

A qualitative study of the perceived impact of a community mobilisation intervention to reduce alcohol consumption among amateur sportsmen

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Aim. The aim of this study was to examine the perceived impact of a community mobilisation intervention programme to reduce alcohol consumption among amateur sportsmen aged 16–34 years.

Method. A qualitative focus group format was used to identify potentially important themes or concepts relating to players' and coaches' experiences of the intervention. Six focus groups were conducted (five with four to seven players per focus group and one with six coaches) to elicit participants' experiences of the intervention.

Results. Three major themes emerged from the analyses: patterns of alcohol consumption and associated factors; perceived impact of the intervention; and suggested changes to the community mobilisation intervention. Excessive binge drinking (i.e. the consumption of six or more standard drinks on any one occasion) was common among players. The perceived impact of the intervention programme among players was low; players and coaches believed that if future programmes were to succeed, a 'bottom-up' rather than a 'top-down' approach should be adopted.

Conclusions. The findings suggest that players perceived the community mobilisation programme to have had only limited success in changing attitudes or behaviour towards alcohol consumption in this amateur sports setting.

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Introduction

The links between positive health behaviours and sporting activities have been well documented (Pate *et al.* 1996; Gmel *et al.* 2009; O'Brien *et al.* 2010). However, with respect to alcohol and sport, studies have led to contradictory findings. Recent studies have found that individuals who participate in sport, drink alcohol in a hazardous way (O'Brien & Kypri, 2008; Diehl *et al.* 2012). A study in New Zealand on sportspeople showed that hazardous drinking behaviours differed across different levels of sports participation with elite-provincial sports players having the highest level of hazardous drinking, followed by club/social players; elite-international players had the lowest levels of hazardous drinking (O'Brien *et al.* 2007). An Australian study of college-level sports involvement demonstrated that rates of alcohol consumption were

higher in sportspeople than non-sportspeople (O'Brien *et al.* 2012). An Australian study examining the patterns of alcohol consumption among professional Australian Football League (AFL) players found that risky drinking was related to the time of the year (Dietze *et al.* 2008). For example, during the playing season, the level of risky consumption in AFL players was typically lower than in age-matched Australian men in the general population. However, risky consumption was higher in AFL players during the end-of-season period and holiday period than in age-matched Australian men. Similarly, a recent study in the United Kingdom assessing the prevalence of risky drinking in professional footballers in the Premier League Football clubs found that 40% of respondents consumed high levels of alcohol (Pringle *et al.* 2011).

Athletes and spectators have long marked winning and losing of matches with alcohol. The sponsorship of sports events by the alcohol industry is common in many countries including Ireland. As noted by Babor *et al.* (2003), alcohol sports sponsorship links masculinity, alcohol and sport. A study in New Zealand found that

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alcohol industry sponsorship was associated with increased hazardous drinking, particularly when received at multiple levels (individual, team and club) (O'Brien & Kypri, 2008).

By international standards, Irish young people in general drink large quantities of alcohol (Palmer & O'Reilly, 2008) and encounter high rates of alcohol-related harm (Department of Justice Equality and Law Reform, 2003; Mongan *et al.* 2007). Binge drinking (i.e. the consumption of six or more standard drinks on any one occasion) is common practice among young Irish people aged 16–29 years (Mongan *et al.* 2007).

In view of the prevalence of heavy alcohol consumption among young Irish people and, more specifically, the association between alcohol and sport in Ireland, the Irish Strategic Taskforce on Alcohol recommended the promotion of alcohol-free sporting environments by all national sporting organisations (Department of Health and Children, 2002). The Gaelic Athletic Association (GAA) is the largest amateur sporting organisation in Ireland. It has over 2300 clubs, with an estimated 800 000 paid-up members, 3200 of whom are playing members (personal communication). In 2003, the Economic and Social Research Institute found that 13% of the male population participate in GAA sport (Lunn *et al.* 2008). The GAA, recognising the association between alcohol and sport in Ireland and concerned about subjective reports of high levels of alcohol use among their players, set up a task force to examine the issues of alcohol misuse and sport, and subsequently established a comprehensive educational programme to tackle these issues (GAA Taskforce, 2004).

However, an earlier meta-analysis (Botvin & Botvin, 1992) found that interventions that are solely education based, although they have been shown to increase knowledge and change attitudes towards alcohol, generally produced minimal effects on behaviour change. Community mobilisation is a capacity-building process through which community, individuals, groups and organisations plan, carry out and evaluate activities on a participatory and sustained basis to achieve an agreed goal, either on their own initiative or stimulated by others (Katz *et al.* 2011). Holder *et al.* (2000) suggest that a community mobilisation approach incorporating several inter-linked methods can significantly reduce alcohol consumption and related problems. Unlike education-based interventions where the focus is on changing the behaviour of the individual, the mobilisation approach attempts to change the environment, which in turn should impact on the behaviour of the individual (Holder, 2002). Moreover, the Community Reinforcement Approach (CRA) is founded on the belief that 'environmental contingencies' can play a powerful role in encouraging or discouraging alcohol

consumption. As a result, it makes use of social, recreational, familial and vocational reinforcers to assist with reducing consumption (Meyers & Miller, 2001).

In response to GAA and national concerns, a cluster randomised study was conducted to examine drinking patterns in GAA players (O'Farrell *et al.* 2010) and to evaluate the impact of a multi-level community-based intervention designed and implemented by the regional Health Promotion Department of the Health Service Executive (see Appendix A), a quantitative evaluation of the impact of this intervention is in preparation.

The aim of the current qualitative study was to examine the perceived impact of this community mobilisation intervention programme to reduce alcohol consumption among amateur sportsmen aged 16–34 years.

Methods

Design

A qualitative focus group approach was used to identify potentially important themes relating to players' and coaches' experiences of the intervention. Focus groups discussed participants' views on other aspects of the intervention, as well as alcohol, but only the alcohol aspects are presented here (the other aspects included are listed in Appendix A).

Participants

All 12 clubs that participated in the intervention were invited to take part and five clubs agreed to provide players for the focus groups. Each participating club received €500 towards their players' health fund. Participants were selected using purposive sampling, which is designed to identify specific groups of people who possess characteristics relevant to the social phenomenon being studied (Mays & Pope, 1995). The two key characteristics in this research relating to the selection of participants were that all participants must have been in the club for a number of years and have received the intervention. The club coaches were provided with instructions from two of the authors (C.D.D. and R.D.) to invite players to attend the focus groups if they fulfilled the above-mentioned criteria. In total, six focus groups were conducted, five with players and one with coaches, to elicit participants' experiences of the intervention. Thirty players took part in five separate focus groups (four to seven participants per group). All of the participants were male and with an average age of 21.6 years (s.d. 4.8), which reflects the age of the players who received the intervention (O'Farrell *et al.* 2010). Six coaches took part in one separate focus group. The results presented

below reflect views held by the majority of participants attending the focus groups.

Intervention

The multi-level intervention included: (1) alcohol education for the players, (2) alcohol policy training for club managers and coaches and (3) local media alcohol awareness campaign. In order to make the intervention more attractive to the GAA, a nutrition education programme for players was also included in the intervention. Further information about the intervention can be found in Appendix A.

Setting

The players' focus groups were conducted in the clubhouses of the participating teams. No coaches or managers were present in the room during the players' focus group sessions to allow for a free flow of discussion. The coaches' focus group was conducted in a clubhouse that was centrally located. Each session was attended by two of the authors (C.D.D. and R.D.), one acting as a facilitator and the other as an observer who took hand-written notes. All focus groups were tape-recorded. A full explanation of the purpose of the focus group was given to the participants at the beginning of the sessions and confidentiality was assured. A semi-structured interview schedule guided the sessions (see Appendix B). This interview schedule provided a framework that allowed for focused, conversational, two-way communication between the facilitator of the focus groups (C.D.D.) and the participants. There was flexibility within the focus group discussions to probe for details or discuss issues as they arose. The focus groups were conducted between January and March 2009.

Data analysis

The recordings of all focus groups were transcribed verbatim (R.D.). Each focus group lasted ~45 minutes. To enhance validity, a summary of the main points was given at the end of each focus group and participants were asked whether it was an accurate portrayal of what had been discussed. An idiographic approach to analysis was adopted, and each transcript was examined in detail. Rigorous line-by-line coding was applied, with a focus on experiential claims and concerns (Larkin *et al.* 2006). Patterns in the data were then clustered into a thematic structure. Content thematic analysis was utilised to identify and categorise major themes and sub-themes. The themes were then reviewed and refined to ensure they formed a coherent pattern and to recode where necessary. The texts and emerging themes were reviewed by three researchers all of whom had varying levels of

immersion in the project. Author (C.D.D.) carried out the focus groups and with the second author (J.H.I.) conducted the detailed coding and theme development. A third researcher (a non-author) who had not been involved in either the study design or data collection but is familiar with qualitative methodologies reviewed the coding frame and original text independently. Any differences in interpretation by the researchers were resolved through discussion (see Appendix C for coding frame). In reporting the results, the identities of the participants have been anonymised. Both players and coaches have been given pseudonyms in order to protect their identity and are referred to as follows 'Player, Patrick'; 'Coach, Donal', etc.

Results

The dynamics of a focus group play an important role in how information is shared during a discussion and subsequently in interpreting the results. The participants actively engaged in conversation, leading to a free flow of discussion. Three major themes emerged from the analyses: patterns of and factors associated with alcohol consumption; the perceived impact of the community mobilisation intervention; and suggested changes to the community mobilisation intervention. Each key theme is listed below with relevant sub-themes.

Patterns of and factors associated with alcohol consumption

Heavy alcohol consumption among the players emerged as an important theme; participants spoke of this in terms of binge drinking (six or more standard drinks on one drinking occasion), drinking habits both on- and off-season, and abstaining from alcohol before an important game.

Binge drinking

Binge drinking appeared to be common practice among the players, with players indicating that they would consume large amounts of alcohol on a typical night out.

(Player; Gerard): *I'd say we are very heavy drinkers.*

(Player; Francis): *I'd have 15 or 20 drinks by the end of the night. 10 bottles [of beer] and then maybe 10 vodkas [shots of vodka].*

(Player; Adam): *I don't know? I'd have about twelve or thirteen total drinks – three or four pints and nine or ten shorts [spirits].*

(Player; Colin): *Six or seven pints of Bulmers [cider] and then I'd have eh...eight or nine vodka and Lucozades on top of that, a few shots and then game bombs [cocktail of sprits and soft drinks].*

(Player; Ross): *Ah, I'd probably...I'd have seven or eight bottles [of beer].*

Alcohol drinking habits during the playing season

Drinking habits appeared to be different during the competitive playing season, with players reporting less alcohol being consumed.

(Player; Peter): *Well over the Christmas it [drinking alcohol] would have been fairly regular, but since the training came back I'd kind of hold off, 'cause you are trying to get back fit and stuff and you know it slows you down and.... And it affects you every way you can think of but still if there is a special occasion you would miss it [miss drinking].*

Abstaining from alcohol prior to an important game appeared to be the norm.

(Player; Robert): *We will all decide to not go out, we'll decide before the Championship we are not going to drink.*

(Player; Peter): *Sometimes the manager says to us "Right lads, two week drinking ban", I don't think anybody drinks.... I think a lot of lads would [comply], because everyone is in the same boat then.*

Sporting culture as a factor associated with heavy drinking

Participants perceived their drinking patterns to be part of the culture within the GAA, which may inadvertently facilitate heavy drinking.

(Coach; Aidan): *Drinking is part of the culture. Like you go back years ago in the GAA and people have always drank heavily.*

(Player; Daragh): *Especially the circle we are involved in, in the GAA circle. We are all in the club, friends, our family are all involved in the GAA. You are always going to get someone to go out with. Whereas others that might not be as well connected, then they might stay in.*

(Player; Richie): *I mean it would be very strange for us, after playing a Championship game to go home. But it would be very very strange to go into the pub and have two pints of water before you get a pint. It should happen but it does not.*

Perceived impact of the community mobilisation intervention

Increased knowledge of units of alcohol and awareness of harms associated with alcohol consumption

Participants spoke of the knowledge that they had gained from taking part in the education element of

the intervention and an increase in awareness of the impact of alcohol on performance.

(Coach; Ethan): *I think after the talk, lads are more conscious of it [effects of alcohol on performance]. They are trying their best [to reduce alcohol consumption].*

(Player; Patrick): *I tell you it opened my eyes to the units [of alcohol].... I didn't realise the units. You'd think that if you are going out for maybe three or four pints you mightn't be doing too bad, but you'd be doing more damage that you'd actually think you were.*

(Player; Francis): *And eh...probably since this programme I'd probably thought about it a little bit more you know. Even pre-hydrating myself before a game, I never would have drank a bottle of water or a pint of water before a game.*

Participants spoke of the direct effects that alcohol has on their performance.

(Player; Francis): *When I drink vodka and Red Bull my heart would be racing. At the end of the game now, I'd be struggling, I'd be looking to go off. Even my muscles would get tired and everything...now I know [as a result of the intervention] that that is because of the drink.*

No changes in behaviour reported as a result of the intervention

Players reported that the intervention made no difference to their actual alcohol consumption itself.

(Coach; Donal): *One of the key elements [of the intervention] was less alcohol, and they used the national definition that three pints was a binge. It was at that stage that I think they lost most of our players. I don't think the Irishman takes that on board. They regard that as a social drink. So that message didn't get through.*

(Player; Patrick): *There are certain nights you do it [drink alcohol] and certain nights you don't and that's not going to change because of hearing something from the people like you or anyone else. It all depends on what kind of drinker you are.*

(Player; Brian): *I didn't notice anything really. I didn't change at all.*

Alcohol policy

A key element of the intervention was to develop and implement an alcohol policy within the clubs. There was strong resistance from team members to the concept of a formal alcohol policy.

Resistance to alcohol policy.

(Player; Richie): *There would be no problem developing one (alcohol policy) but...whether fellas would stick to it is another story.*

(Player; Cillian): *I'd say that there would be people who wouldn't do it. Like if someone said to you, there is a policy on board as regards alcohol during the year, I'd turn around, I'd be disgusted. I'd be stubborn too.*

The factors that contributed to this resistance were players perceiving alcohol consumption as a personal decision, the GAA being an amateur sporting association with little rights to intervene in a player's personal life and the perceived contradictory role of alcohol sponsorship in games.

Personal decision.

(Player; John): *Plus, like the club does not want to be forcing lads not to drink. They don't want it to be like back at school. Like it's on your own back – it should be your decision. You should be able to control yourself and that's what...the club is about.*

(Player; Mark): *Like it's up to ourselves as an individual, to be strong.*

Amateur sport.

(Player; Aiden): *Well if it was a professional sport, they would be able to say it, but it's not. As an amateur sport you can't do it. It's as simple as that.*

(Player; Eamonn): *It's only junior football, intermediate hurling, it's hard to expect guys, I think, to go along with it [alcohol policy]. I think it should be good enough to have an agreement between ourselves.*

(Player; Eamonn): *No, like it's all fine and well to say we should have an alcohol policy, [but] we are amateurs.*

Role of alcohol sponsorship.

Sponsorship of games by the alcohol industry was perceived by the participants as contradictory to the ethos of any alcohol policy that the GAA may wish to implement.

(Player; Andrew): *Well the GAA are sponsored by Budweiser or Guinness and when you see that you would wonder – why are they trying to preach to us? They are contradicting themselves.*

Suggested changes to community mobilisation intervention

Participants suggested changes to the structure, content and delivery of the intervention overall

and to the development and implementation of an alcohol policy.

(Player; Geoff): *A lot of people just walk away. It's the same, as you say there, you just throw it away, it's at the bottom of the bag, that's it like and you mightn't.... Like it's up to yourself obviously to do it. If you want to do it, but if someone is just constantly reminding you, you know, if we know you are coming again in four weeks time, you might say, "well I'll try it for four weeks" and then when you'd come back, you'd know where you stand with it. If you don't come back for six months or a year, sure what's the point, if you don't come back, like that's it like.*

(Player; Cillian): *It's easy to forget something when it's in the bottom of the bag, but if it's out on the table, constantly reminding you, if they are coming back in four weeks or six week, and they are coming with a progress report. Yeah. Like when you've never done this as a youngster so you are trying to learn like. You know it's hard to get someone into a new routine.*

(Player; Stuart): *They should be hitting the minor teams, like sixteen up.*

How to develop and implement a successful alcohol policy

The coaches reported that in order for a policy attempting to instigate a reduction in alcohol consumption to be accepted by players it would need to be a 'bottom-up' approach rather than a 'top-down' approach. Developing a policy in this way would also aid in enforcing the implementation of it.

Develop the policy from the grass roots.

(Coach; Kyle): *I think it would be better to call it guidelines rather than a policy. Like a 'policy', people would see it as coming from up high. Whereas, 'guideline' sounds less threatening.*

(Coach; Fionn): *In order for you to have a working alcohol policy in the club, it has to be the players that really bring it in. Because if they bring it in, and one of them breaks it, then they have to admit it at the Players Meeting, "well I broke the ban last night and I had a drink". Whereas if the coach brings it in, it's not as easy to punish.*

Enforcing the policy from within the team.

(Coach; Aidan): *Definitely an executive of the club really can't police it either. It's a private thing at the back of it all. It has to come from within. You can have your policy there, but you can't tell people to do it.*

(Coach; Mark): *We always try to get our first team captain to do that job [broach the topic of modifying alcohol consumption]. We'd say to him 'this is part of your job now too – to keep an eye on lads and to keep them on the straight and narrow. It's part and parcel of your job off the field'.*

(Coach; Kyle): *Unless it comes from the players itself, they are not going to respect it as much.*

(Coach; Declan): *It is easier for the players to police themselves.*

Role of coach as an important facilitative factor to implementation of an alcohol policy.

The guiding role of the coach was seen as paramount when attempting to implement a policy aimed at reducing alcohol consumption.

(Player; Mark): *You'd respect him [the coach]. You'd listen to every word he says.*

(Player; Eric): *The coach would have to implement it, at least we listen to him, we don't listen to committees, we play for him, so that's it at end of the day.*

Discussion

The aim of this qualitative study was to examine the perceived impact of a community mobilisation intervention programme to reduce alcohol consumption among amateur sportsmen aged 16–34 years. As a result of the intervention, there appeared to be a sound understanding of the effects of alcohol consumption on performance. However, the players believed that the intervention had little effect on players' actual alcohol consumption. This finding is in line with the findings of the quantitative evaluation (O'Farrell *et al.* submitted).

Binge drinking appeared to be common practice among these players, echoing the findings of the baseline survey associated with this research (O'Farrell *et al.* 2010) and a broader review of alcohol use among young Irish people of a similar age (Mongan *et al.* 2007). Moreover, players in the current study reported engaging in regular drinking sessions for the purpose of post-game commiseration or celebration with teammates, which also corresponds to previous research on the association between alcohol and football (Maughan, 2006). The drinking pattern within the current study was perceived as part of the culture within the GAA, which may enable heavy drinking to take place. This echoes a recent finding by O'Brien *et al.* (2010). The authors examined normative drinking practices in sportspeople, and found that post-match drinking was an integral part of sports, a 'tradition or duty' to be upheld rather than an individual's desire to drink *per se* (O'Brien *et al.* 2010). The players

acknowledged the damaging effects that binge drinking can have on performance.

Several barriers to implementing change emerged, particularly regarding alcohol consumption. The amateur nature of the sport was noted by a number of players. The players believed that because they were not competing at a professional level, alcohol consumption was a personal decision rather than a matter for the club or organisation. This finding is supported in the Community Approach Literature (CRA). According to Meyers & Squires (1999), the most important mechanism for changing consumption is the individual's own set of reinforcers. The second mechanism of change that is central to CRA is its non-confrontational strategy. At no time should the consumer be told that they are required to quit drinking. The choice to change is always up to the individual. Essentially, the most influential mechanism of change, whether accessed through CRA or an alternative approach, is the 'natural consequences of positive behaviour' (Meyers & Squires, 1999).

It was clear from the focus groups that players value the role of the coach, a role that is seen as fundamental for instigating future behavioural change. Resistance to the introduction of an alcohol policy was evident among both the players and the coaches. If an alcohol policy were to be accepted and adopted by players, the following aspects need to be considered: first, a grass-roots 'bottom-up' approach involving the players in discussions in the early stages of the policy development; second, support from the coaches would have to be garnered for both the development and implementation of an alcohol policy. In this regard, it should be noted that before this research and in response to the GAA Task Force recommendations from 2004, the GAA have in fact set up an Alcohol and Substance Abuse Prevention (ASAP) programme in 2005, the aim of which is to reduce the harm caused by alcohol and other drugs (www.gaa.ie/asap). To ensure a 'top-down' while encouraging a 'bottom-up' approach (Butler, 2002), the ASAP programme was developed after consultation at grass-roots level and ASAP officers have now been appointed within 1500 clubs (out of 2300), as well as at provincial and county level. ASAP Officers will be responsible for promoting and implementing club drug and alcohol policies and organising prevention/education initiatives in conjunction with professional drug and alcohol agencies. (In order not to contaminate the evaluation of this mobilisation intervention programme, implementation of the ASAP programme in the two study counties was delayed until after the evaluations had been completed.)

The ASAP programme recently conducted a survey of 500 GAA coaches to assess their experience of

alcohol misuse among players and reported that 82% of respondents ($n = 364$) were interested in receiving training in brief interventions. As a result, the ASAP programme are currently developing a brief intervention training programme for coaches.

The contradictory duality of the GAA eliciting sponsorship for sporting events from alcohol companies on the one hand, while endorsing a lowering of the emphasis on alcohol in club life on the other, was seen as another barrier to acceptance by the players. It is important for the GAA to portray one clear message. An earlier international study found that the banning of alcohol advertising during major sporting events significantly reduced alcohol consumption (Saffer, 1996). It has been noted that the public association of alcohol and sports obscures the connection between alcohol and mental and physical harms (Department of Health and Children, 2010).

It is noteworthy that players equated the adoption of an alcohol policy with a total ban on alcohol in spite of the emphasis of the intervention having been on reducing consumption. Although the idea of 'being told' what to drink was met with great resistance, interestingly the suggestion of a pre-game ban on alcohol consumption when players are given a rationale around performance was well accepted. The notion of training coaches to deliver alcohol interventions may not be justified because of the relationship that they have with the players. However, coaches could participate effectively in a systematic alcohol prevention programme by promoting clear and consistent team-based policies on alcohol use. It would be important for coaches to explain the rationale for such a policy (i.e. reducing negative health consequences and impact on performance) and to involve team leaders in the development of an alcohol use policy or 'guidelines' to enlist their assistance in promoting these expectations. Although a team policy forbidding or discouraging heavy alcohol consumption would certainly not be a universal remedy for high-risk drinking among all players, it is plausible that many players who might otherwise engage in heavy drinking would by and large conform to the expectations of their coach when alcohol guidelines are presented clearly, consistently and with a logical rationale.

The findings presented here were based on content thematic analyses. Content thematic analysis is gaining

popularity in the sports and exercise literature as an analytic tool to describe the process of an intervention from the participants' point of view (Biddle *et al.* 2001). It is not the aim of any qualitative study to achieve a representative sample in terms of either population or probability. Statistical representativeness is not a prime requirement when the objective is to understand social processes (Mays & Pope, 1995). However, future research should aim to establish whether the concerns and issues identified here apply more generally to a wider selection of members of the GAA. Also the results of this current study could be used to provide guidance to future research in the area of promoting a safe alcohol and sporting environment.

In conclusion, in line with the quantitative evaluation (manuscript in preparation) the findings of these focus groups suggest that the community mobilisation programme had only limited success in changing players' behaviours or attitudes towards alcohol consumption. Excessive drinking was common among players. Although the direct effects of excessive consumption on performance were acknowledged, the notion of an alcohol policy was met with great resistance. If the GAA or similar amateur sports clubs are to achieve an 'alcohol-free sporting environment' as set out by the Strategic Task Force on Alcohol (2004), it is clear that a grass-roots approach to alcohol consumption needs to be adopted. Such a strategy should include all players and involve a process that is guided by the coach and enforced by the players.

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Conflict of interest

None.

Appendix A. Community mobilisation intervention components

Module	Module contents	Module format
Alcohol education for players	Harmful drinking Drinking and sport Harm reduction	One 10-minute introduction presentation and a 40-minute alcohol education PowerPoint presentation Delivered by two Health Promotion staff member
Alcohol education for coaches/managers	How to identify alcohol related problems How to tackle alcohol-related problems	One 40-minute PowerPoint presentation and evidence-based educational hand-outs Delivered by one Health Promotion staff member
Alcohol Policy Workshop for club managers	Develop a written alcohol policy for club	One 40-minute workshop including 10-minute presentation and 30-minute workshop on writing an alcohol policy. Delivered by one GAA staff member and one Health Promotion staff member
Alcohol Media Campaign	Advertisement/posters At clubs, on match programmes and club website	Details of alcohol campaign on GAA website and on club websites Posters on alcohol use placed in GAA clubs

GAA, Gaelic Athletic Association

Appendix B. Schedules for focus groups

Focus group schedule – players	Focus group schedule – coaches
<i>Opening question</i> Name and what would you normally be doing now?	<i>Opening question</i> Name and what would you normally be doing now?
<i>Introductory question</i> Think back to before the programme started; can you describe to me what life was like in the club?	<i>Introductory question</i> Think back to before the programme started, can you describe to me what life was like in the club?
<i>Key questions</i> Programme Nutrition talk (What do you remember about it? Have you made any changes to your diet) Hydration talk (What do you remember about it? Have you made any changes to your fluid intake?) Alcohol workshop? (What do you remember about it? Have you made any changes to your drinking?) Think back to when Susan/Michelle would have presented the results of how much the players in the club were drinking – What did you think when you heard the results? Why do you think you used to binge drink so much? Have there been any changes that you have seen with regard to alcohol use within the club recently? Have you made any changes yourself with your own drinking? What role do you think that the coach/s played in the changes? Have you seen a difference with regard to your performance on the pitch? Have you seen any differences in your lifestyle in general because of the changes that you may have made? What do you think about the GAA having an alcohol policy? What do you think about your club having an alcohol policy?	<i>Key questions</i> Programme: Nutrition talk (What do you remember about it? Have the players made any changes to their diet? Have you made any changes to your own diet) Hydration talk (What do you remember about it? Have the players made any changes to their fluid intake? Have you made any changes to your own fluid intake?) Alcohol workshop? (What do you remember about it? Have the players made any changes to their alcohol consumption? Have you made any changes to your own drinking?) Think back to when Susan/Michelle would have presented the results of how much the players in the club were drinking – What did you think when you heard the results? Why do you think the players used to/still binge drink so much? Have there been any changes that you have seen with regard to alcohol use/attitudes to alcohol within the club recently? Have there been any changes that you have seen with regard to nutrition within the club recently? Have there been any changes that you have seen with regard to hydration within the club recently? What role do you think that you as a coach played in the changes? Do you think that coaches can be a conduit for change? Have you seen a difference with regards to your team's performance on the pitch? Notice any difference on Sunday mornings? Less hung-over?
<i>Final questions</i> If we were to run this programme again, what are the things that should be changed and what should stay as it is? Well, that is all of my questions, is there anything else that anyone would like to add?	What are your views on alcohol bans either before or after games? What is ASAP? Can you tell me a little about it?

Appendix B. Continued

Focus group schedule – players	Focus group schedule – coaches
<i>Probes</i>	
Would you explain further?	What do you think about your club having an alcohol policy? Adheres to ASAP? What do you think about the GAA having an alcohol policy? ASAP?
Would you give me an example of what you mean?	<i>Final questions</i> If we were to run this programme again, what are the things that should be changed and what should stay as it is?
Would you say more?	E.g. Outside speaker a good idea? Or else have a star GAA player giving talks?
Tell us more	Well, that is all of my questions, is there anything else that anyone would like to add?
Is there anything else?	<i>Probes</i> Would you explain further?
Please describe what you mean?	Would you give me an example of what you mean?

GAA, Gaelic Athletic Association; ASAP, Alcohol and Substance Abuse Prevention.

Appendix C. Coding frame

1. Knowledge/awareness (recall of components of intervention)
 - a. Alcohol
2. Barriers to implementation
 - a. Lack of resources
 - b. GAA – lack of investment
 - c. Amateur sport
 - d. Travel constraints
 - e. Work commitments
3. Attitudinal changes
 - a. Yes (attributed to the programme)
4. Behavioural change
 - a. Yes (attributed to the programme)
 - b. No
5. Drinking habits (alcohol)
 - a. Binge drinking
 - b. During season
 - c. Abstinence (big game)
 - d. GAA culture
 - e. Performance
 - f. Attitude
6. Alcohol policy
 - a. Resistance
 - b. Personal decision
 - c. Amateur sport
 - d. Enforcement/policing
 - e. Club level
 - f. Pre-game ban
 - g. How to develop a policy
6. Role of GAA
 - a. Sponsorship from alcohol industry (contradiction)
 - b. Policy
8. Role of coach/manager
 - a. Guidance
 - b. Implement change
9. Suggested changes to programme
10. Comments on programme
 - a. Positive
 - b. Negative

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