that family, close and extended, plays in introducing children to alcohol, with 27% reporting that they were given their first drink from a parent or close relative.

Overall, the average age at which the respondents have tried alcohol for the first time is 15.5 years, with no statistical significance evident between male and female drinkers. However, a regional difference was identified in Connaught/Ulster where a lower age of first drink was reported, at 14.6 years. Responses from those surveyed also suggest that the first alcohol drink is being tried at a younger and younger age. Over-55s report an average age of 16 when they first tried alcohol, while the average age of under-25s when they had their first drink was 14.3 years.

Under-25s, whose responses here and elsewhere in the study, position them in the vanguard of high alcohol consumption levels, report that they started drinking an average of just over a year earlier than their counterparts in the 25-34 age group and almost two years earlier than over-55s.

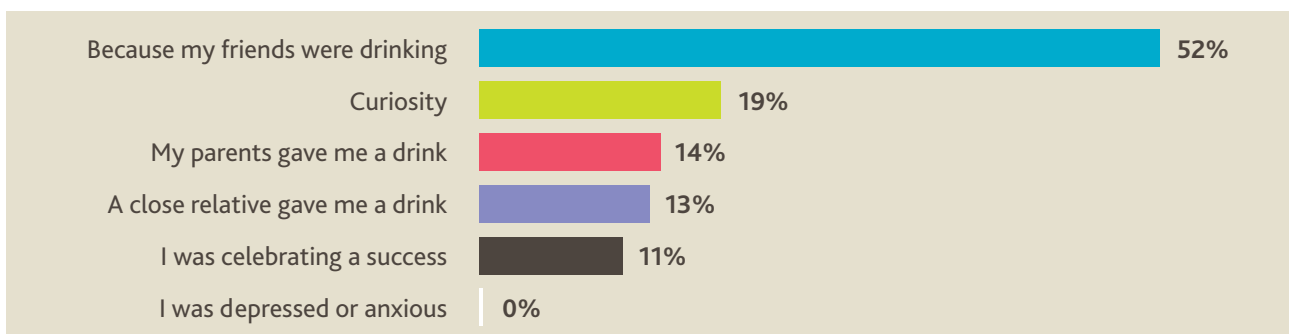
Explaining the reasons why they first tried alcohol, the majority (52%) said it was because their friends were drinking. While the substantial influence of peers during teenage years is not unexpected, it is interesting to note that family plays a significant role in the individual's first drink, with 27% being introduced to alcohol by a parent or close relative. Similarly, almost one-in-five adults (18%) were first introduced to alcohol in the home. This familial endorsement may contribute to the wider cultural acceptance of drinking that is evident from other responses in this study.

Further perspective on these findings is offered by other research carried out by Drinkaware⁸, which found that 50% of parents consider it acceptable for children to drink alcohol in the home before they are 18. Among the reasons parents provided for introducing children to alcohol in the home were taking away the mystery around alcohol and allowing parents to monitor how much children are drinking.

The cultural acceptance and representation of alcohol consumption in Irish society may also contribute to the curiosity that 19% of respondents in the Index say drew them to try alcohol for the first time.

FIGURE 1: REASON FOR FIRST TRYING ALCOHOL

Base: Adults aged 18+ ever consumed alcohol, n=907



2. EXPLAINING DRINKING

HOW THE ENVIRONMENTAL, EMOTIONAL AND SOCIAL RATIONALES NORMALISE ALCOHOL CONSUMPTION

Context is key. Irish drinkers view alcohol as pivotal to the enjoyment of social occasions. While drinkers in practice may experience motivations in combination, as part of this study, The Drinking Motive Questionnaire: Revised Short Form (DMQ-RSF) was employed to note how they respond to the unbundling of common drinking motivations.

Respondents strongly link drinking with their enjoyment of a party or social gathering. For 77% of Irish drinkers, alcohol makes social gatherings more fun at least half of the time. A close second motivation is the enjoyment they associate with the drinking experience itself, with 72% saying they like the feeling. More than half drink 'to get a buzz'. Building on the previous chapter's findings, it is possible to link the 11% who had their first drink when celebrating a success with the social motivator and association with enjoyment.

Moving beyond popular concepts of alcohol such as its role in easing participation in social occasions, a significant proportion of respondents acknowledge reasons for drinking that begin to move further away from notions of pleasure and enjoyment. It is notable that self-reporting of rationales around coping and conformity are high with half of Irish drinkers (50%) identifying a coping element to their drinking, while 49% report they drink to conform to their peers.

For instance, 42% of drinkers state that at least half of their drinking is driven by the objective of cheering themselves up when in a bad mood or feeling stressed. Similarly, 34% say they drink at least half the time to forget about their problems. And, 29%, or more than one in four drinkers, admit to frequently drinking to help themselves cope when feeling depressed or anxious.

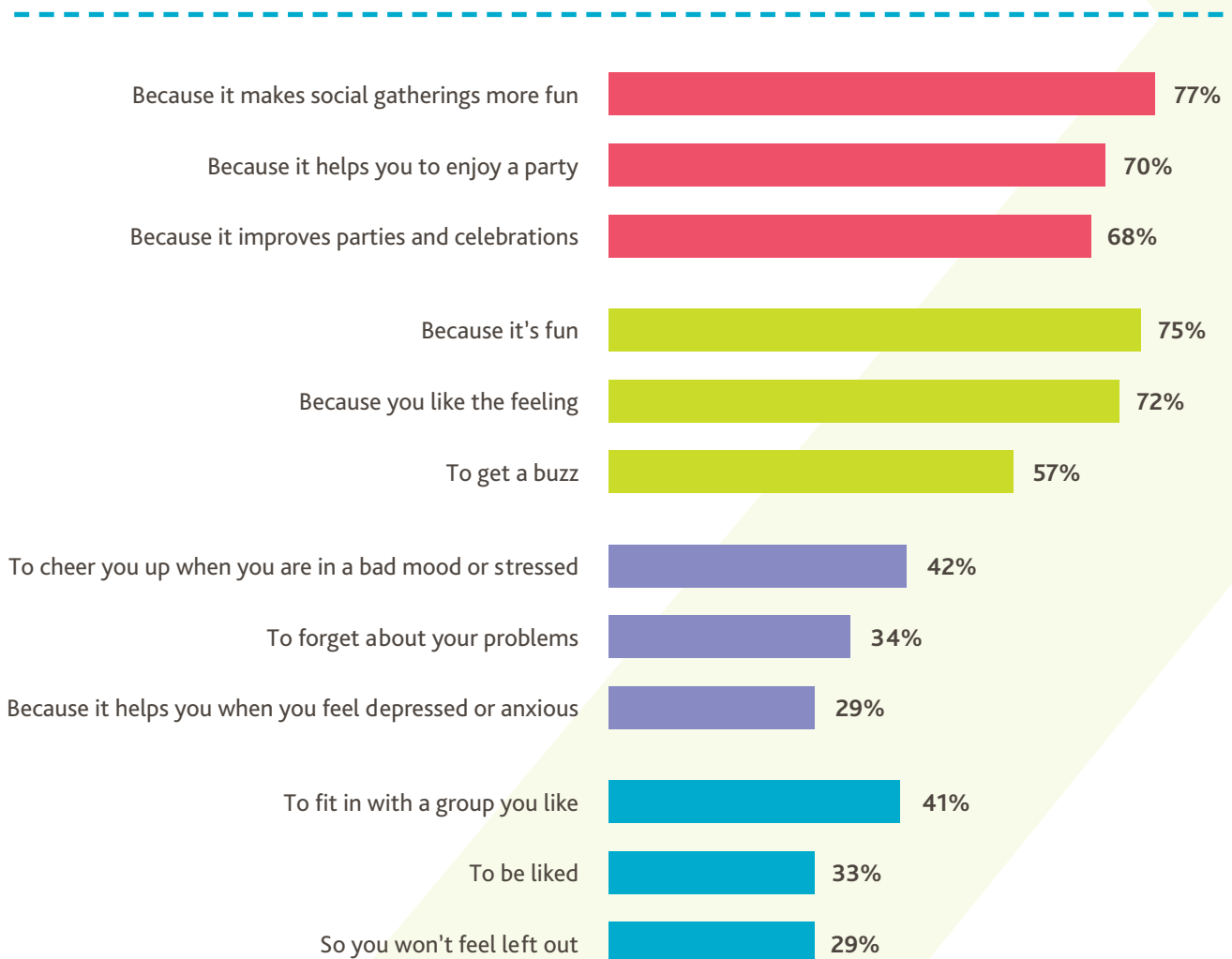
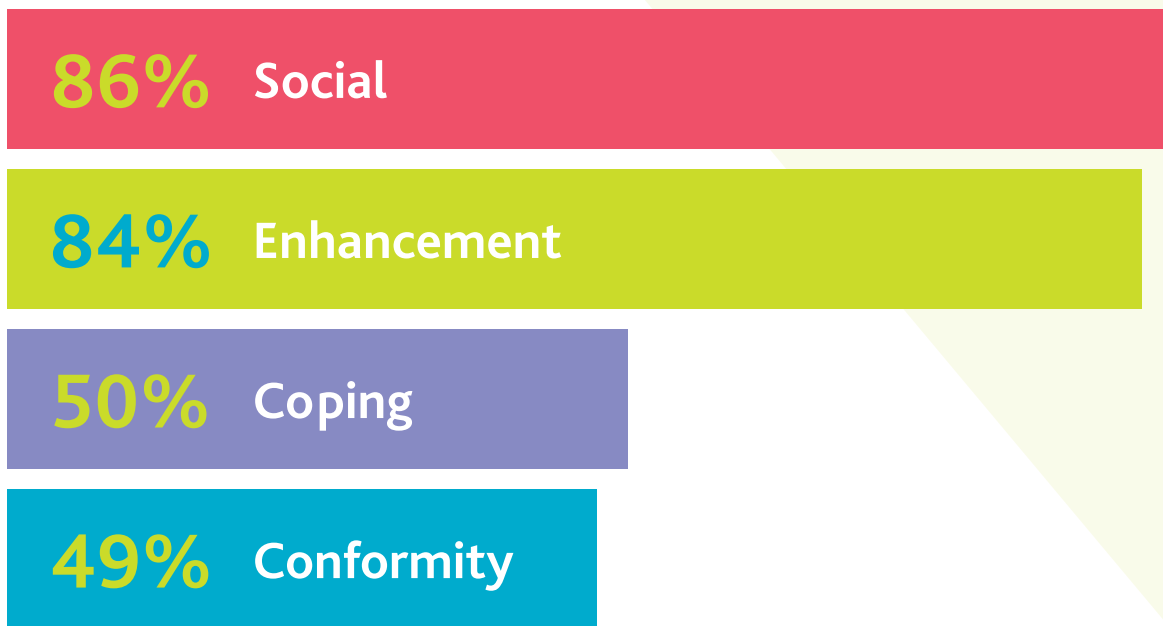
In relation to conformity with perceptions of social norms, 41% of drinkers report that at least half of the time their drinking is motivated by a desire to fit in with a group they like. One third of drinkers admit they drink half of the time simply to be liked and a slightly smaller percentage (29%) admit that at least half of the time their consumption is motivated by not wanting to feel left out.

All these behaviours – from the close alignment of alcohol with the 'enjoyment' and 'fun' of social occasions to the notion of drink as a tool for coping with problems and stress – subtly embed drinking within the conventions and customs of daily living. This process of normalisation is intensified further by the frequency with which drink is consumed in the home and consequently, consciously or unconsciously, embraced as part of family life.

To at least some degree, the association of using alcohol to deal with problems and stress, even if nominally perceived as a coping mechanism to help manage these issues, points to a recognition of negatives in relation to alcohol consumption, as well as some erosion of notions of enjoyment in relation to drinking.

FIGURE 2: DRINKING MOTIVATIONS (DMQ): 'ALWAYS/MOST OF THE TIME/ HALF OF THE TIME'

Base: Adults aged 18+ who drink, n=767



3. HABITUAL WEEKLY CONSUMPTION

FREQUENCY AND EXCESS DRIVE ALCOHOL CONSUMPTION

High volumes of drinks taken on at least a weekly basis are dual drivers of alcohol consumption levels in Ireland.

Weekly alcohol intake is an established habit for more than two out of five Irish adults, with 44% of all those surveyed reporting that they drink alcohol at least once a week. That percentage equates to a population estimate of 1,593,000 Irish adults who are weekly drinkers. In addition, 18% drink once a month and a further 14% report that they drink less than once a month. Overall, 77% of Irish adults drink alcohol, while the remaining 23% never consume alcohol.

Weekly drinking

This study shows that among the drinking population specifically, the weekly consumer is in the majority at 57%. Within this cohort of weekly alcohol consumers, frequency of drinking is highest among men.

From an age perspective, the 35-49 year olds are most prone to weekly consumption with 50% reporting weekly consumption, followed by the under 25s, 46% of whom drink on a weekly basis. They show a marginally greater propensity to weekly consumption than the 25-34 and 50-64 age groups. In each of

the latter categories, 45% report weekly consumption.

While a higher percentage of men than women engage in all listed drinking occasions on a weekly basis, the pattern is more pronounced in relation to:

- evenings or nights out with friends, in which 23% of men participate as compared to 9% of women; and,
- drinking at home alone in which 18% of men engage compared to 13% of women.

The impact of weekly over-consumption

18% of Irish drinkers had six or more standard drinks (i.e. binge drinking) each week in the past year, compared to a still significant 17% who consume this volume on a monthly basis.

Highlighted within the Drinkaware Index was a profound lack of knowledge of standard drinks and the weekly low risk alcohol guidelines, with 98% of the drinking population unable to identify the guidelines. Furthermore, almost half (48%) admitted that they did not know the guidelines and did not attempt to answer the question. This means that Irish adults who drink, do not have a clear understanding of alcohol misuse or how at risk they may be.

TABLE 1: FREQUENCY OF ALCOHOL CONSUMPTION

Base: Adults aged 18+, n=1,000

	Gender			Age					Social Class			Region				Area	
	Total	Male	Female	Under 25	25-34	35-49	50-64	65+	ABC1	C2DE	F	Dublin	ROL	Munster	Conn/Uls	Urban	Rural
UNWTD	1000	480	520	86	158	298	262	196	397	547	56	279	270	273	178	702	298
%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Weekly +	44	53	37	46	45	50	45	33	50	44	19	53	40	41	40	47	40
Monthly +	18	16	20	17	29	19	15	10	19	18	20	13	23	18	20	19	17
Less often	14	10	17	14	12	12	13	18	15	13	20	9	16	16	13	14	14
Never	23	21	26	23	14	18	26	40	16	27	41	23	21	24	26	20	29

PANEL 1: DEFINING 'STANDARD DRINKS' AND 'LOW RISK GUIDELINES'

A STANDARD DRINK IS



Half pint of lager, beer or stout
(4.5%, 284ml)



Small glass of wine
(12.5%, 100ml)



Pub measure of spirits
(40%, 35.5ml)

Source: drinkaware.ie

In Ireland, one standard drink contains 10 grams of pure alcohol. The number of standard drinks is based on the size of the drink and its alcohol strength, usually shown on labels as alcohol by volume (%ABV).

Six standard drinks constitutes binge drinking, as defined by the WHO and recognised by the HSE, the Health Research Board and the Department of Health in Ireland.

The HSE weekly low risk alcohol guidelines are:

- 11 standard drinks (110g pure alcohol) spread out over the week for women
- 17 standard drinks (170g pure alcohol) spread out over the week for men

Drinks should be spaced out, with at least two alcohol-free days, and never saved up to drink on one occasion. These guidelines are intended for adults only; there is no safe level of alcohol intake for those below the legal drinking age of 18 years.

JUST THE SIX

To fully understand the impact of drinking frequency, it is necessary to consider the levels of consumption that can occur on an individual drinking occasion, i.e. a typical day of drinking. Of concern is that slightly more than one in five (21%) admit consumption of five or six standard drinks on a typical day of drinking. A significant proportion of Irish drinkers consume well above this level – 10% have 7-9 standard drinks on a typical day of drinking, while 9% consume 10 or more standard drinks.

In addition, the frequency of occasions on which binge drinking takes place is an influential factor in generating the cultural notion of excessive drinking as normative behaviour. When asked to recall the number of instances in the previous year that they had six or more standard drinks on a single occasion, Irish drinkers reported 16 occasions on average in which they had consumed that quantity. That is the equivalent to a frequency of at least once a month. This number rises to 22 occasions (almost twice a month) for men, which is more than double the average frequency for women (10 times in the past year).

The average frequency levels rise highest of all for the under-25s who report having six or more standard drinks on a single occasion 28 times (equivalent to drinking every other week) in the past year, a striking divergence from the national average of 16 occasions.

4. HOME TRUTHS

NORMALISING HOME DRINKING WITHIN FAMILY LIFE

In relation to drinking venues, the home provides a range of drinking occasion options that are taken up by significant percentages of drinkers on at least a weekly basis (see Figure 3 below).

In light of the cultural position of alcohol as identified elsewhere in the study, these findings suggest that the incidence of home drinking on a weekly basis – alone or with a partner or with family and/or friends – may play a role in the cultural acceptance and relative lack of questioning of potentially harmful drinking behaviours.

Social drinking in one's own home or someone else's is a significant factor in the incidence of weekly drinking occasions.

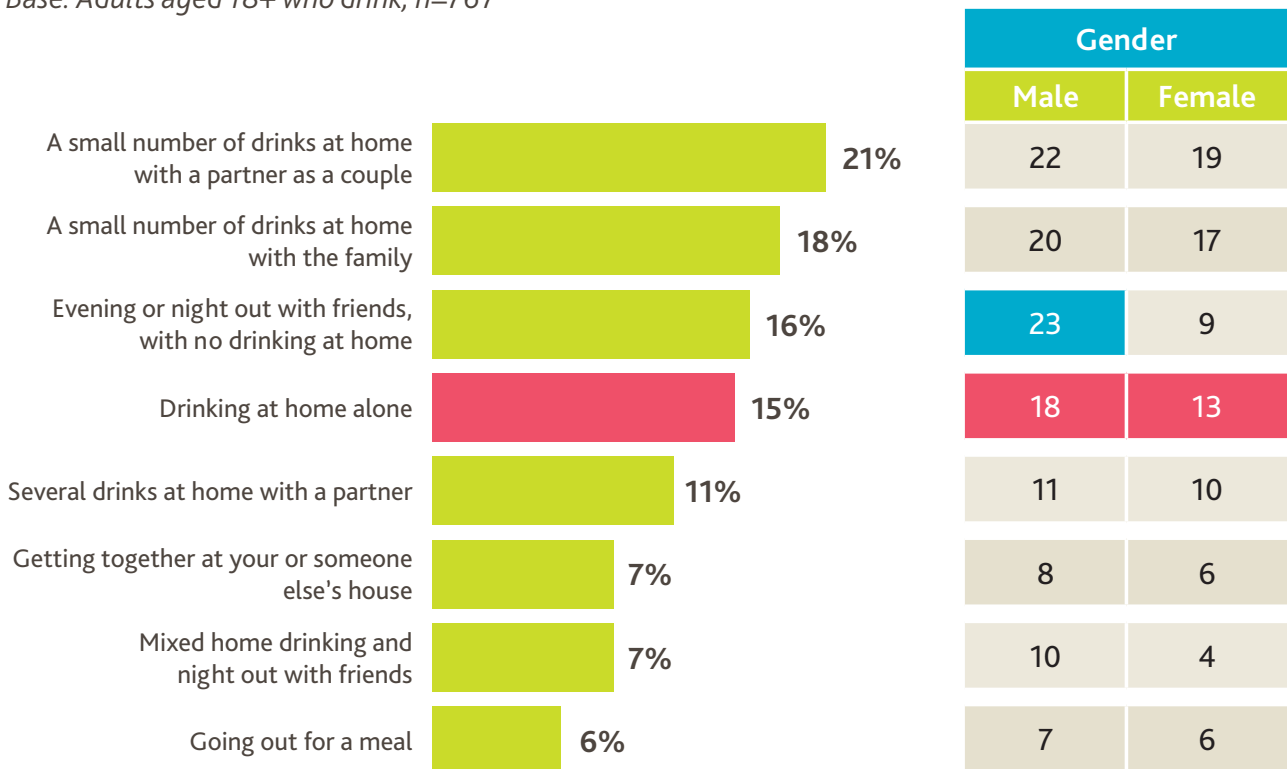
On a weekly basis:

- 21% of drinkers consume a small number of drinks at home with a partner as a couple, with a further 11% reporting they consume several drinks with a partner in their home;
- 18% have a small number of drinks in the home with the family; and,
- 7% combine home drinking and a night out with friends.

When all home based drinking occasions are analysed together, it transpires that 37% of drinkers drink at home at least once a week.

FIGURE 3: REASONS FOR WEEKLY DRINKING OCCASIONS (at least once a week)*

Base: Adults aged 18+ who drink, n=767



*The drinking occasions in this question were not mutually exclusive (i.e. a respondent could indicate that they consumed alcohol on all of these occasions on a weekly basis).

The reporting by 15% of respondents that they drink at home alone is even more troubling. As mentioned in the previous chapter, men (18%) are more likely to report drinking at home alone than women (13%). In this case, rationales of sociability are irrelevant and closer scrutiny of their drinking behaviours is necessary to identify the risk categories within which this particular group of home drinkers are located, as well as their levels of alcohol consumption.

This weaving of alcohol into the fabric of home and family life on a regular basis raises questions about the normalising influence that such drinking occasions exert. In addition to the interactions between couples and friends and the subtle pressures to be sociable and 'have a drink', what impact is home drinking having on children and teenagers who see this behaviour in the home?

In this context, it is significant that the average age at which people in Ireland start drinking is getting younger and 27% of adults in the Index reported that they got their first drink from a parent or close relative, while almost one-in-five (18%) were first introduced to alcohol in the home. These findings support Drinkaware research⁹ from 2017 with parents of 11-15 year olds which found that 44% of the occasions where children are exposed to parental drinking is at home.

The financial cost factor is notable when viewed alongside this clear normalising of home drinking. Purchasing alcohol to consume at

home tends to be perceived as not having the same excessive spending implications typically associated with a night out. In this context, it is interesting that personal finances were cited as a motivating influence by 23% of people who have made positive changes to their drinking habits in the past year.

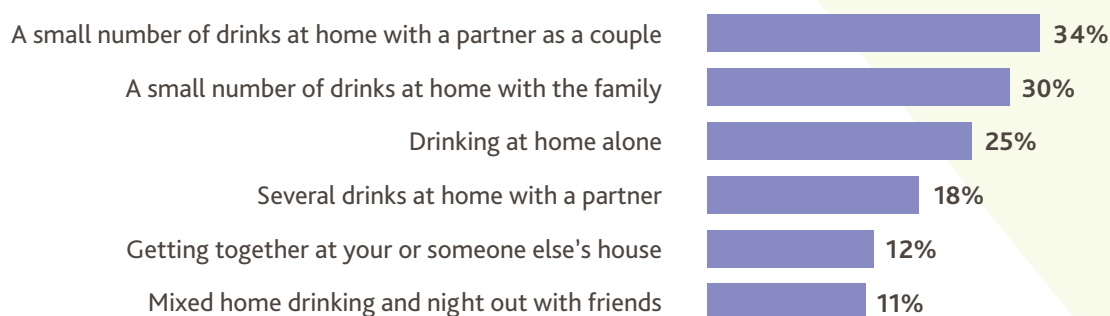
Anecdotally at least, measures of drinks provided in people's homes are more generous than in a licensed setting, while hosts often see glass-filling and topping up as a function of hospitality to their guests. Given the uniquely influential aspect of the home and the sense it generates of a reassuring and relaxed environment that is also crucially, uncontrolled, this represents a relatively new challenge in how to effectively reduce potentially harmful drinking habits.

This hidden domestic drinking may be enabled by the lack of knowledge of standard drinks or the low risk guidelines as detailed previously in this report and merits further research and analysis. Without this knowledge, individuals may be unintentionally drinking more alcohol than they had planned and ultimately, unaware of how at risk they might be.

In the analysis shown in Figure 4 below, the home based drinking occasions are reviewed exclusively by Irish adults who drink on a weekly basis (44%). For these weekly drinkers, when the home based drinking occasions are analysed together, we can establish that 61% of weekly drinkers do so at home.

FIGURE 4: WEEKLY DRINKING OCCASIONS - AT HOME (at least once a week)*

Base: Adults aged 18+ who drink weekly, n=446



*The drinking occasions in this question were not mutually exclusive (i.e. a respondent could indicate that they consumed alcohol on all of these occasions on a weekly basis).

5. YOUTHFUL EXCESS

ACUTE LEVELS OF BINGE DRINKING EVIDENT AMONG UNDER-25s

Among drinkers under the age of 25 years, a substantial percentage report frequent binge drinking, with 34% consuming six-plus standard drinks on a weekly basis.

Intense and recurrent

The under-25s, in particular, emerge from the research findings as a group where recurrent consumption patterns are particularly intense. 46% of under-25s report weekly drinking, while the average frequency of consuming six or more standard drinks on a single occasion is 28 times 'in the past year'. This is a higher frequency for this critical, binge-level drinking than any other age group and significantly greater than the national average of 16 occasions. However, it is

notable that 23% of this age group reports that they do not consume alcohol at all.

Underlining the frequency of binge drinking among this age group, the research shows that 34% of under-25s consume six-plus standard drinks on a single occasion each week – the highest percentage among any age group and almost double the 18% of 25-34 year olds consuming at that level on a weekly basis.

While the percentage of under-25s that report consumption of six or more standard drinks on a daily or almost daily basis is small at 2%, it is still twice as many as those aged between 35 and 49, the only other group to report daily or almost daily drinking.

TABLE 2: DRINKING SIX OR MORE STANDARD DRINKS ON A SINGLE OCCASION IN THE PAST YEAR

Base: Adults aged 18+ who drink, n=767

	Gender			Age				
	Total	Male	Female	Under 25	25-34	35-49	50-64	65+
UNWTD	767	378	389	67	138	246	195	121
%	%	%	%	%	%	%	%	%
Daily or almost daily	1	1	0	2	-	1	0	-
Weekly	18	26	10	34	18	19	16	9
Monthly	17	18	17	26	33	13	11	6
Less than monthly	29	29	29	20	30	35	33	18
Never	34	26	44	19	19	32	40	66
Mean occasions	16	22	10	28	15	18	13	7

Conforming-related motivations for drinking are most evident among those in the under-25 age group, reporting that they consume alcohol to fit in with a group, to be liked or to not feel left out. At 70%, this is far higher than all other age groups including those aged between 25 and 34 (47%).

64% of under-25s state that their drinking habits are driven by coping motivations – to forget about problems, help when feeling depressed or anxious and cheer up when stressed. A similarly high proportion (58%) of the 25-34 age group also report coping as a motivational driver for alcohol consumption.

An escalation of drinking behaviour over time among the under-25s is suggested by the extent to which they report drinking more than they have in the past. In total, 15% report drinking more than two years ago; this compares with 9% of 25-34 year olds and 8% of 35-49 year olds. More than one in four (26%) of the under-25s say they are drinking more than five years ago. This is two and a half times more than either 25-34 year olds or 35-49 year olds, with 10% of these cohorts reporting drinking more than five years ago.

Future health concerns

At 27%, the proportion of under-25s who perceive future health problems as a result of their current drinking levels is the highest of all age groups. This awareness presents a contradiction when viewed against the problematic drinking patterns reported by under-25s and suggests that their health concerns are also accompanied by a distinct lack of urgency. This is significant as this age group are the heaviest drinkers while also having access to information at their fingertips i.e. through online access, social media etc.

Future research will determine whether this trend is particular to the current under-25 cohort or indicative of an underlying shift towards more excessive drinking across the age cohorts in the years ahead that is driven by more intense drinking behaviour among the young. Either way, the intensity and frequency of binge drinking among the under-25 cohort has the potential to have serious implications for the health of this generation of under-25s as they grow older.

6. COMPLACENT AND COMPLICIT CONSUMERS

CULTURAL ATTITUDES AND ACTIONS IN RELATION TO DRINKING ALCOHOL

The vast majority of Irish drinkers believe that they don't drink too much and also think that drinking to excess is just a part of Irish culture.

Most Irish adult drinkers are accepting of their alcohol consumption levels with 84% stating that they do not think they drink to excess, while 46% feel strongly that there is no need to cut down their drinking. These findings suggest that respondents see excessive drinking – and the harms it can contribute to – as a phenomenon unconnected to their own lives.

At the same time, they also appear relatively comfortable with the notion of sometimes drinking to excess. A large percentage (70%) agree, to a greater or lesser extent, with the idea that drinking to excess is a part of Irish culture while half believe that drinking to excess at some stage is no big deal.

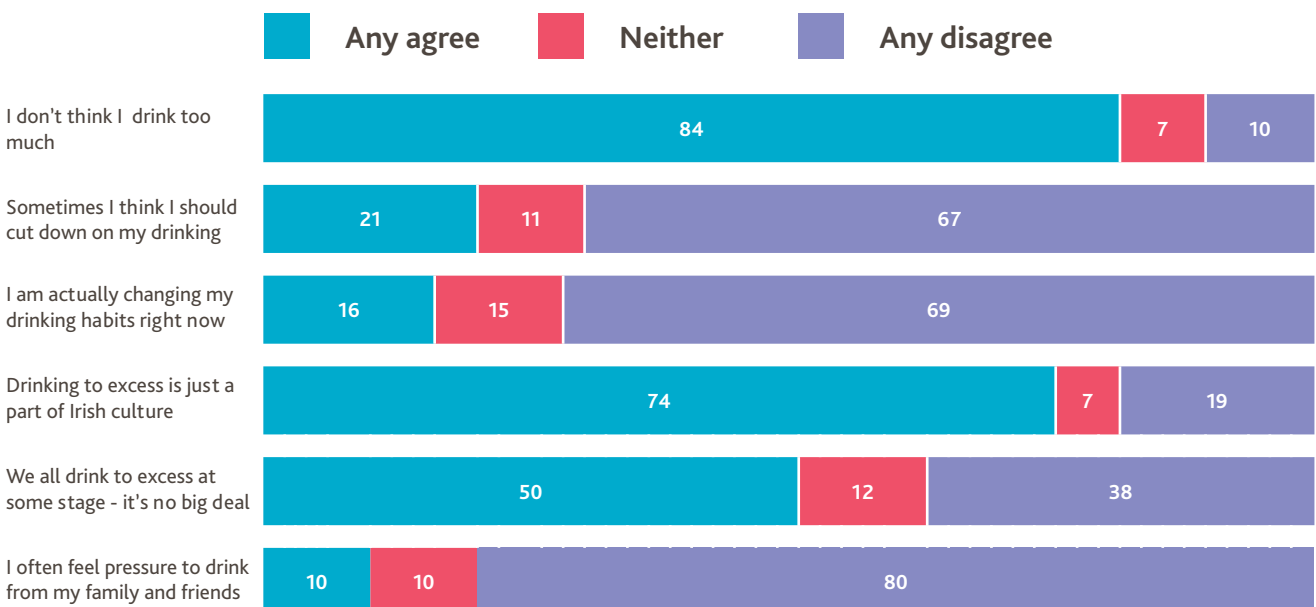
Only 10% say they often feel pressure to drink from family and friends. It is interesting

to weigh this response in the context of the influence of family and friends in relation to initial experiences with alcohol, as identified elsewhere in this research. It suggests the possibility that, rather than overt pressure, it is the subtler influence created by the example of drinking behaviour among friends and family that has the most significant impact on the individual drinker. Indeed, 63% of adults strongly disagreed with the statement, 'I often feel pressure to drink from my family and friends'. This social pressure is not necessarily recognised or acknowledged by any of the parties, influencers or those influenced, and is even more effective for that reason.

Home drinking (see Chapter Four) positions consumption within the context of family relationships, celebrations, hospitality towards guests, neighbourliness etc. and therefore, may not necessarily be experienced as direct pressure, unlike the verbal cajoling, urgings and 'encouragement' that can occur in social occasions beyond the home environment.

FIGURE 5: ATTITUDES TOWARDS ALCOHOL AMONG ADULTS WHO DRINK

Base: Adults aged 18+ who drink, n=767



Evolving drinking levels

Over a ten-year period, recollected drinking patterns show shifting perspectives on individual drinking rates. Only 28% believe they are drinking about the same amount of alcohol per week as they did ten years ago. More than a third (34%) believe they are drinking less per week than ten years previously, while 14% say they are drinking more now.

As the time frame shortens, respondents' perceptions of drinking levels suggest a self-perceived consolidation of drinking habits. Compared to two years ago, only 24% believe they are drinking less now and a low 6% believe they are drinking more. Reflecting on this shorter two-year time-span, more than half, or 53%, say they are drinking about the same as they did in 2016.

Overall, within longer time frames, i.e. ten and five-year periods, respondents report more emphatic changes in drinking levels than they do for the most recent two-year bloc.

A minority cohort report that they drink more now than they have in the past: 6% report that they drink more than in 2016; 10% say they drink more than five years ago; and 14% are drinking more than 10 years ago. A higher percentage of under-25s identify within this cohort than any other group, with 15% of them saying they drink more now than two years ago and 26% saying they drink more now than they did five years ago.

Numerous factors may influence these perceptions including the ages of respondents, the years in which they began drinking alcohol and the accuracy of their recollections. While acknowledging the contingent nature of these memories, it is evident that, in the main, respondents self-perceive a reduction in changes to drinking levels, whether upwards or downwards, and a relative consolidation of their drinking levels within recent years.

TABLE 3: CHANGE IN LEVELS OF DRINKING ON A WEEKLY BASIS

Base: Adults aged 18+, n=1,000

MORE THAN	Gender			Age				
	Total	Male	Female	Under 25	25-34	35-49	50-64	65+
UNWTD	767	378	389	67	138	246	195	121
%	%	%	%	%	%	%	%	%
2 years ago	6	8	5	15	9	8	3	1
5 years ago	10	11	9	26	10	10	8	2
10 years ago	14	6	11	-	11	17	12	6

Breaking the pattern: influencers for behaviour change

The persistence of regular alcohol consumption fuelled by the frequency of drinking occasions as outlined elsewhere is emphasised in drinkers' attitudes to breaking recurrent drinking patterns, with only 16% saying that they are actually changing their drinking habits i.e. drinking less.

Among the cohort that are making small positive changes to their drinking habits, physical health was the most common factor in their decision-making, with 61% citing it as a driver for positive behaviour change. The next two most common factors were physical fitness (cited by 43%) and mental health (identified by 32%). With almost a third of respondents already conscious of mental health impacts, it will be interesting to see if that percentage grows in years to come, as a result of the greater cultural awareness of mental health issues and the ever-expanding and welcome national conversation around issues such as depression, anxiety and self-esteem.

Personal finances was a factor mentioned by 23% of the cohort, suggesting that pricing may influence drinking decisions among those open to changing their consumption habits.

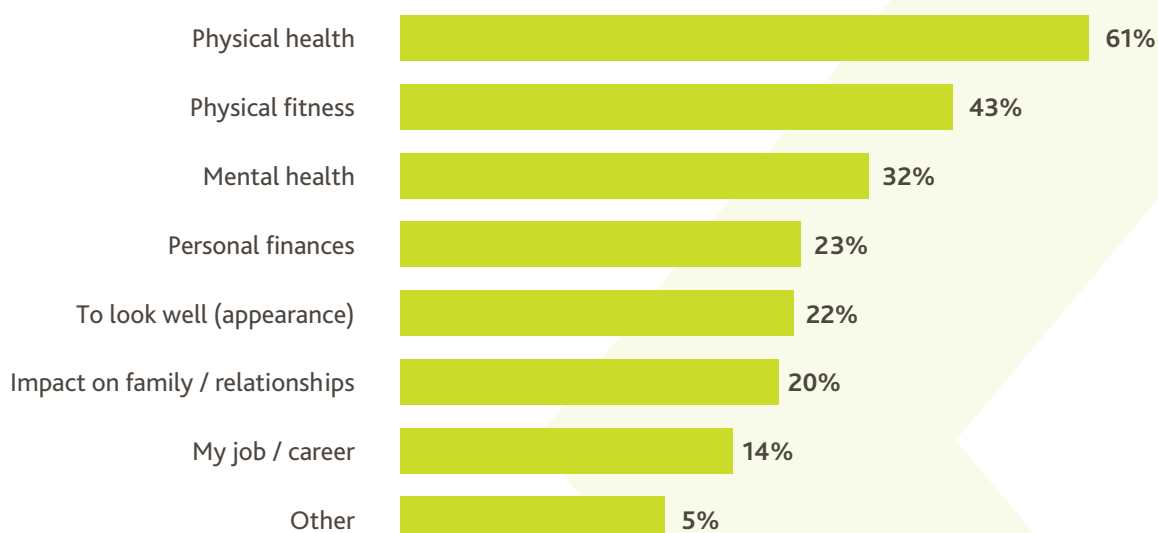
This could also be a contributory factor to the significant proportion of Irish drinkers who cite the home as the source of their drinking occasions as outlined in Chapter Four.

Within this group of drinkers making modifications to their drinking behaviour, 72% undertook small changes to their drinking habits on their own without any support. In the relatively few instances where support was sought, 14% turned to friends and family, 12% sought assistance from a GP or health professional and 9% looked to a partner for support.

The reluctance to seek support from family, friends and partners seems particularly pronounced and raises questions as to why a move for positive change on the part of the individual is undertaken in relative isolation. It also contrasts starkly with the wide cultural acceptance of excessive drinking from time to time. These findings highlight that an individuals' social circle encompassing family, friends and partners all have an important role in adults' motivation to drink in the first place. Conversely, this refers back to the fact that people do not believe they have excessive drinking habits which in turn, makes them less likely to feel the need to change their behaviour.

FIGURE 6: MOTIVATIONS FOR DRINKING LESS

Base: Adults aged 18+ who have already made changes, n=158



Perception of impact on future health

The research shows some promising trends are emerging and Irish drinkers are becoming increasingly aware of the dangers associated with excessive drinking.

While the majority of drinkers are sanguine in relation to the future health implications of their drinking, almost one-in-four (24%) consider it likely that they will have increased health problems in the future if they continue drinking at their current level. On a gender basis, 29% of men foresee future health problems, while only 19% of women believe they will experience health issues in the future as a result of their drinking habits.

Across the age demographics, a consistent quarter foresee health issues arising from their current drinking habits, with the exception of the over-65s where such concerns fall to 16%. As mentioned earlier in this report, a larger percentage of under-25s than any other age group perceive future health problems in

relation to alcohol (27%). While this cohort of under-25s is only marginally higher than that of the 50-64 age group (25%) of whom perceive future health issues, it is a telling response from a demographic that is traditionally characterised as feeling less vulnerable in relation to their health than their elders.

Perhaps the under 25s believe that they can postpone the implementation of healthier or less risky consumption patterns until later in life. Equally, they may view their drinking behaviour as a phase and are satisfied to postpone changes until they 'settle down' in the future. This raises doubts as to how accurately informed they are around the long-term impacts of excessive drinking and how realistically they measure the challenges associated with changing drinking behaviour. It is cautionary in this context to note the small minority of drinkers that are actually attempting to change their behaviour and the relative cultural isolation and lack of encouragement that attends their efforts.

TABLE 4: PERCEPTION OF FUTURE HEALTH PROBLEMS AS A RESULT OF CURRENT DRINKING LEVELS

Base: Adults aged 18+ who drink, n=767

	Gender		Age					Social Class			Region				
	Total	Male	Female	Under 25	25-34	35-49	50-64	65+	ABC1	C2DE	F	Dublin	ROL	Munster	Conn/Uls
UNWTD	767	378	389	67	138	246	195	121	334	400	33	213	216	205	133
%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%
Very likely	8	9	6	3	8	8	8	10	7	9	6	8	2	12	10
Fairly likely	16	19	12	23	17	17	17	5	14	19	10	21	14	13	13
Not very likely	19	21	18	17	20	24	18	13	23	17	18	20	15	20	25
Not at all likely	50	43	57	42	47	46	52	64	50	49	56	45	61	45	46
Don't know	7	7	7	15	8	5	5	7	7	7	11	6	7	9	6
Any likely	24	29	19	27	25	25	25	16	20	28	16	30	16	26	23

PANEL 2: AGAINST THE GRAIN – THE QUIET MINORITY

Within a culture that encourages the perception of drinking frequently and to excess as normative behaviour, the cohort of those who abstain from drink, 23% of the overall population, is noteworthy. This finding in particular, warrants wider public discourse to reduce the normative acceptance and related stereotyping of excessive drinking in Irish society.

In terms of gender, more women (26%) are non-drinkers than men (21%). From an age perspective, the lowest percentage of non-drinkers (14%) are within the 24-34 age group, while the highest percentages of non-drinkers are in the 65+ and 50-64 age groups at 40% and 26% respectively. For these age groups, a number of factors may influence these high levels of non-drinking, including heightened awareness of health impacts and less susceptibility to peer influence.

It is also worth noting that among the under-25 age group where consumption levels are high (see Chapter Five) among the majority, the minority of non-drinkers is 23% and the highest outside the mature 50 plus age demographic.

Moderation techniques

The moderation techniques most cited by the 16% of adults who have already made changes to their drinking habits focused on actions the individual can take in a personal capacity, rather than seeking support or advice from friends, family or an official source (e.g. a GP). 72% stated that they only used their own efforts and did not involve another person in their efforts. Similarly when asked to list the tools or supports used to help them to drink less, 84% again stated that they did not use any, instead relying solely on their own personal efforts.

Among drinkers overall, of 11 moderation techniques outlined, the most widely attempted currently or in the past involved setting personal restrictions including the avoidance of drinking alcohol on a 'school/work night', with 50% claiming to have tried this, or would try in the future. The second most-tried method at 42% was staying off alcohol for a fixed time period, followed by avoiding being in a round of drinks which 40% have tried or are trying.

The most popular moderation techniques have a certain vagueness and seem informed by awareness of personal habits rather than any scientific knowledge of health impacts. For example, one-third set themselves a drinking limit to moderate their alcohol intake e.g. just one glass of wine.

In a somewhat positive finding, 31% of men and 46% of women report attempting to drink within the HSE low risk weekly alcohol guidelines, which suggests a greater awareness of objective assessments of drinking behaviour. However, this aspiration is in turn undermined by the findings that show 98% of both men and women did not know the weekly low risk guidelines, failing to select the correct maximum number of standard drinks recommended per week.

Some interesting gender differences relating to preferred moderation techniques emerged from the findings. Women are more likely to alternate alcoholic drinks with water or a soft drink (38%) compared to 28% of men stating they have or would try this approach. Consistently, a higher percentage of women than men report trying each of the techniques with several exceptions. These exceptions in technique take-up by gender include:

- i. Staying off alcohol for a fixed time period which 44% of men have tried or are trying as compared to 41% of women;
- ii. Avoiding always having alcohol in the house, a technique that 32% of men have or are attempting as compared to 28% of women; and,

- iii. Drinking low- or no-alcohol beer/wine/cider (<0.5% ABV) is more commonly cited by women at 29%, compared to 19% of men.

Looking at the range of techniques reported on, it is interesting to note the challenges that many of them would present in relation to home drinking. For instance, the relative difficulties in alternating alcoholic drinks with soft drinks or water or recording how much one is drinking in the context of a few drinks with friends at home. In this regard, it is telling to note that 30% have tried or are trying to avoid always having alcohol in the house.

FIGURE 7: MODERATION TECHNIQUES: 'HAVE DONE IN THE PAST'/'CURRENTLY DOING'

Base: Adults aged 18+ who drink, n=767



7. THE PATHWAY TO HAZARDOUS DRINKING

MODELLING RISKS IN RELATION TO ALCOHOL CONSUMPTION

The internationally recognised test for alcohol use disorders, the Alcohol Use Disorder Identification Test (AUDIT), one of a number of analytical models deployed (see page 7) in this study, highlighted two key groups within the drinking population that help to deepen our understanding of alcohol consumption in Ireland.

In its risk-based configuration of the Irish drinking population, this research draws particular attention to two groups: hazardous or at increasing risk drinkers (21% of the drinking population) and a subset of drinkers within the low risk group who can be classified as at potential risk, and who constitute 23% of the drinking population.

When applied in an Irish context in the Drinkaware Index, the AUDIT establishes that, among Irish adults who drink, 21% exhibit alcohol-related behaviours that are hazardous and of increasing risk (Zone 2). This represents a substantial population of 592,000 drinkers. A further 4% are in the harmful/higher risk and possible dependence cohorts, Zones 3 and 4.

Two thirds of those in the harmful/higher risk and possible dependence levels of drinking, occupying Zones 3 and 4, are men. Of all the age groups, under 25s have the highest percentage (38%) in these high risk zones. The under-25s data from the AUDIT test, resonates strongly with the findings elsewhere in the study in relation to under-25s.

PANEL 3: AUDIT and AUDIT-C

The Alcohol Use Disorder Identification Test (AUDIT) tool, developed by the World Health Organisation (WHO), is used to measure an individual's level of risk and/or harm in relation to their alcohol consumption patterns. As the most internationally recognised of the models utilised in this study, the AUDIT proved to be the most discriminating in terms of stratifying drinking behaviour in Ireland in terms of risk.

The test consists of ten questions, each of which carries a score of 0-4, depending on the answer given. This gives each individual an overall AUDIT score between 0 and 40. Scores for this tool have been grouped as shown in the table below. AUDIT-C is a modified, condensed version of the AUDIT instrument used to provide a measure of consumption only.

The AUDIT tool methodology posits four zones of risk in relation to alcohol use:

		Overall score
Zone 1	Low risk	0-7
Zone 2	Hazardous/ increasing risk	8-15
Zone 3	Harmful/ higher risk	16-19
Zone 4	Possible dependence	20-40

TWO CRITICAL COHORTS

The AUDIT identifies two groups that provide a critical new perspective on 44% of the Irish adult drinking population, specifically:

- It highlights a sub-group within the low risk drinking cohort, i.e. drinkers at potential risk of developing hazardous drinking behaviours

(23% of the overall drinking population); and,

- The group of hazardous/increasing risk drinkers (21% of the overall drinking population).

FIGURE 8: ALCOHOL USE DISORDER IDENTIFICATION TEST (AUDIT)

Base: Adults aged 18+ who drink, n=767

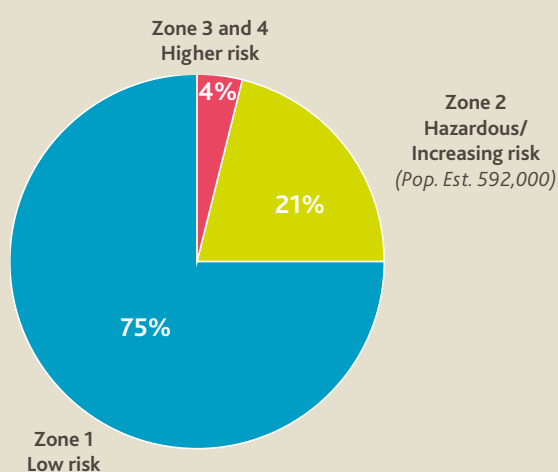
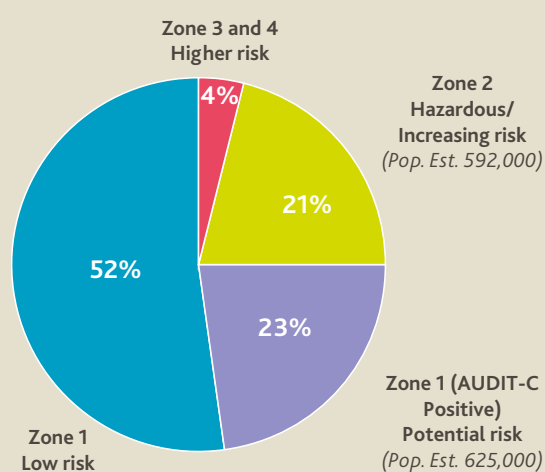


FIGURE 9: CROSS ANALYSIS: AUDIT AND AUDIT-C

Base: Adults aged 18+ who drink, n=767



I. Assessing Zone 1 (AUDIT-C positive): Potential Risk Group

The AUDIT locates 75% of Irish drinkers, in Zone 1, defined as low risk. However, it is possible to develop a more nuanced interpretation of the risk parameters of Zone 1 drinkers by utilising AUDIT-C (see Panel 3, AUDIT and AUDIT-C).

Applying this additional test to the initial low risk category, Zone 1, reveals that 31% of drinkers in this group can be defined as AUDIT-C positive, a classification that indicates a propensity to increasing, or hazardous, drinking. This refines the findings in relation to the overall drinking population, dividing the low risk group into two more distinct groupings:

- Zone 1: low risk
- Zone 1 (AUDIT-C positive): potential risk.

Is complacency a danger for potential risk drinkers?

Zone 1 (AUDIT-C positive) drinkers, the group identified as at potential risk, who are within the wider low risk cohort, are less strongly defined as a group by gender and age as like their counterparts in Zone 2. They are more gender neutral than Zone 2 drinkers and more evenly distributed in terms of age. For example, 52% of the Zone 1 (AUDIT-C positive) cohort are male and 36% are under 34. At 66%, not as many Zone 1 (AUDIT-C positive) drinkers are chief wage earners in their households, although they are almost as strongly city-based as Zone 2 drinkers, with 66% living in urban areas.

The positive intentions reported by many Zone 2 drinkers in exhibiting an openness to modifying their alcohol behaviour (such as

PANEL 4: DEFINING ALCOHOL MISUSE

Hazardous

Hazardous drinking is defined as when a person drinks over the recommended weekly low risk guidelines (17 standard drinks for men and 11 standard drinks for women). It is also possible to drink hazardously by binge drinking (six or more standard drinks in one sitting), even if the guidelines are adhered to. Health problems directly related to alcohol may not have been experienced yet, but there is an increasing risk of experiencing problems in the future.

Harmful

Harmful drinking is defined as when a person drinks more than the low risk guidelines and has experienced health problems directly related to alcohol. Many of the health problems caused by harmful drinking do not cause any symptoms until they reach their most serious stages (e.g. liver cirrhosis, some cancers etc.)

Dependent

Alcohol is both physically and psychologically addictive and it is possible to become dependent on alcohol. Dependent means that a person feels that they are unable to function without alcohol and the consumption of alcohol becomes an important - or sometimes the most important - factor in their life. Depending on the level of dependence, a person can experience withdrawal symptoms if their supply of alcohol is suddenly stopped. Withdrawal symptoms can be both physical and psychological.

Source: hse.ie

consideration of cutting down on their alcohol intake, taking action to reduce drinking) are not as widely reported by Zone 1 (AUDIT-C positive) drinkers, only 20% of whom think they will have increased health problems as a result of their drinking.

23% sometimes think they should cut down on their drinking and only 16% say they are changing their drinking habits right now. In another discouraging aspect, they are only marginally positioned behind Zone 2 drinkers in their relaxed view of excessive drinking, with 62% of Zone 1 (AUDIT-C positive) drinkers agreeing with the view that it is 'no big deal'.

The attitudes displayed by Zone 1 (AUDIT-C positive) drinkers reflect the cultural factors outlined earlier in relation to home drinking, the linking of drinking to fun and enjoyment of social events, and the wide acceptance of excessive drinking as 'no big deal'.

II. Assessing Zone 2: Hazardous/ Increasing Risk Group

The study identifies Zone 2 drinkers as a group whose drinking behaviour is characterised by hazardous risk levels. At the same time, this behaviour is accompanied by a degree of awareness among Zone 2 drinkers of its negative implications.

Moreover, the Zone 2 group constitute a clear and distinct demographic profile, particularly in terms of age and gender. They are 73% male and 44% of them are under 34 years. In addition, 78% are the chief wage earner in their household, a statistic that resonates in terms of the potential for their drinking behaviour to have extended consequences, and 68% live in urban areas.

The Zone 2 group are highly differentiated in terms of their alcohol-related behaviour, with 83% drinking alcohol weekly or more often, consuming on average 8.4 standard drinks on a typical drinking day and reporting 38 incidences of binge drinking in the past year.

Within Zone 2, 13% are drinking more than two years ago and 18% are drinking more than five years ago; both are higher percentages than those of the national population in each case (6% and 10% respectively).

Zone 2 drinkers are more likely to engage in all types of drinking occasions. In the case of the three examples below the difference in propensity of Zone 2 drinkers versus the national population is statistically significant.

Zone 2 drinkers are more likely to engage in all types of drinking occasions. In the case of the three examples below the difference in propensity of Zone 2 drinkers versus the national population is statistically significant.

- 36% of those in Zone 2 indulge in an evening or night out with friends with no drinking at home, on at least a weekly basis (more than twice the national population percentage of 16%);
- 17% of those in Zone 2 engage in mixed home drinking and nights out with friends on at least a weekly basis (again, more than twice the national average, 7%); and,
- 32% have experienced notable harmful effects from their drinking habits in the past year, compared to the 12% national average.

TABLE 5: CROSS ANALYSIS DEMOGRAPHIC BREAKDOWN

Base: Adults aged 18+ who drink, n=767

		Total	Zone 1 (5+) (potential risk)	Zone 2 (hazardous/ increasing risk)	Zone 3 and 4 (harmful/dependence)
	UNWTD	767	174	162	28
	%	%	%	%	%
Gender	Male	49	52	73	66
	Female	51	48	27	34
Age	-24 years	11	9	18	38
	25-34 years	18	27	26	24
	35-44 years	21	24	25	11
	45-54 years	17	18	16	12
	55-64 years	14	13	9	13
	65+ years	18	9	6	2
Social Class	ABC1	42	44	43	36
	C2DE	52	52	55	65
	F	6	6	3	-
Area	Urban	63	66	68	59
	Rural	37	34	32	41

Attitudinally distinct

Interestingly, the Zone 2 drinker is attitudinally distinct and exhibits an openness to modifying alcohol behaviour. More Zone 2 drinkers express a concern about their drinking behaviour with 39% agreeing with the statement "I'm likely to have increased health problems if I continue to drink like this".

Compared to the national population, among whom 21% sometimes think they should cut down on drinking, a substantial 44% of Zone 2 drinkers sometimes think they should cut down. 26% say they are actually changing their drinking habits right now. In a slight deviation from these generally positive attitudes, 65% view excessive drinking at some stage as "no big deal". 82% of Zone 2 drinkers viewed drinking to excess as part of Irish culture. Overall,

75% of the population thought this. This less encouraging attitude is more widely held among Zone 2 drinkers than drinkers in general, with 50% of the drinking population at large holding this view.

Overall, the Zone 2 group constitute a clearly identifiable cohort among the drinking population, possessing characteristics that suggest they are receptive to modifying their behaviour and open to messages around drinking behaviour and its mitigation.

FIGURE 10: AUDIT ZONE 2: BEHAVIOUR PROFILE

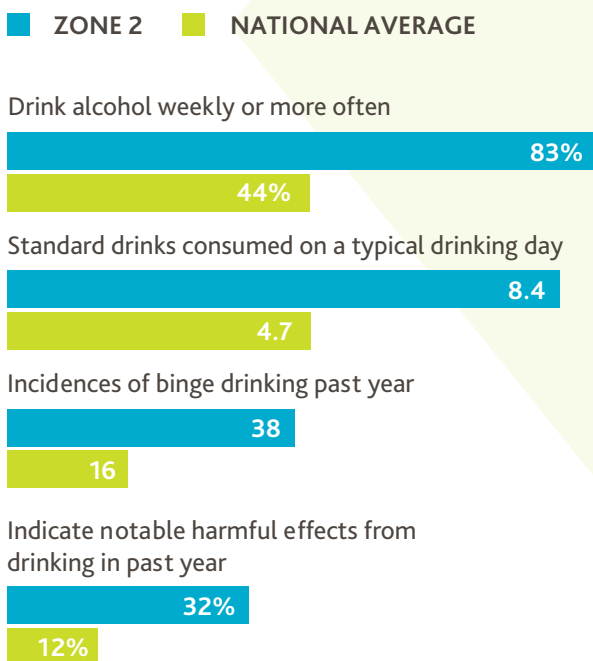
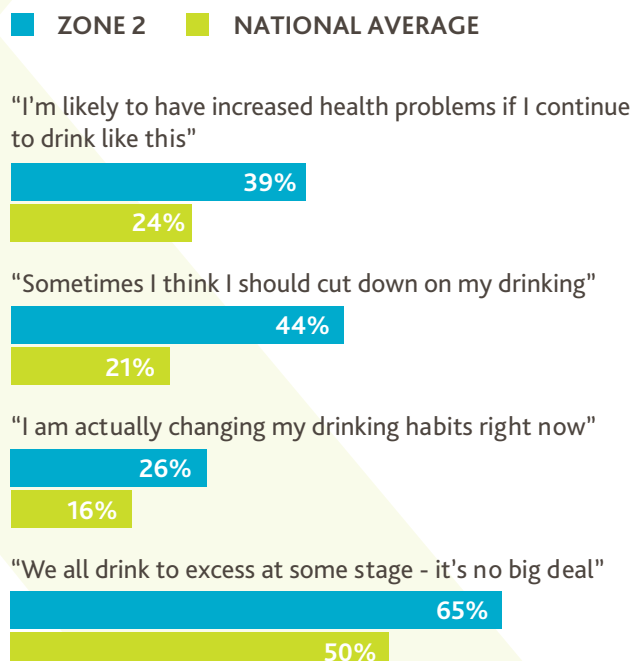


FIGURE 11: AUDIT ZONE 2: ATTITUDINAL PROFILE



8. CONCLUSION

The defining of drinking behaviours in this research on a risk-configuration basis highlights the critical importance of Zone 1 (AUDIT-C positive) drinkers, those at potential risk of becoming hazardous drinkers, and Zone 2 drinkers, those whose consumption is already at hazardous or increasing risk levels.

Crucially, this evidence-informed resource opens up vital new directions for further national research and deeper investigation of drinking behaviours and attitudes, including but not limited to:

- Deeper analysis of home drinking and its impacts. Additional research is warranted to analyse in greater detail the volumes of alcohol consumed in Irish homes. Further investigation is needed to better understand what respondents mean in relation to terms such as 'a small number of drinks' and 'several drinks'.
- Similarly, it is crucial for future research to examine the impact home drinking is having on children and teenagers who see this behaviour in the home.
- An urgent exploration of the consumption patterns of under-25s and in particular, a

cross-referencing of the cultural influences on the majority of this group with the corresponding cultural influences reported by the minority in the group that abstain from drinking, to identify where influences differ and/or where responses to those influences differ.

- Further study of the non-drinking minority among the under-25s, would be useful particularly to contrast their exposures to home drinking and outside-the-home drinking with their peers in the same age group.
- The identification of effective alcohol mitigation strategies to address the self-aware, hazardous drinkers identified herein and engage with their openness to addressing their drinking behaviours;
- Further refinement in the analysis of the key drivers of cultural complacency surrounding excessive drinking as outlined in this research; and,
- The development of targeted solutions to address those factors facilitating complacency.

RECOMMENDATIONS

1. Initiate a national conversation on hazardous drinking, incorporating a particular emphasis on young drinkers, men and drinking at home.
2. Develop a longitudinal information campaign across digital, print and broadcast to increase public knowledge of the HSE weekly low risk alcohol guidelines and standard drink measures, including initiatives specifically targeting different age cohorts.
3. Deliver a measurable and impactful campaign aimed at the identified hazardous drinking group with particular focus on supporting and enabling behaviour change.
4. Create a series of initiatives to engage with and inform the potential risk group within the cohort of low risk drinkers identified in this research.
5. Initiate an information network of relevant organisations, representative bodies and policy makers concerned with the misuse of alcohol to address the understanding and awareness of potentially harmful drinking and its causes to share and correlate relevant data and discuss best practice.

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