



# **Responding to challenges of substance use among young people**

**Report of a Seminar held in November 2010**

The views in this report do not necessarily reflect the views of the NACD. While every effort was made to ensure that the information contained in the report is accurate, no legal responsibility is accepted by the NACD for any errors or omissions.

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## 1. Introduction

The National Advisory Committee on Drugs seminar, 'Responding to Challenges of Substance Use Among Young People', was held in the Gresham Hotel, Dublin, on 17 November 2010. There were two objectives in holding the seminar:

- To bring together a variety of individuals – practitioners, representatives and decision-makers from various backgrounds and sectors – on foot of the recently published report by the National Advisory Committee on Drugs entitled:

*Risk and Protection Factors for Substance Use Among Young People. A Comparative Study of Early School-Leavers and School-Attending Students.*

- To reflect and discuss the problems highlighted by the report, having particular regard to the key challenges faced in strengthening the response to young people and substance use.

A podcast of the presentations by the keynote speakers at the seminar was made by Mr Andy Osborne ([www.drugs.ie](http://www.drugs.ie), Drugs and Alcohol Information and Support). The podcast was uploaded on [www.drugs.ie](http://www.drugs.ie) and is also available from [www.NACD.ie](http://www.NACD.ie).

The remainder of this report contains three chapters. Chapter 2 sets out the policy and research context that led to the seminar. In order to demonstrate the breadth of the contributions, this chapter provides an overview of the participants who attended the seminar and describes the seminar programme and details of the keynote speakers. Chapter 3 sets out a summary of the presentations given

by the keynote speakers and Chapter 4 provides an overview of the main themes arising from the round-table discussions that took place.

## 2. Background

The 1990s saw the emergence of widespread substance use amongst large numbers of young people. Data from the 2003 ESPAD<sup>1</sup> study revealed that teenagers in Ireland and the UK had among the highest rates of drug and alcohol use in Europe (Hibell *et al.* 2009<sup>2</sup>). In 2007, ESPAD data showed that Irish students were about as likely to drink alcohol as the average ESPAD student (78% had done so during the previous 12 months) but they get intoxicated more often: about half of the students (47%) reported having been drunk during the previous 12 months. The data indicated that lifetime use of cannabis (20%) by Ireland's teenagers was about average, as was lifetime use of drugs other than cannabis (10%). The use of inhalants (15%), on the other hand, was more prevalent in Ireland than in many other ESPAD countries. Relatively few (3%) of the Irish students had used tranquillisers or sedatives without a prescription. The proportion that had used pills in combination with alcohol (7%) was close to the ESPAD mean (<http://www.espad.org/ireland>).

To prevent problems of substance use among young people has been a prominent aim of Ireland's drugs policy. The National Drugs Strategy (2001–2008) underlined the need to equip young people and other vulnerable groups with the skills and supports necessary to make informed choices about their health, personal lives and social development. The National Drugs Strategy 2009–2016 (*Interim*) (NDS) also highlights the need for a continued focus on early interventions for people and communities that are most at risk. The Prevention pillar of the current strategy highlights the need to apply our knowledge and understanding of risk and protective factors for young people. In this regard, the NDS makes clear that drug prevention must not rely solely on

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<sup>1</sup> European School Survey Project on Alcohol and Other Drugs (ESPAD).

<sup>2</sup> Hibell, B., Guttormsson, U., Ahlström, S., Balakireva, O., Bjarnason, T., Kokkevi, A. & Kraus, L. (2009) *The 2007 ESPAD Report: Substance Use Among Students in 35 European Countries*. Stockholm: Swedish Council for Information on Alcohol and Other Drugs.

giving information on the harmfulness of drugs but must also build individual self-efficacy through the development of social and personal skills.

Against this social and policy backdrop, the National Advisory Committee on Drugs developed a study to compare the risk and protection factors for substance use among two groups of young people – those attending school and those who have left school early. With regard to the latter group, the study covered young people in Ireland who attend local education centres to participate in the Youthreach Programme.

The aim of the study was to examine the influence of neighbourhoods, schools, peers and family and whether the protective factors against substance use are the same for the two groups of adolescents. The study was designed so as to be able to disentangle these effects and, in doing so, to examine how schools can respond to the family and peer group issues at play in the local community. The research, *Risk and Protection Factors for Substance Use Among Young People: A Comparative Study of Early School-Leavers and School-Attending Students*, was one of the first studies of this kind undertaken on substance use in Ireland among young people (15- to 18-year-olds) who had left school early. The report was launched on 11 November 2010 by the Minister for Community, Equality and Gaeltacht Affairs, Mr Pat Carey, TD.

### **NACD recommendations**

NACD chairperson Des Corrigan said the NACD was presenting the following recommendations to the Minister based on the study findings:

- Programmes of proven effectiveness that support families need to be strengthened and developed so that families have the capacity to intervene at an early stage to prevent or delay early substance use.
- It is important to build on existing education initiatives, including the work of the National Educational Welfare Board, which aim to prevent early

school-leaving so that their impact on countering substance use among young people is maintained.

- Substance use education (including alcohol and drug education) for students should be delivered in the context of a coherent programme in Social Personal and Health Education (SPHE) in all second-level schools.
- SPHE should also be delivered in Youthreach, Community Training Centres and all other education and training centres that access early school-leavers.



## **2.1 Participants**

The seminar was attended by over 90 people from a wide range of backgrounds including social work, family support, education, youth projects and programmes, substance use groups and organizations, services for members of the Traveller Community, local government, the voluntary sector, community groups, social workers, academia and the newspaper media.

### **Participants**

Addiction Counsellor – Dundalk	Paul Plummer
Alcohol Action Ireland	Cliona Murphy
Attic Project (The) - Drug Education Worker	Theresa Connell
Ballyfermot Advance Project	Aoife Hallisey
Ballyogan Family Resource Centre	Collette Farrington
Ballyogan Family Resource Centre – Garda	Billy Molloy
Ballyogan Family Resource Centre	Dermot O'Mara
Base (The) - Substance Misuse Youth Worker	Greg Cornelder
Base (The) - Youth Health Co-ordinator	Amel Yacef
Blakestown & Mountview Youth Initiative	Orla Doran
Community Addiction Response Project, (CARP) Killinarden	Charmaine Whelan
CARP	Liz Dunne
CARP	Trish Condrón
Ciall Youth Project	Jimmy Norman
Copping On National Crime Awareness Initiative	Deirdre Bigley
Copping On National Crime Awareness Initiative	Martina Ghent
Crinian Youth Project	Bridie Flood
Crosscare Drugs and Alcohol Programme	Chris A Murphy
Crosscare Drugs and Alcohol Programme	Gerard Kelly
Crosscare Drugs and Alcohol Programme	Susan O'Neill
Department t of Education and Skills	Breda Naughton
Department t of Education and Skills	Máirín O'Sullivan
Department t of Education and Skills - Joint Managerial Body	Ferdia Kelly

Department of Education and Skills – NEPS	Mary Gerder
Department of Education and Skills - Social Inclusion Unit	Donagh Kelly
Department of Education and Skills - SPHE National Co-ordinator	Frances Shearer
Department of Justice & Law Reform - German Drugs Detective	Dagmar Blasche
Drugs Task Force – Clondalkin – Prevention	Sandra Mullin
Drugs Task Force – Clondalkin – Prevention	Tara Deacy
Drugs Task Force – Finglas / Cabra	John Bennett
Drugs Task Force - North Dublin City & County	Shani Williamson
Drugs Task Force – North Dublin Inner City	Mel Mac Giobúin
Drugs Task Force – North West Region – Chair	Loman Conway
Drugs Task Force – South West region – Drug Prevention	
Education Initiative	Catherine Byrne
Family Support Network	Siobhan Maher
Foróige	Brian Fitzsimons
Foróige	Ger McHugh
Foróige / Midland Regional Drugs Task Force	Carmel Daly
HSE Addiction Services - North Dublin	Gerry McCarney
HSE Addiction Services - Education Officer	Bernie Maguire
HSE Addiction Services - GP Co-ordinator	Hugh Gallagher
HSE Addiction Services - Keltoi Senior Counsellor	Brendan McKiernan
HSE - Family Systemic Therapist	Denis Murray
HSE – Outreach	Nicola Keating
HSE - Talbot Centre for Young People	Gillian Toite
HSE – Talbot Centre for Young People	Jackie Allison
HSE – Talbot Centre for Young People	Liam Roe
HSE – Talbot Centre for Young People	Mary Cotter
Irish National Council for AD/HD Support Groups (INCADDS)	Brigid Kelly
INCADDS	Rose Kavanagh
Irish Examiner (The)	Cormac O'Keefe
Irish Independent (The)	Eilish O'Regan
Irish Times (The)	Eithne Donnellan
Kildare Youth Services	Tracey Murphy
Mater Child and Mental Health Service	Matt McDermot
National Youth Health Programme	Siobhan Brennan

National Educational Psychological Service (NEPS)	Sadhbh Coyle
NEPS Leinster area	Donal Coleman
National Education Welfare Board (NEWB)	Marion Bratman
NEWB	Nuala Doherty
Newbridge Youth Project	Rachael Nooney
Newbridge Youth Project	Saoirse Tidd
N.I.C.K.O.L. Project , Dublin 1	Dora Adame
Nutgrove Youth Centre	Nora Moriarity
Oasis Mountown Community Development Project	Adel Fennell
Oasis Project Ltd	Dave Hennessey
Oasis Project Ltd	Edel Kinsella
Open Door Mullingar	Michael Forde
Parenting Course Teacher	Marianne Johnson
Playwright Actor /Recovering Addict	David Farrell
Probation Service	Ann Walshe
Probation Service – Young Persons	Emma Gunn
Rosmini Community School - Home School Liaison Officer	Sheila O'Sullivan
Sligo - Substance misuse counsellor for young people	Marina O'Brien
Southside Partnership - Education & Youth Development Worker	Vivienne McCann
Streetline, Dublin 1	Annie Day
Streetline, Dublin 1	Clare Carruthers
Streetline, Dublin 1	Eva Jennings
Streetline, Dublin 1	Louise Grogan
Streetline, Dublin 1	Michael Reid
Swords Community Policing Forum	Caroline Mills
Tallaght Youth Service	Patricia Levins
TCD, PhD student,	Anne Snel
TCD School of Nursing	Emma Murphy
TCD School of Nursing	Jennie Milnes
TD Dublin Central	Mairin O'Sullivan
Tivoli Training Centre	Emma Barry
Toranfield House Addiction Service	Dave Leahy
Yeah Project Co-ordinator, Canal Communities Regional Youth Service	Brendan Marsh

Youth Support Training Unit  
Youthreach

Anthony McCreery  
Bob O'Neill

## 2.2 Programme

The seminar entailed two distinct sessions – a plenary session and a round-table discussion of key themes. The details of the plenary session are set out in the programme below.

<b>Seminar Programme</b>	
<b>9.15 - 9.30am</b>	<b>Arrival &amp; Registration</b>
<b>9.30 – 9.35am</b>	<b>Welcome: Dr Des Corrigan, Chair NACD</b>
<b>9.35 – 9.40am</b>	<b>Ms Susan Scally, Director NACD</b> “Evolution of the Study”
<b>9.40 – 10.15am</b>	<b>Mr Trutz Haase and Dr Jonathan Pratschke, Social &amp; Economic Consultants</b> “Risk and Protection Factors for Substance Use among Young People” <b>Questions</b>
<b>10.15 – 10.45am</b>	<b>Dr Bobby Smyth, Consultant Child and Adolescent Psychiatrist</b> “Strategies to Enhance Resilience in Irish Teenagers” <b>Questions</b>
<b>10.45 – 11.00am</b>	<b>Coffee/Tea Break</b>
<b>11.00 – 11.30am</b>	<b>Dr Dermot Stokes, National Co-ordinator Youthreach</b> “Risk and Protective Factors in Young People's Use of Alcohol and Drugs: An Education Perspective” <b>Questions</b>
<b>11.30 – 12.10pm</b>	<b>Breakout sessions / group discussion of themes:</b> <b>Facilitated by Mr Liam O'Brien, Community Addiction Response Programme, Killinarden</b>
<b>12.10 – 13.00pm</b>	<b>Contributions, questions from the floor and discussion</b>
<b>13.00pm</b>	<b>Close: Dr Des Corrigan, Chair NACD</b>

### **3. Proceedings**

#### **Opening address, “Evolution of the Study”, Ms Susan Scally, Director National Advisory Committee on Drugs.**

Action 98<sup>3</sup> of the National Drug Strategy 2001–2008 tasked the National Advisory Committee on Drugs to study drug use among at-risk groups, including young people.

The concept of the present study was first developed in 2006. Previous research into drug use among young people in Ireland had been confined to schools. The NACD wanted to explore the possibility of links between early school-leaving and substance use. It also wanted to see whether the factors that affected drug use were different for early school-leavers and for those who stayed at school.

In December 2006, the proposal for the present study was brought to the NACD. This was followed by consultation with stakeholders such as Youthreach, the Department of Education and Science and many others. In February 2007, a research advisory group was set up, whose expertise and continuity was key to the success of the study. Following discussion on how to reach early school-leavers, it was decided to interview young people in Youthreach and community education centres. Ipsos MORI carried out a pilot study in October 2007 and subsequently carried out the fieldwork for the overall study.

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<sup>3</sup> Action 98 of the Research pillar of the 2001–2008 National Drug Strategy is as follows: ‘To carry out studies on drug misuse amongst the at-risk groups identified e.g. Travellers, prostitutes, the homeless, early school-leavers etc., including de-segregation of data on these groups. It is essential that the individuals and groups most affected by drug misuse and those involved in working to reduce, treat and prevent drug misuse have immediate access to relevant statistical information’.

Following data analysis, Trutz Haase and Jonathan Pratschke wrote the study report, and the NACD in June 2010 sent recommendations to government based on the research results.

Today's seminar now brings the research findings to the many stakeholders who will use its findings and advice in their daily work.

**Presentation 1: “Risk and Protection Factors for Substance Use Among Young People” by Mr Trutz Haase and Dr Jonathan Pratschke, Social and Economic Consultants.**

The study by Mr Trutz Haase and Dr Jonathan Pratschke (authors of the NACD report) was based on detailed interviews with 479 early school-leavers attending Youthreach or Community Training Centres and 512 school-attending students. The research focused on pathways into substance use by young people, and whether these were different for early school-leavers and for those who remain at school. The substances were Tobacco, Alcohol, Cannabis and all other Drugs.

The main findings were that, although school-goers used alcohol and tobacco and, to a lesser extent, cannabis, substance use among early school-leavers was significantly higher. Early school-leavers were between four and 15 times more likely to use drugs.

Five factors influenced a young person's likelihood to use substances. These were: the young person him or herself; parents and home environment; school or educational environment; friends and peers; and their neighbourhood and community. Age and gender were not significant influences.

Parental involvement and concern were important protective factors but had little effect on tobacco use. For school-going students, a positive relationship with the

teacher had a strong risk-reducing effect for all substances except tobacco. This protective effect was not present for early school-leavers.

A high risk factor for both groups was peer group use of substances. Young people tend to choose their friends partly based on their substance use behaviour. Low self-esteem encouraged cigarette use; aggressive acting-out behavior was an indicator for other substance use; and the use of one substance was a predictor for using another. A young person who witnessed substance use at home was more likely to take the same substance.

Risk and protective factors may act in a reciprocal way, for example, substance use may reinforce existing poor school experience whereas parental concern can reinforce positive behaviour.

The factors that underlie early school-leaving are also behind greater substance use among early school-leavers; therefore addressing early school-leaving may influence substance use also. Preventive interventions at school, centre and neighbourhood level have a measurable effect on substance use as does meeting a person's counselling needs or their perception of social disapproval. There is a need to clarify the 'problematic' nature of substance use, whether it is about age, health, school effects, type of substance, type of use or anti-social behaviour.

**Presentation 2: “Strategies to Enhance Resilience in Irish Teenagers”  
by Dr Bobby Smyth, Child and Adolescent Psychiatrist, HSE  
Addiction Services.**

The brain is only developing during adolescence and things that a young person does in their teens influence the structure and function of their adult brain. A smoker or drinker in early teens is likely to be 'hard wired' as an adult to crave



the substances they used in youth. Sustained drug use affects the functioning of the brain. Early teen drinking eases the progression into using other intoxicants, for example, a person who takes alcohol in early teens is more likely to take cocaine as an adult. If a young person learns to deal with stress or worries by becoming drunk, they are unlikely to pick up more effective coping skills when they are older. The health damage caused by alcohol and substance abuse is found across all social groups and Ireland's culture of accepting drunkenness as normal is a problem.

Dr Smyth outlined positive strategies parents could adopt to support a child's healthy development. He cited US approaches to promoting resilience in young people based on assets that were both internal or intrinsic to the person, and external in the family and community. Internal assets included positive values like commitment to learning; motivation to achieve; caring about their school; integrity; personal responsibility; belief in personal restraint; empathy; and ability to resist peer pressure. The young person feels their life has a purpose, they are in control and they are optimistic about the future.

External assets include love and support in the family; positive parent and child communication; clear rules and consequences; good relationships with non-parent adults; and a caring neighbourhood in which behaviour is monitored. The teen has positive peer groups, and parents and teachers encourage him or her to do well. Constructive use of time is a positive factor; the teen is involved in creative activities, youth programmes and religious affiliations and spends time at home.

Positive factors can outweigh the negative, for example, a positive relationship with parents and school will outweigh the risk posed by peer group drinking. Parents can protect their children by maximising positive school experiences and increasing the assets in their teenage children's lives.

**Presentation 3: “Risk and Protective Factors in Young People’s Use of Alcohol and Drugs: An Education Perspective” by Dr Dermot Stokes, National Co-ordinator Youthreach.**

Dr Stokes first discussed the many positive aspects of young Irish people and of Irish education. Most young people cause no problem and even set an example to adults; Irish school-completion rates are among the best in the OECD; many schools are excellent and most families function very well, often in the face of adversity.

However, early school-leaving is still a matter for concern for many reasons. Many early school-leavers have low self-esteem and can be disaffected from school and society. Although young people had greater choice and access to information now, the transition from adolescence to adulthood was longer than ever before. Young people now go through critical adolescent transitions and learn about things like drinking from other young people, rather than with adults.

One should not try to isolate young people from risk but help them learn to manage risks safely by creating safe contexts in which they can explore and learn what they need to become mature adults.

Discussing the role of education within this, Dr Stokes outlined some of the characteristics of effective programmes for young people. Key elements were the creation of an atmosphere of physical and emotional safety; a consistent system or structure in their lives; and supportive relationships of caring and connection. Dr Stokes strongly emphasised the need to create a sense of belonging, saying the idea of belonging and being attached to a group was hugely significant.

It was important to create a good school experience for a child. Schools could not solve many of the problems going on in young people’s lives but schools and

centres could provide a 'site' where outside agencies and services such as family support could combine to meet the person's needs.

Within both schools and education centres, the SPHE curriculum was a major factor in strengthening young people's personal and coping skills. It was not a question of controlling behaviour or a young person's exposure to risk but of building capacity in the person.

## **4. Round-table discussion**

A series of round-table discussions took place with a view to drawing out the experience, concerns and priorities of participants, many of whom were working to support positive behaviour among young people or in anti-drug initiatives.

The discussions addressed 11 themes, expressed in the form of 11 questions, which sought to focus debate around challenges and possible responses in addressing substance use by young people. Each discussion group considered two of the 11 questions.

A number of common issues or concerns emerged from the discussion. In the following section, these key concerns, which express participants' responses to complementary or related questions, are presented under five main headings.

These headings are:

- Young People;
- Parents and Family;
- Community;
- Agencies;
- Reducing Risk and Promoting Positive Behaviour.

## ***Young People***

Three questions were discussed in relation to issues pertaining to young people. These questions are as follows.

- **How can we encourage young people to be open to concerned adults?**
- **One of the biggest challenges is to stop young people splitting into opposing factions – one pro-learning/pro-school and the other anti-learning/anti-school. How can we keep young people united?**
- **How can we ensure the voices of young people are heard in policy and service development?**

Adults should seek to build relationships of support and trust with young people, and encourage positive personal development that enhances their self-esteem.

It takes time and effort to build such a relationship. It can be done through social, cultural and recreational activities. It is important that adults listen, in a non-judgemental but positive way, to hear the young person's experience and identify their needs. Ongoing consultation with the young person and good adult role models are needed. It may be necessary, at times, to challenge the young person, either over behaviour or over not sharing information with adults.

Educational and funding structures can create barriers between young people. Many schools stream pupils into different classes that separate them, with teachers concentrating on honours-level students. The perception of being a 'difficult' pupil becomes self-fulfilling. Funding for youth services targets 'at risk' groups rather than including all young people. Differing family attitudes, whereby one family may emphasise high achievement while another does not have a

culture of education, can affect a young person's approach to school and isolate him or her from their peers. However, community activity provides openings for young people to come together.

No young person is ever anti-learning and they will achieve a lot if they have someone who believes in them.

To avoid perceptions that young people who attend school are different from those who do not, we should acknowledge and respect all forms of learning, academic, social, or emotional, and encourage a young person to engage in myriad forms of learning, such as hobbies, clubs and teamwork. We should encourage respect for each person's educational choices and devise with each young person an educational programme tailored to their specific needs. Each young person's cultural background and experience should be respected, without seeking to impose our own culture or values upon them. It is important to support the family in encouraging a child's learning.

### ***Parents and Family***

Three questions were discussed by participants regarding the potential role of parents and family in relation to young people and substance use. These questions are as follows:

- **In your experience, how can we strengthen the protection effect of families?**
- **When it comes to substance use do young people listen to or even care about what their parents think?**
- **How can we involve families who are difficult to reach?**

Teenagers care about what parents think and will listen to them but they may take a while to take it in. They need to respect and be respected. The relationship with parents and parents' example are very influential factors. Some parents may not speak enough with their children or they may not have the right information or the skills to pass it on.

At a certain age teenagers pay more attention to their peers than to parents. Some children go out of parental control at an earlier age than others and parents need help in managing children who have difficulties. Parents themselves may be addicted or in denial of addiction and may need support in managing their own behaviour. The response to at-risk families is too often crisis intervention rather than timely prevention.

Building a relationship with the young person's family is a key step in mobilising the family to support the child but this may take time and persistence. Parents and families who need support may be reluctant to say so. The perceived stigma or stereotypes that cause this must be challenged and professionals need to analyse their own views. Within the community parents also need a space to talk about their concerns.

A relationship with youth workers, with education support services such as Home School Liaison and the School Completion Programme, initiatives such as Strengthening Families, and inter-family communication, either among family members or with other families in the community, can all encourage the family in supporting a child. Home visits can give a better picture of the family's and the young person's needs, and can also keep families informed of a young person's progress. Such a relationship should be positive and non-confrontational.

Initially, agencies should explain to families their role and the services they can provide. When many agencies work with the one family, there can be confusion about their role, duplicated work and too many appointments. This kind of

confusion, and sometimes lack of follow-through with available services, may frustrate a family and cause them to withdraw. Inter-agency protocols on sharing necessary information, case management and key workers could help avoid this also.

### ***Reducing Risk and Promoting Positive Behaviour***

Three questions were discussed by participants in regard to reducing risk and promoting positive behaviour among young people.

- **How can we foster positive adolescent behaviour that will protect our young people against substance use?**
- **Can schools/centres in Ireland reduce risk of substance use even further?**
- **What does prevention mean when young people are already drinking, smoking etc.?**

Schools and education centres can reduce substance use and the level of risk but they must have the will to do it. A realistic and consistent approach to substance use is needed in both schools and education centres.

Prevention can be built on awareness, information and communication. Drug use can be discussed honestly as part of building a relationship with the young person. Information should be appropriate to their age, gender and group culture, and should ensure they fully understand the consequences of using a particular substance. Preventive measures should aim to ensure they don't face any greater risk by progressing to further substance use.

An inclusive culture within a school or centre is important. Teachers need more training regarding vulnerable families and the importance for a young person to have a supportive relationship with teachers and youth workers. They need to listen actively to young people.

It is important to recognise and reward positive behaviour by young persons, and create opportunities for them to feel they belong. Peer mentoring, by involving past pupils for example, can help. In schools and centres, SPHE education that equips teens with the skills and self-confidence for adult life is a strong protector while opportunities for community involvement such as volunteering and after-school sport and social activities provide positive outlets.

Schools themselves must be open to working with other agencies in ensuring all of a young person's needs are met. A support network of adults and community should be encouraged, which includes parents if they are a protective factor but it must be recognised that parents may be a risk factor at times.

## ***Community***

- **How can we strengthen the community-wide response to substance use among young people?**

It is important to understand the young person's environment, for example, dealers and users often live close to them in their community. Services should be respectful and non-judgemental, focused on harm reduction and safe practices, where young people can talk safely. With community policing it is important to avoid alienating young people.

There is a need to build the knowledge and capacity of the community to voice its concerns on policy and services. A greater fit is needed between government



policy and needs on the ground. It is important to build trust between the community and local and national government.

A huge amount of activity and programmes take place in the community. A multi-faceted approach is needed where all these services and facilities are linked and informed on what each organization does. Schools need to be linked into the community and inter-agency supports also. Mutual respect, sharing of resources and open communication should be encouraged. However, for many adults there is a tension between respecting a teenager's confidence and a legal obligation to report when they are involved in unsafe practices, and clarity is needed on where the line is drawn.

Community bodies can provide positive role models of respect, trust and honesty for young people, setting boundaries but providing support and nurturing also. By promoting self-efficacy in the young person and encouraging him/her to reflect on how their choices have a wider impact, a sense of responsibility towards the local community is developed. Encouraging the young person to be aware of both the risks and the services within the local environment will make available services easier to access.

## ***Agencies***

- **Inter-agency collaboration in substance use and child welfare/protection responses. What are the main issues and challenges?**

Agencies can provide a wider range of services if they take a more holistic and integrated approach to working with young people.

Protocols are needed to steer inter-agency collaboration and to decide which agency has responsibility to act, co-ordinate and make final decisions.

Collaborating agencies need a shared understanding of the point at issue. Good communication among agencies requires clarity over what information should be shared and what is confidential. An agency needs to know when it has reached the limit of its responsibility or expertise and when to refer the person's case elsewhere. Each agency should have a drug policy.

Territoriality and competing over resources and funding must be avoided. While policy on agency collaboration is clear and simple, practical issues, such as releasing staff to attend joint meetings, can create difficulties. Agencies will have to find ways to work with existing or tight resources, and to address training needs.

There may be tensions between meeting legal responsibilities and the child or family's needs, for example, when it is right to refer a young person or when to report their behaviour. At all times the focus must be on the child and family needs, and not on the agency. A move away from a problem focus to a solution-oriented approach is needed and the potential to include the community in inter-agency efforts should be developed.

These points apply not just to substance use but to child protection generally. Every person and group working with a young person should be focused on best care provision so the young person sees there is united support in their interest.