

LIFESTYLE: YOUNG PEOPLE & ALCOHOL USE

Issue/Problem

Young People and Alcohol Use in Northern Ireland

Evidence Base (Equality & Inequalities Report)

Prevalence of Alcohol Use Amongst Young People

Data from the Young Persons' Behaviour and Attitudes Survey (YPBAS) carried out in 2000, which covers children aged 11-16 in Years 8-12, shows that a slightly higher proportion of young males (60%) than young females (54%) reported ever taking an alcoholic drink.

However, data on current usage rates (i.e. those who report drinking every month or more often) are very similar for boys (32%) and girls (31%).

Similar proportions of boys and girls reported having consumed so much alcohol on at least one occasion that they had got drunk (35% of boys, 33% of girls).

Ref: Young Persons' Behaviour and Attitudes Survey 2000 "Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:145-146).

Deprivation & Alcohol Use

Drink patterns for children from socially excluded backgrounds (as indicated in the survey by being in receipt of free school meals) are similar to those of children from non-excluded backgrounds:

- 59% of children in receipt of free school meals reported having taken an alcoholic drink in comparison to 57% of non-free school meals children.
- 32% of children in receipt of free school meals report current drinking, compared to 31% of non-free school meals children.

There was a small but significant difference in the proportions reporting that they had been drink on at least one occasion: 37% of children in receipt of free school meals reported having consumed so much alcohol on at least on occasion that they had got drunk in comparison to 33% of non-free school meal children.

Ref: Young Persons' Behaviour and Attitudes Survey 2000 "Equality and Inequalities in Health and Social Care in Northern Ireland: A Statistical Overview (DHSSPS, 2004:145-146).

Evidence Base (Literature Review)

Findings of the 2004 Young Life and Times Survey

Over the past number of years the extent of alcohol, tobacco, illegal drugs and solvent abuse amongst young people in Northern Ireland has been increasing. The latest [Young Life and Times \(YLT\) research report](#) entitled "[Drinking, Smoking, Drugs and Sexual Intercourse – Education and Influences for Young People in Northern Ireland](#)"¹ (published in August 2005) highlights that seven out of ten respondents (69%) stated that they had drunk alcohol a few or many times. Thus demonstrating that alcohol is readily available in Northern Ireland before the legal age of drinking. The survey found little difference between genders in terms of alcohol use.

The findings further suggested that young people living in urban and inner city areas were more likely to have reported taking substances: 80% of young people who lived in the city reported taking alcohol a few or many times in comparison to 61% who lived in a country village and 54% who lived on a farm or country home.

Young people who reported high level of boredom in school were also more likely to report experiences of drinking, smoking and illegal drugs use. The authors of the report suggest that such findings are important in terms of the development of future health promotion policies in Northern Ireland².

Why Do Young People Drink?

It is suggested that young people's reasons for drinking change according to age and circumstances³. For example:

- 12-13 year olds start tentatively experimenting with alcohol, usually within the family environment. This is seen as reflecting a desire, particularly amongst boys, to move from child to adult status.
- 14-15 year olds prefer to drink outside the family environment and are more secretive, hiding their behaviour from their parents. This age group tends to drink to get drunk, with the aim of testing their limits and having fun.
- 16-17 year olds tend to move on from experimentation. They tend to be more open with their parents about drinking and see their drinking behaviour as a sign of maturity and experience.

Peer group pressure is often viewed a major factor influencing alcohol use in young people. However, peer association (i.e. the belief that young people are likely to choose as friends those who share similar interests) is also seen just as important.

Other factors believed to influence young people’s drinking pattern include **parental drinking**. The children of parents who have an alcohol problem are more likely to have children who drink heavily. However, problem drinking in parents does not necessarily always result in alcohol problems amongst children. The young person’s individual personality and ability to cope and the presence of a strong external support system (e.g. school, church, other adults) can deter young people from heavy drinking⁴.

The findings of the 2004 Youth Life and Times Survey also reveal that **boredom** and **lack of leisure facilities** are also associated with an increased intake of alcohol amongst young people. Young people participating in the survey who reported being bored in school were more likely to have drunken alcohol, smoked tobacco or taken drugs.

The Marketing of Alcohol to Young People

Marketing is believed to play a critical role in alcohol use amongst young people. Wine coolers, ‘alcopops’, premixed cocktails and alcoholic “energy” drinks are particularly popular amongst young and inexperienced drinkers.

Examples of marketing practices targeted at young people include, identifying the alcohol product with popular music via the sponsorship of concerts and other music events; promoting products via the internet and youth orientated magazines; offering free promotional gifts with products; and the sponsorship of high profile sporting events⁵.

The British Medical Association (BMA) has expressed concern regarding the effects of alcohol advertising on perceptions of drinking norms. In 2003 the BMA called for a ban on the advertising of alcohol to be legislated (as it has been for cigarettes). In 2004 Ofcom announced tighter regulations on alcohol advertising, particularly in relation to the youth market. However, although the BMA have welcomed this action it does not believe that it goes far enough⁶.

Behavioural and Physical Consequences of Alcohol Use

Four major patterns have emerged in the last decade in regards to young people and alcohol consumption, (1) young people are drinking alcohol more frequently (2) those young people that drink are drinking more alcohol per session (3) changes in consumption are particularly pronounced for young women (4) higher levels of alcohol use are associated with the use of cigarettes and illegal drugs⁷.

Regular heavy alcohol consumption and binge drinking is associated with physical problems, anti-social behaviour, violence, accidents, suicide, injuries and road traffic accidents and can effect school performance and crime. Excessive alcohol use can also be associated with a range of mental disorders and can exacerbate existing mental health problems⁸.

Alcohol Use and Teen Pregnancy

The reasons for teenage pregnancy are undoubtedly multifaceted and alcohol can be one part of this. However, there are very few studies that examine the direct links between alcohol and teenage pregnancy⁹.

A report by Alcohol Concern¹⁰ highlights that high alcohol intake can make young people more susceptible to engaging in risky sexual practices. Risky sexual practices are defined as (a) failure to use contraception (b) having lots of sexual partners within a specified time frame (c) sexual activity that is unintended (d) sexual activity with someone they have just met. The report argues that engaging in such risky behaviour can increase the likelihood of teenage pregnancy as well as sexually transmitted infections.

Alcohol Use and Offending Behaviour

A report by NACRO¹¹ highlights that many young people, particularly those not accustomed to the effects of alcohol, are more likely to be unable to control their behaviour whilst under its influence and can become engaged in anti-social and disorderly behaviour. Young people who drink can also become involved criminal behaviour or may become victims themselves as a result of their intoxicated state (e.g. violent crime such as assaults).

In more recent years there has been a rising concern about the prevalence of drunken anti-social behaviour particularly amongst young adults which is closely related to binge drinking. Further to this, studies carried out in Accident and Emergency Departments demonstrate that binge drinking is also connected to increased risk of injury arising from an assault. There is a general perception that the effects of alcohol and alcohol-related aggression is more pronounced in certain groups particularly young men and under-age drinkers (who are unable to "judge their limits")¹².

According to Richardson & Budd (2003) there has been very little research to date that explores the relationship between binge drinking and illicit drugs use. Research that does exist appears to suggest that the disinhibiting effects of alcohol sometimes lead to unplanned drugs use¹³.

Alcohol Use and Vulnerable Young People

Vulnerable adolescents in comparison to their non-vulnerable peers have a higher lifetime prevalence rates for a range of substances, including alcohol. Vulnerable young people can include those who are in the care of social services or who have been in the care of social services, those whose parents misuse substances, young offenders, the homeless, school excludees and truants, and young people involved in prostitution¹⁴.

A report by the BMA suggests that because the most vulnerable young people are often disengaged from the education system and education based substance interventions, alternative targeted interventions must be integrated into the wide range of other services provided for vulnerable young people¹⁵.

Is the issue/problem being addressed by current or proposed strategies and policies? On what level?

Alcohol Strategy for Northern Ireland

In 2000 the DHSSPS published its [Strategy for Reducing Alcohol Related Harm](#). The strategy identifies alcohol use amongst children and young people a particular area for concern given the connections between excessive alcohol consumption and other social problems such as teenage pregnancy and anti-social behaviour. The strategy's action plan makes provisions for the development of programme of health education targeted at children and young people which will raise awareness of the dangers of misusing alcohol.

The strategy objectives and associated action points, i.e., encouraging a responsible approach to drinking; promoting effective treatment services; protecting individuals and communities from alcohol related harm; and, developing a research and information programme, have also impacted upon alcohol use amongst children and young people.

Joint Implementation of the Drug and Alcohol Strategies

The [Model for the Joint Implementation of the Drug and Alcohol Strategies](#) was endorsed by the Northern Ireland Executive in 2001. The Model was devised to ensure the effective implementation of the main aims and action areas of both the drugs and alcohol strategies. The implementation structure makes provision for tackling drugs and alcohol related harm on a number of levels:

Drugs & Alcohol Ministerial Strategic Steering Group¹⁶

Established under the leadership of the Minister for HSSPS and includes involvement from the Ministers responsible for Education; Employment and Learning; Social Development; the Environment,

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Culture, Arts and Leisure; Enterprise, Trade and Investment; and the NIO. The overall aim of the Ministerial Group is to co-ordinate the activities of Departments and their agencies and to undertake responsibility for high-level policy co-ordination in relation to drug and alcohol misuse.

Drugs & Alcohol Implementation Steering Group (DAISG)

The group is comprised of senior representatives from the Departments, Criminal Justice Agencies, the Health Promotion Agency and the Drugs and Alcohol Co-ordination Teams. The purpose of the steering group is to monitor outcomes and progress regularly and to manage and allocate ring-fenced resources to address drugs and alcohol related issues.

Working Groups

A number of working groups have been established to undertake work in six key areas:

- **Education & Prevention Working Group** – led by the Department of Education, its remit is to reduce the harm caused by individuals and society by illicit drugs use and by the misuse of alcohol. One of the key output areas of the group is to develop an alcohol and drugs awareness programme for primary and secondary school children and young people between the ages of 16 and 25. Other responsibilities of this group which impact on alcohol misuse amongst children and young people include the provision of training in preventive alcohol education techniques for those who deliver education programmes, and the development of public information campaigns.
- **Treatment Working Group** – led by the DHSSPS, the remit of this group is to consider the extent to which current services are meeting the needs of those with drugs and alcohol related problems, and to make proposals for the improvement of treatment services. The work of this group would include the assessment and provision of treatment services for children and young people experiencing alcohol and drugs-related problems.
- **Communities Working Group** – led by the voluntary and community sectors, the remit of this group is to promote and support community action to reduce the harm caused by alcohol and drugs-related anti-social behaviour. Key outputs of this group include tackling the issue of underage drinking and ensuring that appropriate alcohol and drugs prevention programmes are available for identified groups such as parents and youth groups.
- **Information and Research Working Group** – led by the Drugs and Alcohol Information Research Unit (DAIRU), the remit of this group is to support the implementation of the drugs and alcohol

strategies through new information and research programmes. The work of DAIRU includes the development and maintenance of the Drugs Misuse Database. Key output areas of this group includes the production of baseline information on alcohol and drugs use amongst young people in Northern Ireland.

- ***Social Legislation Working Group*** – led by the Department for Social Development, the remit of this group is to encourage and develop effective co-operation between enforcement agencies and communities to reduce the impact of drug and alcohol misuse. Key outputs from this group impacting upon alcohol use amongst young people include the promotion of responsible trading practices, the investigation of licensing options and working in co-operation with the Drinks Industry to address areas of concern.
- ***Criminal Justice Working Group*** – led by the Northern Ireland Office, the remit of this group is to work in co-operation to improve the overall effectiveness of criminal justice agencies in tackling drug and alcohol misuse. Key outputs from this group relevant to alcohol use amongst young people include the prevention of the illegal importation of alcohol into Northern Ireland, the development of treatment opportunities for sentenced offenders with alcohol dependency and the monitoring and reduction of the availability of alcohol in prisons.

Drugs and Alcohol Co-ordination Teams (DACTs)

There are four Drug and Alcohol Co-ordination Teams covering the four Health and Social Service Board areas. The purpose of the teams is to ensure that local agencies and community organisations work together to tackle drug and alcohol misuse. The teams include representatives from health, education, police, youth service and local voluntary and community organisations. Each team is led by a DACT [Co-ordinator](#).

New Strategic Direction for Alcohol and Drugs in Northern Ireland

A pre-consultation exercise is currently being conducted in relation to the development of a [New Strategic Direction for Alcohol and Drugs in Northern Ireland](#). The new strategic direction, which will have important implications for young people and alcohol use, will include long-term aims and intended outcomes from 2006-2011.

Alcohol Prevention, Awareness and Treatment Projects

There are a wide range of projects throughout Northern Ireland that provide alcohol prevention, awareness and treatment services to young people. Voluntary and community groups often in partnership with statutory agencies provide many of these services. Some

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examples projects in each of the Drugs and Alcohol Co-ordination Team (DACT) areas include:

Eastern Drugs and Alcohol Co-ordination Team (EACT) Area

- [Dunlewey Substance Advice Centre](#): offers counselling services and drugs and alcohol prevention programmes to young people. Dunlewey is also involved with the Eastern Drugs and Alcohol Co-ordination Team and North Down and Ards Community Addiction Team to provide a ‘working with young substance misusers’ programme.
- [Northern Ireland Community Addiction Service \(NICAS\)](#): offers a confidential counselling and information service to those who have a problem with alcohol and/or drugs. The NICAS Education Programme, which provides awareness of drugs and alcohol issues, is delivered in a wide range of settings including schools, young clubs and parents groups.
- [Opportunity Youth](#): delivers holistic health and social awareness programmes using peer education, supported by a professional multi-disciplinary team. Opportunity Youth in partnership with North and West Belfast Health and Social Services Trust provides a Youth Advice centre on Friday that gives young people a chance to discuss health issues with medical staff in a friendly non-threatening environment.
- [ASCERT](#): is a community-based project working with local communities in Lisburn to develop preventative and education initiatives that address substance misuse.

Northern Drugs and Alcohol Co-ordination Team (NDACT) Area

- [Future 2000+](#): provides up-to-date information and counselling services to young people between the ages of 16 and 25 in the Antrim Borough Council area on substance misuse issues.
- [“Club Reach” Project](#): developed by the Victory Praise Centre in Ballymena, this project works with young people socializing in the Ballymena area, helping to divert dangerous situations and ensuring that vulnerable people get home safely.

Southern Drugs and Alcohol Co-ordination Team (SDACT) Area

- [SELB Inter Board Drugs Education Project](#): plays a preventative role in tackling the misuse of drugs and alcohol through education in schools and the youth service. Ensures that the training needs of teachers and youth workers are met and provides advice and support to schools and youth centres on drugs and alcohol issues.
- [Newry and Mourne Drugs and Alcohol Project](#): provides parent and community awareness sessions and conducts research with young people in the local area regarding drug and alcohol use.
- [Lurgan YMCA](#): involved in detached youth street work by seeking

to engage young people at risk you do not utilise centre-based activities.

Western Drugs and Alcohol Co-ordination Team (WDACT) Area

- [The Magilligan Project](#): is a joint venture between Northlands and the Prison Service in response to the prevalence of drug and alcohol use before and during prisoners’ current sentences. The project provides counselling and advice on a range of drugs and alcohol-related problems.
- [The Ego Project](#): provides information, education and awareness on drugs and alcohol to young people throughout Omagh and its surrounding rural areas.

The Role the Health Promotion Agency

The Health Promotion Agency plays a pivotal role in raising awareness of the impact of alcohol use amongst young people in Northern Ireland. Examples of some of the HPA’s activities in this area include:

- The development of a drugs and alcohol website (www.drugsalcohol.info) for professionals involved in drugs and alcohol prevention and awareness work.
- The development of an [Up-2-You](#) interactive website aimed at informing young people about a range of issues including drugs, smoking and alcohol use.
- Raising awareness of the effects of binge drinking through a [television and cinema advertising campaigns](#). The most recent campaign features two advertisements, the first of which is aimed at 18-30 year olds and focuses on the immediate effects of binge drinking such as aggressive behaviour¹⁷.

The Role of Voluntary and Community Bodies

The voluntary and community sector in Northern Ireland play a crucial role on the provision of drugs and alcohol prevention, education and treatment, particularly in regards to young people. Some of these groups provide these services on a regional basis, others in specific geographic areas.

Examples of such groups include the [Presbyterian Board of Social Witnesses](#) (provides substance misuse advice to adults and youth leaders); [Contact Youth](#) (offers counselling services, including a free phone helpline, to young people for a range of issues including substance abuse); [Northlands](#) (offers treatment, education and prevention and training aimed at reducing drug and alcohol-related harm).

The Role of the Education Sector

The involvement of the Department of Education (DE) in drugs and alcohol prevention and awareness fall into two main categories (a) curriculum, and (b) policy and advice. The DE ensures that the Northern Ireland curriculum makes provision for drugs and alcohol education through the programme of study for science and the health education cross-circular theme. The DE also provides policy and advice to schools on drugs and alcohol use through guidance documents and circulars.

The Five Education and Library Boards also play a significant role in drugs and alcohol awareness and prevention through a regional education and youth service. Within each Board area, the Curriculum Advisory Support Service provides appropriate training and support in relation to drugs education within the health curriculum. Each Education and Library Board also has a Youth Service that plays a major role in drugs education and prevention work¹⁸.

Co-operation Between the PSNI and Local Councils

The PSNI in partnership with local councils are involved in a number of initiatives throughout Northern Ireland to tackle the problem of underage drinking. Examples of projects include:

- The [Coleraine 18+ Initiative](#) whereby the PSNI and Council Staff are encouraging staff at licensed premises to ask for photographic ID from young people wishing to purchase alcohol.
- The PSNI are working with a number of partner agencies in North Belfast to address the issue of underage drinking. As part of the ongoing strategy the PSNI in co-operation with Belfast City Council and other partner agencies have actively targeted adults who purchase and supply alcohol to minors. These operations have proved successful with over 700 cans and bottle of alcohol seized¹⁹.

Treatment and Rehabilitation Services

Within the four Health and Social Services Board areas treatment services have been developed appropriate to the identified needs of each area. They include local community-based assessment and treatment services for individuals and families with alcohol and other drug-related problems. Such services include inpatient and day patient rehabilitation and detoxification; counselling; psychotherapy; support groups for clients and families; and, patient education.

Each HSS Board area contains a [Community Addiction Team](#) usually consisting of doctors, social workers, community psychiatric

services and psychologist who provide treatment, help and support for those experiencing problems with alcohol and/or drugs²⁰.

A range of rehabilitation and treatment services are also offered by a wide range of community and voluntary groups in Northern Ireland.

Is the problem amenable to further intervention by the DHSSPS or other?

A 2003 report published by the British Medical Association into "[Adolescent Health](#)" highlights that early intervention and targeted interventions are valuable approaches to the health of young people. The report suggests that school based interventions, whilst important, do not reach all adolescents and do not tackle the environmental influences on adolescent health. The BMA state that multi-faceted and multiprofessional interventions are the most effective approaches to dealing with the problems associated with drugs, alcohol and tobacco use.

The report highlights the range of different approaches currently taken to addressing the use of alcohol amongst young people. Such interventions include:

- **Limiting the availability of alcohol** – through enforcement of age restrictions on the purchase of alcohol and increasing the price of alcohol through tax and price increases.
- **Regulating the advertising and marketing of alcohol** – calls for tighter regulation of advertising, broadcasting, sponsorship and packaging of alcohol. It is suggested that clear labelling of alcohol drinks, health warnings on the effects of excessive drinking, and cheaper low alcohol and non-alcoholic drinks should be incorporated into advertising and promotion.
- **Educating young people about the dangers of alcohol misuse** – through school-based education, suggested that peer-led programmes are more effective than teacher-led programmes.
- **Education that promotes the development of social skills** – health education policies in schools moving away from the tradition emphasis on risk towards an emphasis on social and environmental factors that influence alcohol use. It is suggested that programmes that combine components on short-term health, information on social influences and training on how to resist peer pressure, appear to be most effective than traditional knowledge-based interventions.
- **The use of mass media** – to publicise the risks associated with alcohol misuse and to disseminate information on substance misuse and how to access appropriate services.
- **Targeting interventions at vulnerable young people** – often associated with early pre-emptive interventions. It is suggested that interventions should focus on children, who in primary school, begin to display educational or behavioural problems, or

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those who appear to be disengaging from education.

- **Multifaceted interventions** – evidence suggests that community approaches involving multiple co-ordinated intervention components are effective.
- **Treatment** – services and programmes for the treatment of drinking, smoking and drugs use amongst adolescence tends to be fragmented with many biased towards adults and involve adopting adult treatment models. Multi-professional team working in the treatment of adolescents with alcohol problems appears to be the most effective approach (e.g. involving GPs, school health services, young offender teams, social workers and specialist treatment centres).

In a recent paper entitled [“Alcohol and Young People”](#), the BMA also suggest that there should be:

- Clear warnings and labelling on alcohol products in addition to a ban on alcohol advertising.
- Further research to determine whether alcopops and other designer drinks have encouraged more young people start and continue drinking as they get older and whether they have encouraged greater consumption or acted as ‘gateways’ to more traditional drinks.
- That any extensions to licensing hours requires a programme of post change research to look at both the acute and longer-term health consequences.

[Alcohol Concern](#), a UK national voluntary agency on alcohol misuse, also recommends a multi-faceted approach to ensure that the transition from youthful experimental drinking to moderate enjoyment of alcohol in adulthood including²¹:

- The effective delivery of alcohol education in schools relating to the risks of drinking and getting drunk. More research is needed on what approaches are most effective. Teachers must be trained to deliver alcohol education and to help them respond appropriately to students who disclose an alcohol-related problem.
- An increased awareness of parental drinking behaviour as a model for young people. Parents must be made aware of the importance of their behaviour and attitudes towards alcohol in influencing their children. Parents should be involved in developing school education and local community initiatives. Alcohol awareness should be included in parental skills classes.
- The continued development and evaluation of local education and diversionary activities, emerging good practice in this area needs to be shared.
- Licensing laws and regulations should ensure that age restrictions are enforced, without criminalizing young people unnecessarily. Training should be provided to staff selling

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alcohol to help them deal with under-age drinkers.

- An establishment of codes, independent monitoring and adjudication arrangements to regulate the packaging and merchandising of alcohol with a view to protecting young people.

¹ Hannaford, S. (2005) *Drinking, Smoking, Drugs and Sexual Intercourse – Education and Influences for Young People in Northern Ireland*. ARK Research Update.

² “Statistics published by University researchers on local 16 year olds’ experiences of alcohol, drugs and sex”. Queen’s University Press Release. 17 August 2005.

³ Newburn & Shiner (2001) cited in Alcohol Concern Factsheet. *Young People’s Drinking*. March 2004. www.alcoholconcern.org.uk/servlets/wrapper/knowledgebase.jsp?topic_id=5&theme_id=84

⁴ Alcohol Concern Factsheet. *Young People’s Drinking*. March 2004.

www.alcoholconcern.org.uk/servlets/wrapper/knowledgebase.jsp?topic_id=5&theme_id=84

⁵ Jernigan, D.H. (2001) *Global Status Report: Alcohol and Young People*. Geneva: World Health Organisation. http://whqlibdoc.who.int/hq/2001/WHO_MSD_MSB_01.1.pdf

⁶ See www.bma.org.uk/ap.nsf/Content/poliniticombatbindrink

⁷ Honess, T., Seymour, L. & Webster, R. (2000) *The Social Contexts of Underage Drinking*. London: Home Office. www.homeoffice.gov.uk/rds/pdfs/occ-drink.pdf

⁸ British Medical Association (2003) *Adolescent Health*. London: British Medical Association.

[www.bma.org.uk/ap.nsf/Content/AdolescentHealth/\\$file/Adhealth.pdf](http://www.bma.org.uk/ap.nsf/Content/AdolescentHealth/$file/Adhealth.pdf)

⁹ Alcohol Concern. (2002) *Alcohol and Teenage Pregnancy*. London: Alcohol Concern.

¹⁰ *Ibid*

¹¹ A UK crime reduction charity.

¹² Alcohol Concern Factsheet. *Young People’s Drinking*. Op Cit.

¹³ *Ibid*

¹⁴ British Medical Association (2003). *Op Cit*.

¹⁵ *Ibid*

¹⁶ Now suspended.

¹⁷ “Binge drinking is a serious threat to public health”. Health Promotion Agency Press Release. 8 February 2005.

¹⁸ Information extracted from the Drugs and Alcohol Information Website -

www.drugsalcohol.info/drugs/default.asp?s=1&d=12#4

¹⁹ The Police Service of Northern Ireland. *Chief Constable’s Annual Report 2004/05*.

www.psn.police.uk/chief_constables_annual_report_2004-2005.doc

²⁰ Information extracted from the Health Promotion Agency Drug and Alcohol Info website -

www.drugsalcohol.info/drugs/default.asp?s=1&d=12#10

²¹ Alcohol Concern Factsheet. *Op Cit*.