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UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

REACT

Responding to Excessive Alcohol Consumption in Third-Level

REPORT



Union of Students in Ireland
Aontas na Mac Léinn in Éirinn

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

hi Healthy Ireland

UCC HEALTH MATTERS

IRISH STUDENT HEALTH ASSOCIATION

REACT
Responding to Excessive Alcohol Consumption in Third-Level

This report describes the timeline and processes involved in completing the REACT Project from the initial bid for funding through to the presentation of this report on June 30th 2015.

The report was compiled by:

Mr. David Carey, REACT Project Manager

Mr. Martin Davoren, REACT Lead Researcher

Dr. Michael Byrne, REACT Principal Investigator

REACT Project Team

FOREWORD



This accreditation scheme will recognise the efforts and actions taken by Third Level Institutions to reduce alcohol related harm. The HSE is delighted to fund and support this important initiative given the fact that every day, 3 people in Ireland die as a result of alcohol use - more than are killed on the roads. Consumption of alcohol in the age group between 18-24, is particularly high, with research also indicating that 15% of those within this group who are drinkers are dependent drinkers.

Healthy Ireland -A Framework for improved Health & Wellbeing 2013 – 2025 outlines a vision where everyone can enjoy physical and mental health and wellbeing to their full potential. It aims to empower people to look after own health and make the 'healthier choice the easier choice' through a 'whole of society' approach.

This project is a clear example of connecting and mobilising existing and new initiatives and partnerships around a shared agenda with the third level sector playing their part in a practical and collaborative manner to address the significant harm caused by alcohol.

The key narrative of this project is moving from policy into action and I really commend the project team for the work they have done in developing this evidence based structured framework. The implementation of these actions will make a real positive difference to student's health and wellbeing.

I would sincerely like to thank all who have been involved in the development of this work, the core project team of Dr. Michael Byrne, Mr. David Carey and Mr. Martin Davoren -UCC Health Matters, Ms Sandra Coughlan, HSE Health Promotion and Improvement, Irish Student Health Association and particularly the Union of Students in Ireland for demonstrating such leadership in this area.

I wish the project team well with the work as it enters the next phase of implementation.

Dr. Cate Hartigan,

Head of Health Promotion and Improvement

Health and Wellbeing Division

HSE

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The REACT Project Team wish to thank Dr. Ann Hope for her generous contribution of time, knowledge and expertise in her presentation at the Knowledge Exchange Forum and advice in agreeing the final list of Action Points required for this award.

We wish to extend our gratitude to the leadership of the Union of Students in Ireland (USI), Ms. Laura Harmon, (President) and Mr. Greg O' Donoghue (Vice- President for Welfare), for their wholehearted support for this project from the very beginning.

We would also like to thank our partners within the Health & Wellbeing Division of the HSE for funding this initiative and for their oversight and guidance throughout this Project, namely Dr. Stephanie O Keefe, Dr. Cate Hartigan, Ms. Sandra Coughlan and Dr. Maria Harrigton.

We wish to extend a heartfelt thanks to Mr. Terry Brenan and all of the staff in Áras na MacLeinn in UCC, for providing the office space to allow the REACT Project Team undertake its work.

We wish to compliment the Irish Student Health Association (ISHA) for their formal endorsement and engagement throughout the process.

The Project Team also wish to thank Professor Ivan Perry, Dr. Ian Pickup and Mr. Martin Lynch for speaking at the Forum and appreciate the attendance of those whose engagement and interaction allowed for the compilation of this Award and Accreditation Scheme.

We thank Ms. Lucy Henry and her colleagues in National Union of Students (NUS) who advised us in the initial stages of our project following the piloting of a similar project in the United Kingdom.

We wish to acknowledge our colleagues at SpunOut.ie, namely Mr. Cian O'Mahony and Mr. Ian Power who provided us with the WebApp that will track each institution's progress throughout their pursuit of the REACT Award.

Finally we wish to convey our immense gratitude to the memberships of the Working Group and Steering Committee who oversaw and guided the Project without whom we would not have the completed the project to develop the REACT Award and Accreditation Scheme.

Go raibh míle maith agaibh go léir,

REACT Project Team

INTRODUCTION



Dear All,

Problem alcohol use among Irish third-level students has long been identified as a serious issue and attempts 15 years ago to have a uniform response across the sector were not sustained. Alcohol related harm indicators are manifold; injuries, accidents, suicide, violence including sexual assault, antisocial behaviour, impacts on relationships, impacts on studies and general health problems, particularly mental health.

All of these indicators affect third-level students and because many of the harms have a stigma attached to them they go unreported and in many cases the students affected are reluctant to seek help. The partners in the REACT project are to be commended for setting out to improve matters by developing an evidence-based action plan.

Among the measures recommended is that all students undertake an alcohol screening at entry to College and on an annual basis. Screening itself is a form of intervention and the REACT Training Toolkit will be available by September 2015. The University College Cork team are to be commended for taking a leadership role in establishing the REACT initiative.

In addition the Union of Students in Ireland, recognising the harm that alcohol causes to the health and welfare of many students, have taken a principled stand on the alcohol issue in our third-level institutions and are key partners in efforts to lessen alcohol related harms in this setting. The Irish Student Health Association and the Health Service Executive are also important partners and can promote sustainability. This initiative will help save students' lives, will improve the health and welfare of students and will make our third-level campuses a safer place for female and male students. It deserves to be supported by the leadership of Irish third-level institutions, the HEA and wider society.

Professor Joseph Barry,

Chair of Population Medicine,

Trinity College Dublin

WELCOME



A Chara,

The Union of Students in Ireland are delighted to be involved and to partner on this project. In order to create cultural change around alcohol, we need to create meaningful policy change. The REACT programme will go a long way in encouraging higher education institutions to be proactive and to think of new ways to tackle alcohol misuse.

Alcohol harm not only affects the drinker but it affects all of those around them – friends, family and loved ones. Three people die in Ireland every day as a result of alcohol use. 1,500 hospital beds are occupied every night in Ireland because of alcohol use. Half of all suicides in Ireland involve alcohol. Alcohol use costs the state €3.7 billion annually in health, policing and other services.

The time for action on this issue is now. Approximately 80 per cent of Irish adults consume alcohol and more than half of those are classified as harmful high-risk drinkers. Almost 10 per cent of those who consume alcohol are dependent and this increases to 15 per cent among the 18-24 year-old category.

USI ceased working with Drink Aware in 2013 and in 2014/2015, we were highly critical of the Stop Out of Control Drinking campaign which was funded by Diageo. For credibility and independence from the alcohol industry, we will not partner with the industry when creating campaigns or communicating messages around alcohol to young people.

The World Health Organisation's 2001 Stockholm Declaration on Young People and Alcohol stated: 'Public health policies concerning alcohol need to be formulated by public health interests, without interference from commercial interests.'

This year, for the first time, USI ran a fully independent alcohol awareness campaign in conjunction with Alcohol Action Ireland, and we hope to build on this independence in the future through our collaboration on REACT with UCC Health Matters, the HSE and the Irish Student Health Association.

Le Meas,

Laura Harmon

Laura Harmon,
President,
Union of Students in Ireland

1 EXECUTIVE SUMMARY

BACKGROUND

"In the last number of years university and college authorities have expressed concerns on a number of issues; alcohol promotion practices on campus, high-risk drinking among students, the impact of this drinking pattern on student academic achievement, student personal problems and student attrition." (Framework For Developing A College Alcohol Policy, 2001)

It is nearly 15 years since a standardised framework for developing an alcohol policy in each of Ireland's third- level institutions was delivered. The concerns expressed in 2001 are still relevant today, perhaps more so, particularly given the excesses of the Celtic Tiger years. Despite the clear framework for action outlined in 2001, a sector-wide co-ordinated approach aimed at reducing alcohol-related harm has not been realised.

There have been a number of notable developments in the interim period. These include the development of a recommended alcohol action-plan for the university setting following a seminar in NUIG in 2010, the implementation of such an alcohol action-plan in UCC since 2010 which led to national recognition at the Irish Healthcare Awards in 2012, and most crucially, the decision of the Union of Student in Ireland (USI) to disassociate itself from Drinkaware.ie in 2013. The USI further committed to, in future, collaborate only with non-industry funded partners in delivering alcohol interventions targeting students.

To build on this momentum, UCC Health Matters, the Irish Student Health Association and USI agreed to collaborate on the development of a project, with the backing of the HSE and Healthy Ireland.

GOAL

The goal of the project was to deliver an Award and Accreditation Scheme in the third- level sector that would recognise and reward an institution's efforts to reduce alcohol-related harm amongst its students.

OBJECTIVES

To achieve the goal above, the following objectives were to be delivered by the project:

1. To gather evidence of effective interventions to reduce alcohol related harm in a third-level setting, from existing literature and expert leader opinion(s)
2. To conduct a Knowledge Exchange Forum of key stakeholders, that would consider the expert leader opinion(s) and the evidence gathered garnered as per 1. above
3. To deliver an agreed suite of (a) mandatory and (a) optional action points to be included in action plans implemented by institutions
4. To develop an on-line portal to facilitate participating institutions record, track and compare their completion of the Key Performance Indicators for their action points
5. To provide budgetary estimates as to costs of implementing this Award and Scheme on a national basis
6. To publish a final report for the REACT Project in summer 2015

METHODOLOGY

There were 3 stages to the process to develop the agreed suite of action points. These were:

1. **Systematic Review of the Literature to create a short-list of Action Points**
2. **Delphi Consensus Method (Knowledge Exchange Forum) to consider this list**
3. **Content Analysis & Evidenced-Based Review of the outcome of the Forum to produce a final agreed list of acceptable Optional and Mandatory Action Points**

An extensive literature review was conducted and identified over 900 individual action points in use in third- level or community settings, in a variety of countries worldwide. This long-list was interrogated and considered as to likely applicability and acceptability on the varying campuses in Ireland, as well as considering the evidence of effectiveness, where such existed. This exercise produced a much reduced short list of action points, which was considered by key stakeholders at a Knowledge Exchange Forum in UCC. Staff and/or student representation from 5 (of 7) Universities and 11 (of 14) Institutes of Technology, and Teacher Training Colleges, along with other interested parties attended the Forum. The action points on the short list were considered by attendees using the Delphi consensus method.

The data was analysed using content analysis. The final agreed suite of mandatory and optional action points was delivered by considering the content analysis data in consultation with Dr. Ann Hope (TCD Research Fellow), one of Ireland's leading experts on alcohol.

OUTCOMES

The 3 material outcomes of the project which are detailed within the body of this report are:

1. The list of mandatory and optional action points
2. An on-line web application to facilitate recording and tracking of progress of participating institutions
3. A 3 year budgetary estimation of the cost of implementation on a national basis

RECOMMENDATIONS

The following are the recommendations of the project team to ensure the success of REACT as a National Award and Accreditation Scheme and to achieve the ultimate goal of a cultural shift in relation to our students' relationship with alcohol. These recommendations are dependent upon securing future funding as detailed in the budgetary estimation. They are:

1. Joint ownership of REACT by the USI, UCC Health Matters and ISHA
2. The development of a tiered scoring system for the optional action points, to be completed by September 2015
3. The development of relevant templates and toolkits to assist participant institutions, to be completed by September 2015
4. That all participating institutions make their data available for analysis and comparison to the REACT National Co-ordinator
5. That the REACT project team explore opportunities to collaborate with the third- level sector in other jurisdictions, including Northern Ireland and Great Britain with a view to conducting research, sharing best practice and the possible pursuit of joint funding so as to ensure sustainability of the project.

CONCLUSION

It is believed that implementation of the REACT Award and Accreditation Scheme will help lead to a cultural shift on Irish campuses. The collaborative nature of the project, delivered in association with the students of Ireland, will eventually ensure that good intentions are translated into actions and policy into practice.

2 BACKGROUND

Currently, Ireland has one of the highest levels of alcohol consumption in the European Union. Hazardous drinking has been identified as the number one substance abuse problem during university life. A 2015 cross-sectional survey of University College Cork students found that 66% of students reported hazardous alcohol consumption. This research also signposted a narrowing of the gender gap with females now drinking as much as their male counterparts.

Throughout the past twenty years, national policies have noted the importance of students when tackling alcohol consumption. Efforts to support a sector-wide approach to alcohol have continued with collaboration between UCC Health Matters, the Irish Student Health Association (ISHA), the Confederation of Student Services in Ireland (CSSI), and most importantly, the Union of Students in Ireland (USI). Two important milestones have given this process some impetus;

1. The success of the implementation of UCC's Alcohol Action Plan between 2010-2014
2. The decision made by the USI to disassociate itself from Drinkaware.ie.

To build on this impetus, in 2014, The Health Service Executive funded the REACT (Responding to Excessive Alcohol Consumption at Third-level) Project. The Health &Wellbeing Division of the Health Service Executive funded this initiative in line with the goals of Healthy Ireland -A Framework for Improved Health and Wellbeing 2013 – 2025 where a partnership approach is set out in all of the actions. Healthy Ireland is designed to harness the energy, creativity and expertise of everyone whose work promotes health and wellbeing, and encourages all sectors of society to get involved in making Ireland a healthier place to live, work and play.

This project aims to develop a National Award and Accreditation Scheme for third- level institutions, recognising and rewarding an institution's efforts to reduce alcohol-related harm amongst its students. REACT is an exciting, and potentially transformational programme involving collaboration between the Department of Health, HSE Health Promotion and

Improvement, the USI, UCC Health Matters and ISHA. The project is complementary to both the Healthy Ireland Framework and the Health Promoting University initiatives.

The project aims to establish a scheme that would require an institution to achieve/deliver (a) an agreed number of **mandatory** and (b) a number of **optional** action points. The optional action points are to be selected by each individual institution from a larger number of agreed action points, thus allowing each institution to tailor its action plan.

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Following agreement with the HSE the required deliverables of the REACT project were as follows:

1. An evidence-based suite of mandatory and optional action points from which third-level institutions develop institution specific action plans (An Award and Accreditation Scheme for third- level Institutions)
2. An on-line recording/reporting tool available to all participating institutions to track and report on progress,
3. Collaborative partnership working between students, student leadership (USI), umbrella professional support organisations (ISHA), the HSE and each institution to facilitate real and sustained action
4. A template for an Action-Plan based approach to facilitate change in the third- level setting, supporting the aims of Healthy Ireland and informing the on-going development of the settings approach in the emerging HSE Health Promoting University initiative.
5. A budgeting estimation of the implementation costs of REACT.
6. The preparation and submission of a Final Report, detailing the project.

3 METHODOLOGY

The methodological approach to the project involved 3 separate and sequential stages of analysis. These were: (1) An online systematic review of the literature, (2) The use of Delphi consensus method at a Knowledge Exchange Forum and (3) content analysis of the Forum outcomes with expert consultation.

SYSTEMATIC REVIEW

In January and February 2015, a systematic review of the literature was carried out using a standard Google search with specified parameters. The search aimed to identify examples of community, school, college and university action plans worldwide.

The parameters used to undertake the search were as follows:

- **Alcohol** AND **Student** AND **Plan**
- **Alcohol** AND **Student** AND **Dashboard**
- **Alcohol** AND **Student** AND **KPI**
- **Alcohol** AND **Action** AND **Plan**

The first 50 pages returned in each search were included. All available action plans were reviewed and each available action point extracted. The initial list of available action points was 918. All available action points were then reviewed for possible or potential applicability in the Irish third- level setting. This initial review reduced the list to 218 available action points. Subsequent reviews eliminated duplication and merged action points creating a list of 18 mandatory and 34 optional action points, for consideration at the Knowledge Exchange Forum. The optional action points were divided into four categories:

- Prevention 1: Policy, Information & Training
- Prevention 2: Screening, Referral & Environment
- Supply & Demand
- Research & Evaluation

These categories were based off of the five pillars of the National Drugs Strategy 2009-2016 [1].

KNOWLEDGE EXCHANGE FORUM

A Knowledge Exchange Forum provides an open forum for individuals to work and this "group interaction is explicitly used to generate data and insights" [1]. Furthermore, the group dynamic is a more spontaneous environment for participants to interact. As described by Ritchie et al "in responding to each other, participants reveal more of their own frame of reference on the subject of the study". Thus, this method facilitated participant description of the suitability of each of the proposed Action Points [2].

Participants:

Representation across all third-level institutions in Ireland was sought at the Knowledge Exchange Forum. In mid-March 2015 senior academic, administrative or professional practitioner staff from each of the third- level institutions in the Republic of Ireland were invited to attend, via e-mail by Dr. Michael Byrne, REACT Principal Investigator.

Student invitations were distributed through the USI (with the exception of ULSU and UCDSU who are non-affiliates of the organisation and were therefore contacted directly). The invitation was sent by USI to all SU Presidents and Welfare Officers. An open invitation was also inserted into all student delegate packs of those attending the USI annual national congress, March 23rd-26th 2015. Direct calls were subsequently made to Students' Unions in follow up.

The Knowledge Exchange Forum occurred on April 16th 2015. It was attended by staff and students from 6 (of a possible 7) Universities, 11 (of a possible 14) Institutes of Technology, Teacher Training Colleges, 2 local FE Colleges and 2 organisations with interest in the area of alcohol. In total there were 46 attendees at the Forum. These attendees were sent the Knowledge Exchange Forum booklet 1 week in advance which contained an explanation of the Delphi consensus method and the provisional list of mandatory and optional action points that would be considered at the Forum[3].

Forum:

Participants were seated at 8 tables of 5-6 participants. Tables were randomly assigned to ensure the dispersion of institution opinion. Recorders were placed at each table to capture individual viewpoints. Trained facilitators oversaw each table as they ranked the action points and these facilitators were responsible for ensuring that each participant provided their opinion on all action points within an agreed time period (30 seconds per participant per action point). In advance of their attendance of the Knowledge Exchange Forum, participants received the

list of provisional action points and were asked to read and rank the action points in terms of importance and applicability/acceptability in their own institution. At the Forum, each participant was given 30 seconds to relay to their table where they ranked each action point and why. Once each individual had spoken, the facilitator displayed the average ranking and asked participants to take some time to reflect the other opinions expressed, before re-ranking the action points. Ranking scores were entered into excel and median, minimum and maximum results computed.

Data from recorders were transcribed and content analysis was undertaken to contextualise these median scores. Content analysis "is a research method for making replicable and valid inferences from data to their context, with the purpose of providing knowledge, new insights, a representation of facts and a practical guide to action" [4]. This allowed a condensed and relevant description of participant opinion. Analysis was conducted using NVivo.

EXPERT CONSULTATION

Once analysed, an Expert Consultation Exercise involving the project team, Dr. Ann Hope (Trinity College Dublin) and Ms. Ciara O'Connor (Cork Institute of Technology, as the student representative) was arranged. Expert consultation has a long tradition and is employed to gain relevant, informed information when making important decisions. This process was conducted in June 2015. Each action point was discussed in conjunction with the median scores and content analysis from the Knowledge Exchange Forum. This meeting resulted in the final suite of action points included in the report.

4 RESULTS

The results section details the content of the discussion of both mandatory and optional action points at the Knowledge Exchange Forum. This discussion guided an evidence based review in consultation with an international expert to develop the final list of action points.

MANDATORY ACTION POINTS

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Put in place structures for commitment:

On average, the highest ranked action point was to develop a college alcohol policy. At least one participant at each table ranked it as the most important action point when tackling excessive alcohol consumption. Many of these individuals' felt it formed the foundations for a 'strategy' with one individual noting that a policy 'could be an umbrella, that all other pieces could be anchored on it: That's why I thought it was the most important first step'. Others noted its importance as a structure which would guide individuals toward implementation while ensuring commitment to the project. This structure was a method for ensuring a mechanism for policing, for lobbying staff and for ensuring institution wide commitment to tackling the issue.

This was supported by a call for high level commitment through the submission of a policy at a senior level within the college. Participants noted this would facilitate an institution- wide approach "as opposed to just sit in one particular department and possibly needs to be approved by academic council as well, just so that it will actually live in the academic departments as well as just in the student services and student unions areas".

Structure was also evident in participants support for the formation of a steering committee, and securing leadership of the committee from a significant college official.

Intervention for change:

Participants focused on the different outcomes of the available action points highlighting that both process and intervention areas are crucial. Participants prioritised brief intervention

therapy training for relevant staff noting its evidence base in reducing alcohol related harm. Ranking it as the most important action point, one participant outlined that "evidence to shows that it is very effective and that if we are going to do anything and invest in anything then let's invest in training people who are qualified in delivering brief interventions that are going to make a difference".

The requirement of incoming students to complete a brief intervention tool was also favoured among participants. Individuals noted the need to use effective measures to reduce the harms caused by alcohol use among university students. It was also noted that students come to university already consuming alcohol. Realigning their norms in a meaningful manner is a key responsibility of this project.

This realignment of norms was also noted in the provision of alcohol free space for students. Participants felt this was lacking across many institutions and that providing a space to socialise among peers without alcohol may aid in changing the link between third-level education and alcohol. Class reps were noted as facilitators of these interventions, highlighting the interventions and options available to students, delivered to them through annual training.

Other important areas noted with less frequency were developing the capacity of support services in the area of alcohol use, and ensuring robust referral lines are developed so that students in need of help are directed along a designated route. This argument was employed by a small number supporting the creation of an alcohol support directory and incorporating alcohol related issues into the planning of events.

Overall, participants noted the importance of having structures in place to gain the commitment of the institution when tackling alcohol consumption. However, they also noted the importance of evidence based, intervention-type action points. They recognised the aim of implementing an action plan was to reduce excessive alcohol consumption and to do so would require the implementation of interventions such as the brief intervention tool.

<u>Lowest ranked action points (10-18):</u>

Concerns of a draconian response, an extra drain on limited resources and merely performing lip service, not long lasting change were all expressed by Knowledge Exchange Forum attendees, and resulted in low-ranking scores for the related action points

Governor or protector:

Participants acknowledged that the action plan must be possible within the college community. Individuals highlighted that the institutions area of governance lay inside the colleges gates. They did not think it was the responsibility of the college to track or govern inappropriate drink deals or anti-social behaviour, or to report on such activity or behaviour. However, some individuals outlined that it was the institutions position to protect their student. Participants indicated that they were not "sure where the report would go and what impact it would have". Furthermore they felt it was recording negative outcomes as opposed to "preventing it in the first place".

Resources:

Concerns were raised about the resources required to track and implement these action points. Tracking was said to be a resource-intensive practice which a number of institutions felt may not be possible. They felt the reputation of the institution would be questioned as it "named and shamed" surrounding businesses if they were involved in inappropriate drink deals. They questioned if the institution was to write letters relating to these deals, who did the responsibility for this action lie with. Similarly, regarding tracking anti-social behaviour, individuals wondered who and how the behaviour would be tracked, and what would happen with this information. There were concerns expressed surrounding numbers being recorded without a specific use identified. Finally, participants felt writing a report annually to REACT was a resource intensive exercise with little gain to the student.

Participants also raised concerns around the evaluation of the action plan. Noting it is an important requirement when implementing a new intervention, they felt it may be incorporated into the work of the steering committee and policy in a more structured manner stating that "I suppose the steering committee, the policy, and the secure leadership by the college official and they kind of link in with the policy, and how we are going to do that plan over the course of the year. So I just thought it was kind of involved with that".

Public relations:

Although participants agreed that meeting residents and stakeholders annually may lead to increased collaboration and support in the community, many highlighted this as a public relations exercise. They felt that this is something the institution should be doing but should not be part of this plan as it does not lead to a reduction in alcohol-related harm but instead increases public relations for the institution.

Participants felt that creating an annual report was another form of public relations that would not be used, yet would require a substantial amount of time to create. They could not see its relevance in reducing excessive alcohol use in third-level.

Finally, participants rejected the proposed introduction of alcohol information sessions for students, noting it as lip-service and a public relations exercise, having no evidence base in being an effective method in reducing alcohol related harm.

Overall, participants were more critical of action points which seemed to draw heavily on resources, were seen as a public relations exercise or were outside the remit of the institutions authority. If action points were to be made mandatory then individuals believed it was vital that they be evidence based and effective in reducing alcohol use and harm.

Recommended mandatory action points based on the consensus method at the Knowledge Exchange Forum include:

1) Develop a college alcohol policy
2) Policy submitted/approved at senior level within the college
3) Secure leadership of steering committee from a significant college official
4) All incoming students are required to take an online brief intervention tool
5) From a steering committee of staff and students that meet twice a year (minimum) and review the action plan annually
6) Train all relevant staff in Brief Intervention Training

<u>Expert consultation:</u>

Following analysis and review of information received at the Knowledge Exchange Forum, the REACT project team met with Dr. Ann Hope, an international expert in the field of alcohol research and Ms. Ciara O'Connor, Welfare Officer with Cork Institute of Technology. The aim of this meeting was to analyse consensus and content analysis from the Forum in order to finalise a list of mandatory and optional action points. A final list of mandatory action points are displayed in Table 1 in the next section. This list includes the six action points as recommended by Knowledge Exchange Forum in addition to a 2 further harm-reduction action points.

Table i): Median scores of Mandatory Action Points

	Median	Consensus Median
Track inappropriate drink deals	17	16.5
Alcohol information session	13	13.5
Brief intervention tool	7	6
Alcohol policy	1	1
Policy submitted at senior level	3	2
Leadership of committee	7	4.5
Class rep training	9	9.5
Form a steering committee	7	6
Capacity to support services	6	7
Alcohol support directory	9	9
Meet local residents and stakeholders	15	14.5
Referral pathway	9	8.5
Alcohol free space	9	9
Alcohol related issues incorporated into planning of student events	7	7
Track anti-social behaviour	14	13
Annual report	14	14
Evaluation of action plan	12	11
Brief intervention training	7	6

<u>NOTE:</u> Emboldened points are those with a median ranking of 1-9

OPTIONAL ACTION POINTS

Highest ranked action points:

Similar to the mandatory action points, group discussion highlighted the need for structure to prevent harm rather than only provide support following harm occurrence.

Structure:

Participants reiterated the need for structure throughout the optional action points. Support was garnered for the provision of a designated health promotion officer at each institution to guide and support the REACT project. Many also highlighted the importance of gaining community representation on the steering committee. Participants felt this would give another viewpoint to guide the project. The theme of structure continued with group support for embedding online brief interventions into the college curriculum. This concept was underpinned by participants urge to review existing alcohol policies in their specific institution and update these to support the student experience.

Prevention rather than cure:

Participants focused their ranking on action points which supported prevention of harm. These included initiatives such as creating a calendar of events which would proactively incorporate risk(s) relating to alcohol into the organisation of student events. The provision of student-led community support structures were endorsed by the group, highlighting the importance of safety in the night time economy. The issue of safety was a motivating factor as some individuals advocated for responsible seller training to bar staff. They felt this structure may prevent severe harms caused by excessive alcohol consumption. One individual highlighted "Say security or people on the door like, if they are admitting people in and they are too hammered that they shouldn't be allowed in. Obviously with antisocial behaviour there should be follow up for antisocial behaviour like, with support services and then like a taxi service, they can work with. Training is essential I think".

Lowest ranking action points:

Participants questioned an institution's responsibility in relation to a number of action points highlighting that some "were outside the remit" of the institution. In addition to this, they questioned the benefits of many action points on the initial list.

Responsibility:

Participants focused on a range of action points that they did not consider to be the responsibility of their institution when tackling student alcohol consumption. Group members

noted allocating space for AA (Alcohol Anonymous) to be low on their list of priorities as many felt this service may be available outside of the college. The notion of responsibility also came to the fore when participants discussed the provision of a late night bus with one member noting "while I appreciate it's an effort to reduce harm, but it sort of says - the message is to go out and drink yourself silly, and then we will bring you home and it will all be OK".

Questioning the benefits:

At the beginning of the Knowledge Exchange Forum, experts in the area had spoken to the evidence base when tackling alcohol related harm among university students. This encouraged many participants to question the list of action points and their benefits. This questioning was centred on the evidence base, their applicability and acceptability in their institution, and the possible perceived benefit of their implementation. The issue of true impact was highlighted as participants discussed whether national campaigns were effective at reducing harm, if there was a benefit to the institution linking to national campaigns, as well as considering the benefits of providing workshops to students and staff on the links between alcohol and other risk taking activities. There was also much discussion as to the benefits and impact of the provision of alcohol free-accommodation. Many participants felt that mapping local licenced premises and training bar staff on responsible serving may not be beneficial to harm-reduction and thus ranked them as non-important.

Expert consultation:

Following analysis and review of information received at the Knowledge Exchange Forum, the REACT project team reviewed the optional action points through expert consultation. The final number of Optional action points was reduced the final list can be seen in Table 2 in the next section.

5 ACTION POINTS

The following pages detail the action points to be included in the REACT Award and Accreditation Scheme. These action points will be monitored for acceptability, applicability, impact and effectiveness over the first 3 years of the implementation REACT and will undergo a reappraisal process in 2017/2018 academic year.

The action points have been split into Mandatory (Blue) and Optional (Green) sections. All action points lie within at least one of the 5 pillars of the National Drugs Strategy 2009-2016.

PLEASE NOTE: All participating colleges must complete ALL Mandatory Action Points

The number of required Optional Action Points will be determined by an agreed scoring system.

TABLE 1: Mandatory Action Points

	ACTION POINT	DESCRIPTION
1.	All incoming students are required to take an online brief intervention tool	All incoming students are required to take ePUB (or other brief intervention tool if already in place) with the statistics being presented to a relevant college committee on an **annual** basis [1]
2.	Develop a college alcohol policy in line with the 'National Framework to Develop A College Alcohol Policy'	Develop a college alcohol policy in line with the 'National Framework to Develop A College Alcohol Policy'[2]
3.	President of the college commits to the REACT programme	The President of the college (or equivalent management figure) signs a 3 year commitment to the college actively pursuing the criteria set out by the REACT programmes Action Point List
4.	Form a Steering Committee of staff and students, chaired by a senior college official, that meet twice a year (minimum) and review the Action Plan annually	Form a Steering Committee which will: a) Have student and staff representation b) Be chaired by a senior college official c) Have a member of the Gardaí, a member of the local council & a member of the Local Drugs and Alcohol Task Force as committee members d) Meet a **minimum** of twice a year e) Review the college Alcohol Action Plan **annually**
5.	Safety issues in the context of alcohol must be considered while planning all large scale student events	An agenda item relating to alcohol & safety issues must be present and discussed on the agenda of all SU, Student Society and Student Club meetings regarding large scale student entertainment events at which alcohol will be available. E.g. College Balls, Gigs, R&G, etc.
6.	Establish a tracking and reporting mechanism for key alcohol related harm indicators	Establish a tracking and reporting mechanism that will track key alcohol related harm indicators e.g. injuries, anti-social behaviour, harm to relationships, studies, etc. [3]
7.	The college completes its own evaluation of the effectiveness of the alcohol action plan every 3 years	The college devises and completes an evaluation strategy to monitor the effectiveness of the alcohol action plan every 3 years
8.	Train relevant staff in Brief Intervention Training	Ensure key individuals in student health and the student experience are able to deliver Brief Intervention Therapy around alcohol misuse and have a clear understanding of the internal referral pathways [4]

TABLE 2: Optional Action Points

	ACTION POINT	DESCRIPTION
1.	Designate a specific college official to have overall responsibility for the REACT project	Designate a specific college official to have overall responsibility for the colleges REACT programme
2.	Develop a calendar of events in conjunction with local Students' Union	Develop a calendar of events in conjunction with local Students' Union which requires proactive planning
3.	Develop reporting mechanism for tracking high risk promotions by local licensees	Develop reporting mechanism for tracking high risk promotions by local licensees [5]
4.	REACT Training Toolkit is utilised at class rep training to provide them with relevant safety information	a) The REACT Training Toolkit (available via the WebApp) is utilised for a session at class rep training **annually** with a special emphasis placed upon safety [6] b) Members of Clubs and Societies for which this would hold relevance in event planning are invited to this training
5.	Alcohol counselling service available to students	Provide an alcohol counselling service to the student body
6.	Hold an annual meeting with local stakeholders	Hold a minimum of one meeting **annually** with local stakeholders (e.g. local Gardaí, local residents, local businesses, etc.) as a forum to discuss grievances and suggestions related to students excessive alcohol consumption
7.	Develop a visible and accessible referral pathway to a range of internal and external alcohol support services for students	Develop a visible and accessible referral pathway to a range of internal and external alcohol support services for students. [7] In addition: a) The pathway will include and promote a self-referral route for students b) Training and information relating to the pathway is to be offered to front line staff of the college every **two** years
8.	Provide alcohol free housing and alcohol free social spaces	Provide: a) alcohol free housing [8] b) alcohol free social spaces

TABLE 2: Optional Action Points Continued

	ACTION POINT	DESCRIPTION
9.	Partnerships developed with relevant local community groups	Partnerships developed with relevant local community groups (e.g. local council, healthy cities committee, etc.)
10.	Provide late night transport to student accommodation	Provide late night transport to student accommodation for college events/nights out
11.	Develop and implement a Student Community Support system	Develop and implement a Student Community Support system for key student weeks (e.g. R&G Week, Freshers' Week, etc.) [9]
12.	Allocate space for Alcoholic Anonymous	Make contact with and allocate space for Alcoholic Anonymous to hold meetings for college students
13.	Map local licenced premises	Map and update (every 2 years) all local licenced premises [10]
14.	Require RSA training for all on campus bar staff	Require Responsible Serving of Alcohol (RSA) training for **all** on campus bar staff [11]
15.	Use the Alcohol Use Disorders Identification Test (AUDIT) as preferred measure of drinking patterns and alcohol-related harm	Use AUDIT scale when measuring drinking patterns and alcohol related harm in health research projects focused on students [12]
16.	Conduct robust alcohol related qualitative research with students	Conduct a high level alcohol related qualitative research project with students [13]
17.	Enable PhD/Academic researcher to conduct a study on your Action Plan	Enable PhD/Academic researcher to conduct a study on the effectiveness of the interventions within your Action Plan
18.	Provide all of the relevant college data related to the Action Plan to the National REACT co-ordinator/researcher	Provide all of the relevant college data related to the Action Plan to the National REACT co-ordinator/researcher for inclusion in national research

SUPPLEMENTAL INFORMATION

1.	e-PUB (electronic personal use barometer) is used in a number of third- level Irish institutions. It is based upon the international eCHUG (electronic check up and go) model.
2.	Your college policy should be based on the 'National Framework to Develop A College Alcohol Policy' template document. For further guidance on the development of a policy we suggest you examine the CAPI (College Alcohol Policy Initiative) report. Both documents will be available through the WebApp.
3.	Alcohol related harm indicators is a broad term encompassing any trackable indicators connected to alcohol related harm and excessive consumption, e.g. hazardous and harmful drinking, injuries, accidents, anti-social behaviour, violence, harm to relationships, studies, health, sexual health etc.
4.	Brief Interventions are a range of effective behaviour change interventions that are client-centred, short in duration and provided in a variety of settings. They use an empathic approach, emphasising self-efficacy, personal responsibility for change and information including details of resources available to support change.
5.	The definition of what constitutes a high risk promotion will be left open to the relevant college to determine. As an example if it is a drink deal that promotes large amounts or high percentage alcohol content drinks at a low cost then it could be considered high risk.
6.	The REACT Training Toolkit is still in the developmental stage but it will be available through the WebApp by Sept 2015.
7.	A referral pathway is a designated route that any staff member can guide a student on if they feel they are at risk. For example, if a number of complaints come into the Accommodation Office relating to a student's drinking the staff in the office are aware of and understand how to appropriately refer the student to the correct service, internally or externally.
8.	Alcohol-free accommodation is the provision of accommodation that is officially designated as prohibiting the consumption of alcohol on the premises. This provision is then offered to students on a voluntary basis. The operational logistics of the implementation is left open to variations of each college but please refer to the implementation in University College Cork (UCC) as an example.
9.	Student Community Support is a student led safety initiative that operates during high intensity entertainment weeks/events (e.g. Raise & Give Week), whereby students walk assigned routes in a local area ensuring inebriated students make it home safely and the area is not severely littered. For more information on the initiative please refer to University College Cork Students' Union as an example.
10.	Once a consistent list of these premises is gathered along with other information (areas of alcohol related harm incidences, etc.) they form an effective lobbying tool to local councils on the restriction of licenced premises.
11.	Responsible Serving of Alcohol (RSA) is an internationally recognised training program for bar staff that enables them to better cope with situations such as excessive intoxication of a customer.
12.	The Alcohol Use Disorders Identification Test (AUDIT) is a simple ten-question screening tool developed by the World Health Organization to determine if a person's alcohol consumption may be harmful.
13.	The qualitative method of research investigates lived experience of the individual through asking the how and why questions. This form of research regularly involves focus groups or one-on-one interviews.

6 BUDGETARY ESTIMATION

We outline below a budget estimation for the future implementation of the Award and Accreditation Scheme.

There are two positions outlined in the budget, a Research Assistant and a Post Doc position. The Research Assistant will be responsible for the general administrative duties of the REACT Project as they arise. The Post Doc position, also one day a week, will have overall responsibility and management of the Award Scheme.

It is the opinion of the Project Team that these positions are required for the successful operation of the REACT Award and Accreditation Scheme.

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RESEARCH ASSISTANT	YEAR 1	YEAR 2	YEAR 3	TOTAL
Salary*	€5,142[1]	€5,142	€5,142	€15,426
Travel	€1,500	€1,500	€1,500	€4,500
				€19,926

POST DOC RESEARCHER	YEAR 1	YEAR 2	YEAR 3	TOTAL
Salary*	€8,884[2]	€8,884	€8,884	€26,652
Travel	€1,000	€1,000	€1,000	€3,000
				€29,652

[1] http://www.ucc.ie/en/hr/salaryscales/
[2] http://www.ucc.ie/en/hr/salaryscales/

PLEASE NOTE: The below totals are based on 5 colleges being awarded per year

EVALUATION	YEAR 1	YEAR 2	YEAR 3	TOTAL
Evaluator Training	€1,000	N/A	N/A	€1,000
Report Assessment	€250 per report	€250 per report	€250 per report	€3,750
Site Visit Assessment	€450 per visit	€450 per visit	€450 per visit	€6,750
				€11,500

AWARDING CEREMONY	YEAR 1	YEAR 2	YEAR 3	TOTAL
Travel Costs	€200 per event	€200 per event	€200 per event	€3,000
Flag	€30 per flag	€30 per flag	€30 per flag	€450
				€3,450

I.T	YEAR 1	YEAR 2	YEAR 3	TOTAL
Website Hosting	€240	€240	€240	€720
Domain Renewal	€20	€20	€20	€60
Occasional Maintenance	€500	€500	€500	€1,500
				€2,280

MISC.	YEAR 1	YEAR 2	YEAR 3	TOTAL
Office Supplies	€3,200	€500	€500	€4,200
Promotional Materials	€2,000	€500	€500	€3,000
				€7,200

TOTAL	YEAR 1	YEAR 2	YEAR 3	TOTAL
	€28,136	€22,936	€22,936	**€74,008**

***NOTES:**

- Research Assistant and Post Doc salaries listed are inclusive of Employer's PRSI @10.75% and Employer's Pension @ 20%. They are also based on one day's employment a week each.

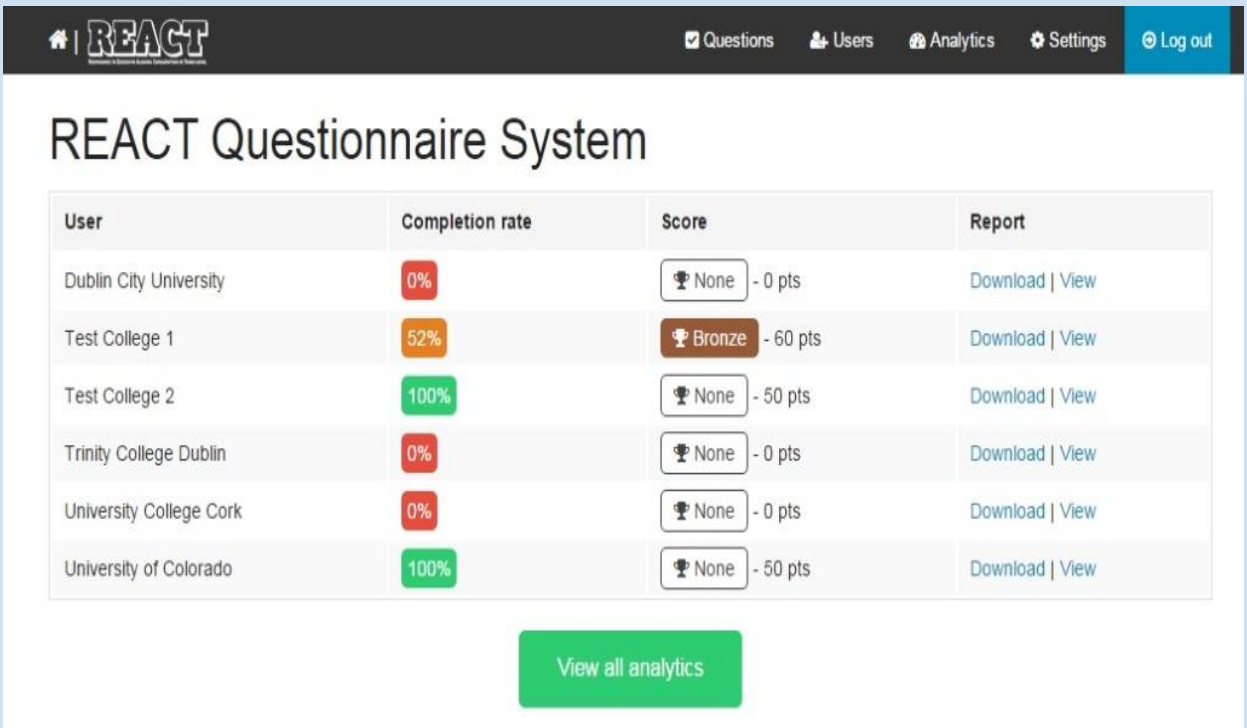
7 ONLINE REPORTING SYSTEM

The final material deliverable of the Project was the production of an online reporting system that would allow each participating institution to log their progress with REACT in a centralised location.

The Web-App was developed and delivered in collaboration with SpunOut.ie

The reporting system involves 3 separate login types, each serving a different purpose and audience:

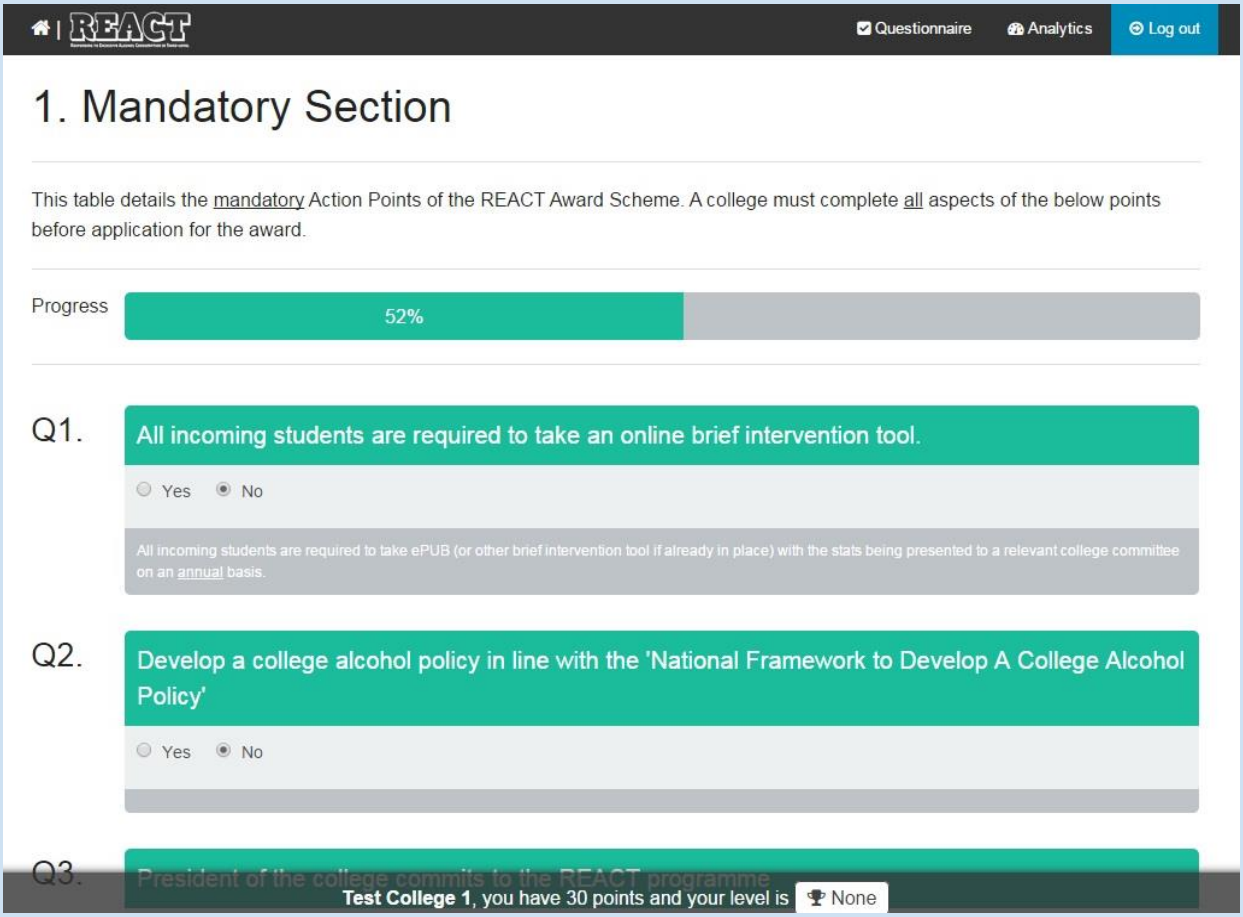
- REACTadmin- Administrative login for the Project. Has full access rights to all data, retained by the co-ordinators of REACT. Within this login the user can access all data input on progress so far by all institutions and do comparisons on institutional completion rates. [Figure 1] (Institution names used for illustration purposes only)



[Figure 1]

- *college*admin- (e.g UCDadmin) Each participating colleges exclusive login that has editing and data viewing access rights. This login is retained by **one** individual in each institution for the purpose of reporting action point achievements and tracking progress.
- *college*view- (e.g CITview) Each participating colleges exclusive login that has data viewing access only. Available to as many individuals as the college wishes, this will only allow the user access to their college's current progression and statistics.

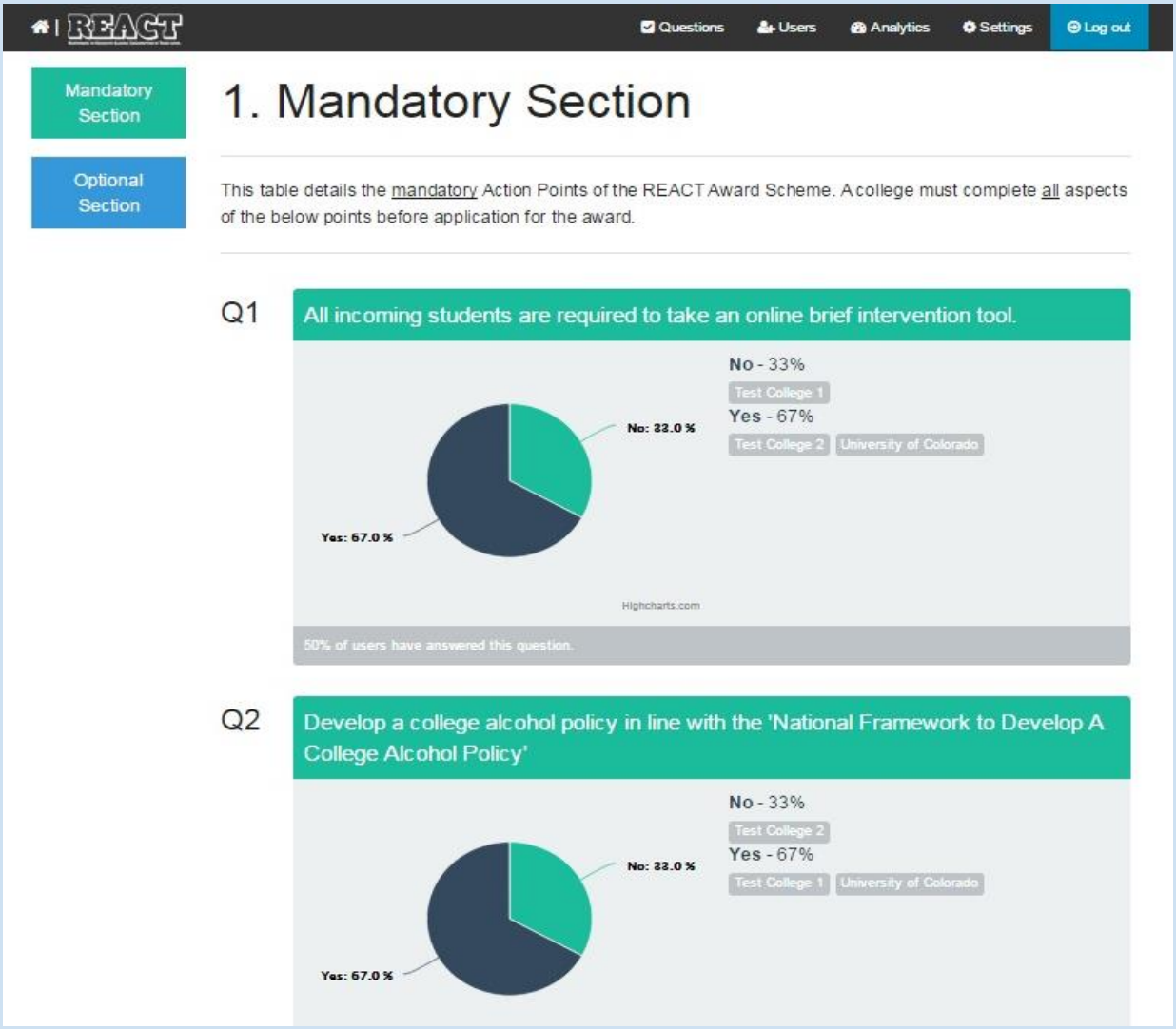
Each *college*admin is solely responsible for the updating and inputting of new data related to that institutions progress of action points. [Figure 2] The login is limited to one user to avoid contradictory data being input. However, both this login and *college*view login have access to the chart section of the WebApp where they can see their institutions progress in comparison to other colleges. [Figure 3] The view login is available to anyone from that institution to allow access those that require the data for presentation or examination purposes.



[Figure 2]

The tracking system is also equipped to produce a downloadable spreadsheet of each college's progress and the built-in ability to download documentation that is housed within the application. This allows all colleges' access to relevant templates and toolkits.

Finally, the tracking system also has the ability to track an institutions progressive score within the optional action point section and advise upon provisional award receipt.



[Figure 3]

8 RECOMMENDATIONS & CONCLUSIONS

RECOMMENDATIONS

All comments below are dependent upon securing future funding as detailed in the budgetary estimation. The following are the recommendations of the Project Team to ensure the success of REACT as a National Award and Accreditation Scheme and to achieve the goal of a cultural shift in relation to our students' relationship with alcohol. These are:

1. **Joint ownership of REACT by the USI, UCC Health Matters and the ISHA**
2. **The development of a tiered scoring system for the Optional Action Points, to be completed by September 2015**
3. **The development of relevant templates and toolkits to assist participant institutions, to be completed by September 2015**
4. **That all participating institutions will make their data available for analysis and comparison to the REACT National Co-ordinator**
5. **That the REACT project team explore opportunities to collaborate with the third-level sector in other jurisdictions, including Northern Ireland and Great Britain with a view to conducting research, sharing best practice and the possible pursuit of joint funding so as to ensure sustainability of the project.**

CONCLUSIONS

It is the strong belief of the REACT Project Team that the developed action point list detailed within this report has the potential to act as a mechanism for a cultural change on third- level campuses throughout Ireland.

There are a number of elements that will determine how effective the REACT Award will be, but the single most important factor will be continued relationships with the USI and HSE Health and Wellbeing Division. The USI, through their connections with the local student representatives on the ground, have largely driven the momentum for this project. It would not

have occurred without the student leadership making a decision that the dangerous relationship that had developed between students and alcohol in Ireland had gone too far and there was no sign of change on the horizon to tackle it.

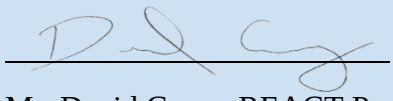
Similarly the HSE's commitment to funding the REACT Projects development displays a willingness to focus efforts upon a cultural shift that can effect real on the ground change.

If REACT is appropriately supported and the above recommendations implemented, the benefit of the project to young people in Ireland could prove to be considerable.

Dependent upon the fulfilment of these recommendations the REACT Project Team has set down two participation goals for the conclusion of Year 3 (June 2018). They are:

- **60% of third- level institutes having begun the REACT process**
- **20% of third- level institutes having received a REACT Award**

The REACT Award finally allows for the delivery of something thus far unachievable in relation to third- level and alcohol, that we finally can translate policy into practice and good intentions into real action.



Mr. David Carey, REACT Project Manager



Mr. Martin Davoren, REACT Lead Researcher



Dr. Michael Byrne, REACT Principal Investigator

REACT Project Team

UCC Health Matters

9 APPENDICES

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The REACT Project is being delivered under the guidance of a Steering Committee comprising of national and international experts in the field of alcohol related harm. Its membership is as follows:

REACT STEERING COMMITTEE

Prof. Joe Barry	Trinity College Dublin
Dr. Michael Byrne (Principal Investigator)	University College Cork/UCC Health Matters
Ms. Suzanne Costello	Alcohol Action Ireland
Ms. Cindy Dring	National University of Ireland, Galway
Ms. Hannah Glackin	Letterkenny Institute of Technology/ISHA
Ms. Laura Harmon	Union of Students in Ireland
Dr. Cate Hartigan	Health Service Executive
Dr. Ann Hope	Trinity College Dublin
Prof. Frank Murray	Royal College of Physicians Ireland
Dr. Ian Pickup	University College Cork
Mr. Mark Stanton	University College Cork Students' Union
Ms. Ann Timony Meehan	National Alcohol Forum

The REACT Working Group is comprised of interested professionals and students from a variety of third-level colleges. Its membership is as follows:

REACT WORKING GROUP

Dr. Michael Byrne (Principal Investigator)	University College Cork/UCC Health Matters
Ms. Siona Cahill	Maynooth University Students' Union
Mr. David Carey (Project Manager)	REACT Project
Ms. Anne Cooney	Athlone Institute of Technology
Mr. Martin Davoren (Project Researcher)	REACT Project
Dr. Eoin MacDonnacha	National University of Ireland, Galway/ISHA
Ms. Ciara O'Connor	Cork Institute of Technology Students' Union
Mr. Greg O'Donoghue	Union of Students in Ireland
Mr. Cian Power	University College Cork Students' Union
Ms. Meadhbh Roche	Waterford Institute of Technology Students' Union
Ms. Jackie Ruttledge	Institute of Technology Tralee

COLLEGES & ORGANISATIONS IN ATTENDANCE AT THE REACT FORUM

Institiúid Teicneolaíochta Bhaile Átha Luain
Athlone Institute of Technology

Dundalk Institute of Technology

itb Institute of Technology Blanchardstown
Institiúid Teicneolaíochta Baile Bhlainséir

Institiúid Teicneolaíochta Cheatharlach
Institute of Technology Carlow
At the Heart of South Leinster

AlcoholAction Ireland

CIT Cork Institute of Technology
Institiúid Teicneolaíochta Chorcaí

Dublin Institute of Technology
Institiúid Teicneolaíochta Átha Cliath

GMIT
Institiúid Teicneolaíochta na Gaillimhe-Maigh Eo
Galway-Mayo Institute of Technology

IT Sligo
An Institiúid Teicneolaíochta, Sligeach

Institute of Technology Tralee
Institiúid Teicneolaíochta Trá Lí

lyit | Institiúid Teicneolaíochta Leitir Ceanainn
Letterkenny Institute of Technology

ITT Dublin
Institute of Technology Tallaght
Institiúid Teicneolaíochta Tamhlacht

LIT
Active Leadership in Education, Enterprise and Engagement

Coláiste Mhuire Gan Smál
Ollscoil Luimnigh
Mary Immaculate College
University of Limerick

Maynooth University
National University of Ireland Maynooth

OÉ Gaillimh
NUI Galway

iadt Dun Laoghaire

Trinity College Dublin
The University of Dublin

UCC
University College Cork, Ireland
Coláiste na hOllscoile Corcaigh

Shannon College of Hotel Management
A Recognised College of the National University of Ireland

St Patrick's College
Coláiste Phádraig

UCD Dublin

Waterford Institute of Technology
Institiúid Teicneolaíochta Phort Láirge

National College of Ireland

southern.regional.drugs.task.force.

University of Limerick
Ollscoil Luimnigh

alcohol forum
Informing Nationally, Delivering Locally

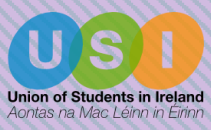
USI Union of Students in Ireland
Aontas na Mac Léinn in Éirinn

HSE Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

hi Healthy Ireland

UCC Health Matters

Irish Student Health Association











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