

Drug use in Ireland and Northern Ireland

Bulletin 7

Alcohol Consumption and Alcohol-Related Harm in Ireland 2010/2011 Drug Prevalence Survey



This bulletin presents the main findings on alcohol consumption and alcohol-related harm among adults in Ireland from 2010/11 Drug Prevalence Survey. The survey sampled a representative number of people aged between 15 and 64 during late 2010 and early

2011. This is the first NACD Drug Prevalence Survey to include a comprehensive series of questions on both the rates and patterns of alcohol consumption in Ireland and on alcohol-related harm.

Key findings

- The rate of abstinence from alcohol among 18-64 year-olds in the 12 months prior to the survey was 13%.
- Women (15%) were more likely than men (11%) to be non-drinkers and respondents aged 50-64 years (19%) were more likely to abstain compared with 18-24 year-olds (7%).
- Eighty seven per cent of adults aged 18-64 years consumed alcohol in the previous 12 months and these were classified as current drinkers in this survey.
- Men were more likely to consume alcohol at least twice weekly compared with women (31% vs. 21%). Those aged 50-64 years-old were the most likely to consume alcohol at least twice weekly with 39% of males and 22% of females in this age group drinking this often.
- Women (31%) were more likely than men (18%) to consume 1-2 standard drinks per drinking occasion which is classified as being within low risk daily consumption limits.
- Drinkers aged 18-24 years drank the most alcohol on a typical drinking occasion with 73% consuming at least five standard drinks and 31% consuming at least nine standard drinks per drinking occasion which equates with four and a half pints of beer or one and one quarter bottles of wine.
- The survey examined patterns of harmful drinking using the WHO's AUDIT-C screening tool and harmful drinkers were identified as those who had a score of five or more. Based on this screening tool, 50% of the survey population aged 18-64 years and 58% of current drinkers were classified as consuming alcohol in a harmful manner.
- Harmful drinking, using AUDIT-C scores, was more common among men (63%) than women (37%) in the survey population. When this screening tool was applied to current drinkers, more male drinkers (71%) than female drinkers (44%) consumed alcohol in a harmful manner. Harmful drinking was more common among 18-24 year-olds in the survey population (70%) and also among 18-24 year-olds in the current drinkers group (75%) than among their older adult counterparts.
- Risky single occasion drinking (RSOD), defined as consuming at least 75g of alcohol on a single drinking occasion, one or more times per month is also considered a harmful pattern of alcohol consumption; this is commonly described as binge drinking. In 2010/11, 45% of the survey population aged 18-64 years and 52% of current drinkers consumed alcohol in this manner in the previous 12 months.
- Male respondents (57%) were more likely than female respondents (33%) to binge drink one or more times per month. When this parameter was calculated among current drinkers, 64% of men and 39% of women reported binge drinking.
- Over two-thirds of survey respondents and 72% of current drinkers, aged 18-24 years, engaged in monthly binge drinking in the 12 months prior to the survey.
- One in five drinkers reported that they had experienced harm in the previous 12 months as a result of their drinking, with men almost twice as likely as women to report harm, such as harm to health, work and friendship (26% vs. 14%).
- Harm to health was reported by 13% of drinkers with 24% of 18-24 year-olds reporting this harm.
- Over one quarter of respondents (27%) reported that they had experienced harm in the previous year as a result of someone else's drinking; these harms include family problems, being assaulted and being a passenger with a drunk driver.

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Introduction

This bulletin presents the main findings on alcohol consumption and alcohol-related harm among adults in Ireland from the 2010/2011 Drug Prevalence Survey. The survey was commissioned by the National Advisory Committee on Drugs (NACD) in Ireland and the Public Health Information & Research Branch (PHIRB) within the Department of Health, Social Services and Public Safety (DHSSPS) in Northern Ireland. It also contained questions on illegal drugs, such as cannabis, ecstasy, cocaine and heroin; other legal drugs such as tranquilisers and anti-depressants; and tobacco. The prevalence rates for these substances have already been presented in a previous NACD bulletin.¹

Methodology

The questionnaire (excluding the alcohol section) and methodology for this general population survey were based on best practice guidelines drawn up by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). The questionnaires were administered through face-to-face interviews with respondents aged between 15 and 64 years and who are normally resident in households in Ireland. Thus persons outside these age ranges, or who do not normally live in private households, have not been included in the survey (for example prisons, nursing homes etc.).

Fieldwork for the survey was carried out between October 2010 and May 2011 and the final achieved sample comprised 5,134 respondents. The response rate for the survey was 60%. Areas based sampling was applied in Ireland. The first stage involved stratifying by Health Board in Ireland**. The achieved sample was weighted by gender, age, region*** to maximise its representativeness of the general population. The effects of stratification, clustering and weighing have been incorporated in the interval estimates (i.e. intervals are design effect adjusted). Interviews were conducted using computer-assisted personal interviewing (CAPI). These techniques allow interviews to be conducted more efficiently and more accurately than other techniques such as pen-and-paper completion.

Details of the methodology have been summarised in a paper published on the website of the NACD and a comprehensive technical report containing a copy of the complete questionnaire used is published separately (<http://www.nacd.ie/publications/>

[survey_drug_prevalence.html](#)). As this survey was conducted primarily to measure the prevalence of illegal drug use, in common with other European drug surveys people over the age of 64 were excluded, as they grew up in an era when both the use and availability of illegal drugs were very limited.

Alcohol survey questions

This is the first NACD Drug Prevalence Survey to include a comprehensive series of questions on both the rates and patterns of alcohol consumption in Ireland and on alcohol-related harm. Respondents were asked questions about the frequency and quantity of alcohol consumed in the previous 12 months (Tables 1–2). Quantity was measured by asking how many standard drinks were consumed on a typical drinking occasion. In Ireland a standard drink contains 10g of pure alcohol and is equivalent to half a pint of beer or cider, a single pub measure of spirits, a small (100ml) glass of wine, or a bottle of alcopops.

Harmful drinking patterns were assessed by measuring the proportion of drinkers who engaged in risky single occasion drinking (RSOD) at least once a month in the previous year (Tables 3–4), had a positive AUDIT-C score (Tables 3–4) or scored positive on the RAPS screening tool (Tables 5–6).

Risky Single Occasion Drinking (RSOD)

RSOD may also be referred to as binge drinking and was defined as consuming 75g of pure alcohol on a single drinking occasion. This corresponds to four pints of beer or seven pub measures of spirits or one 750ml bottle of wine. There is no definitive guidelines on what constitutes RSOD; for this survey 75g was used to denote RSOD as this is the definition which was used by the European Comparative Alcohol Study² and has been used in a number of Irish drinking surveys. According to the European Commission, RSOD at least once a month in the previous year can be considered a harmful drinking pattern.³

AUDIT-C screening tool

A number of instruments have been developed to measure alcohol abuse and dependence. The AUDIT-C is a short version of the Alcohol Use Disorders Identification Test (AUDIT), which was developed by the World Health Organization to screen for excessive drinking and to identify persons with harmful drinking

** Since January 2005 the Health Boards in Ireland have been restructured and merged under one authority, the Health Service Executive. For the purpose of facilitating comparisons between the 2002/3, 2006/7 and the current survey, it was decided to continue to weigh the data by the former Health Board areas as these correspond with the Regional Drug Task Force structures.

*** The composition of the population in Ireland has changed substantially since Census 2006. Given that Census 2011 information was not available when weights were calculated, it was decided to weight the data using 2010 population estimates. For the purpose of constructing post-stratification weights, Regional Authority areas were used to define regions instead of Health Board/RDTF.

patterns. It has been shown to be effective in screening for harmful drinking patterns in healthcare settings and in population surveys.⁴⁻⁷ In line with international research a cut-off score of five was used to denote harmful drinking. It should be noted that the AUDIT-C defines RSOD as consuming 60g of pure alcohol on a single drinking occasion, while 75g is defined as RSOD in this analysis. Therefore, it is possible that this survey has underestimated the proportion of people who score positive on the AUDIT-C.

Prevalence estimates for risky occasion drinking and AUDIT-C are reported in the survey population (18–64 yrs) and current drinkers. Following international practice¹³ an AUDIT-C, score of zero was allocated to respondents who answered the question *'How often have you drunk alcohol in the last year'* with 'never' and who have not been asked subsequent questions.

RAPS screening tool

The Rapid Alcohol Problem Screen (RAPS) is a screening instrument which is used to screen for alcohol dependence – it is suggested that two positive scores may be indicative of dependence.⁸ It contains four questions and was asked of current drinkers (defined as those who had consumed alcohol in the previous 12 months): 'During the past 12 months have you 1) had feelings of guilt or remorse after drinking? 2) Had a friend or family member tell you about things you said or did while drinking that you did not remember? 3) Failed to do what was normally expected from you because of drinking? 4) Needed a first drink in the morning to get yourself going after a heavy drinking session?'

Harm as a result of drinking

Six questions on harms were asked of current drinkers (defined as those who had consumed alcohol in the previous 12 months): 'During the last 12 months have you 1) got into a fight when you had been drinking? 2) been in an accident when you had been drinking? 3) felt that your drinking harmed your friendships? 4) felt that your drinking harmed your home life? 5) felt that your drinking harmed your work or studies? 6) felt that your drinking harmed your health?' (Tables 11–12).

Five measures were used to assess the negative consequences experienced by people as a result of someone else's drinking (harm to others). The harm to others questions were asked of all participants including drinkers and non-drinkers: 'During the last 12 months, have you experienced any of the following as a result of someone else's drinking? 1) had family problems or relationship difficulties? 2) been a passenger with a driver who had too much to drink? 3) been hit or assaulted by someone who had been drinking? 4) had financial trouble? 5) had property vandalised?' (Tables 13–14).

Understanding the results of this bulletin

Only those respondents aged 18–64 years are included in this analysis which results in a final weighted sample of 4,843 respondents. Respondents aged 15–17 years were excluded as it is illegal for this age group to consume alcohol unless it is provided to them by a parent or legal guardian and it was not feasible to examine this group on their own as there were only 218 respondents.

Invalid responses have been excluded from all analyses. All prevalence rates presented in the accompanying tables are rounded to one decimal place and are rounded to whole numbers in the text. Percentages may not always sum to 100 due to the effect of rounding.

While many of the questions used in this survey were also used in the last SLÁN survey which was conducted in 2007, the age profile of the respondents in the two surveys differs. The SLÁN survey included all adults aged 18 years and over while this analysis only includes adults aged 18–64 years. As adults aged 65 years and over are less likely to drink than those under 65 years, engage in harmful drinking patterns and experience alcohol-related harm, care should be taken when comparing the two surveys.

Polydrug use

In relation to polydrug use the definition used in this bulletin is use of alcohol and at least one other drug in the last month (for example, having used both alcohol and cocaine). 'Any illegal drugs' refers to amphetamines, cannabis, cocaine powder, crack, ecstasy, heroin, LSD, magic mushrooms, poppers and solvents.

Alcohol consumption and drinking patterns are analysed by social class using the Standard Occupational Classification (SOC2000). This classification is based on the employment status, level of responsibility, and qualifications of the chief income earner within a household. Six social classes were identified and were categorised into two groups – ABC1 and C2DE – which are taken to equate to middle class and working class respectively.

SOC2000 Classification

- A** Professionals, senior management and top civil servants
- B** Middle management, senior civil servants, managers and owners of business
- C1** Junior management and owners of small businesses
- C2** Skilled manual workers and manual workers responsible for other workers
- D** Semi-skilled and unskilled manual workers, trainees and apprentices
- E** All those dependent on the State long-term

Results

Frequency and quantity of alcohol consumption

Tables 1 and 2 present the frequency of alcohol consumption and the average number of drinks that alcohol drinkers consume on a typical drinking occasion. These are presented by gender and age group (Table 1) and gender by age group (Table 2).

Table 1: Frequency of drinking and number of drinks consumed per drinking occasion in the previous 12 months, by gender and age group (n=4,843)

	Gender			Age group			
	All	Male	Female	18-24	25-34	35-49	50-64
Frequency of drinking	%	%		%			
Never	12.9	10.9	14.8	6.3	10.3	13.2	18.5
Less than monthly	13.2	9.4	16.9	9.7	14.2	13.7	13.0
1-3 times/monthly	22.3	21.3	23.2	28.5	25.5	22.3	15.6
Once a week	23.2	24.9	21.5	29.0	24.9	22.1	20.1
2-3 times/week	21.6	24.6	18.7	21.6	20.3	21.8	23.0
4+ times per week	4.4	6.4	2.4	1.1	2.7	4.7	7.6
<i>Drinker but frequency unknown</i>	2.4	2.4	2.4	3.9	2.1	2.3	2.3
No. of drinks/occasion							
1-2	23.9	17.6	30.5	9.6	20.9	25.5	33.9
3-4	30.1	24.3	36.2	16.9	23.3	36.0	37.8
5-6	19.2	19.8	18.5	27.2	20.2	18.6	13.9
7-8	11.2	13.3	8.9	15.4	15.3	8.2	8.0
9+	15.6	25.0	5.8	30.7	20.4	11.7	6.5

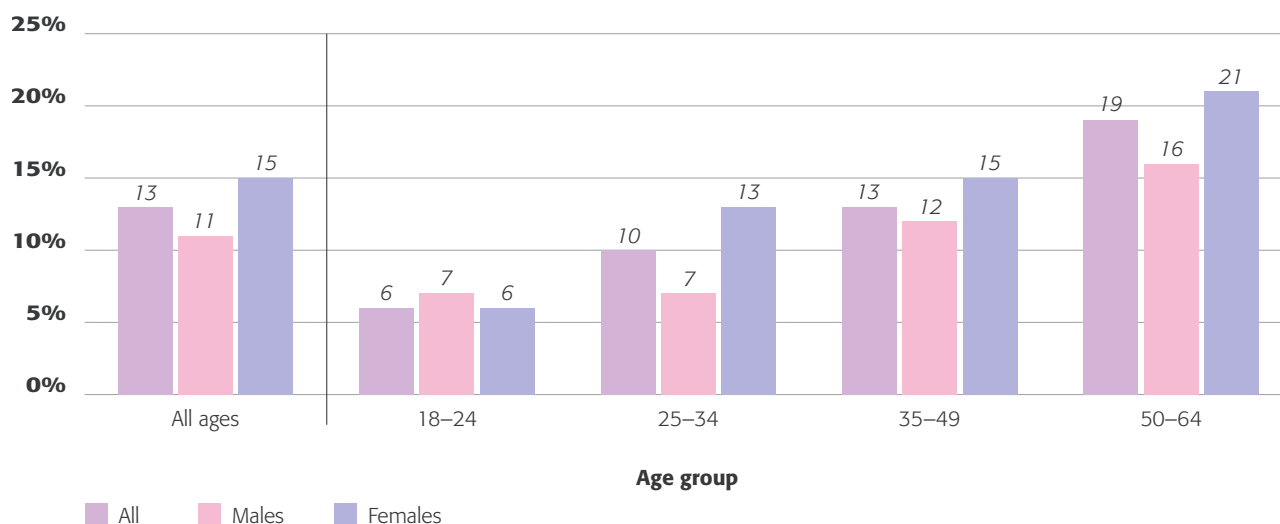
Table 2: Frequency of drinking and number of drinks consumed per drinking occasion in the previous 12 months, gender by age group (n=4,843)

	Male				Female			
	18-24	25-34	35-49	50-64	18-24	25-34	35-49	50-64
Frequency of drinking	%				%			
Never	6.8	7.3	11.5	16.3	5.8	13.3	15.0	20.7
Less than monthly	7.7	9.0	11.1	8.4	11.7	19.3	16.2	17.7
1-3 times/monthly	28.3	23.0	22.4	14.7	28.9	27.8	22.2	16.6
Once a week	27.7	29.7	23.7	20.1	29.8	20.1	20.5	20.1
2-3 times/week	23.4	25.3	22.2	27.4	19.7	15.4	21.2	18.4
4+ times per week	1.8	4.0	6.5	11.1	0.3	1.5	2.9	4.0
<i>Drinker but frequency unknown</i>	4.3	1.7	2.6	2.1	3.7	2.5	1.8	2.5
No. of drinks/occasion								
1-2	9.4	14.0	19.1	24.1	9.9	28.0	32.2	44.6
3-4	8.7	17.7	28.6	35.1	25.1	29.1	43.7	40.6
5-6	21.8	20.5	20.2	17.1	32.7	19.8	16.9	10.4
7-8	13.8	16.8	11.1	12.2	17.2	13.5	5.4	3.4
9+	46.3	31.0	20.9	11.5	15.2	9.6	1.9	1.1

Non-drinkers

The rate of abstinence, defined as consuming no alcohol in the previous 12 months, was 13% among 18–64-year-olds. This is lower than the rate reported in the last SLÁN survey (19%) and may be explained by the exclusion from this survey of older adults (65 years and over) who are more likely than younger adults to be non-drinkers. In the SLÁN survey 41% of adults aged 65 and over did not consume alcohol. In this survey women (15%) were more likely to be non-drinkers than men (11%), and older adults aged 50–64 (19%) were more likely to abstain from alcohol compared with 18–24-year-olds (6%). Across all age groups, with the exception of 18–24-year-olds, women were more likely than men to abstain from alcohol (Figure 1, Table 2).

Figure 1: Percentage of non-drinkers by gender and age group



Frequency of drinking

Just over one quarter (26%) of all respondents reported that they consumed alcohol at least twice weekly in the previous 12 months. Men consumed alcohol more frequently than women with 31% of men reporting that they drank alcohol at least twice weekly (21% for women). Those aged 50–64 years were also more likely to consume alcohol at least twice a week (31%) compared to the younger age groups (Table 1). These trends are similar to those reported in the 2007 SLÁN survey.

Quantity of alcohol consumed per drinking occasion

Almost one quarter (24%) of drinkers reported consuming 1–2 standard drinks per drinking occasion. This amounts to 10–20g of pure alcohol and is within low-risk daily alcohol consumption limits. Older adults consumed less per drinking occasion compared with younger adults, for example, 34% of respondents aged 50–64 years reported consuming 1–2 standard drinks per drinking occasion compared to 10% of 18–24-year-olds (Table 1).

Previous research has shown that while Irish drinkers consume alcohol less frequently than drinkers across the rest of Europe they consume greater volumes of alcohol per drinking occasion.⁹ A similar pattern was observed in this survey particularly among younger adults; 23% of drinkers aged 18–24 years drank alcohol at least twice weekly but 73% consumed at least five standard drinks on a typical drinking occasion with 31% consuming at least nine standard drinks per drinking occasion.

Harmful drinking patterns

According to the World Health Organization, the concept of harmful use of alcohol is 'broad and encompasses both the drinking that causes detrimental health and social consequences for the drinker, the people around the drinker and society at large, and the patterns of drinking that are associated with increased risk of detrimental health outcomes. Harmful use of alcohol compromises both individual and social development. It can ruin the lives of individuals, devastate families, and damage the fabric of communities'.¹⁰

Both a person's overall volume of alcohol consumption and their pattern of drinking are important determinants of alcohol-related harm. In general, increases in overall consumption are accompanied by a greater incidence of health and social problems. Volume of consumption as well as patterns of drinking, especially risky single-occasion drinking (RSOD), determine the burden of disease caused by alcohol. For example, all-cause mortality in male drinkers consuming less than two drinks per day is about twice as high if they also have occasional heavy drinking episodes.¹¹

Tables 3 and 4 present the frequency of RSOD and the proportions of respondents who scored positive for harmful use of alcohol on the AUDIT-C screening tool. The harmful use of alcohol is reported in these tables in two forms. It is reported as the prevalence among the population aged 18–64 years and as the prevalence among current drinkers in the population aged 18–64 years. These are presented by gender and age group (Table 3) and gender by age group (Table 4).

Table 3: Frequency of RSOD and rates of harmful drinking in the previous 12 months, by gender and age group

	Gender			Age group			
	All	Male	Female	18–24	25–34	35–49	50–64
Frequency of RSOD among drinkers	%	%		%			
Never	27.1	16.2	38.5	13.1	20.8	29.5	39.3
Less than monthly	21.2	19.8	22.7	15.2	21.5	23.3	21.6
1–3 times/monthly	22.0	24.4	19.5	30.7	25.5	21.0	14.0
1+ times a week	29.7	39.6	19.3	40.9	32.2	26.2	25.0
Harmful drinking among drinkers							
Monthly RSOD*	51.7	64.0	38.8	71.7	57.8	47.2	39.0
Positive AUDIT-C†	57.8	71.2	43.8	75.2	62.3	53.9	47.7
Harmful drinking in the population							
Monthly RSOD*	44.8	56.8	32.9	66.9	51.7	40.8	31.7
Positive AUDIT-C†	50.1	63.2	37.1	70.2	55.6	46.6	38.7

* Defined as consuming at least 75g of alcohol on a single drinking occasion

† Defined as scoring 5 or more on the AUDIT-C screening tool

Table 4: Frequency of RSOD and rate of harmful drinking in the previous 12 months, gender by age group

	Male				Female			
	18–24	25–34	35–49	50–64	18–24	25–34	35–49	50–64
Frequency of RSOD among drinkers	%				%			
Never	10.3	11.9	16.7	23.9	16.2	30.1	42.7	56.2
Less than monthly	10.3	14.8	24.3	24.9	19.6	28.3	22.3	18.1
1–3 times/monthly	32.1	27.7	24.7	15.8	29.6	23.4	17.2	12.1
1+ times a week	47.2	45.7	34.3	35.5	34.7	18.2	17.8	13.6
Harmful drinking among drinkers								
Monthly RSOD*	79.2	73.3	59.1	51.3	64.1	41.5	34.9	25.6
Positive AUDIT-C†	82.2	76.2	67.1	65.1	68.3	47.8	40.3	28.7
Harmful drinking in the population								
Monthly RSOD*	73.9	67.9	52.1	42.8	60.2	35.8	29.6	20.2
Positive AUDIT-C†	76.3	70.5	59.1	54.2	64.1	41.2	34.1	22.6

* Defined as consuming at least 75g of alcohol on a single drinking occasion

† Defined as scoring 5 or more on the AUDIT-C screening tool

Risky single-occasion drinking (RSOD)

RSOD was defined as consuming 75g of pure alcohol on a single drinking occasion which corresponds to four pints of beer or seven pub measures of spirits or one 750ml bottle of wine. RSOD, apart from any long-term effects, can increase impulsivity, reduce inhibitions and distort behaviour, and is associated with adverse health and social consequences, including accidents, suicide, violence and loss of productivity or absenteeism, which affect both the individuals who engage in it and those around them. According to the European Commission, RSOD at least once a month in the previous year can be considered a harmful drinking pattern.³

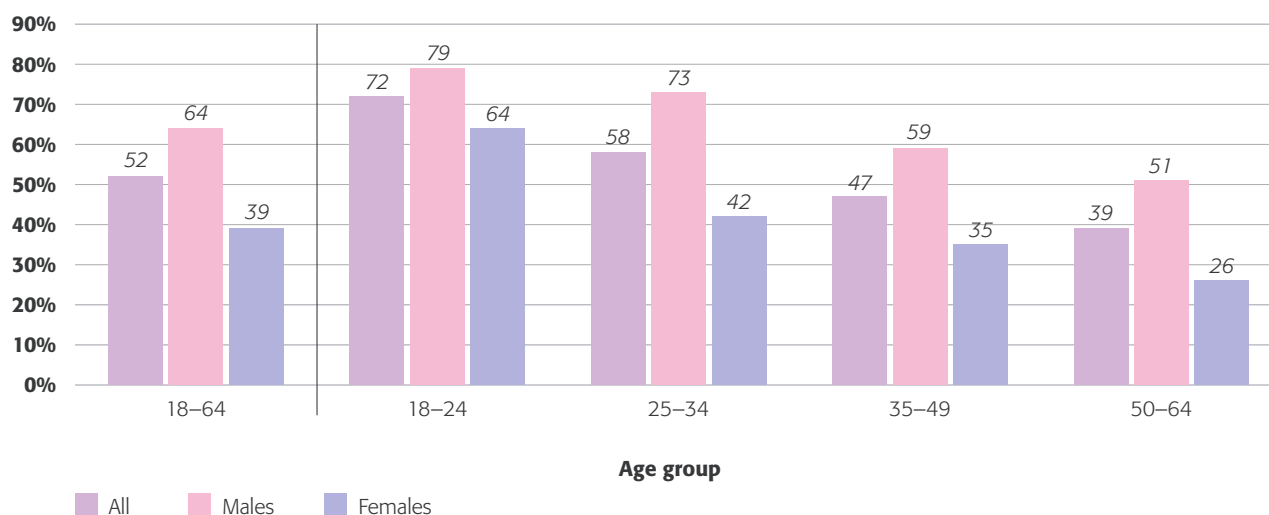
Prevalence of RSOD among adults 18–64

The data in Table 3 show that 45% of the survey population engaged in RSOD at least once per month in the year preceding the survey. This pattern of high-risk drinking was more common in men (57%) than women (33%). The prevalence of RSOD at least once per month in the year preceding the survey decreased with increasing age (Table 4). For example, 67% of those aged 18–24 years engaged in RSOD while only 32% of those aged 50–64 years engaged in this pattern of drinking. The data also reveal that RSOD was particularly common among men less than 35 years and women less than 25 years.

Prevalence of RSOD among current drinkers

Over half (52%) of current drinkers reported RSOD at least once a month (Figure 2) with 30% reporting weekly RSOD. Monthly RSOD was most common among 18–24-year-olds (72%) and decreased with increasing age (Figure 2); men were more likely than women to consume alcohol in this manner (64% vs. 39%).

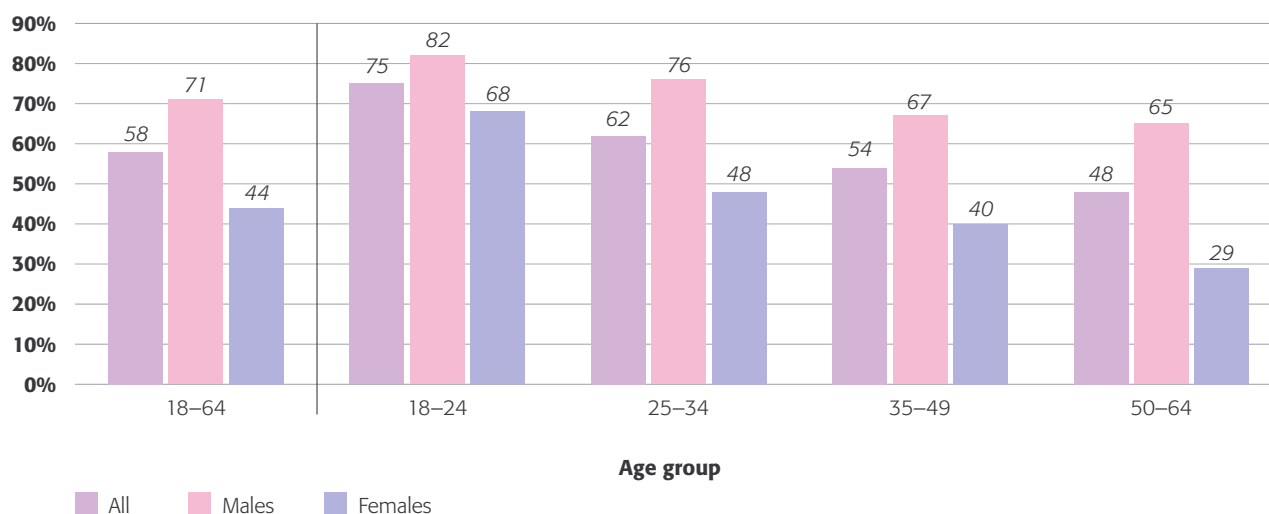
Figure 2: Percentage of drinkers who engaged in monthly RSOD in the previous 12 months, by gender and age group



AUDIT-C screening tool

Harmful drinkers were identified as those who had a score of five or more on the AUDIT-C screening tool; using these criteria, 58% of 18–64-year-old drinkers may be considered harmful drinkers (Table 3 Figure 3). These results are similar to those in SLÁN 2007, where 56% of all adult drinkers including those aged 65 and over had a positive AUDIT-C score.¹² Harmful drinking was more common among male drinkers (71%) than female drinkers (44%) and more common among 18–24-year-old drinkers (75%) than their older counterparts.

Figure 3: Percentage of drinkers with a positive AUDIT-C score, by gender and age group



RAPS screening tool

The 10th Revision of the International Classification of Diseases and Health Problems (ICD-10) defines [alcohol] dependence as ‘a cluster of physiological, behavioural, and cognitive phenomena in which the use of alcohol takes on a much higher priority for a given individual than other behaviours that once had greater value’. The RAPS screening tool has been used to screen for alcohol dependence and it has been suggested that two positive scores may be indicative of dependence. Tables 5 and 6 present the proportion of respondents who scored positive for each of the RAPS questions. These are presented by gender and age group (Table 5) and gender by age group (Table 6). Among current drinkers, 18% scored positive for two questions and 7% scored positive for three questions on the RAPS screening tool (Table 5). Males were more likely than females to have either two or three positive scores. Those aged 18–24 years were most likely to score positive for two questions (43%) while those aged 50–64-year-olds were least likely (7%). Similar to the trends for RSOD and harmful drinking, the 18–24 year age group showed the least gender difference (47% of males and 40% of females had two positive scores) when compared with other age groups (Table 6, Figure 4).

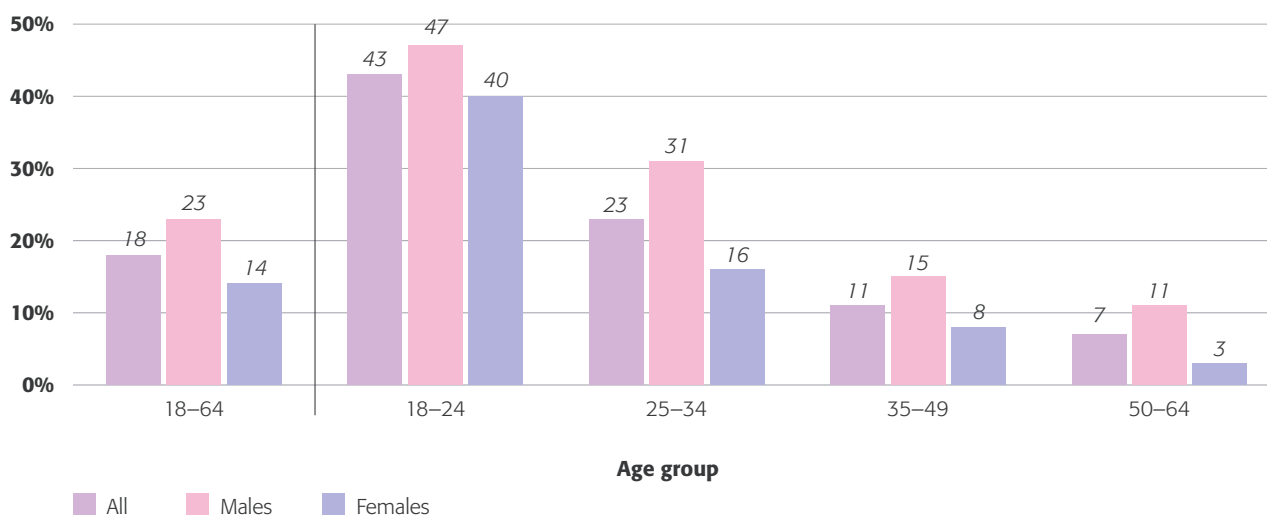
Table 5: Percentage of drinkers who scored positive for each of the RAPS questions by gender and age group

	Gender			Age group			
	All	Male	Female	18-24	25-34	35-49	50-64
Feelings of guilt or remorse	22.7	24.4	20.9	42.0	28.9	16.9	11.8
Friend/family told you about things you said/did that you did not remember	23.7	29.1	18.2	54.6	30.4	14.4	10.5
Failed to do what was normally expected	11.6	15.5	7.5	26.2	15.5	7.2	4.2
Needed a first drink in the morning	2.4	3.7	1.1	7.1	1.9	1.7	1.4
2 positive scores	18.4	23.0	13.6	43.3	23.4	11.3	7.3
3 positive scores	6.7	8.8	4.6	17.6	9.1	3.2	2.3

Table 6: Percentage of drinkers who scored positive for each of the RAPS questions, gender by age group

	Male				Female			
	18-24	25-34	35-49	50-64	18-24	25-34	35-49	50-64
Feelings of guilt or remorse	40.9	33.9	17.4	13.3	43.0	23.7	16.4	10.3
Friend/family told you about things you said/did that you did not remember	58.4	39.1	18.8	14.7	50.8	21.3	9.8	6.0
Failed to do what was normally expected	31.4	21.3	10.3	6.7	21.0	9.4	4.2	1.7
Needed a first drink in the morning	9.6	3.3	2.5	2.5	4.6	0.3	0.9	0.2
2 positive scores	47.2	30.7	14.9	11.1	39.5	15.9	7.5	3.3
3 positive scores	18.8	13.0	4.7	3.7	16.4	5.0	1.7	0.8

Figure 4: Percentage of drinkers who had two positive scores on the RAPS screening tool, by gender and age group



Alcohol consumption by demographics

In the population aged 18-64 and among current drinkers social class is a much weaker predictor of harmful drinking than either gender or age.

Prevalence of drinking patterns by social class

The prevalence of harmful drinking as measured by RSOD, was marginally higher among younger professionals than younger service/manual workers (Table 7). This applied to both younger (18-34 years) men and women.

Prevalence of drinking patterns among current drinkers by social class

Among the younger age group (18-34-year-olds) there was little difference by social class in the frequency of drinking, volume of drinking or in the frequency of RSOD. Among 35-64-year-olds, those in the C2DE social class were more likely to be non-drinkers than those in ABC1 social class; this was observed both among males (17% vs. 10%) and females (21% vs. 14%) (Table 7).

Table 7: Frequency and volume of drinking and harmful drinking patterns in the previous 12 months, by social class, gender and age

	Males				Females			
	18-34		35-64		18-34		35-64	
	ABC1	C2DE	ABC1	C2DE	ABC1	C2DE	ABC1	C2DE
Frequency of drinking	%							
Never	6.1	7.7	10.0	17.3	9.6	12.3	14.0	20.9
Less than monthly	7.9	9.4	9.6	10.2	13.3	20.8	14.0	20.4
1-3 times/monthly	23.9	25.6	19.7	18.5	26.1	30.8	19.5	19.8
Once a week	31.6	26.7	20.1	24.3	25.1	20.8	19.7	21.2
2-3 times/week	25.5	23.8	27.9	21.0	22.1	11.6	26.4	13.0
4+ times per week	2.9	3.7	11.0	5.9	1.0	1.0	3.8	2.9
Frequency unknown	2.0	3.1	1.8	2.8	2.8	2.7	2.5	1.8
No. of drinks/occasion								
1-2	12.5	12.6	25.2	16.9	20.7	22.7	40.7	32.8
3-4	13.7	15.8	31.3	31.2	31.7	23.4	44.4	40.4
5-6	18.8	22.4	19.5	18.4	24.4	24.6	10.2	18.9
7-8	15.4	16.5	10.3	13.0	12.8	16.4	3.4	6.1
9+	39.7	32.7	13.7	20.5	10.4	12.8	1.3	1.8
Harmful drinking among drinkers								
Monthly RSOD*	76.9	73.5	52.4	59.6	49.9	48.1	29.9	32.1
Positive AUDIT-C†	81.3	74.8	65.6	67.2	56.1	53.0	35.7	35.0
Harmful drinking in the population								
Monthly RSOD*	72.1	67.8	47.1	49.1	45.1	41.9	25.6	25.3
Positive AUDIT-C†	76.3	68.9	58.8	55.2	50.6	46.1	30.5	27.5

* Defined as consuming at least 75g of alcohol on a single drinking occasion

† Defined as scoring 5 or more on the AUDIT-C screening tool

There were marginal differences between the two social class groupings in relation to harmful drinking patterns (Figure 5).

Figure 5: Harmful drinking patterns among drinkers by social class and age



Prevalence of harmful drinking by education

Table 8 presents alcohol consumption by highest level of education completed for all adults (18–64 yrs). Those who had only completed primary level were most likely to abstain from alcohol in the last year (24%).

The prevalence of monthly RSOD was lowest for those with primary level education (42%) and there was little difference between those with third level (44%), Junior Certificate (45%) and Leaving Certificate (47%) (Table 8).

The proportion of the 18–64-year-old population with a harmful AUDIT-C score was slightly lower for those whose highest level of education completed was primary (49%) compared to Junior Certificate (51%), Leaving Certificate or Third level (both 50%). These results may be due to statistical variation rather than being a true difference.

Prevalence of harmful drinking among current drinkers by education

While current drinkers who had completed third level education had the lowest level of harmful drinking, there were minor differences between each of the education groupings (Table 8). Due to the low number of respondents with only a primary level of education, who were aged 34 years and under, analysis by age was not undertaken.

Table 8: Frequency and volume of drinking and harmful drinking patterns in the previous 12 months, by highest level of education completed

	Primary [^] (n=286)	Junior (n=892)	Leaving (n=1,372)	Third (n=2,283)
Frequency of drinking	%	%	%	%
Never	23.6	15.0	14.4	9.8
Less than monthly	12.0	14.0	12.8	13.3
1–3 times/monthly	13.7	21.1	23.2	23.2
Once a week	22.9	22.8	25.2	22.2
2–3 times/week	19.9	18.9	19.0	24.5
4+ times per week	5.5	5.2	2.4	5.1
<i>Drinker but frequency unknown</i>	2.4	3.0	2.9	2.0
No. of drinks/occasion				
1–2	21.5	16.6	21.1	28.4
3–4	31.3	28.3	29.1	31.1
5–6	21.5	24.1	20.4	16.6
7–8	10.7	12.8	11.0	10.7
9+	15.0	18.1	18.5	13.2
Harmful drinking among drinkers				
Monthly RSOD*	54.9	53.0	55.5	48.6
Positive AUDIT-C [†]	64.6	60.4	59.1	55.3
Harmful drinking in the population				
Monthly RSOD*	41.5	44.8	47.4	43.8
Positive AUDIT-C [†]	48.6	51.0	50.3	49.8

* Defined as consuming at least 75g of alcohol on a single drinking occasion

† Defined as scoring 5 or more on the AUDIT-C screening tool

[^] This includes respondents with no formal education

Alcohol consumption and marital status

Table 9 presents alcohol consumption and harmful patterns of drinking by marital status and age. In Ireland the average age of first marriage is 34 years for men and 32 years for women; marital status is influenced by age. Marriage appears to be protective for young people; 47% of married 18–34-year-olds had a positive AUDIT-C score compared to 70% of single people in the same age group.

Single drinkers were more likely to consume alcohol in a harmful manner compared to married or separated drinkers and this was evident in both age groups. Three quarters of single drinkers aged 18–34 years had a positive AUDIT-C score compared to 54% of married young drinkers. It should be noted that there were only 15 respondents in the separated/divorced/widowed category that were aged 18–34 years old.

Table 9: Frequency and volume of drinking and harmful drinking patterns in the previous 12 months, by marital status and age group

	Single (n=1,447)		Married/Cohabiting (n=3,132)		Sep/div/wid [^] (n=258)	
	18–34	35–64	18–34	35–64	18–34	35–64
Frequency of drinking	%		%		%	
Never	6.1	21.4	13.0	14.3	26.7	18.8
Less than monthly	9.0	9.7	17.8	13.9	20.0	13.3
1–3 times/monthly	25.8	18.2	27.4	19.8	26.7	16.3
Once a week	29.8	17.9	21.4	22.1	6.4	17.1
2–3 times/week	23.7	20.8	16.4	22.6	20.0	21.7
4+ times per week	2.5	7.9	1.7	5.3	0	9.2
<i>Drinker but frequency unknown</i>	3.2	4.1	2.2	1.9	0	3.8
No. of drinks/occasion						
1–2	11.0	25.0	26.4	29.8	9.1	25.9
3–4	18.6	29.9	24.8	37.3	18.2	38.9
5–6	24.4	22.1	19.8	15.6	27.3	19.7
7–8	17.2	10.2	12.6	8.3	9.1	4.1
9+	28.8	12.7	16.5	8.9	36.4	11.4
Harmful drinking among drinkers						
Monthly RSOD*	71.9	52.3	48.5	42.7	58.3	44.3
Positive AUDIT-C†	74.7	61.4	54.3	50.0	72.7	52.7
Harmful drinking in the population						
Monthly RSOD*	67.4	40.8	42.0	36.5	43.8	35.7
Positive AUDIT-C†	70.1	47.5	47.0	42.7	53.3	42.4

* Defined as consuming at least 75g of alcohol on a single drinking occasion

† Defined as scoring 5 or more on the AUDIT-C screening tool

[^] Separated/widowed/divorced

Polydrug use

Polydrug use, defined in this bulletin as the use of alcohol and at least one other drug in the last month, is associated with a number of negative consequences including mental and physical ill-health, violence, aggression and a range of social problems. It is more likely to result in accidents and death (including death from overdose) than when a single drug is consumed.

A total of 3,542 respondents (73%) reported that they had used alcohol in the month prior to the survey. Table 10 presents the percentage of drinkers who used alcohol and any other drug in the previous month. Tobacco was the drug most commonly used in addition to alcohol with 32% of respondents using both tobacco and alcohol in the previous month. The use of any illegal drug and alcohol was reported by 4% and was more common among men than women (6% vs. 2%) and among 18–34-year-olds than in 35–64-year-olds (7% vs 2%). Women were more likely than men to report having used alcohol and either anti-depressants or sedatives and these combinations of drug use were more common in 35–64-year-olds than in 18–34-year-olds.

Table 10: Percentage of drinkers reported that they consumed both alcohol and any other substance in the previous month, by gender and age

	Gender			Age group	
	All	Males	Females	18–34	35–64
Tobacco	31.6	34.5	28.3	37.2	27.4
Anti-depressants	3.7	2.4	5.3	2.2	4.9
Sedatives, tranquillisers	2.6	2.2	3.2	1.1	3.8
Any illegal drugs	3.9	5.9	1.6	6.8	1.7
Cannabis	3.3	5.1	1.2	5.7	1.6
Cocaine*	0.7	1.0	0.4	1.5	0.2

* This also includes crack cocaine

Alcohol-related harm

The likelihood of a person experiencing alcohol-related harm depends on both their overall volume of alcohol consumption and the pattern in which they drink. Alcohol-related harm is not confined to the minority of heaviest drinkers in the population; in reality, it is the much greater number of low- to medium-volume drinkers in a population who engage in RSOD that accounts for much of the acute alcohol-related problems, such as aggression, violence, injuries, and poor work performance.

Alcohol-related harm is not restricted to the individual drinker but has negative consequences for families, friends, and innocent bystanders. Such negative consequences include family problems, public disturbances, violence, and reduced work-related performance. There are indications that alcohol's harm to others may be of the same order of magnitude as alcohol's harm to the drinker.

Negative consequences experienced by the drinker

Tables 11 and 12 present the proportion of current drinkers who reported that they had experienced negative consequences as a result of their own drinking in the previous 12 months. These are presented by gender and age group (Table 11) and gender by age group (Table 12). The overall prevalence of experiencing at least one of the six harms as a result of their own alcohol use was 20%, with men almost twice as likely as women to report harms (men 26%, women 14%). Male drinkers were more likely than female drinkers to experience each individual harm, while the 18–24 year age group were more likely than older adults to experience each harm. While men were more likely to experience harms than women, there was less of a gender difference among 18–24-year-olds; one in five of both men and women in this age group reported that they experienced harm to their work or study in the previous year, and one in four men and one in five women in this age group experienced harm to their health. Young males aged 18–24 years were the group most likely to experience acute consequences such as being involved in fights (24%) and being in an accident (11%).

Table 11 Percentage of drinkers who reported negative consequences in the previous 12 months as a result of their drinking, by gender and age group

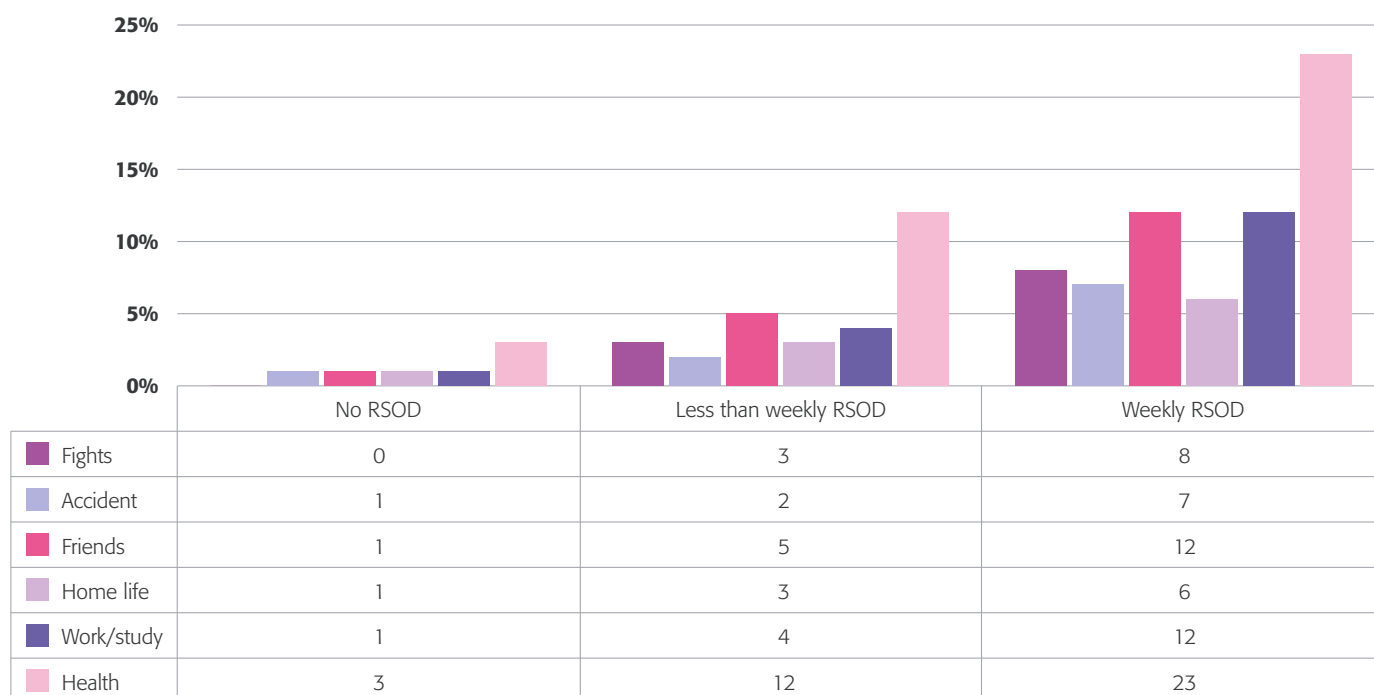
	Gender			Age group			
	All	Male	Female	18–24	25–34	35–49	50–64
Consequences from own drinking	%	%		%			
Fights	3.6	6.1	1.0	14.5	4.2	1.1	0.2
Been in accident	3.3	4.4	2.1	8.4	4.9	1.3	0.9
Harm to friendship	5.9	8.2	3.4	12.7	7.6	4.0	2.5
Harm to home life	3.4	5.0	1.8	5.1	4.7	2.3	2.4
Harm to work/study	5.7	7.4	4.0	20.7	6.2	2.1	1.3
Harm to health	13.2	17.1	9.2	23.6	15.3	10.1	9.0

Table 12: Percentage of drinkers who reported negative consequences in the previous 12 months as a result of their drinking, gender by age group

	Male				Female			
	18-24	25-34	35-49	50-64	18-24	25-34	35-49	50-64
Consequences from own drinking	%				%			
Fights	24.4	7.7	1.5	0.2	4.6	0.5	0.6	0.1
Been in accident	10.6	7.7	1.4	1.2	6.2	2.1	1.3	0.6
Harm to friendship	16.5	11.0	5.8	3.7	8.9	4.2	2.2	1.3
Harm to home life	6.9	7.0	3.2	4.1	3.3	2.4	1.4	0.4
Harm to work/study	21.1	9.8	3.3	2.3	20.3	2.4	0.7	0.2
Harm to health	27.1	20.6	13.5	12.2	20.2	9.7	6.6	5.5

Drinkers who engaged in frequent RSOD were more likely to report experiencing negative consequences as a result of their own drinking (Figure 6). For example, 23% of weekly RSOD drinkers reported that their drinking had harmed their health, while the figure for infrequent RSOD drinkers was 12% and was just 3% for those who did not drink in a risky way.

Figure 6: Percentage of drinkers who reported negative consequences in the previous 12 months as a result of their own drinking, by drinking pattern



Negative consequences experienced by others besides the drinker

Tables 13 and 14 present the proportion of respondents (including non-drinkers) who experienced negative consequences as a result of someone else's drinking in the previous 12 months. These are presented by gender and age group (Table 13) and gender by age group (Table 14). Family problems were the most frequently reported negative consequence as a result of someone else's drinking (14%). The overall prevalence of experiencing at least one of the five harms as a result of someone else's alcohol use was 27% (males 31%, females 22%). Males were more likely to experience acute consequences such as being assaulted, having property vandalised and being a passenger with a drunk driver. Females were more likely to experience family problems arising from someone else's drinking (Table 14).

Table 13: Percentage of respondents (adults 18–64 yrs) who reported negative consequences in the previous 12 months as a result of someone else’s drinking, by gender and age group

	Gender			Age group			
	All	Male	Female	18–24	25–34	35–49	50–64
Consequences from others’ drinking	%	%		%			
Family problems	14.1	12.8	15.3	18.1	16.3	12.8	11.4
Passenger with drunk driver	6.0	8.7	3.3	11.1	7.4	4.3	4.0
Assaulted	7.7	11.3	4.2	19.3	10.2	4.1	3.9
Money problems	2.8	2.9	2.7	3.5	3.1	2.5	2.7
Property vandalised	8.2	10.4	5.9	12.1	11.0	7.3	4.3

Twenty nine per cent of males aged 18–24 years were assaulted in the previous 12 months as a result of someone else’s drinking. Males aged 18–24 years were also the group most likely to have been a passenger with a drunk driver (16%) have had their property vandalised (15%) and have had money problems (5%). Females aged 25–34 years were most likely to have experienced family problems (19%) (Table 14).

Table 14: Percentage of respondents (adults 18–64 yrs) who reported negative consequences in the previous 12 months as a result of someone else’s drinking, gender by age group

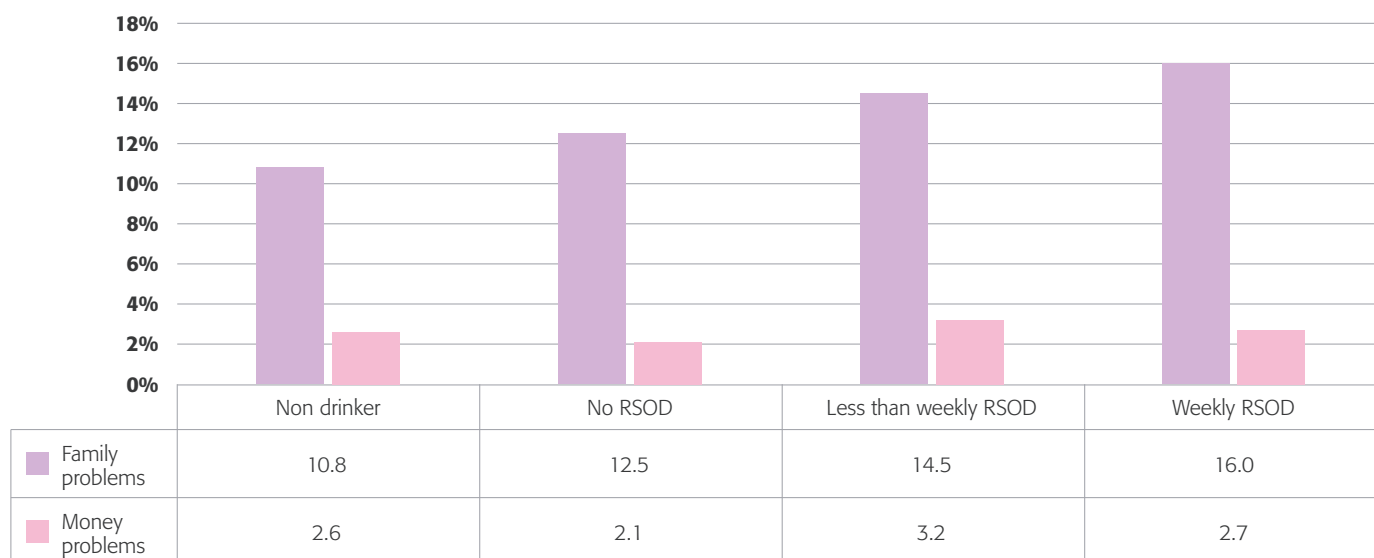
	Male				Female			
	18–24	25–34	35–49	50–64	18–24	25–34	35–49	50–64
Consequences from others’ drinking	%				%			
Family problems	18.3	13.0	12.5	10.3	17.9	19.3	13.3	12.4
Passenger with drunk driver	16.4	10.4	6.7	5.5	5.9	4.6	1.8	2.5
Assaulted	28.6	14.7	5.9	6.0	9.9	5.8	2.3	1.8
Money problems	4.9	2.3	2.4	3.2	2.2	3.9	2.6	2.0
Property vandalised	14.6	13.7	9.3	6.3	9.6	8.4	5.2	2.3

Drinkers who engaged in frequent RSOD were more likely to experience each individual harm with the exception of money problems, as a result of someone else’s drinking and this trend was most obvious for the following harms – being a passenger with a drunk driver, being assaulted and having property vandalised (Figure 7). The likelihood of experiencing family problems and money problems was similar for non-drinkers and non-risky drinkers (Figure 8).

Figure 7: Percentage of respondents (adults 18–64 yrs) who reported being assaulted, being a passenger with a drunk driver or having property vandalised in the previous 12 months as a result of someone else’s drinking, by drinking pattern



Figure 8: Percentage of respondents (adults 18–64 yrs) who reported family or money problems in the previous 12 months as a result of someone else’s drinking, by drinking pattern



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