

# **Focal Point Ireland: national report for 2025 – Prevention**

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## Health Research Board. Irish Focal Point to the European Drugs Agency

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(2026) Focal Point Ireland: national report for 2025 – drug markets and crime.

(2026) Focal Point Ireland: national report for 2025 – prevention.

(2026) Focal Point Ireland: national report for 2025 – legal framework.

(2026) Focal Point Ireland: national report for 2025 – harms and harms reduction.

(2026) Focal Point Ireland: national report for 2025 – drugs.

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## T0. Overview

Please provide an abstract of this workbook (target: 500 words) under the following headings:

- National profile
- Summary of T1.1 on Policy and organization
  - o Overview of how prevention is addressed in your national drug strategy or other relevant drug policy document;
  - o Highlight the organisations and structures responsible for developing and implementing prevention interventions in your country.
- Summary of T1.2 on prevention interventions:
  - o Provide a succinct overview of prevention interventions in your country categorised by environmental, universal, selective and indicated prevention activities (focus on evaluated and evidence-based activities, with examples of most important programmes implemented).
- Summary of T1.3 on quality assurance of prevention interventions: E.g. training and accreditation of professionals and certification of evidence-based programmes, registries of interventions, conditional funding.
- Trends
- New developments

### Summary:

#### Summary of T1.1 on policy and organisation

Ireland's national drugs strategy, titled *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025*, is structured around five goals (Department of Health 2017). Goal 1 focuses on prevention: "To promote and protect health and well-being." Through this, the strategy "aims to protect the public from threats to health and well-being related to substance misuse by preventing early use of alcohol and other drugs among young people, influencing behaviour and challenging social norms and attitudes and providing targeted interventions aimed at minimising harm for those who have already started to use substances" (Department of Health 2017) (p. 17). The agencies identified as 'leads' or 'partners' for the delivery of specific actions under this goal are: the Department of Health; the Health Service Executive (HSE); the Department of Education and Youth; the Department of Children, Disability and Equality (DCDE) (previously the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) and before that

the Department of Children and Youth Affairs (DCYA)); Child and Adolescent Mental Health Services (CAMHS); Tusla – Child and Family Agency; Drug and Alcohol Task Forces (DATFs); and the Health Research Board (HRB).

A mid-term review of Ireland’s national drugs strategy was published in late 2021. It was titled *Mid-Term Review of the national drugs strategy, Reducing Harm, Supporting Recovery and Strategic Priorities 2021-2025* (Drugs Policy and Social Inclusion Unit 2021). One main outcome of the review was the identification of six new strategic priorities for the strategy, one of which was: To strengthen the prevention of drug and alcohol use and the associated harms among children and young people. This priority was accompanied by a set of actions for 2023–2024 (Department of Health 2023a).

The mid-term review also led to changes to the delivery structure of the national drugs strategy (Drugs Policy and Social Inclusion Unit 2021). Included was the establishment of a Strategic Implementation Group (SIG) for the delivery of the prevention priority. The agencies involved with this SIG are: the Department of Health; the HSE; the Department of Education and Youth; DCDE; Tusla – Child and Family Agency; and the DATFs. Community representatives are also included in the SIG. Funding for prevention in Ireland comes overwhelmingly from the statutory sector.

A new national drugs strategy is being drafted at the time of writing (September 2025) and new governance structures will be developed as part of that process. All indications are that prevention will continue to be a key feature of Ireland’s strategic approach to drugs issues.

### **Summary of T1.2 on prevention interventions**

Prevention interventions are a key feature of Ireland’s response to drug use. However, there is limited information available on the full landscape of prevention interventions in Ireland. Furthermore, while many of the interventions delivered may be ‘evidence informed’ few have been rigorously evaluated in the Irish context.

Environmental prevention interventions in Ireland are focused on restrictive alcohol and nicotine product controls, as well as efforts to keep legislation up to date in relation to new psychoactive substances (NPS). The controls around alcohol include relatively high taxes on alcohol; minimum unit pricing (MUP); drink-driving restrictions; local authority by-laws prohibiting the consumption of alcohol in public spaces; and age restrictions on the purchase and sale of alcohol. The Public Health (Alcohol) Act 2018 provides for a set of evidence-based measures that are designed to reduce alcohol consumption at a population level. Not all measures in the Act have been commenced, and some have been the subject of strong lobbying by the alcohol industry. There are similarly strict restrictions on tobacco use, which are now extending to nicotine products more broadly. Other illustrations of policy and legislative changes that have contributed to the landscape of environmental prevention in Ireland include laws implemented in relation to new NPS. Looking forward, Ireland plans to deal with the possession of small amounts of drugs for personal use through the Health Diversion Scheme, which the Government committed to in 2019 but has yet to implement (as of September 2025).

A range of universal prevention interventions is run at both the local and national level. At the national level, these include online resources (for more information, visit: <http://www.drugs.ie/>, <http://www.askaboutalcohol.ie/>), drug awareness campaigns, and whole-school prevention interventions (e.g. Social, Personal and Health Education (SPHE)). At the local level, Ireland's DATFs deliver a range of interventions targeting young people, parents, and other members of their communities. Other community programmes take the form of alternative leisure-time activities, including youth cafés and recreational arts and sports activities.

A range of selective prevention interventions is also delivered by DATFs that have organised, for example, local and regional awareness and educational initiatives, as well as community action on alcohol in socially and economically disadvantaged communities. The UBU Your Place Your Space scheme funds some of these projects and aims to prevent drug misuse through the development of youth facilities, including sport and recreational facilities. There is also ongoing work in addressing educational disadvantage through programmes such as the Delivering Equality of Opportunity in Schools (DEIS) and Youthreach programmes.

Indicated programmes also feature in Ireland. At a national level, CAMHS teams are the first line of specialist mental health services for children and young people. The service is provided by multidisciplinary teams, which include psychiatrists, psychologists, nurses, social workers, speech and language therapists, and occupational therapists. There is also a focus on providing brief interventions across a range of settings that deal with both alcohol and drug use. In addition, there is legislation to address the coercion and use of minors in the sale and supply of drugs and some interventions targeting this group specifically. There are also programmes aimed at parents who use drugs and their young children.

### **Summary of T1.3 on quality assurance of prevention interventions**

Ireland's most recent national drugs strategy (2021–2025) (Department of Health 2017) recognises the importance of quality standards in prevention. However, it makes no reference to adopting or maintaining international standards in this area. Prevention practitioners are not required to have specialised training or accreditation, and funding is not conditional upon meeting international standards. Since 2023, there has been an increased focus on the importance of quality standards in prevention. Under the strategic priorities for the national drugs strategy for 2023–2024, prevention activity was to be informed by the European Prevention Curriculum (EUPC) and the United Nations Office on Drugs and Crime (UNODC)/World Health Organization (WHO) International Standards on Drug Use Prevention (United Nations Office on Drugs and Crime and World Health Organization 2018) (European Monitoring Centre for Drugs and Drug Addiction 2019). Indeed, the Department of Health continues to support the delivery of EUPC training in Ireland.

In 2007, *A manual in quality standards in substance use education* was published by the Drug Education Workers Forum (Butler et al. 2007) (now the Drug and Alcohol Education Workers Forum). The manual explores substance use education delivery in different settings, providing information on good practice for delivering education. The extent to which they are applied is unknown.

National quality standards that apply to various government areas would also impact on prevention programmes. For example, the youth work sector is underpinned by the *National Quality Standards Framework (NQSF) for Youth Work* (Office of the Minister for Children and Youth Affairs 2010) and the HSE implements its own quality standards, the *National Standards for Safer Better Healthcare*, and it expects funded agencies who have a service level agreement (SLA) with the HSE to implement these as part of the SLA. This includes some agencies that provide prevention interventions.

### **Summary of T2.1 Trends**

The national drugs strategy, which expires at the end of 2025, continues with the common prevention threads that ran through Ireland's previous strategies (Department of Health 2017). These threads include delaying the onset of drug use, increasing awareness, improving understanding among the general population of the dangers and problems related to using drugs, and promoting positive health choices. The objectives also recognise that certain groups and communities may be at higher risk of misusing drugs than the general population and therefore may require additional resources and supports. One of the six strategic priorities identified following a mid-term review of the national drugs strategy was prevention and it has been a focus of consultation activities to inform the new national drugs strategy. This would suggest that prevention will continue to be delivered using similar kinds of approaches as in previous years.

The types of interventions delivered as part of drug prevention have remained much the same throughout the 2000s. However, there has been a growing focus on gathering evidence to inform the needs of target groups, using evidence-informed, if not always evidence-based interventions, and supporting skills development and knowledge among prevention stakeholders. Change can also be seen in an increased focus on quality standards in prevention. There has also been a growing focus on environmental prevention.

### **Summary of T3.1 New developments**

1. Review of Prevention Systems in Ireland
2. Communities that Care
3. Safe futures: Preventing youth recruitment into drug markets
4. E-SHEILD
5. What Works prevention and early intervention initiatives

6. Evaluation of Parents Under Pressure Programme in the Community
7. Implementation of Ballymun Infant Parent Support Project
8. Gambling Regulation Act 2024
9. Proposed vaping legislation
10. Zero-alcohol products – marketing and sale
11. Labelling of alcohol products
12. Regulation of hexahydrocannabinol (HHC) in Ireland
13. Research on the plain packaging of tobacco products and health inequalities
14. Sale of Alcohol Bill 2022 – Intoxicating Liquor Bill 2024
15. The impact of family dynamics and extracurricular involvement on drug use

#### **Summary of T4.1 Additional information**

This section presents findings from studies that explore the broader context of prevention, from the Irish situation.

- a) Growing Up in Ireland survey outputs
- b) Understanding knowledge and attitudes towards alcohol consumption – findings from the Evidence into Action Alcohol Project (EVID-ACTION)
- c) Seminar: Using Implementation Science to Support the Prevention of Substance Use in Ireland

## T1. National profile

### T1.1 Policy and organization

The purpose of this section is to

- Provide an overview of how prevention is addressed in your national drug strategy or other relevant drug policy document
- Describe the organisation and structure responsible for developing and implementing prevention interventions in your country
- Provide contextual information useful to understand the data from the questionnaires on Universal and Environmental Prevention and on Selective and Indicated Prevention, which are collected every three years.

**T1.1.1 Please summarise the main prevention-related objectives of your national drug strategy or other key drug policy document.**

- **National drugs strategy prevention objectives**

At the time of writing (September 2025) a new national drugs strategy is being developed. In the Ireland's national drugs strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025*, is structured around five goals (Department of Health 2017). Goal 1 of the strategy focuses on prevention: "To promote and protect health and well-being." Through this goal, the strategy "aims to protect the public from threats to health and well-being related to substance misuse by preventing early use of alcohol and other drugs among young people, influencing behaviour and challenging social norms and attitudes, and providing targeted interventions aimed at minimising harm for those who have already started to use substances" (Department of Health 2017) (p. 17). Goal 1 is underpinned by three objectives.

**Objective 1.1: Promote healthier lifestyles within society**

This objective makes a set of general statements about effective prevention strategies and their benefits. It emphasises the importance of delivering programmes that focus not only on building awareness but also on developing life skills. In addition, it promotes an integrated approach to Government policies and strategies that target the risk factors of

substance misuse. Overall, it recommends a coordinated approach to prevention and education interventions that are evidence based and meet quality standards.

**Objective 1.2: Prevent use of drugs and alcohol at a young age**

This objective is grounded in the existing Government commitment to support children and young people in achieving good physical, mental, social, and emotional health and well-being; in making positive choices; in being safe and protected from harm; and in realising their potential. It focuses on drug use prevention from the perspective of school-based interventions, out-of-school interventions, and those focused on preventing early school leaving (ESL).

**Objective 1.3: Develop harm reduction interventions targeting at-risk groups**

This objective focuses on substance misuse prevention and harm reduction interventions targeting particular at-risk groups. As they appear in the strategy document, these include children who live with parents who misuse substances; children leaving care; lesbian, gay, bisexual, transgender, and intersex (LGBTI+) young people; users of image- and performance-enhancing drugs; and NPS users.

- **Strategic priorities for national drugs strategy (2022–2025)**

When Ireland’s national drugs strategy was published in 2017, it was accompanied by an action plan covering the first 4 years of the 8-year strategy. Each objective outlined above had a set of actions that were to be carried out during that period. The *Mid-Term Review of the national drugs strategy, Reducing Harm, Supporting Recovery and Strategic Priorities 2021-2025* (Drugs Policy and Social Inclusion Unit 2021) drew on a range of evidence sources to inform the selection of a new set of six strategic priorities and a slightly amended delivery structure, for the remainder of the strategy’s lifetime. The findings of the mid-term review are summarised in Section T1.2.2 of the *Drug policy workbook*.

Prevention was one of the six new strategic priorities for the remainder of the strategy’s timeline (to 2025). The priority was:

- To strengthen the prevention of drug and alcohol use and the associated harms among children and young people: This will cover a variety of settings (school, community, and family) and will focus on increasing resilience and strengthening life skills and healthy life choices. Activity under this priority will be informed by the EUPC and the UNODC/WHO International Standards on Drug Use Prevention (United Nations Office on Drugs and Crime and World Health Organization 2018) (European Monitoring Centre for Drugs and Drug Addiction 2019).

An action plan for this strategic priority was published for 2023–2024 (Department of Health 2023a). The actions were to:

- Develop an integrated framework in order to strengthen the prevention of alcohol and other drugs and associated harms among young people

- Build the capacity of services in order to recognise hidden harm, support families in the communities affected by substance use, and mitigate the risk and reduce the impact of substance use
- Implement the Department of Health’s Prevention and Education Funding Programme
- Develop, implement, and evaluate a multi-component environmental community action on alcohol project modelled on best practice
- Ensure the development of a national addiction service for young people aged under 18 years that is cohesive, supported, and well governed
- Mitigate the risk and impact of ‘grooming’ for young people in illicit drug distribution
- Work to mitigate the risk and impact of hidden harm and consider foetal alcohol spectrum disorders as a particular form of hidden harm, and
- Support the SPHE programme in schools.

In line with this strategic priority, in 2022 the Government approved a Prevention and Education Funding Programme, which aims to increase the focused delivery of evidence-based prevention programmes that adhere to international prevention standards. The five funded projects are being delivered in school, third-level education, youth work, and community-based settings. To date, there have not been any published outputs from these projects. See Section T3.1 of this workbook for an outline of the third-level education-based project (E-SHEILD), launched in 2025.

### **Ireland’s broader youth policy context**

While the current national drugs strategy is the central policy tool for prevention of drug use in Ireland, there are a number of youth strategy documents that complement it and inform the broader policy context for the delivery of prevention interventions. Relevant current youth strategies are:

- *Young Ireland: National Policy Framework for Children and Young People 2023-2028* (Ireland. Department of Health 2023) was launched in November 2023. It sets out the policy direction and key priorities with regard to children and young people (aged 0–24 years) in Ireland across all Government Departments and State agencies to the end of 2028. It is the successor strategy to *Better Outcomes, Brighter Futures: The national policy framework for children & young people, 2014 - 2020* (Department of Children and Youth Affairs 2014a), which was Ireland’s first national policy framework for children and young people. Overall, *Young Ireland* reflects a continuation in its aim, focus, and approach when compared to its predecessor. It is grounded in the United Nations (UN) Convention on the Rights of the Child, as ratified by Ireland in 1992. It is also informed by the Agenda for Sustainable Development as well as other national and international strategies. The vision of *Young Ireland* is of “an Ireland which fully respects and realises the rights of children and young people” (Ireland. Department of Health 2023) (p. 8). *Young Ireland* is aligned with Ireland’s national drugs strategy which is specifically identified under the outcome of ‘safe and protected from harm’, in which *Reducing Harm*,

*Supporting Recovery* is cited as one of the existing policies and strategies that complement its work.

- The *Youth Justice Strategy 2021 – 2027* (Department of Justice 2021b) is designed to provide a developmental framework to address key ongoing challenges as well as new and emerging issues in the youth justice area. This includes preventing offending behaviour from occurring, as well as diverting children and young adults who have committed a crime away from further offending and involvement with the criminal justice system. A priority within this new strategy is to enhance engagement with children and young people who are most at risk of involvement in criminal activity. This will be done principally by strengthening the services available through the existing network of Garda Youth Diversion Projects (GYDPs) across the State, with the aim of achieving full national coverage. An evaluation of the GYDPs was covered in Section T4.1 of the 2023 *Legal framework workbook*. The Youth Justice Strategy is supported by an Action Research Project led by the Research Evidence into Policy Programmes and Practice research partnership with the University of Limerick (Department of Justice 2021a).

As noted in previous national reports, the policy landscape around young people in Ireland is well equipped with strategies and action plans, but it lacks thorough and detailed evaluation of such policy mechanisms. While DCDE is a key stakeholder in the national drugs strategy, neither of the department's strategies which were active at the time the national drugs strategy was developed (the *National Strategy on Children and Young People's Participation in Decision-Making, 2015 – 2020* (Department of Children and Youth Affairs 2015a) nor the *National Youth Strategy 2015–2020* (Department of Children and Youth Affairs 2015b)), were referenced in *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017). However, the new national youth strategy, *Young Ireland: National Policy Framework for Children and Young People 2023-2028* (Ireland. Department of Health 2023), recognises links with the national drugs strategy. Its predecessor, *Better Outcomes, Brighter Futures: The national policy framework for children & young people, 2014 - 2020* (Department of Children and Youth Affairs 2014a), was referenced throughout the national drugs strategy, and links with the national drugs strategy were also made in the *LGBTI+ National Youth Strategy 2018-2020* (Department of Children and Youth Affairs 2018). The *Youth Justice Strategy 2021 – 2027* (Department of Justice 2021b) also includes a reference to the national drugs strategy in relation to the structure for youth justice oversight and its links with other strategic forums.

**T1.1.2 Please describe the organisational structure responsible for the development and implementation of prevention interventions.**

**Organisation**

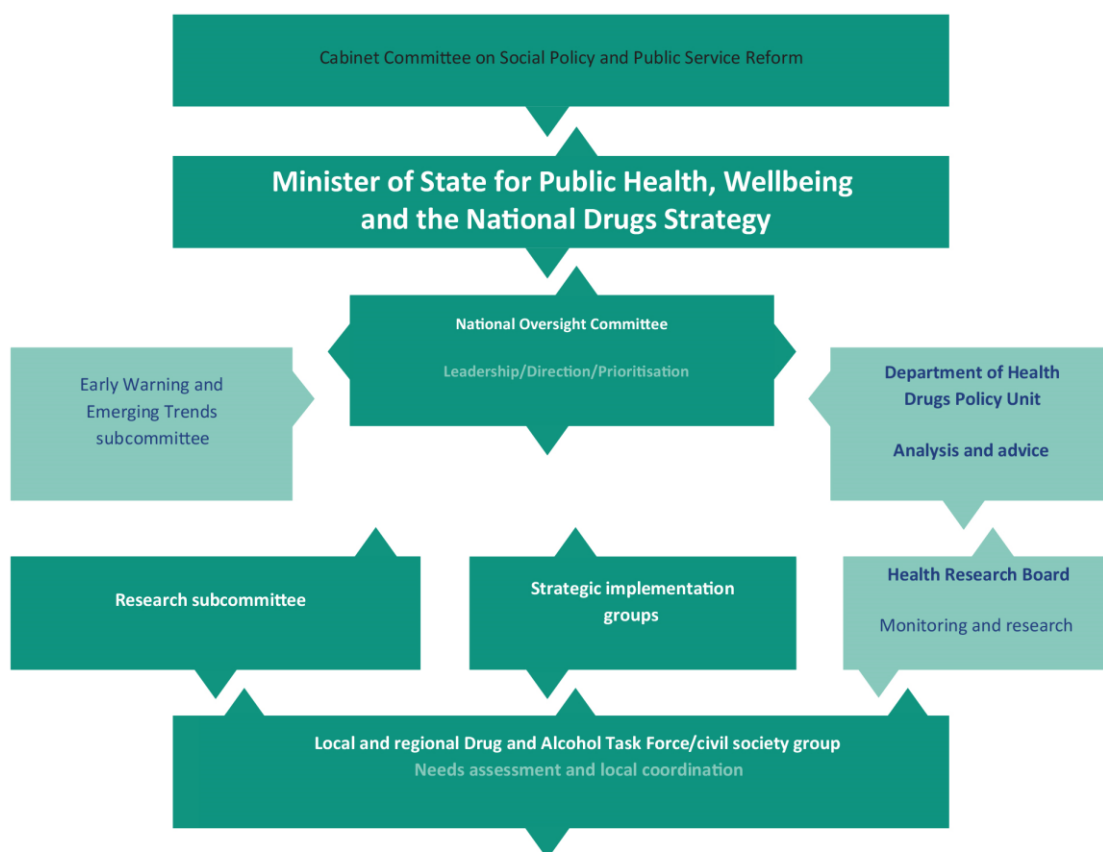
<p><b>At which level are strategic decisions (contents, priorities) <u>predominantly</u> made?</b></p>	<p>Multi-level (Only use if it is not possible to set a predominant level) (if other ↓)</p>
<p>Strategic decisions in the area of prevention are made at both the national level through the national drugs strategy structure and the local/regional level through the Local and Regional DATFs.</p> <p>The lead agencies for developing and delivering prevention-related actions under the national drugs strategy, <i>Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025</i> (Department of Health 2017), include: the Department of Health, with support from the HSE; Department of Education and Youth; DCDE; An Garda Síochána (AGS); DATFs; and service providers. The last category includes non-governmental organisations (NGOs).</p> <p>The findings of a mid-term review of the national drugs strategy led to some changes in the structures supporting the implementation of the strategy for the remainder of its lifetime (see Figure T1.1.2.1) (Drugs Policy and Social Inclusion Unit 2021). The standing subcommittee and other subcommittees previously in place were replaced by a SIG for each of the strategy’s six strategic priorities, as well as a research subcommittee. One of the six SIGs focused specifically on the prevention of drug use. See Section T1.3 of the <i>Drug policy workbook</i> for a full description of the national drugs strategy’s implementation structure. At the time of writing (September 2025) a new national drugs strategy is being drafted. New governance structures will be developed as part of this process.</p> <p>Strategic decisions are also made at the local and regional levels by the DATFs which identify local or regional needs and plan strategically to meet these needs. Ireland’s Local and Regional Drugs and Alcohol Task Forces (LDATFs, RDATFs) play a key role in the national drug prevention landscape. Based on their terms of reference, their role is to focus on assessing the extent and nature of the drug and alcohol problem in their areas, and on coordinating action at local level so that there is a targeted response to the drug problem in local communities, including the prevention response.</p> <p><b>Task Force Terms of Reference</b></p> <ul style="list-style-type: none"> <li>• To coordinate the implementation of the national drugs strategy in the context of the needs of the region/local area</li> <li>• To implement the actions in the national drugs strategy where Task Forces have been assigned a role</li> <li>• To promote the implementation of evidence-based local/regional drug and alcohol strategies and to exchange best practice</li> </ul>	

- To support and strengthen community-based responses to drug and alcohol misuse
- To maintain an up-to-date overview on the nature and extent of drug and alcohol misuse in the area/region
- To identify and report on emerging issues and advocate for the development of policies or actions needed to address them
- To monitor, evaluate and assess the impact of the funded projects and their continued relevance to the local/regional drugs task force strategy and to recommend changes in the funding allocations as deemed necessary.

See for example: [https://citizensassembly.ie/wp-content/uploads/CADU592\\_F.pdf](https://citizensassembly.ie/wp-content/uploads/CADU592_F.pdf)

The Task Forces comprise representatives from a range of relevant agencies, such as the HSE, AGS, the Probation Service, Education and Training Boards, local authorities and the youth service, as well as elected public representatives and voluntary and community sector representatives.

Based on this model, each Task Force decides on the best approach to prevention in their area, which will be reflected in their local strategy. As a result, different responses are taken in different areas. For example, some have staff dedicated specifically to prevention activity, and others have staff who work on it as part of a wider brief. They offer supports of varying intensity, ranging from providing information leaflets to delivering more structured and comprehensive interventions. They deliver these in a variety of settings, as needed, for example in schools, with families, across the community, or with specific targeted groups. While Task Forces focus on areas across Ireland that are in most need in relation to drug harms, they are also involved in delivering or supporting environmental, universal, selective and indicated prevention initiatives in those areas.



**Figure T1.1.2.1: Coordination of bodies for the implementation of the national drugs strategy (2021–2025)** (Drugs Policy and Social Inclusion Unit 2021) (p. 37)

The UNODC tool Review of Prevention Systems (RePS), which aims to assess a national prevention system based on the *International standards on drug use prevention, is being applied in Ireland during 2025 and Q1 2026*. This will provide an overview of the range and scope of prevention activities being delivered in Ireland, as well as an assessment of the prevention system in which they are based. See Section T3.1 of this workbook for more information.

**Note:** Regional (provinces, federal units); Local (counties, municipalities)

<b>At which level are prevention funds predominantly located and spent?</b>	Multi-level (Only use if it is not possible to set a predominant level) (if other ↓)
Funding for prevention continues to be located and spent by the statutory sector at the national level, through a variety of Government Departments, including those of Health; Justice, Home Affairs and Migration; DCDE; and Education and Youth. Much of this funding	

is then passed on to the DATFs, which deliver and commission interventions at the regional and local level to meet the needs as identified by DATFs.

The Minister for Health has overall responsibility for the national drugs strategy, while a wide range of Government Departments and State agencies, as well as organisations in the community and voluntary sector, have responsibility for delivering on its actions (for example, through the regional and local DATFs). There is no centrally held or ring-fenced budget allocated to the national drugs strategy. Instead, delivery of the strategy is funded by each Government Department securing the budget for the activities for which it is responsible and has committed to deliver. Government Departments negotiate their budgets as part of Ireland’s annual national budgetary process. More detail on this process is described in Sections T1.3.1 and T1.4.1 of the *Drug policy workbook*.

As mentioned in Section T1.1.1 of this workbook, in 2022, the Department of Health approved a Prevention and Education Funding Programme, with a focus on the delivery of evidence-based substance misuse prevention programmes. It was launched in 2023, and the projects are expected to run until 2026.

In addition to funding linked to the national drugs strategy, there are other more general prevention activities funded at the national level. For example, DCEDIY provides funding for the provision of national and local youth services through the funding schemes: the Youth Services Grant Scheme, and the Local Youth Club Grant Scheme. Since January 2025, the Department of Education and Youth has taken over responsibility for running the UBU Your Place Your Space scheme.

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**Note:** Regional (provinces, federal units); Local (counties, municipalities)

<b>Factual cooperation of the different policy sectors ministries at national level (real: not on paper):</b>	High
As outlined in the section headed “At which level are strategic decisions (contents, priorities) predominantly made?”, the infrastructure for the delivery of the national drugs strategy has a strong emphasis on cross-agency/Government Department cooperation. This is reflected in the structures that ran from 2017 to 2021, and it is a characteristic of the prevention SIG that began to function in 2022. This SIG works to reinforce cross-agency working. It has an independent Chairperson who is a member of and reports back to the National Oversight Committee. The SIG is composed of stakeholders from the Departments of Health; Education and Youth; and Justice, Home Affairs and Migration – as well as DCDE. Other members of the prevention SIG are from the HSE, Tusla, AGS, the Regional Drug and Alcohol Task Forces (RDATFs), and youth	

and community representatives. At the time of writing (September 2025) it is unclear to how the work of the SIG will progress. Any new structure will be defined through the new national drugs strategy. See Section T1.3 of the *Drug policy workbook* for a full description of the national drugs strategy's implementation structure.

**Note: High** = almost all sectors / ministries involved and engaged; **Medium** = some are not or less involved; **Low** = most sectors / ministries are not engaged / not facilitating access. Rate always **medium** if either Education, Interior (police) or Economy (Taxation) are not collaborating. Rate **low** or if more than one of these don't.

### Needs assessment

<p><b>How common is it that the local level (municipalities / districts) is consulted in order to define the need and content of different interventions or strategies at regional or local level?</b></p>	<p>Often</p>
<p><b>Explanations, if applicable describe:</b></p>	
<p>The structure of drug policy coordination and the implementation of the national drugs strategy is outlined in the section titled “At which level are strategic decisions (contents, priorities) predominantly made?” and in more detail in Section T1.3 of the <i>Drug policy workbook</i>. Of particular relevance to the question of local-level consultation in Ireland is the role of the regional and local DATFs outlined in the section on strategic decision-making above. The DATFs are represented on the national committees for delivery of the national drugs strategy. As mentioned previously, the SIGs reinforce cross-agency cooperation and also have representation from the DATFs. However, anecdotal evidence would suggest that in some circumstances Task Forces do not see these structures as functioning as effectively as other methods of consultation and shared decision-making. This view was expressed strongly by representatives of LDATFs at a Joint Oireachtas Committee on Health meeting held in November 2024 (Joint Committee on Health debate - Local Drug and Alcohol Task Forces: discussion. 2024).</p>	

<p><b>Diagnosis of risk/protective factors at local level: do (some) municipalities / districts have a system of establishing risk profiles of certain geographic areas or of population segments? (Please, tick 2 most relevant)</b></p>	<p><input checked="" type="checkbox"/> <b>By youth surveys (e.g. <u>CTC</u>, <u>Planet Youth</u> )</b></p> <p><input checked="" type="checkbox"/> <b>By rapid qualitative assessment methods (stakeholder meetings, key informants)</b></p> <p><input checked="" type="checkbox"/> <b>By having access to the sub-datasets of national surveys</b></p> <p><input type="checkbox"/> <b>Other, please specify:</b></p> <p><input type="checkbox"/> <b>Does not apply</b></p>
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**Explanations, if applicable describe:**

As explained in the section titled “How common is it that the local level (municipalities/districts) is consulted in order to define the need and content of different interventions or strategies at regional or local level?”, the DATFs represent a partnership between the statutory, voluntary, and community sectors and focus on assessing the extent and nature of the drug and alcohol problem in their areas. They also focus on coordinating action at the local level, so that there is a targeted response to the drug problem in local communities. Assessments would be made using subsets of national data and qualitative evidence of the issues faced in the area.

In addition, Planet Youth is running in sites in five regions: the Western Region Drug and Alcohol Task Force (WRDATF) (since 2018), the North Dublin Regional Drug and Alcohol Task Force (NRDATF) (since 2021), Cavan and Monaghan (since 2022), Tipperary (since 2024), and Wicklow (since 2024). Data are being used in these areas to inform local interventions.

Communities That Care is now also underway in one area in Ireland. Survey data collection has yet to commence but it will be used to inform practice in the local area.

**T1.1.3 (Optional) Please provide a commentary on the funding system underlying prevention interventions.**

See T1.1.2.

**Note:** Information relevant to this answer includes:  
 - Alcohol and gambling taxes, confiscated assets, and  
 - Quality criteria linked to funding.

<sup>1</sup> The CTC (Communities That Care) Youth Survey is a tool that is used to provide community-based partnerships with reliable information about the prevalence of youth behaviour problems as well as underlying risk and protective factors.

<sup>2</sup> Planet Youth questionnaire: This comprehensive survey examines the lives and lifestyles of young people (15–16-year-olds) in the target community and asks questions about the risk and protective factors that influence their behaviours.

<p><b>How important are non-public sources of funding (health insurance, charities, foundations, industry)?</b> Choose an item.</p>	<p>Negligible, barely relevant</p>
<p><b>Explanations, if applicable describe:</b></p>	
<p>See T1.1.2 on funding and Section T1.2.2 on universal prevention where the involvement of Drinkaware in prevention delivery in Ireland is discussed.</p>	

## T1.2 Prevention interventions

**The purpose of this section is to provide an overview of prevention interventions in your country.**

**Please structure your answers around the following questions.**

### T.1.2.0 Overview of intervention types

<p><b>Prevention culture, interventions and discourse are rather dominated by (select not more than 2)</b></p>	<p><b>informational approaches</b> <input checked="" type="checkbox"/></p> <p><b>developmental approaches</b> <input checked="" type="checkbox"/></p> <p><b>environmental approaches</b> <input type="checkbox"/></p>
<p><b>Explanations, if applicable describe:</b></p>	

Prevention in Ireland has historically been dominated by informational and developmental approaches. However, environmental approaches feature increasingly on the prevention landscape, primarily at a national level, in the form of laws and regulations.

<p><b>Are there registries (online) or catalogues?</b></p>	<p><b>of all kinds of interventions of manualised prevention programmes</b> <input checked="" type="checkbox"/></p>
--	---

<sup>3</sup> Information, persuasion, awareness, and education.

<sup>4</sup> Skills and competence training, capacitation (making people capable of e.g. self-control, goal setting, etc.; for more information, visit <http://www.behaviourchangewheel.com/>), i.e. interventions fostering healthy social and personal development of young people.

<sup>5</sup> Strategies targeting the contexts for behaviour through changing the prompts and cues that guide behaviour, such as regulatory, physical, and economic measures being applied in order to prompt more adaptive, healthier behaviours.

	<b>of evidence-based manualised programmes only</b> <input type="checkbox"/> <b>of officially recommended programmes (other criteria than evidence)</b> <input type="checkbox"/> <b>no</b> <input type="checkbox"/>			
--	---	--	--	--

<b>Is there a certification system for programmes (i.e. only such programmes can be used)?</b>	No
--	----

<b>If yes, based on which criteria?</b>
---

NA

**What behavioural domains beyond substance use (e.g. violence, mental health) do the existing manualised prevention programmes<sup>6</sup> address, if applicable?**

In Ireland, manualised programmes exist for a wide variety of behaviours but we are limited in what we know about the extent to which they are delivered. For example, some of these can be delivered to support the SPHE curriculum, which is the main vehicle through which drug prevention education is delivered in both primary and post-primary schools. While SPHE is a mandatory part of the primary and post-primary (Junior Cycle) school curriculum that supports the personal and social development, health, and well-being of students, there is no evidence for the extent to which it (including the substance use modules) is actually delivered in Irish schools, or which schools avail of the programmes that address other domains. See Section T1.2.2 of this workbook.

Manualised programmes are also delivered to parents/families and in community settings. The DATFs and State agencies have a key role in this area.

<b>In which settings are they predominantly applied?</b>	Primary Schools <input checked="" type="checkbox"/> Secondary schools <input checked="" type="checkbox"/> Technical/vocational schools <input type="checkbox"/> Universities <input type="checkbox"/> Parents/Families <input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> Other settings (specify below)
--	---

NA

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<sup>6</sup> Manualised programmes are taken to refer to programmes that are based on a written manual, and have a fixed number of sessions with defined content.

<b>At which scale are these manualised programmes mostly implemented?</b>	Other (please specify) <b>(if other ↓)</b>
---	--

Mixed

**Note:** Rather large implementation (e.g. at regional level, e.g. by regional school or social agencies); small local implementations by individual schools or municipalities.

### **T1.2.1 Please provide an overview of Environmental prevention interventions and policies.**

#### **T1.2.1 Environmental prevention**

Environmental prevention interventions in Ireland include increasingly restrictive alcohol and tobacco controls, as illustrated in the Public Health (Alcohol) Act 2018 and the Public Health (Tobacco Products and Nicotine Inhaling Products) Act 2023. However, as discussed in previous national reports, there is the possibility of new legislation being passed (the Sale of Alcohol Bill 2022; Intoxicating Liquor Bill, 2024) which would contradict some of the public health priorities supported in the earlier legislation on alcohol use (see Section T3.1 of this workbook for more information). Programmes and legislative changes that contribute to the field of environmental prevention include moves towards a more health-led approach to dealing with possession of drugs for personal use (the Health Diversion Scheme, see Section T3.1 of this workbook), as well as legislative changes related to NPS. The following areas are outlined in this section of the workbook:

- Alcohol controls
- Tobacco and nicotine product controls
- Environmental prevention in third-level institutions, and
- Other environmental prevention-related policies.

#### **Alcohol controls**

Measures are in place in Ireland to control alcohol use. These can be summarised as follows:

- Tax on alcohol, including excise duty and value-added tax (VAT), remains high.
- It is illegal to drive with a blood alcohol concentration higher than 50 mg for all drivers, or 20 mg for learner, newly qualified, or professional drivers. In 2018, the legislature passed more stringent penalties for those who are caught driving over these limits.
- While there is no national legislation prohibiting drinking in public spaces, each local authority is entitled to pass by-laws prohibiting the consumption of alcohol in public spaces within its jurisdiction.

- It is an offence to:
  - o Buy alcohol if you are under the age of 18 years
  - o Pretend to be aged 18 years or over to buy or consume alcohol
  - o Sell alcohol to anyone under the age of 18 years
  - o Buy alcohol for anyone under the age of 18 years, and
  - o Have children (aged under 15 years) on licensed premises outside the hours of 10.30 am and 9.00 pm, although 15–17-year-olds may remain after 9.00 pm if they are at a private function where food is being served.

The Public Health (Alcohol) Act 2018 was signed into law in October 2018. It is the first piece of legislation in Ireland to identify alcohol use as a public health issue. The aim of the Act is to reduce alcohol consumption in Ireland and the harms it causes at a population level, and it provides for a suite of evidence-based measures to deliver on this aim. These include: MUP; health warning labels; structural separation of alcohol from other products in mixed retail outlets; advertising restrictions; restrictions on sports sponsorship aimed at children; and other restrictions on the sale and supply of alcohol products. While some measures have been implemented, others have not.

In January 2025, Section 19 of the Act, regarding the broadcast watershed on alcohol advertising, came into effect. Based on the findings of an overview of alcohol consumption, harm, and policy in Ireland, Table T1.2.1.1 summarises the provisions of the Public Health (Alcohol) Act 2018 and whether or not they have been commenced (O’Dwyer et al. 2021), with updates to reflect more recent changes. More detail on this legislation is available in Section T4.2 of the *Legal framework workbook*.

**Table T1.2.1.1 Summary of key provisions of the Public Health (Alcohol) Act 2018**

Measure	Rationale	Commenced
<b>MUP</b>		
<p>MUP for all products containing alcohol to be introduced and set at 10 cent per gram of alcohol in the product. Unlike a tax increase where a retailer can choose to absorb the increase in price, the MUP will be compulsory across all alcohol products. Under this part of the legislation and at the time of its introduction in 2022:</p> <ul style="list-style-type: none"> <li>• A 750 mL bottle of wine with alcohol by volume (ABV) of 12% cost a minimum of €7.10.</li> <li>• A 700 mL bottle of vodka with an ABV of 35% cost a minimum of €20.71.</li> <li>• A 500 mL can of beer with an ABV of 5% cost a minimum of €1.97.</li> </ul>	<p>Research conducted by the HRB and the Royal College of Surgeons in Ireland (RCSI) prior to the introduction of the MUP indicated that the heaviest drinkers and those with lower incomes, such as students, buy the cheapest alcohol and are likely to be most affected by an MUP (Cousins et al. 2016). In 2018, and prior to the introduction of MUP it was possible for a man to consume his weekly low-risk guideline limit</p>	<p>Commenced from 4 January 2022.</p>

for €7.48, whereas a woman could consume hers for just €4.84 (Alcohol Action Ireland 2018). Increasing the price of alcohol products reduces their affordability and is one of the most effective ways of reducing alcohol consumption and related harm (Anderson et al. 2009).

### Health warning labels

Section 12 of the Public Health (Alcohol) Act 2018 stipulates that all alcohol products to be sold in Ireland will be required to display:

- A warning informing the public of the danger of alcohol consumption
- A warning outlining the danger of alcohol consumption when pregnant
- A warning informing the public of the direct link between alcohol and fatal cancers
- The quantity in grams of alcohol contained in the container concerned
- The calorie content in the container concerned, and
- Details of a website, to be established and maintained by the HSE, providing public health information in relation to alcohol consumption.

Health warning labels ensure that the public has accurate information regarding the calorie content and the strength of alcohol products, and that individuals are informed of the health risks associated with alcohol consumption. Findings from the 2016 Healthy Ireland Survey demonstrate that public knowledge of the link between cancer and alcohol in Ireland was low. Just one-quarter of Irish women are aware of the direct link between alcohol and breast cancer, despite this being the most common type of cancer among women in Ireland.

Signed into law in May 2023, with a lead-in phase to May 2026, it continues to be the source of much debate. See Section T3.1 of this workbook.

### Structural separation

Section 22 of the Public Health (Alcohol) Act 2018 provides for the structural separation of alcohol products in mixed retail outlets (e.g. supermarkets and grocery stores). Retailers must choose from one of three options:

- Storing alcohol products in an area of the store that is separated by a physical barrier
- Storing alcohol products in one or more closed storage units or cabinets, or
- Storing alcohol products in no more than three open storage units in the premises.

Limiting the physical availability of alcohol is an important population-based measure to reduce alcohol consumption. Interventions targeting the availability of alcohol at a population level are effective in reducing alcohol-related harm and consumption (Babor et al. 2010).

Since 12 November 2020, all mixed-trade retailers have been obliged by law to physically separate alcohol products from other grocery items.

### Advertising

A range of restrictions will apply to the advertisement of alcohol products, with a particular emphasis on protecting children and young people. The main restrictions include the following:

Advertising is related to initiation of alcohol consumption, especially among children and adolescents, who are particularly

Some of these measures have become law, including measures around advertising

- The content of advertisements will be restricted to specific information about the nature of the product.
- Advertisements must contain health warnings regarding alcohol consumption, including during pregnancy, and a link to a public health website.
- Advertisements in cinemas will be limited to films classified as suitable for people aged over 18 years.
- There will be a 9.00 pm broadcast watershed for advertisements on television and radio.
- The marketing and advertising of alcohol in print media will be restricted in relation to volume and type of publication.

vulnerable to advertising and marketing campaigns (Jernigan et al. 2017). Reducing children’s and young people’s exposure to alcohol advertising may delay initiation and reduce alcohol consumption among young people. Early initiation of alcohol use has been associated with a number of negative consequences later in life (Hall et al. 2016).

in the vicinity of children (Sections 14, 17, 19 and 20 of the Act). Important measures that have yet to be commenced are: Section 13, on the restriction of the content of alcohol advertisements; and Section 18, regarding limitations of advertising in print media.

There will be a ban on advertising alcohol products:

- In or near a school
- In or near an early years’ service (e.g. a crèche)
- In a park, open space, or playground owned or maintained by a local authority
- On public transport, and
- In a train or bus station, and at a bus or Luas stop.

The Public Health (Alcohol) Act 2018 will also restrict the sale of children’s clothing that promotes alcohol consumption or bears the brand name or emblem, the corporate name or emblem, or the trademark or logo of an alcohol brand or product.

### **Sports sponsorship and sponsorship of other events aimed at children**

With the exception of motorsport, the Public Health (Alcohol) Act 2018 does not ban alcohol sponsorship of sport. However, Section 15 of the Act prohibits advertising in sports grounds for events where the majority of competitors or participants are children, or directly on a sports area for all events (e.g. on the actual pitch, racetrack, tennis court, etc.). Alcohol sponsorship of other events aimed at children, or where most of the participants are children, is also be prohibited under Section 16 of the Act.

As previously noted, exposure to alcohol advertising and media has been associated with earlier initiation of drinking among adolescents and an increase in the volume of consumption among adolescents who already drink (Jernigan et al. 2017).

Prohibiting advertising at events aimed at children will further limit young people’s exposure to alcohol advertising.

Both Section 15 and Section 16 have been in place since 2021.

### **Restrictions on the sale and supply of alcohol products**

Section 23 of the Act outlines a number of restrictions regarding the sale and availability of alcohol products. Several measures regarding limiting the sale and availability of alcohol products are outlined in the Public Health (Alcohol) Act 2018. One of the most important of these is the restriction of price-based promotions, to which young people may be particularly sensitive.

Under Section 23, the Minister for Health has the power to make regulations around:

- The sale or supply of alcohol at a reduced price or free of charge to a certain target group
- The sale or supply of alcohol at a reduced price to someone because they have already purchased a certain quantity of alcohol or another service
- The sale or supply of alcohol during a limited time period (3 days or fewer) that was less than the price charged for the same product the day before the offer was introduced, and
- The promotion of a business or event in a way that is likely to encourage people to drink alcohol in a harmful manner.

Restricting the sale and supply of alcohol products, particularly restricting price-based promotions, will reduce the affordability and availability of alcohol. Reducing the affordability and availability of alcohol products is the most effective way to reduce alcohol consumption at a population level (World Health Organization 2014).

Section 23 was commenced on 11 January 2021.

**Source: Updated July 2025 by workbook author, from (O'Dwyer et al. 2021).**

Research has been carried out to explore the effectiveness of some of the changes in the Public Health (Alcohol) Act 2018 in delivering on its environmental prevention objectives. The research raises some concerns about the drinks industry availing of loopholes in the law to reduce the impact of the provisions on public health in the 2018 Act. For example, under the Act, Ireland banned alcohol advertising in sports grounds and at events where the majority of competitors or participants are children, or which take place directly on a sports area (e.g. on the pitch/court). Branded clothing for players or officials was not banned. Critchlow and Purves carried out a frequency analysis exploring alcohol branding during Rugby Union matches in Ireland after the commencement of this section of the Public Health (Alcohol) Act 2018 (Critchlow and Purves 2023), following on from similar analysis the authors had done previously (Purves and Critchlow 2021).

In summary, the aim of Critchlow and Purves' study was to examine the frequency and nature of alcohol brand references in or on the sporting area during two Rugby Union tournaments (the Six Nations Championship and the European Rugby Champions Cup) played in Ireland after the commencement of Section 15 of the Public Health (Alcohol) Act

2018. Despite the change in Ireland’s legislation, Critchlow and Purves found that alcohol brand references continued to be a feature of the sporting area in both tournaments.

Critchlow and Purves argue that their findings illustrate that alcohol branding continues to be associated with rugby matches in Ireland despite the introduction of Section 15 of the Public Health (Alcohol) Act 2018. The study also contributes to an understanding of how the alcohol industry responds to marketing controls. The authors identify a need for the Public Health (Alcohol) Act 2018 to clarify how it defines advertising. In particular, there is a need to clarify the regulations around the advertising of zero-alcohol variants that share brand names and iconography with an alcohol product, as well as whether alibi marketing is permitted under the legislation. A detailed description of the study can be found in Section T3.1 of the 2023 *Prevention workbook*.

The issues on zero-alcohol variants highlighted by Critchlow and Purves are ongoing and have been the subject of debate, including in the Oireachtas. See Section T3.1 of this workbook for more information.

### **Tobacco and nicotine product controls**

The Irish Government is committed to making Ireland tobacco free; in other words, reducing the prevalence of smokers to less than 5%. The national policy on tobacco control is guided by the 2013 report *Tobacco Free Ireland* (Tobacco Policy Review Group 2013). This report has two key themes: protecting children and de-normalising smoking.

A study that found smoking prevalence in Ireland among adolescents aged 15–16 years had dropped from 41% in 1995 to 13% in 2015 (Li et al. 2018) attributed the change, at least in part, to the implementation of Ireland’s various tobacco control policies. However, the findings of the European School Survey Project on Alcohol and Other Drugs (ESPAD) suggest some complexities. The 2019 survey found that the decline in smoking among Irish teenagers had stopped for the first time in 25 years – 14% of Irish teenagers smoked in the last 30 days, including 5% who smoked daily. Trend analyses showed that, despite a reduction of more than two-thirds since 1995, more students reported smoking in the last 30 days in 2019 (14%) than in 2015 (13%), and this was more pronounced for boys (ESPAD Group 2020). Some commentators suggested that this increase could in part be attributed to the lack up until December 2023 of any mandatory age restriction in Ireland on the sale and marketing of e-cigarettes. However, the results of the most recent ESPAD survey carried out in 2024 showed that the rates of smoking had reduced among young people. Specifically, 12% of Irish teenagers smoked in the last 30 days, including 2% who smoked daily. Among the total sample, 16% had used e-cigarettes/vapes in the last 30 days, including 7% who were using daily (Hanafin et al. 2025). The comparable figure for using e-cigarettes/vapes in the last 30 days in the 2015 iteration of the survey was 10% (Taylor et al. 2016).

In December 2023, the Public Health (Tobacco Products and Nicotine Inhaling Products) Act was signed into law (available online at:

<https://www.irishstatutebook.ie/eli/2023/act/35/enacted/en/html>

The Irish Government recognises the addictive nature of nicotine and had committed to taking a more restrictive approach to vaping and other routes of nicotine use. The Act introduces a licensing system for the sale of tobacco and nicotine inhaling products (including e-cigarettes), as well as a prohibition on the sale of nicotine inhaling products such as e-cigarettes to those aged under 18 years. It also allows for other additional enforcement tools. Some of the key features of the legislation are that it:

1. Regulates any product that can be used for the consumption of nicotine-containing vapour or any component of that product
2. Bans the sale of nicotine inhaling products to those aged under 18 years. The offence carries a penalty of a fine of up to €4,000 and/or up to a 6-month term of imprisonment.
3. Prohibits the sale of e-cigarettes (and related nicotine inhaling products) from self-service vending machines, temporary or mobile premises, and at places or events for children
4. Prohibits advertisements for e-cigarettes on public transport and near schools
5. Introduces minimum suspension periods for retailers convicted of offences, and
6. Introduces fixed penalty notices for offences.

However, as the nicotine market changes, legislation needs to respond. See Section T3.1 of this workbook for further proposed legislation in this area.

Other older tobacco control measures in Ireland that are of relevance are as follows:

- In line with the Tobacco Products Directive (2014/40/EU) that prohibits “tobacco products with a characterising flavour” (Article 7.1), Ireland banned the sale of menthol-flavoured cigarettes in May 2020.
- Smoking is illegal in all enclosed workplaces, such as offices, shops, bars, restaurants, and factories.
- Smoking is illegal in motor vehicles in which a person aged under 18 years is present.
- The sale of cigarettes in packs of fewer than 20 is banned.
- All point-of-sale advertising of tobacco products is banned.
- At all points of sale, tobacco products must be stored out of sight of the customer.
- Tax on tobacco continues to increase on an annual basis. While previous Budgets saw the excise duty on a packet of 20 cigarettes increase by 50 cent (including VAT), in Budget 2025 there was a €1 (including VAT) increase, with a pro rata increase on other tobacco products. In effect, this brings the price of cigarettes in the most popular price category in Ireland to approximately €18.05 for 20.
- All tobacco packs manufactured for sale in Ireland have been in standardised retail packaging.
- As with any nicotine products, the sale of tobacco products to anyone aged under 18 years is illegal.

### **Environmental prevention in third-level institutions**

Environmental prevention in third-level institutions has been slow to evolve over the last few years in Ireland. However, in 2025 the E-SHEILD project was launched and is described in more detail in Section T3.1 of this workbook. Below are descriptions of earlier activities in this area, from which E-SHEILD has evolved.

#### ***Rapid Response Group on drug use in higher education institutions***

A Rapid Response Group (RRG) was set up by the Minister of State for Higher Education in 2019 to develop an action plan on drug use in higher education institutions (HEIs), consistent with Ireland's national drugs strategy (2017–2025) (Department of Health 2017). The *Framework for Response to the Use of Illicit Substances within Higher Education* was published in 2020 (Rapid Response Group (RRG) on Use of Illicit Substances within Higher Education 2020).

The RRG group included academics, members of AGS, students, and first responders within HEIs. In her foreword to the report, the then Minister of State for Higher Education described HEIs as having a role in implementing actions that can “reduce the number of students who decide to use drugs in the first place, or to reduce the harm experienced by those students who have chosen to use drugs” (Rapid Response Group (RRG) on Use of Illicit Substances within Higher Education 2020) (p. 3).

Central to the RRG's report and subsequent framework is a set of actions that HEIs are recommended to undertake, where relevant to their institution. These are grounded in consideration of the following:

- Existing legislation regarding the use and misuse of drugs
- Ireland's national drugs strategy (2017–2025) (Department of Health 2017)
- The evolving Higher Education Healthy Campus Charter and Framework Ireland
- Existing activities being carried out in HEIs to address drug- and alcohol-related harm, including the REACT (Responding to Excessive Alcohol Consumption in Third-level Institutions) project (which has since ceased operating due to a lack of funding), and
- Input and expertise of RRG members.

The RRG identified 4 core actions, with a further set of 12 actions. The core actions recommend that each HEI should:

- Develop a drug and alcohol policy specific to the institution
- Develop and implement a drug and alcohol action plan specific to the institution and its students

- Assign to a senior officer of the institution the responsibility for leading the development of the policy and implementation of the action plan, and
- Facilitate student engagement with the collection of national-level data on drug use in HEIs.

The additional 12 actions are divided under 4 themes: institutional leadership, student engagement, community engagement, and service provision. Were any action to be taken in line with the findings of this report, it could be expected to fit under the range of prevention types, but with the focus on environmental prevention interventions.

In its report, the RRG identified a gap in knowledge about the extent and nature of drug use among students in HEIs. The Drug Use in Higher Education in Ireland survey was commissioned to fill this gap. The findings of this survey are reported on in Section T1.1.3 of the *Drugs workbook*.

### **REACT**

The REACT project is no longer being delivered due to a lack of funding. It was developed with the aim of strategically combatting harms associated with alcohol consumption among third-level students. In 2014, the HSE commissioned a research team to develop a public health intervention to address alcohol use among third-level students. The programme was an environmental rather than an educational initiative. It was an award and accreditation scheme that recognised and rewarded third-level institutions' efforts to reduce alcohol-related harm among students. The programme sought "to establish a specially tailored accreditation and award system for third-level institutions (colleges/universities/institutes of technology) that make significant changes within their campuses to tackle the growing issue of excessive alcohol consumption among students" (Davoren et al. 2018) (p. 2). There are no plans to re-establish the programme.

### **Other environmental prevention-related policies**

Other examples of policy and legislative changes that have contributed to the landscape of environmental prevention in Ireland include the area of coercion of minors into the drugs economy, NPS and how Ireland proposes to deal with the possession of small amounts of drugs for personal use.

#### **Legislation to prevent minors being coerced into the drug economy**

Young people who are involved or at risk of becoming involved in the drug economy is an ongoing issue in Ireland. Ireland has legislated against the coercion and use of minors in the sale and supply of drugs. In May 2024, the Criminal Justice (Engagement of Children in Criminal Activity) Act 2024 was enacted. The Act outlaws the grooming of children into

crime by making it a specific offence for an adult to compel, coerce, induce, or invite a child to engage in criminal activity.

### ***NPS legislation***

In 2010, NPS were the subject of two pieces of legislation in Ireland. The first, the Misuse of Drugs (Amendment) Regulations 2010 (available online at <http://www.irishstatutebook.ie/eli/2010/si/200/made/en/pdf>), was enacted in May 2010 and expanded the list of substances controlled under the Misuse of Drugs Act, 1977 and the Misuse of Drugs Act, 1984. The second, the Criminal Justice (Psychoactive Substances) Act 2010 (Commencement) Order 2010 (available online at <http://www.irishstatutebook.ie/eli/2010/si/401/made/en/pdf>), differed from the established approach to drug control given under Ireland's Misuse of Drugs Acts, 1977 and Misuse of Drugs Act, 1984 in that it covered the sale of substances by virtue of their psychoactive properties, rather than the identity of the drug or its chemical structure. It was aimed at vendors of NPS and effectively made it an offence to sell a psychoactive substance. This two-pronged legislative approach was largely in response to an increase in the number of so-called head shops selling NPS from late 2009, which peaked at 102 premises in May 2010. By October 2010, only 10 head shops were still open, and, by late 2010, AGS indicated that none of the remaining shops were selling NPS.

Research reported on in previous national reports explored the relationship between these changes in Ireland's legislation on NPS and their problematic use by looking at national drug treatment data (Smyth et al. 2017) and drug-related psychiatric admissions data (Smyth et al. 2020). The authors of these studies argue that the timing of the changes in treatment and admissions data coincides with the advent of the 'head shop era' and the subsequent introduction of legislation that essentially banned the sale of NPS in Ireland. In their discussion, the authors present these findings alongside the reduction in NPS-related treatment episodes found in a previous study and an 80% decline in youth using NPS over the years 2010–2014 (National Advisory Committee on Drugs and Alcohol 2017). They use this to argue that, while they recognise that correlation does not prove causation, their "findings lend weight to the view that the steps taken in Ireland to address NPS were associated with a positive public health impact (p. 7).

### ***Health Diversion Scheme***

The Health Diversion Scheme described in previous national reports has yet to be implemented (September 2025). It arose from a national drugs strategy action, through which the Government established a working group to consider alternative approaches to the possession of drugs for personal use in December 2017. The work programme of the

group consisted of meetings with experts from other countries, commissioning research on other jurisdictions and undertaking a public consultation.

The working group identified three principles that should be addressed with any alternative approach:

- That a person should be afforded the opportunity to avoid a criminal conviction for personal possession
- That a person should be supported in avoiding, reducing, and recovering from drug-related harm, and
- That a person with problematic drug use should be referred to appropriate treatment or support.

In line with the working group's recommendations, in 2019 the Government agreed a health-led approach to the possession of drugs for personal use (Working group to consider alternative approaches to the possession of drugs for personal use, 2019) (Irish government economic and evaluation service, 2019).

The Health Diversion Scheme represents the depenalisation of drugs possession for personal use coupled with a diversion of the person to health services in defined circumstances. This approach will connect people who use drugs with health services, allowing them to avoid a criminal conviction.

Under the Health Diversion Scheme, AGS will divert a person found in possession of drugs for personal use to the HSE for a health screening and brief intervention, with an onward referral to further services if appropriate. The HSE will provide brief health interventions by appointment with the individuals referred through a network of nine SAOR (Support, Ask and Assess, Offer Assistance, Refer) practitioners. At the time of writing (September 2025) AGS and the Director of Public Prosecutions were finalising the operational elements of the scheme. The drafted scheme operates within the legal framework and seeks to divert people towards health services. Drugs remain illegal, but possession is penalised in the circumstances laid out in the scheme.

**Note:** Information relevant to this answer includes:

- Alcohol and tobacco policies/initiatives (including at local level, where possible)
- Delinquency and crime prevention strategies
- Environmental restructuring, e.g. of neighbourhoods and of nightlife settings

### **Examples of strategies (environmental) at local level**

How often have you heard of or read about the following initiatives at local level?

<b>Creating and supporting protective school policies/environments</b>	<b>Choose an item.</b>
<b>Regulations on alcohol use in public (outside establishments/in public view)</b>	Choose an item.

<b>Regulations on cannabis use in public (outside establishments/in public view)</b>	Choose an item.
<b>Regulating nightlife settings (e.g. access, opening hours, limiting promotions, physical conditions)</b>	Choose an item.
<b>Integration with violence prevention and security strategies</b>	Choose an item.
<b>Attention to neighbourhood environments, e.g. self-organisation, safety, illumination and cleanliness</b>	Choose an item.

**Other kinds of objectives or targets:**

**T1.2.2 Please comment on universal prevention interventions as reported to the EUDA in the Intervention Mapping Questionnaire or complement with information on new initiatives (activities/programmes currently implemented) or interventions (particularly their contents and outcomes).**

T1.2.2

A range of universal prevention interventions is run at both the local and national level, and the profile provided in this section is the same as in previous workbooks. Illustrations of interventions are:

- A national telephone helpline, online resources and substance misuse awareness campaigns
- Nationally available whole-school prevention as an element of the curriculum
- Community and youth work programmes, which take the form of alternative leisure-time activities, including youth cafés, recreational arts, and sports activities and
- Internationally recognised family interventions, e.g. the SFP (Strengthening Families Programme)

The community and family programmes tend to be focused in areas of most need and therefore are also covered in Section T1.2.3 of this workbook on selective prevention. The others are described in the following sections.

**Universal prevention telephone advice line and online awareness**

***HSE Drugs and Alcohol Helpline and Email Support Service***

The HSE runs a free and confidential drugs and alcohol helpline. It provides an active listening helpline and email support service offering non-directive support, information, guidance, and referral to anyone with a question or concern related to their own drug or

alcohol use or the drug or alcohol use of another person. For more information, visit: <https://www.hse.ie/eng/services/list/5/addiction/drugshivhelpline/>

In 2024, the HSE Drugs and Alcohol Helpline dealt with a total of 6,488 drug/alcohol/gambling/addiction contacts (calls and emails), compared with 4,410 contacts in 2020. Thirty-one per cent of contacts in 2024 disclosed experiencing combined substance use and mental health issues. In 2024, alcohol continued to be the most common substance referred to by callers to the helpline, accounting for 52% of all contacts. The figures for 2024 were:

- 3,400 for alcohol (52% of all contacts in 2024).
- 1,229 for cocaine
- 474 for combined alcohol and cocaine
- 687 for cannabis and
- 557 for benzodiazepines
- 74 contacts mentioned gambling, 44 of whom (59%) also had substance use issues.

The same service also operates the HSE HIV and Sexual Health Helpline, which provided assistance to 271 contacts in 2024 (Drugs and Alcohol Helpline / HIV and Sexual Health Helpline, HSE, personal communication, June 2025).

### ***Askaboutalcohol.ie***

Since March 2017, the HSE has operated a public information website on alcohol (for more information, visit: [www.askaboutalcohol.ie](http://www.askaboutalcohol.ie)). It aims to be an evidence-based information source on alcohol risk that can enable people to better manage their own health. Its content has been designed to complement public health legislation and planned regulatory changes on alcohol labelling, availability, and pricing, many of which form part of the Public Health (Alcohol) Act 2018 (see Section T1.2.1 of this workbook). The website provides information on the effects of alcohol on physical and mental health; tools to help users assess their drinking, including a 'drinks calculator'; and links to service providers. Content was reviewed and relevant updates made in 2025.

In December 2019, the Minister for Health wrote to media outlets to ask them to use government-funded sources of information and data on alcohol, rather than information sources funded by the alcohol industry. For example, Drinkaware is a resource funded by the alcohol industry, which the Government is concerned the media use to inform their reporting. The Government has requested that the media only use information provided by the HSE via its website. Despite this request, media outlets continue to cite Drinkaware.

### ***Drugs.ie***

Drugs.ie is a government-funded website. Its mission is to help individuals, families, and communities prevent and/or address problems arising from drug and alcohol use. It is the

main delivery mechanism for information on substance use for the general public. It provides information on drugs and alcohol, elements of which include:

- An online drug self-assessment and brief intervention resource
- An online directory of related services
- Information campaigns as a response to emerging drug trends
- A live chat helpline, and
- An e-bulletin on drug-related issues and research.

In addition to the page with details for the national helpline, pages on the site provide information on how long drugs stay in a person's system, AGS roadside drug testing, and different types of drugs. For example, Drugs.ie has an ongoing social media campaign to maintain its reach across social media platforms in collaboration with the HSE Social Team.

The HSE worked with TikTok in 2022 to review content and signpost the Drugs.ie website to Irish user groups should they need information and support. For more information, visit: [https://www.drugs.ie/drug\\_information\\_on\\_tiktok/](https://www.drugs.ie/drug_information_on_tiktok/)

## **Universal prevention in education**

### ***SPHE***

The SPHE curriculum continues to be the main vehicle through which substance use prevention is delivered in both primary and post-primary schools. SPHE is a mandatory part of the primary and post-primary (Junior Cycle) school curriculum, and it supports the personal and social development and health and well-being of students across a set of modules, including one on substance use. The themes and content of modules are built around helping students understand the nature of the social influences that impact on their development and decision-making, as well as develop adequate life skills to improve their self-esteem, develop resilience, and build meaningful and trusting relationships.

It should be noted that, while SPHE is part of the curriculum in Irish schools, there is flexibility for schools and individual teachers as to how it is delivered. As SPHE is not an examined part of the curriculum, there are no data available on the extent to which it is actually delivered in schools or whether all topics (including substance use) are covered across the national school population.

### **SPHE resources**

Resources containing teaching content and activities have been developed to support teachers in delivering the various strands of SPHE, including those that focus specifically on substance use prevention. The Department of Education and Youth refers to these as resources rather than programmes. The Walk Tall and the On My Own Two Feet resources, which focus specifically on substance misuse prevention, have been integrated into the SPHE curriculum for primary and post-primary schools, respectively. More

recently, Making Healthy Choices and Know the Score have been developed as resources for Junior and Senior Cycle teachers to draw upon in their delivery of the substance use prevention elements of SPHE. None of these resources have been subject to evaluation to date, and there is no information on the extent to which they are used in Irish schools or what outcomes have resulted from their use. It should be noted that an evaluation of Know the Score has been funded for the period 2023–2026. A multi-method approach is underway which includes a quantitative, longitudinal, and comparative study design. A process evaluation will also be carried out using qualitative methods. At the later stages of the evaluation, a national survey will be conducted to map the substance use prevention initiatives being delivered in post-primary schools.

### **Making Healthy Choices**

Making Healthy Choices has been a unit of learning within SPHE for the Junior Cycle since September 2023. It was developed by HSE Addiction Services and HSE Health and Wellbeing (the HSE Alcohol Programme, HSE Education Programme, and HSE Tobacco Free Ireland Programme) and is supported by the Department of Education and Youth and the National Council for Curriculum and Assessment. Making Healthy Choices supports teachers of Junior Cycle SPHE in addressing issues of alcohol, tobacco, and drug use. The approach Making Healthy Choices takes is based on the premise that:

“It is beneficial to equip students with the knowledge, attitudes, and skills they need prior to the situation arising where they may decide to experiment, or may feel curiosity or pressure to try tobacco, alcohol or other drugs. Engaging in discussions about substance use in school can have a valuable influence when it takes place before the peer group starts to experiment” (Daly and Craig 2021) (Department of Education 2022) (p. 1).

Activities cover tobacco/nicotine use, alcohol use, and substance use more broadly – including medication and legal and illegal substances – and they describe the substances, what they are made of, and their effects. Activities also include information such as what a ‘standard drink’ is and the adult low-risk drinking guidelines. The final activity is a life skills activity which focuses on managing pressure to conform to group behaviours. Throughout the activity, it is noted that in all discussions about substance use it is important to focus on the act or behaviour, and to avoid moralising about the person and using stigmatising language. Life skills activity also includes an element through which young people are encouraged to discuss the topics with their parents/carers.

It is important to note that the Making Healthy Choices resource has not been subject to independent evaluation, and as of September 2025 there are no current plans to evaluate its implementation or outcomes.

### **Know the Score**

Know the Score is a resource that supports Senior Cycle teachers in their delivery of the SPHE curriculum substance use module (HSE Alcohol Programme 2019). Unlike in primary schools and the Junior Cycle in post-primary schools, SPHE is not a mandatory part of the curriculum for Senior Cycle. By supporting teachers, this resource aims to guide and support students (aged 15–18 years) to “make conscious and informed decisions about alcohol and drugs” (HSE Alcohol Programme 2019) (p. 4). This complements the HSE guide for parents on how to communicate with their children about alcohol and drugs, which was reported on in the 2018 *Prevention* workbook (HSE Alcohol Programme 2019).

Know the Score is the outcome of a collaboration between the HSE Alcohol Programme and the HSE Addiction Services. It was overseen by a steering committee composed of representatives from the HSE, the Professional Development Service for Teachers, and the DATFs. The resource content was also piloted by teachers and students in 10 schools.

The objectives of the Know the Score resource are the same as those outlined in the substance use area of learning in the *Senior Cycle Social, Personal and Health Education Curriculum Framework* (HSE Alcohol Programme 2019) (p. 8), which are as follows:

- To enhance students’ knowledge and understanding about substance use and misuse
- To develop awareness of personal experiences, values, attitudes, and feelings that influence lifestyle choices about substance use
- To develop students’ personal and interpersonal skills so that they might have the confidence to act appropriately in the face of social pressures, and to choose how they act, with awareness
- To examine life stories associated with the harmful use of substances in order to develop understanding and empathy with those involved
- To examine external influences on an individual’s substance use, including the media, peers, and community, and
- To remind students that deciding not to drink or use drugs is always a legitimate choice.

This wide range of objectives is reflected in the resource’s content. Know the Score is structured around 14 lesson plans and 3 short videos, and uses experiential and interactive teaching methodologies (HSE Alcohol Programme 2019). Each lesson plan comes with a set of learning outcomes and resources for teachers to draw upon in their delivery. Broadly speaking, Know the Score sets out to teach accurate information about drugs and related issues, as well as help young people develop the skills necessary to make healthy choices and minimise the risks associated with substance use. Know the Score includes relevant information, guides for class discussions, worksheets, and other activities. Based on an examination of the 14 sets of learning outcomes, some of the topics included are:

- Information about the range of drugs (both legal and illegal) and their effects on the user's body and brain as well as on their physical and mental well-being
- The prevalence of substance use among young Irish people
- Students' values, attitudes, and feelings in relation to substance use
- Assertiveness and communication skills in the context of substance use
- Positive strategies for dealing with stress as an alternative to substance use, and personal skills to enhance confidence
- Low risk drinking guidelines and methods for monitoring alcohol intake
- Building awareness of cultural attitudes towards alcohol in Ireland and the influence of alcohol brands and their advertising and sponsorship activities
- Developing skills to deal with an emergency situation caused by substance misuse, and
- Understanding cannabis, its legal status, and the myths and realities associated with its use.

As already mentioned, Know the Score also includes supporting digital content – three short videos – that aims to facilitate informed discussions about alcohol and drugs in the classroom. The topics covered are drugs, the brain and dependency, cannabis, and the risks of adolescent substance use. Links to the videos are available from:

<https://www.drugsandalcohol.ie/31359/>

Training on delivery of Know the Score is available for teachers. No information is collected on the teachers who take part in the training or whether they use the resource in school.

As with all SPHE modules at the Senior Cycle, only pupils whose schools choose to deliver the substance misuse module will have access to the Know the Score resource. Schools that choose to deliver the module will require a teacher with the capacity and ability to deliver its potentially sensitive content and the experiential and interactive teaching methodologies. Neither the HSE nor the Department of Education and Youth collects any data or information on the number of schools that use the Know the Score resource, or any associated outcomes. However, as mentioned above, a 3-year evaluation of Know the Score has received funding under a Department of Health Prevention and Education Funding Programme and is due to report in 2026.

### ***Wellbeing Programme***

There is no new information available on the Wellbeing Programme which, since September 2017, has incorporated SPHE into a new area of learning for Junior Cycle secondary school pupils. The Wellbeing Programme is a compulsory element of the curriculum, and its development and implementation formed a key part of the *Action Plan for Education 2016-2019* (Department of Education and Skills. 2016). Government

commitment to the Wellbeing Programme is reiterated under Goal 2 of the Department of Education's *Statement of Strategy 2023-2025* (Ireland. Department of Education 2023) as one element of the strategic action to "Support the mental health and wellbeing of children and young people through implementation of the Wellbeing Policy Statement and Framework for Practice and Cineáltas: Action Plan for Bullying ensuring, among other needs, that wellbeing supports recognise the impact of Covid-19 on children and young people" (p. 14).

The Wellbeing Programme was introduced "to actively support and develop wellbeing initiatives to promote the development of mental resilience and personal wellbeing in schools" (Public Service Reform Programme Management Office 2018) (p. 12). The Junior Cycle Wellbeing Programme consists of SPHE; physical education; civic, social, and political education; and guidance education. Schools can be flexible in the development of their programme and can include other subjects, short courses, and units of learning they consider appropriate for their students. For the purpose of this strand of learning, well-being is described as being broader than mental and physical health, encompassing social, emotional, spiritual, intellectual, and environmental aspects as well.

The Wellbeing Programme has identified six indicators that describe what is important for young people's well-being. It is noted that these indicators are not goals or targets to be reached but rather are to be used to facilitate discussion about the purpose of the Wellbeing Programme and to identify pupils' needs. The indicators of well-being are: being active, responsible, collective, resilient, respected, and aware. A set of guidelines has been developed to provide schools with support for planning their programme.

Evaluation of the Wellbeing Programme is at the broader level of school self-evaluation, a process in which all schools are already involved and for which a quality framework was produced in 2016 (Department of Education and Skills. The Inspectorate 2016). Schools have been asked to include comment on the development, implementation, and review of well-being promotion in their schools, including tracking its impact. For more information, visit <https://www.gov.ie/en/campaigns/851a8e-wellbeing-in-education/>

### ***Alcohol industry in schools: Drinkaware***

In the early 2020s, the alcohol industry (under the guise of the organisation Drinkaware) was becoming increasingly involved in the provision of alcohol education in schools in Ireland and the associated training for teachers. As part of its strategic focus for 2022–2024, Drinkaware aimed "to maintain our relevancy, reach and reputation and to be the lead alcohol education and awareness charity in Ireland". For more information, visit: <https://drinkaware.ie/about/mission-vision-values/>

The involvement of Drinkaware in school-based programmes came under increasing criticism from stakeholders, including politicians, public health practitioners, and advocates. In 2022, the Department of Education issued a letter to schools titled 'External Resources – Alcohol Resources', which states that it is:

“not appropriate to use resources or materials produced or funded by the alcohol industry for education and awareness on alcohol in schools, or for teachers to attend, in their professional capacity, associated training which may be offered by organisations funded by the alcohol industry...There is no place for the alcohol industry in schools” (Department of Education, 2022b).

Instead, the Department of Education asked schools to use the resources provided through the SPHE curriculum, Know the Score, and Making Healthy Choices. The letter reiterated the Department of Education’s position that “programmes delivered by visitors or external agencies must use appropriate evidence-based methodologies with clear educational outcomes” (Department of Education, 2022b). The use of resources from Drinkaware in schools also received criticism from organisations such as Alcohol Action Ireland (AAI) (which has the HSE as its main funder and does not accept funding from the alcohol industry) and other community-based initiatives. As reported in the *2022 Prevention workbook*, AAI issued a press release out of concern that “schools-based alcohol education has become the target ground for the corporate interests of industry players” (for more information, visit <https://alcoholireland.ie/alcohol-education-schools-cannot-sourced-alcohol-industry-funded-organisation/#>). Indeed, in the Know the Score resource, schools are advised that the HSE, Department of Health, and Department of Education recommend that schools do not use initiatives funded by the alcohol industry in health education, and that “teaching resources which have been developed by or funded by the alcohol industry are inappropriate for use in schools” (HSE Alcohol Programme, 2019) (p. 4).

In March 2023, Drinkaware issued a statement announcing that it would cease roll-out of its Junior Cycle alcohol education programme in schools (Drinkaware, 2023). No reason was given for this decision. Drinkaware, however, continues to work with parents and provides resources, including booklets, campaigns, and a programme of webinars/workshops.

### ***Garda Schools Programme***

The Garda Schools Programme forms part of the remit of the Garda National Community Engagement Bureau. At the time of writing (September 2025), AGS is working with the Department of Education and Youth, Department of Health, and other internal and external stakeholders to develop age-appropriate material that is in line with the SPHE syllabus. This work has been ongoing since the *2024 Prevention workbook*. Drug use prevention will be addressed as part of a much broader programme focusing on educating young people about the role of AGS and promoting responsible behaviour. The objectives of the Garda Schools Programme are to:

- Increase accessibility of AGS to children, teachers, and the community
- Strengthen relationships between AGS and the community
- Give children an understanding of the consequences of criminal behaviour
- Reduce the level of offending behaviour through early engagement and intervention
- Increase the well-being of children through crime prevention awareness and advice, and
- Enhance young people’s appreciation of the need to be caring and law-abiding citizens, and

- Promote road safety awareness among children and young people.

The following breakdown, provided by the Garda National Community Engagement Bureau, outlines the number of school visits made during the academic year 2021–2022 (figures for previous and more recent years are not available):

- Total 175,310 students
- 4,446 visits to different year groups in total
- 679 visits to early years institutions (188 preschools and 611 schools that had Playschool, Junior Infants and Senior Infants year groups)
- 3,093 visits to primary school level year groups (1st to 6th Class), and
- 674 visits to secondary schools.

These figures were provided in response to a parliamentary question on 5 July 2023, PQ 151:

Available from: [https://www.oireachtas.ie/en/debates/question/2023-07-05/151/#pg\\_151](https://www.oireachtas.ie/en/debates/question/2023-07-05/151/#pg_151)

### **National Educational Psychological Service**

The National Educational Psychological Service (NEPS) is the psychological service of the Department of Education and Youth and provides educational psychological support to primary, post-primary and special schools in Ireland. Each psychologist is assigned to a group of schools. The NEPS model of service includes a casework service for individual children and young people and a support and development service for school staff.

While they do not work specifically in the area of drug use, staff address issues that children face which may increase their risk of using drugs. NEPS's stated mission is "to work with others to support the personal, social and educational development of all children through the application of psychological theory and practice in education, having particular regard for children with special educational needs". In *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017), links are made to the NEPS through actions linked to the *DEIS Plan 2017: Delivering Equality of Opportunity in Schools* (Department of Education and Skills, 2017) and the *Action Plan for Education 2017* (Department of Education and Skills 2017a).

At a whole-school level, the NEPS aims to build schools' capacity to meet the needs of their pupils through universal, evidence-based approaches and early intervention to promote academic competence as well as social and emotional competence and well-being for all. At the individual pupil level, the NEPS works with teachers and parents to enable them to intervene effectively to meet pupils' needs. The NEPS also works directly with pupils where necessary.

While the NEPS is particularly focused on children with special educational needs, it also works with groups of children who are at risk of marginalisation (for example, socio-economically disadvantaged groups, immigrant/migrant populations, and Traveller

populations), and with children and young people who have social, emotional, or behavioural difficulties. The NEPS provides limited universal prevention interventions.

NEPS support and development work involves the provision of applied psychology services for teachers and school communities to build and maximise their capacity to respond to the needs of all students and those with particular needs. NEPS psychologists provide training to teachers to implement evidence-based programmes and practices that promote resilience as well as social and emotional competence in children and young people. Programmes and current initiatives of note include the following:

- The Incredible Years Teacher Classroom Management programme is a classroom-based prevention and early intervention (PEI) programme designed to reduce problems in conduct and promote children’s prosocial behaviour.
- The FRIENDS Resilience programme is a school-based anxiety prevention and resilience-building programme that enables children to learn effective strategies for coping with and managing all kinds of emotional distress, such as worry, stress, change, and anxiety.
- In 2025 and in partnership with Jigsaw (a mental health charity for young people), NEPS launched Neart – a national programme of mental health and well-being resources and training for post-primary schools. The programme complements the supports in schools such as the provision of guidance counselling and the work of NEPS, as well as other well-being programmes and initiatives including Student Support Team training. Further information is available on <https://jigsaw.ie/neart/>
- A programme of counselling and mental health supports for primary schools has been running on a pilot basis since 2023. The pilot is being evaluated by the Centre for Effective Services during 2025.

Evaluations carried out in Ireland produced positive findings for both the IYTCM and FRIENDS Resilience programmes (Davenport and Tansey 2009) (Henefer and Rodgers 2013) (McGilloway et al. 2011). Training in these programmes is provided online and as of February 2025, 369 teachers had completed the training.

While the interventions listed above are universal programmes, since 2017 it has been Government policy to prioritise and extend their availability to all DEIS schools, i.e. schools that are selected to address educational disadvantage (see Section T1.2.3 of this workbook) (Department of Health 2017).

## **Universal prevention in the community**

### ***Planet Youth***

Planet Youth is running in sites in five regions in Ireland:

- Galway, Mayo and Roscommon in the Western Region Drug and Alcohol Task Force (WRDATF) (since 2018),

- Finglas, Ballymun, Howth, Portmarnock, Malahide, Swords, Donabate, Rush, Lusk, Skerries and Balbriggan in the North Dublin Regional Drug and Alcohol Task Force (NRDATF) (since 2021),
- Cavan and Monaghan (since 2022),
- Wicklow, Bray, Arklow and West Wicklow (since 2024), and
- Tipperary (since 2024).

While sites are at different stages of implementation and do not operate under one umbrella group, since the 2024 workbook they have launched a website for Planet Youth Ireland – <https://planetyouth.ie/regions/>. Survey data and other useful information from the five regions can be found on the site.

### **Evaluation of Planet Youth in the WRDATF**

The WRDATF is the only region to date to have evaluated its work. A process evaluation of Planet Youth in the region was published in July 2023 (Carroll & Daly Consultants 2023). The evaluation documents the outputs from the project so far and explores stakeholders’ views on the project’s implementation and structures.

#### ***Evaluation approach***

The evaluation of Planet Youth in the WRDATF aimed to explore “the process of the implementation, development, delivery, and outputs of the Planet Youth project” (Carroll & Daly Consultants 2023) (p. 10). It did not attempt to explore the impact or outcomes of the project on young people in the region. The objectives of the evaluation were to:

- Ascertain how the Planet Youth data are being utilised by partner agencies in the region
- Examine the effectiveness of the Regional Steering Committee and County Committees in putting in place suitable governance and implementation structures for the Planet Youth project
- Examine the project’s outputs and identify any notable gaps
- Develop a SWOT (strengths, weaknesses, opportunities, and threats) analysis of Planet Youth, and
- Make recommendations for future Planet Youth initiatives.

To meet these objectives, the views and experiences of stakeholders were sought. Online surveys were carried out with members of the County Committees (24 of the 45 members responded); Regional Steering Committee (3 of the 10 members responded, the other 7 had already responded to the County Committee survey); parents (103 responded out of an estimated 3,000 contacted); and schools (22 of the 91 schools responded). One-to-one interviews were carried out with two of the three County Committee Chairs, the Planet Youth and WRDATF coordinators, project advisers from the University of Galway, and an independent consultant. It should be noted that this evaluation did not include analysis of the survey data, so the voices of young people are not heard in the report.

#### ***Evaluation findings***

The overarching message to take from the evaluation report is that, since 2018, Planet Youth has successfully collected survey data on young people in the region, and that these data are used by a variety of stakeholders. The evaluation findings also suggest that, for a variety of reasons, Planet Youth has only had very limited success in supporting the delivery of prevention interventions or actions, and that there have been barriers to establishing primary prevention as a core method of working in the region.

Among the findings included in the report are the following:

In relation to data:

- Planet Youth is a valuable source of data on young people in the WRDATF, which has carried out surveys in 2018, 2020, and 2022.
- Among the resources developed through Planet Youth based on the survey findings were booklets for parents; workshops and webinars for parents; websites with content for parents and students; and a website aimed at supporting teachers delivering SPHE.
- There is evidence of the secondary use of Planet Youth datasets by organisations and agencies working in the region in the development of funding applications, informing the development of services, and teaching and academic research at local third-level institutions.

In relation to the structure of Regional Steering Committee and County Committees:

- While survey respondents tended to view the relationship between the Regional Steering Committee and the County Committees as positive, some suggested that communication between the two could be improved. Some respondents also thought there could be a clearer demarcation of roles between the two groups.
- Survey respondents described the overwhelming strength of Planet Youth as providing a data source on young people, while respondents also noted the strong links the project made with parents. They stated that its weaknesses included a lack of resources as well as challenges in shifting the culture among organisations to prioritise primary prevention work: “Planet Youth’s success in data collection was not matched by implementation actions” (Carroll & Daly Consultants 2023) (p. 55).
- When asked whether Planet Youth objectives were aligned with the focus of the County Committees, 87% of respondents thought that they were; of those who did not, some indicated that the “full implementation of the Icelandic model may not be possible in a West of Ireland context” (Carroll & Daly Consultants 2023) (p. 25), which was echoed in the findings from the Regional Steering Committee feedback.

Findings from the schools:

- The schools that responded (n=22) tended to be positive in their feedback on the experience of responding to the surveys.
- Of the 22 schools that responded, 21 had shared the school-level survey results with school management and staff, 15 with their boards of management, 12 with

their parents' associations, 5 with all parents, 7 with students who had taken part in the survey, and 3 with all students.

- Some schools used the survey findings to inform their work in the areas of well-being, mental health, and SPHE, among others.
- Less than one-half of the schools that responded to the evaluation had organised a meeting with stakeholders to plan how to respond to the school survey's findings.
- Schools noted that it would be helpful for Planet Youth to provide ongoing support and engagement in implementing its actions.

#### Findings from parents:

- Parents engaged with Planet Youth in the following ways: 60 of the 103 parents who responded to the survey attended a Planet Youth school presentation; 52 read the booklet *Guidelines for Parents*; 28 read the booklet *Parent Power: Transforming the health & wellbeing of our children*; and 19 attended a Planet Youth workshop.
- A total of 67% of parents reported discussing the Planet Youth survey results with their child. A total of 54% said they felt better informed on the issues as a result of engaging with Planet Youth; 38% said they had made some small change to their parenting approach as a result; and 11% said that they had made significant changes. Ten per cent said that engaging with Planet Youth had no impact on their parenting approach.
- Parents called for follow-up interactions from Planet Youth and more support from schools.

#### Findings from key stakeholders

- There was a suggestion that Planet Youth needed to be based in a statutory agency such as the WRDATF, otherwise it would “not be taken seriously” (Carroll & Daly Consultants 2023) (p. 50).
- Some key stakeholders called for more outputs and resources for staffing from Planet Youth. They reported that Planet Youth is “not resourced to deliver outputs/implement changes. In the future Planet Youth could seek funding for their own actions but for now can focus on dissemination of information as well as influencing stakeholders” (Carroll & Daly Consultants 2023) (p. 50).
- Some stakeholders suggested that there is a need to clarify the roles of committees and their members: “meetings are not harnessing the potential from the members in the room” (Carroll & Daly Consultants 2023) (p. 51).
- A recurring theme in the findings from this strand of the evaluation was the long-term challenge of bringing about and influencing a cultural shift towards primary substance misuse prevention in relevant organisations.

#### ***Comment on moving forward – the focus of prevention***

Some clear and valuable messages for prevention stakeholders in Ireland emanate from this report. Since 2018, Planet Youth in the WRDATF has been a valuable source of data on young people in the region. However, the findings of the evaluation report strongly suggest that moving forward there is a need to clarify Planet Youth's role in bringing prevention interventions into effect. Indeed, this is reflected in the recommendations section of the report, where 'role clarification' is called for (Carroll & Daly Consultants 2023) (p. 58). Should the WRDATF continue to focus its resources on generating more data, or should it move more towards a focus on supporting, developing, and implementing prevention interventions, thereby encouraging a prevention culture among policy-makers and service providers in the region?

The findings of the report would suggest that there is an appetite among parents, schools, and other stakeholders in the region for more activity to develop responses to the needs identified in the surveys. While no analysis of the surveys was included in the evaluation report, the findings of the 2018 and 2022 surveys indicate concerning trends with regard to young people and their drug use in the region. For example, while there had been a reduction in the percentage of young people surveyed reporting lifetime cannabis use between 2018 and 2022 (e.g. 15.4% in 2018 versus 11.4% in 2022 in Mayo), there had been an increase in daily vaping (e.g. 6.5% in 2018 to 17.2% in 2022 in Mayo) and an increase in two areas of those reporting drunkenness in the last 30 days (e.g. 26.2% in 2018 to 34.1% in 2022 in Mayo), with no change in the third area. There had also been a drop in the percentage of young people saying that their parents would be against it if they got drunk (e.g. 74.3% in 2018 to 53.4% in 2022 in Mayo).

Actions need resources, and while the report includes a section on project resources, it only focuses on those related to staffing. It does not report on the cost of carrying out the surveys, nor does it include any reflection on whether, in the future following the report's publication, the WRDATF would use those resources to collect more data or move towards a model where resources are used to deliver prevention activities in the region – a decision which, it could be suggested, might help to deliver on the WRDATF's wider range of objectives, as set out in its strategic and implementation framework in 2020 (Western Region Drug and Alcohol Task Force 2020).

### **Communities That Care**

While not specifically a universal programme, Communities That Care (CTC) is being implemented in Ireland for the first time in 2025. The initial cycle of the programme is being run from January 2025 until the end of 2026. See Section T3.1 of this workbook for more information.

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**Note:** Comment, if applicable, on the relevance (i.e. number, money spent) of mass media campaigns

**T1.2.3 Please comment on Selective prevention interventions as reported to the EUDA in the Intervention Mapping Questionnaire or complement with information on new initiatives (activities/programmes currently implemented) or interventions (including their contents and outcomes).**

### **T1.2.3 Selective prevention interventions**

Selective prevention interventions are delivered through a variety of often interlinked channels in Ireland. These include:

- The DATFs
- UBU Your Place Your Space
- Selective prevention interventions targeting educational disadvantage, and
- Selective prevention interventions targeting families and at-risk young people.

#### **The DATFs**

The DATFs deliver a range of selective prevention interventions that reflect the nature of the drug problem in their areas – areas which have been identified as socially and economically disadvantaged communities that face a range of challenges, including high levels of drug use. Interventions are delivered in a range of local settings and include local and regional awareness initiatives, family programmes, programmes targeted at specific risk behaviours particular to the locality, and community action on alcohol, among many others. See Section T1.2.2 of this workbook for more detail on the DATFs.

#### **UBU Your Place Your Space**

The UBU Your Place Your Space scheme was established in response to the findings of the 2014 DCYA report titled *Value for Money and Policy Review of Youth Programmes* (Department of Children and Youth Affairs 2014b), which examined three key funding programmes targeting young people in areas characterised by problem drug use, educational disadvantage, criminal activity, unemployment, and homelessness. DCYA (now DCDE) undertook an extensive programme of work, including reviewing evidence and engaging stakeholders to inform the development of this single funding scheme (for more information, visit: <https://ubu.gov.ie/home>). UBU Your Place Your Space targets young people who are marginalised, disadvantaged, or vulnerable, and it aims to provide services that support them, including ones that cover health, education, employment, and social connectedness. The scheme explicitly supported the delivery of Action 1.2.8 in the national drugs strategy for 2017–2021: to improve services for young people in socially and economically disadvantaged neighbourhoods who are at risk of substance misuse

(Department of Health 2017). It continues to be aligned with the strategic priorities for the remainder of the strategy's lifetime to the end of 2025.

## **Interventions targeting educational disadvantage**

### ***Delivering Equality of Opportunity in Schools***

As outlined in Prevention workbooks in previous years, *DEIS (Delivering Equality of Opportunity in Schools): An Action Plan for Educational Inclusion* is the Department of Education's policy instrument for addressing educational disadvantage (Department of Education and Skills. 2017), which in turn should help address drug prevention. It aims to improve attendance, participation, and retention in designated schools located in disadvantaged areas. Overall, young people in these schools have been found to face more challenges than those who attend non-DEIS schools. For example, a report published in 2021 found that the principals of DEIS schools identified students' use of alcohol and drugs, lack of respect for teachers, and bullying as hindrances to learning for about one in five students in their schools. These problems were much less common in non-DEIS schools, where principals identified them to be a hindrance to learning for just 1 in 20 students (Nelis et al. 2021). In 2024–2025, a total of 1,193 schools were involved in the programme, compared with 884 schools in 2021–2022. These figures include primary and post-primary schools.

Under DEIS, a range of supports is provided to help address early school leaving (ESL) and the retention of students in schools. These include:

- A lower pupil–teacher ratio in DEIS Band 1 schools
- Appointment of an administrative principal on a lower enrolment threshold
- Additional funding based on level of disadvantage
- Access to the Home School Community Liaison Scheme (HSCL) and the School Completion Programme (SCP)
- Access to the School Meals Programme, and
- Access to literacy and numeracy supports.

Under the Department of Education's *Statement of Strategy 2023-2025* (Ireland. Department of Education 2023), there is a further commitment to delivering on the *DEIS Plan 2017: Delivering Equality of Opportunity in Schools* (Department of Education and Skills. 2017). The vision of the *DEIS Plan 2017* is "for education to more fully become a proven pathway to better opportunities for those in communities at risk of disadvantage and social exclusion" (Department of Education and Skills. 2017) (p. 6). Goal 2 of the *Statement of Strategy 2023-2025* states that the Department of Education will "ensure equity of opportunity in education and that all children and young people are supported to fulfil their potential" (Ireland. Department of Education 2023) (p. 14). In order to achieve that goal, the Department of Education will implement a number of strategic actions, including to, "Through the Delivering Equality of Opportunity in Schools (DEIS) programme

and supporting students at risk of educational disadvantage across primary and post-primary schools, reduce the retention and achievement gap between schools in the DEIS programme and non-DEIS schools” (Ireland. Department of Education 2023) (p. 14).

As previously mentioned, DEIS has been the subject of a number of reports. *The evaluation of DEIS at post-primary level: Closing the achievement and attainment gaps* (Weir and Kavanagh 2018) examined achievement and retention in DEIS and non-DEIS schools at post-primary level. The report describes changes over time and illustrates a narrowing of the gap between DEIS and non-DEIS schools. The findings in relation to Medical Cards and the social context effect suggest that there is a need for more support for policies that target resources at schools with higher concentrations of students from socio-economically disadvantaged backgrounds. However, the report is limited in its ability to make any conclusions about whether the changes found are attributable to the DEIS programme. As with previous DEIS reports, a key limitation is that a control group is not used; therefore, it cannot be established with any certainty whether improvements are due to the programme or whether the improvements would have happened anyway. The findings of the report were described in more detail in the 2019 Prevention workbook.

### ***School Completion Programme***

The SCP is a support under DEIS. It targets those most at risk of ESL and school-aged children who are not currently attending school. It aims to keep young people in school to completion of the Leaving Certificate, an equivalent qualification, or a suitable level of educational attainment that enables them to transition into further education, training, or employment.

SCP projects provide three levels of interventions to children and young people:

- Universal interventions that are evidence based and are delivered to whole-class/whole-school groups
- Brief interventions for 8 weeks or less, targeting students identified as needing an immediate short-term SCP-led intervention, and
- Targeted interventions for children and young people with significant support needs who have been identified through the SCP Intake Framework.

The three core outcomes of the programme are improved attendance, improved participation (engagement in learning and other school activities) and improved retention among children and young people, with improved participation seen as leading to increases in attendance and retention levels. The programme comprises 121 projects that cover 738 schools (Smyth et al. 2025).

### ***Home School Community Liaison Scheme***

The HSCL is another support under DEIS. It is a school-based intervention provided to address the needs of “pupils/families in disadvantaged areas through acknowledging and developing the role of the parent as prime educator” (Drugs Policy and Social Inclusion Unit

2020) (p. 8). The role of the HSCL coordinator is to work primarily with the salient adults in the child's life to empower them to better support their children in attending school, participating in education, and developing positive attitudes to lifelong learning.

### ***Wellbeing Programme and the NEPS in DEIS schools***

While the Wellbeing Programme and the NEPS can be accessed by all schools, DEIS schools are specifically targeted to receive this support. Promoting well-being is a particular focus of the *DEIS Plan 2017* (Goal 3.5) (Department of Education and Skills. 2017). This includes a commitment to the expansion of existing services and interventions within DEIS schools.

### ***The NEPS student support team***

The student support team is another programme of work led by the NEPS, which is currently delivered in a selection of DEIS schools. A student support team is a student-focused mechanism put in place by a school in order to:

- Coordinate the support available for students in the school
- Facilitate links to the community and other non-school support services
- Enable students with support needs to continue to access a full education
- Assist staff to manage those students effectively
- Ensure that new staff members are briefed about policies and procedures relating to student well-being and support, and
- Advise school management on the development and review of effective student support policies and structures.

The programme is led by the NEPS. Teams are composed of the school's guidance counsellor, a representative from the school's management team, the special needs coordinator, year heads/class tutors, and the SPHE coordinator. In addition, the team may also include other key members of staff as needed, such as an HSCL teacher, parents or students, staff members with specialist roles, and outside professionals who may also attend meetings.

The NEPS student support team programme was piloted in 17 DEIS post-primary schools between 2014 and 2017. While an evaluation of the pilot was not published, the Department of Education and Skills reported a set of key outcomes:

- A student support team best practice guide was developed and was shown to greatly help schools in setting up highly effective student support teams.
- Communication with parents was enhanced.
- Schools reported being better able to support student well-being at system and individual levels.

- Schools reported being better able to support students with specific needs.

Schools reported being better informed and better able to seek help appropriately from external support services and agencies, such as CAMHS or other HSE services (Department of Education and Skills 2017b).

### ***Other programmes aimed at targeting educational disadvantage***

As outlined in the *Drug policy workbook, Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017) draws on strategies from across Government to support delivery of its goals. Along with the DEIS programme, the strategy identifies other existing initiatives and programmes that aim to address ESL – as well as the needs of those who are not in employment, education, or training (NEET) – and to improve school retention rates. These and other initiatives and programmes developed since the start of the national drugs strategy are:

- The Early Start and Equal Start initiatives, which aim to meet the needs of children and their families who are experiencing disadvantage, from the very start of their learning experience. Essentially, they are funding programmes which focus on universal and targeted initiatives. For more information, see <https://www.gov.ie/en/publication/9d498-equal-start/>
- Meitheal, the national practice model of Tusla – Child and Family Agency. This is a standardised approach to assessing the needs of children and families who have come to the attention of practitioners and community members due to a child welfare or safety concern. It is an interagency model of work designed to ensure the effective delivery of services for at-risk young people. (For more information, visit: [www.tusla.ie](http://www.tusla.ie))
- The Department of Rural and Community Development’s Social Inclusion and Community Activation Programme (SICAP), which provides supports to children and young people from target groups who are at risk of ESL, and/or to children and young people aged 15–24 years who are NEET. It is a social inclusion programme that assists both individuals and groups through a two-pronged approach: supporting communities and supporting individuals. SICAP was established in 2015 as part of the Youth Employment Initiative. The current phase of the programme will run through to 2028. The types of activity supported through SICAP and delivered in collaboration with community and statutory bodies include: personal development and educational courses; family supports; suicide awareness and prevention initiatives; guidance; promotion of health and well-being; youth work; and supporting men’s sheds and women’s groups.

### ***Selective prevention interventions in education centres outside mainstream schooling***

Prevention programmes are delivered to those attending centres of education that are outside mainstream schooling. These were reported on in previous *Prevention* workbooks.

### ***Youth Encounter Projects***

Youth Encounter Projects provide non-residential educational facilities for children who have either become involved in, or are at risk of becoming involved in, minor delinquency. These projects provide young people with a lower pupil–teacher ratio than mainstream schooling, as well as a personalised education plan. SPHE (see Section T1.2.2 of this workbook) is included in the range of subjects offered by these projects.

### ***Youthreach***

Youthreach is the Irish Government’s primary response to ESL. It aims “to provide early school leavers (16–20 years) with the knowledge, skills and confidence required to participate fully in society and progress to further education, training, and employment” (Smyth et al. 2019) (p. xi). Youthreach does not only focus on progression to education and training, it also plays a role in facilitating social inclusion. It is delivered in two settings which have their own distinct governance and funding structures: Youthreach centres, of which there are approximately 110 nationally, and Community Training Centres, of which there are 35 nationally. There are almost 6,000 places available nationwide under the Youthreach umbrella. The centres vary in what they offer learners. While Quality and Qualifications Ireland (QQI) Levels 3 and 4 are the most common courses offered by Youthreach centres, some centres provide Level 2 courses and the Leaving Certificate Applied programme. A small number offer Junior and Leaving Certificate courses.

The Youthreach programme was the subject of an in-depth evaluation, the findings of which were presented in the 2019 *Prevention workbook* (Smyth et al. 2019). The evaluation found that while there had been a notable decline in the number of ESLs in Ireland over the previous decade, this group was found to have become “more marginalised in profile” (Smyth et al. 2019) (p. 205) over time. Young people are presenting to Youthreach with greater levels of need, increased prevalence of mental health and emotional problems, and learning difficulties. Among the challenges faced was substance misuse – both that of the young people themselves and that of a family member. This concentration of complex needs was found to have implications for the kind of support required by learners and the staff skill set necessary to meet these needs. Overall, the evaluation’s findings indicate that the programme works well as a second-chance provision for often vulnerable young people with complex needs. It offers a “positive experience of teaching and learning, fostering personal and social skill development, and equipping many with certification to access further education, training and employment options ... providing courses and approaches tailored to their needs and embedding education/training provision within a broader network of supports” (Smyth et al. 2019) (p. xvii).

### ***Selective prevention targeting families and at-risk children and young people***

A range of selective drug prevention programmes targeting families and at-risk children and young people continues to be delivered by stakeholders. Many of these are delivered through the DATFs. The national drugs strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and*

*alcohol use in Ireland 2017-2025*, identified three family support programmes that it states should receive continued support: the SFP, the Parents under Pressure (PuP) programme, and the 5-Step Method (the stress-strain-coping-support model) (Department of Health 2017). Children leaving care are also targeted by the national drugs strategy, although specific programmes were not identified. Findings of studies on these types of programmes have been reported on in previous *Prevention* workbooks: for example, the SFP (National Strengthening Families Council of Ireland 2018) and the Youth Advocate Programmes Ireland (Youth Advocates Programme 2018). See Section T3.1 of this workbook for the findings for the latest PuP evaluation in Ireland (Harris and Niece 2025). Another project that is ongoing is the National Hidden Harm Project which aims to meet the needs of children living with, and affected by, parental alcohol and other drug use. More detail on this project can be found in this Section T1.2.3 of the *2024 Prevention workbook*.

#### **T1.2.4 Please provide an overview of Indicated prevention interventions (activities/programmes currently implemented).**

##### **T1.2.4 Indicated interventions**

Indicated prevention in Ireland tends to take the form of mental health services, brief interventions and targeted projects. The Health Diversion Scheme for dealing with people found in possession of drugs for personal use is still under development and will draw on existing services, including brief interventions (see Section T1.2.1 of this workbook for more detail). Indicated prevention interventions below are:

- CAMHS
- Brief interventions
- Community-based outreach projects
- Parent and infant projects, and
- Diversion projects in the criminal justice system.

##### ***CAMHS***

As outlined in previous national reports, CAMHS is the first line of specialist mental health services for children and young people in Ireland. CAMHS is provided by multidisciplinary teams, including psychiatrists, psychologists, nurses, social workers, speech and language therapists, and occupational therapists. CAMHS continues to struggle to meet demand, as illustrated by its ongoing waiting lists and lack of capacity for all the adolescents in need of admission.

- Waiting lists: In April 2025 there were 4,554 young people on the waiting list for CAMHS (*HSE data management and performance profile reports January - May 2025*)

2025) This compares to 4,434 in February 2023, 3,357 in November 2021, and 2691 in March 2018.

- Admission of children to child and adolescent acute inpatient units versus adult units: There were 332 admissions for young people aged under 18 years in 2024, up from 322 in 2023, but down from 366 in 2022. Ninety-eight per cent of all admissions in 2024 were to CAMHS units, with just five admissions to adult units. It should be noted that only 51 beds out of a total of 72 beds in the HSE/HSE-funded CAMHS units were operational in 2024 (p. 23) (Daly et al. 2025a).

### ***Brief interventions***

There are two main brief intervention programmes that address substance use: Making Every Contact Count (MECC) and the SAOR Screening and Brief Intervention for Alcohol and Substance Use. The Drugs.ie website also runs a drug self-assessment and brief intervention resource using the Drug Use Disorders Identification Test (DUDIT).

### ***MECC***

Under Healthy Ireland, there are three policy priority programmes covering the following issues: healthy eating and physical activity; alcohol use; and smoking. Each of these has key objectives for the population and the health service. The three policy priority programmes are complemented by a suite of six online health behaviour change modules. The alcohol and drugs module is a 30-minute interactive module providing up-to-date alcohol and drug information to healthcare staff, as well as demonstrating examples of brief interventions in a variety of settings. Health and social care staff are encouraged to undertake the modules and to engage patients in a conversation and a possible brief intervention on whatever lifestyle issue is most important for that patient. This way of working is referred to as Making Every Contact Count (MECC).

### ***SAOR Screening and Brief Intervention for Alcohol and Substance Use***

Since 2009, the HSE has delivered training on a screening and brief intervention for problem alcohol use in emergency departments (EDs) and acute care settings, the SAOR Screening and Brief Intervention for Alcohol and Substance Use. In 2017, the model was revised (SAOR II), and it now provides an evidence-based framework for screening and brief intervention for all problem substance use – not just alcohol – and is applied in a broader range of health, social care, social, and recreational settings, and for all levels of need. SAOR II supports workers from their first point of contact with a service user, in order to enable them to deliver brief interventions and help those presenting with more complex needs to access treatment programmes. A guidance document on SAOR II was published for service providers and was reported on in the 2017 *Prevention* workbook (O’Shea et al. 2017).

As outlined in more detail in Section T1.2.1 of this workbook, Ireland is adopting the Health Diversion Scheme in its response to the possession of drugs for personal use. AGS will refer first offenders who are caught with drugs for personal use to the HSE for a health screening and brief intervention using the SAOR programme.

### ***Drug Use Disorders Identification Test (DUDIT) online***

The Drugs.ie website (see Section T1.2.2 of this workbook) houses an interactive drug self-assessment and brief intervention resource. This resource enables individuals aged 18 years and over to complete an online test to identify harmful drug use. On completing the test, the user receives personalised video feedback based on their specific responses, with suggestions on what to do in order to change any risks relating to their drug use. This interactive resource uses the internationally recognised DUDIT screening tool, which is also used as part of SAOR II. The DUDIT was developed as a parallel instrument to the Alcohol Use Disorders Identification Test-Concise (AUDIT-C) for identification of individuals with drug-related problems.

### **Community-based outreach projects**

Young people who are involved or at risk of becoming involved in the drug economy have needs that sometimes are not met by mainstream youth services.

Community projects which deliver services that aim to address the needs of these young people include the Easy Street project in Ballymun (for more information, visit: <https://www.bryr.ie/>) and the Targeted Response with Youth (TRY) project (<https://solaproject.com/try>). Both projects take an outreach and bridging approach in which youth workers make contact at street level, build trust, and then act as a 'connecting node' or 'host' in order to enable young people to extend their social networks beyond those associated with the drug economy, and to build on positive traits. The youth workers engage with individual young people and broader networks of young people in the community. They also support young people in accessing education or work pathways, with the aim of either preventing them from engaging in, or enabling them to desist from, the drug economy. Particular challenges these projects face include securing adequate funding to meet the level of demand for their work and having access to viable education and employment opportunities for the young people with whom they work.

### **Parent and infant projects**

The Infant Parent Support Project (IPSP) aims to meet the needs of parents experiencing problematic drug or alcohol use antenatally, as well as the needs of parents and children through the early formative childhood years (up to the age of 2 years). It supports parents in accessing the services and supports they need and has a focus on infant mental health. A report on the project's implementation was published in 2023 and is outlined in Section T3.1 of this workbook (O'Reilly and Lawless 2025).

The PuP programme targets high-risk families who are facing multiple adversities. Its primary aim is to work with parents to support them in developing positive and secure relationships with their children and creating a nurturing family environment. "It combines psychological principles relating to parenting, child behaviour and parental emotion regulation within a case management model" (p. 3) (Harris and Niece 2025). An evaluation of the PuP in the community in Ireland was published in 2025, the findings of which are outlined in Section T3.1 of this workbook.

## **Diversion programmes in the criminal justice system**

Ireland has diversion programmes that aim to provide an opportunity to divert young offenders from criminal activity, for example, the Garda Juvenile Diversion Programme and Garda Youth Diversion Projects (GYDPs). These avail of restorative justice and restorative practices to try to target offending behaviour in young people aged under 18 years. GYDPs engage with young people through a range of supports, including education, training, and employment support; social enterprise initiatives; and supports such as mentoring and personal development activities. The findings of a review and evaluation of two GYDPs were published in September 2020 (Egan and Sandra Roe Research 2020), and a further review was published in 2023 (see Section T4.1 of the 2023 *Legal framework workbook*). The aim of the earlier evaluation was to examine the effectiveness of two pilot youth justice intervention programmes. More details are available in Section T2.2 of the *Legal framework workbook*. Similarly, the Irish Probation Service has a Young Persons Probation (YPP) division of trained staff who work specifically with children and young people aged 12–18 years who come before the courts or who are in children detention schools or centres. YPP projects support and motivate young people in order to address the cause of their offending behaviour and help them make positive changes in their lives so as to avoid further offending. Some of the areas of work include educational needs, self-care living skills, drug and alcohol misuse, and emotional and mental health. These and other projects are described in more detail in Section T2.2 of the *Legal framework workbook*.

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**Note:** Information relevant to this answer includes interventions for children at risk with individually attributable risk factors, e.g. children with attention-deficit hyperactivity disorder (ADHD), children with externalising or internalising disorders, low-responders to alcohol, etc. Brief Interventions in school and street work settings, and in Emergency Rooms

**T1.2.5 Warning campaigns:** If available in your country, describe the contents (i.e. key message), coverage, target population and possible evaluations of mass media (including social media) campaigns that aim to increase awareness about the risks and harms of psychoactive substances.

### **T1.2.5 Information and awareness campaigns**

National awareness campaigns tend to be grounded in a public health approach, although there have been some examples of campaigns that were grounded in a less evidence-based approach.

#### **Public health-led campaigns**

The HSE team behind the government-funded Drugs.ie website develops information and awareness campaigns. They are developed with different stakeholders based on emerging trends, and include:

- Student Nights initiative: The HSE and Union of Students in Ireland partner annually on a Safer Student Nights online campaign to remind students to think about harm reduction measures if they choose to use drugs on a night out. The campaign aims to make students aware of the current drug trends, risks, and risk reduction.
- The HSE Safer Nightlife programme: This is a multi-component campaign that involves a media campaign, the development of resources, recruiting and training volunteers, and coordinating outreach teams at music festivals in Ireland. This includes a drug checking service at some festivals. The aim of this programme is to engage with and support festival attendees in a non-judgemental way on the topic of substance use and related issues that emerge in nightlife spaces. The Safer Nightlife programme is based on a harm reduction ethos in order to support people in implementing practical steps to reduce drug-related harms.
- Drug trends of concern: Content is added and promoted through social media to raise awareness of drug trends of concern. (For further information, visit: [https://www.drugs.ie/drugs\\_info/drug\\_trend\\_updates\\_and\\_warnings/](https://www.drugs.ie/drugs_info/drug_trend_updates_and_warnings/))
- Fact sheets on emerging drug trends: Fact sheets are developed based on increases or changes in availability on the drug market of various drugs. They provide opportunities for education and harm reduction for people who use these substances, for parents/families who are concerned about a young person using these substances, and for other stakeholders, including service providers. Fact sheets are shared with drug services, DATFs, and Student Unions, and as part of online advertisements by the HSE. The fact sheets are available from: <https://www.drugs.ie/resources/factsheets/>

For more information, visit: [https://www.drugs.ie/drugs\\_info/campaign/](https://www.drugs.ie/drugs_info/campaign/)

### **Support and advocacy campaign**

Silent Voices is an ongoing AAI campaign that focuses on the impact of parental alcohol misuse (PAM) on children. AAI's principal funder is the HSE. Silent Voices aims to ensure that the right supports are available to children coping with PAM, and to those adults who are dealing with the impact of childhood trauma in later life. There are three broad areas of activities outlined for Silent Voices:

1. Raising awareness of the impact of PAM through advocacy, education, and information. Tools used include personal testimony, sharing experiences, and signposting and listing resources.
2. Facilitating a better understanding of PAM by providing information and insight to the following groups: health professionals and practitioners, media, parents, policy-makers, people who have contact with children, and volunteers, and

3. Enhancing services for children and adults who have experienced PAM by working in partnership to initiate, develop, or contribute to research, fundraising, and the development of online information and literature supports.

### Other campaigns

An example of a campaign led by a non-public health entity is the 2021 drug awareness campaign aimed at third-level students that was launched by AGS in September 2021. This campaign, #riseabovetheinfluence, is part of a broader programme called Campus Watch, which aims to improve safety on third-level campuses and works along the same lines as the Neighbourhood Watch model. In its press release, AGS described the aim of the campaign as being “to encourage students to seek out positive influences and avoid the harmful consequences of drugs misuse” (An Garda Siochana 2021). (For more information, visit: <https://www.garda.ie/en/crime-prevention/crime-prevention/campus-watch/>)

The press release for #riseabovetheinfluence reflects the narrative of campaign materials, which used fear tactics – an approach that is not recommended in the field of international best practice with regard to substance misuse prevention. The press release includes the following points:

- If you use drugs such as cannabis, cocaine, ketamine, and MDMA, you are committing a criminal offence and also risking addiction, loss of career opportunities, underachievement, and international travel restrictions.
- Taking unprescribed ‘study’ drugs or sleeping pills can lead to anxiety, addiction, and psychosis. Multiple or polydrug use is extremely dangerous and increases your risk of overdose or death.
- “Our ‘Rise above the influence’ message is simple. Your future is in your hands. Seek out positive influences on campus. Choose the influences which will enhance your future career. Make responsible decisions for yourself and be aware of those around you. Don’t become another victim of the drug trade.”
- “Drug use can lead to addiction, debt, prison, and the destruction of your physical and mental health. You don’t know what you’re taking. You don’t know where it will take you.”

Source: <https://www.garda.ie/en/about-us/our-departments/office-of-corporate-communications/press-releases/2021/september/garda-drugs-plea-to-students-ahead-of-freshers-week-tuesday-21st-september-2021.html>

**T1.2.6 Advocacy campaigns:** If available in your country, describe the contents (i.e. key message), coverage, target population and possible evaluations of mass media (including social media) campaigns that aim to increase awareness about effective preventive interventions, behavioural/educational strategies and policies (e.g. the Listen First Campaign).

### T1.2.6 Advocacy campaigns

There have been some advocacy/mass media campaigns targeted at parents/other adults, but this is not a large body of work and they have not been national campaigns. At a more local level, activities targeted at parents/carers include those linked to Planet Youth in the WRDATF. For more information, visit: <https://parentpower.planetyouth.ie/>

See also relevant information in Sections T1.2.3 and T1.2.5 of this workbook.

**T1.2.7 (Optional) Please provide any additional information you feel is important to understand prevention activities within your country.**

**What Works**

DCEDIY's (now DCDE) What Works: Sharing Knowledge, Improving Children's Futures initiative was launched in June 2019. It seeks to embed and enhance knowledge and quality with regard to PEI in children and young people's policy, service provision, and practice. In 2025 there have been some developments in the initiative, and these are outlined in Section T3.1 of this workbook.

**Prevention and Early Intervention Unit, Department of Public Expenditure, NDP Delivery and Reform**

The Prevention and Early Intervention Unit (PEIU) in the Department of Public Expenditure, NDP Delivery and Reform was established in 2017 and concluded its work in 2020. The aim of the PEIU was to support the development of a sustainable and cross-sectoral approach to PEI in public policy. The focus of the PEIU's work was on PEI relating to children, young people, and older people, so as to improve the life outcomes of children as well as the quality of life of older people dealing with long-term conditions such as chronic illnesses.

While there was no specific focus on drug-related prevention within the PEIU, its establishment suggested an interest among Irish policy-makers in providing a framework to deliver high-quality PEI programmes, with consideration of the costs involved. The work of the unit was used to inform work in this field across the Government, including that of the What Works initiative outlined above.

In carrying out its work, the PEIU sought to add value to the development of PEI in the public policy space, while cognisant of the need to avoid crossover with existing work and policy responsibilities of other Government Departments, particularly those of DCEDIY (now DCDE), which takes the lead role on PEI for children and families) and the Department of Health (particularly with regard to population health). The PEIU's work acknowledged that PEI has a strong common-sense appeal – prevention is better than cure – but it notes that effective PEI relies on both knowing what to do (scientific understanding of cause and effect) and being in a position to act (the capacity of the Government to intervene).

The PEIU undertook a series of Focused Policy Assessments (FPAs) on key PEIs supported by public resources. The purpose of these FPAs was to set out the rationale for the policy intervention; the public resources provided to support the delivery of the intervention; the outputs and services that are provided; and the achievements of the intervention relative to its stated goals. (These FPAs are available from: <https://www.gov.ie/en/collection/a3f0b-igees-publications/>) This series of descriptive reports provides the evidential basis for a thematic consideration of PEI in Ireland. These include *Family Services Supporting Children and their Parents* (Kennedy 2019a) and *Programmatic Interventions for Children, Young People and their Parents* (Kennedy 2019b). While not specifically focused on drug prevention interventions, substance use is identified regularly as presenting problems and challenges for children, young people, and their parents. These reports outline the range of government-funded programmes in prevention more broadly, along with any evidence of the goals and achievements of expenditure in this area.

An FPA paper focusing specifically on the national drugs strategy through an analysis of expenditure and effectiveness in line with the strategy's performance indicators was published in August 2021 (Bruton et al. 2021). It was prepared by staff of the Irish Government Economic and Evaluation Service (IGEES) based in the Department of Health and the Department of Public Expenditure, NDP Delivery and Reform, and comprised two main elements:

- Drug-related public expenditure: The FPA paper profiled labelled expenditure and presented the findings of the first effort to estimate unlabelled expenditure in an Irish context. This estimate was based on medical and judicial costs, as well as lost productivity.
- The strategy's performance against its performance indicators (PIs): The FPA paper mapped the availability of data for the strategy's 29 PIs and analysed those that were available (for 12 PIs), in order to assess the performance of *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* under its 5 strategic goals.

The findings of the FPA paper are discussed in Section T1.2.2 of the *Drug policy workbook*. Despite its limitations, it represented a valuable step towards generating the economic evidence base upon which public policy on drug use can be evaluated. Overall, it highlighted the need to improve the data collection process, to adopt PIs that were measurable for the remainder of the strategy's lifetime, and to agree the optimal methodological approach to analysing expenditure and PI-related data.

### T1.3 Quality assurance of prevention interventions

**The purpose of this section is to provide information on quality assurance systems such as training and accreditation of professionals, knowledge transfer, and on conditional funding for interventions or service providers depending on quality criteria.**

**Who (which office, ministry) controls the quality of prevention interventions, if applicable?**

Responsibility for the quality of prevention interventions does not sit with a particular Government Department in Ireland, but the issue is attracting more attention, particularly through the work of DCEDIY (now DCDE) (as outlined in Section T1.2.7) and the Department of Health. In relation to specific quality standards, Ireland's national drugs strategy (Department of Health 2017) recognises the importance of quality standards in prevention:

*“Prevention is a collaborative effort, which involves a range of stakeholders, including parents and families, those working in education, DATFs, family support networks, youth services, student unions, sporting organisations and networks of people who use drugs. Prevention programmes should be evidence-based, adhere to quality standards and involve participants in programme design and implementation” (Department of Health 2017) (p. 21).*

No reference was made in the original strategy document to adopting or maintaining international standards in this area (European Monitoring Centre for Drugs and Drug Addiction 2015) (Uchtenhagen and Schaub 2011) (European Monitoring Centre for Drugs and Drug Addiction 2011) (United Nations Office on Drugs and Crime and World Health Organization 2018). However, as mentioned previously, following a mid-term review of the strategy titled *Mid-Term Review of the national drugs strategy, Reducing Harm, Supporting Recovery and Strategic Priorities 2021-2025* (Drugs Policy and Social Inclusion Unit 2021), six new strategic priorities were identified for the strategy through to 2025, including one on prevention. The findings of the mid-term review are summarised in Section T1.2.2 of the *Drug policy workbook*. The prevention priority includes a commitment to carry out activities informed by the EUPC and the UNODC/WHO International Standards on Drug Use Prevention, and is defined in the review as follows: To strengthen the prevention of drug and alcohol use and the associated harms among children and young people: This will cover a variety of settings (school, community, and family) and will focus on increasing resilience and strengthening life skills and healthy life choices. Activity under this priority will be informed by the European Prevention Curriculum (EUPC) and the International Standards on Drug Use Prevention.

To support the delivery of this priority, a SIG on prevention was established. This group was responsible for driving the implementation of this priority and for developing an action plan to guide this work. It should be noted that the action plan from this SIG for 2023–2024 did not make reference to quality standards in substance misuse prevention (Department of Health 2023a). However, the projects funded under the Department of Health Prevention and Education Funding Programme are required to adhere to international prevention

standards, such as the European drug prevention quality standards, the UNODC/WHO International Standards on Drug Use Prevention, and the EUPC. Indeed, the first round of EUPC training in Ireland was delivered to staff working on these projects in May 2024.

Throughout the lifetime of the strategy, broader national quality standards have underpinned substance misuse prevention interventions in Ireland. These include quality standards in health services and youth work.

### ***National Standards for Safer Better Healthcare***

The HSE implements its own quality standards, the National Standards for Safer Better Healthcare, and it expects funded agencies who have an SLA with the HSE to implement these as part of the SLA. This includes some agencies that provide prevention interventions. The quality standards framework was developed in 2012, and the quality standards apply to all healthcare services (excluding mental health) provided or funded by the HSE, including, but not limited to, addiction services. A public consultation was carried out in early 2024 to amend the scope of the standards to include private hospitals, in line with new legislation, the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023. This will not affect the content of the standards themselves.

The National Standards for Safer Better Healthcare are divided into nine themes: person-centred care and support, effective care and support, safe care and support, better health and well-being, leadership, governance and management, workforce, use of resources, and use of information. The HSE Primary Care Division developed quality improvement and assessment workbooks for each of the National Standards for Safer Better Healthcare themes. These workbooks have now been adapted for HSE and HSE-funded addiction services.

### ***National Quality Standards Framework for Youth Work***

Standards in the overall youth work sector are underpinned by the *National Quality Standards Framework (NQSF) for Youth Work* (Office of the Minister for Children and Youth Affairs 2010).

These standards are based on three core principles: being young person-centred; being concerned with the safety and well-being of young people; and having a focus on developmental and educational services for young people (Department of Children Youth Affairs 2013).

The *NQSF* for youth work was first implemented in 2011, and it is applied to all relevant DCDE-and the UBU funded services under the Department of Education and Youth. It is described as a support and development tool for the youth work sector, with its main purpose being to support youth work services in order to improve the work they do and show that work to others. The *NQSF* is based on the following five core principles or essential qualities found in good youth work practice:

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1. Being young person-centred, i.e. recognising the rights of young people and holding as central their active and voluntary participation
2. Being committed to ensuring and promoting the safety and well-being of young people
3. Providing opportunities that are educational and developmental
4. Being committed to ensuring and promoting equality and inclusiveness in all its dealings with young people and adults, and
5. Being dedicated to the provision of quality youth work and committed to continuous improvement.

As described in Section T1.2.3 of this workbook, the funding of youth programmes comes under a single funding scheme, UBU Your Place Your Space. While a revised quality system had been planned as part of this scheme when it was first implemented, changes have yet to be made, and it continues to be a requirement for projects applying under the new scheme to implement the *NQSF* (Department of Children and Youth Affairs 2019).

### **Drug and Alcohol Education Workers Forum**

In 2025, the Drug and Alcohol Education Workers Forum (DAEWF) was reformed in response to the growing number of workers operating in Task Force areas across Ireland. The purpose of the group is to be a voice for drug and alcohol prevention/education workers and to provide peer support regarding the delivery and development of evidence-based prevention/education programmes. The Forum has a national remit and is open to new members who specifically deliver these programmes. The group meets every 6 weeks, and the meetings are an opportunity for members to discuss current developments and trends impacting on their work, review existing programmes and support the ongoing development of best practice across the sector. The DAWEF also facilitates training opportunities for members.

In 2007, *A manual in quality standards in substance use education* was published by the Drug Education Workers Forum, now the Drug and Alcohol Education Workers Forum (Butler et al. 2007). The manual explores substance use delivery in different settings, such as schools, youth work, and community settings, and provides information on good practice for delivering such education. Anecdotal evidence suggests that the standards in this manual are used by some substance misuse prevention workers, including some of those linked to the DATFs. However, they are not a requirement, and the extent to which they are applied is unknown.

### **Putting the Pieces Together**

Putting the Pieces Together is a training manual and course aimed at workers who may or may not have an addiction or drug education background. It aims to support them in their work in out-of-school settings with young people, parents and communities when dealing

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with the subject of drugs and alcohol. The resource was developed by the Western Regional Drug and Alcohol Task Force and launched in 2009. It has been delivered nationally via the regional and local DATFs, Foróige, and the National Youth Council of Ireland. The current resource is aligned with the Drug Education Workers' Forum Quality Standards in Substance Use Education guidelines (Butler et al. 2007).

Aims:

- To act as a guide and a resource for persons working with young people of mixed ages and abilities in out-of-school settings.
- To provide a practical approach to working with young people, parents and communities on the subject of drugs and alcohol.

Objectives:

1. To provide relevant up-to-date information on drugs, their influence and effects
2. To provide practical age and experience-appropriate integrative activities to be used in group work
3. To provide a holistic approach to the education and prevention of substance use
4. To explore substance use issues with the aid of visual representations
5. To integrate activities aimed at enhancing self-esteem and developing skills for life such as communication, listening, and decision-making
6. To highlight the relationship between drugs, alcohol and health (mental, physical and sexual)
7. To outline the impact of substance use on relationships
8. To provide information on best sources of information and referral for your target group.

The course that provides training in the use and content of the manual aims:

- To explore and challenge attitudes in relation to substance use
  - To enhance knowledge and understanding of substance use
  - To explore how drugs affect the brain and elicit their effects
  - To develop skills in delivering drugs and alcohol education
  - To develop an understanding of best practice in substance use education
  - To develop skills in relation to talking to young people about substance use
  - To give an introduction on the use of brief interventions
  - To develop an understanding of how to use the resource Putting the Pieces Together
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- To develop an awareness of services available locally and nationally

Information sourced from <https://www.wrdatf.ie/putting-the-pieces-together-course-information.php>

### EUPC in Ireland

The Department of Health in Ireland is actively supporting staff to take part in and deliver the EUPC training courses. The EUPC was first delivered by Department of Health staff in Ireland in May 2025. To date (July 2025) it has been delivered 3 times to a total of 40 people (R Stafford, personal communication, July 2025, Drugs Policy and Social Inclusion Unit, Department of Health).

<b>Is there scientific guidance and methodological advice to those who implement prevention at local level?</b>	No
<b>If yes, how is this organised (and by which centres/organisations)?</b>	
See section “Who (which office, ministry) controls the quality of prevention interventions, if applicable?” above.	

<b>How and to what degree are available national or EU prevention standards applied, if applicable?</b>
Very limited. See section “Who (which office, ministry) controls the quality of prevention interventions, if applicable?” above.

<b>Is there conditional funding (i.e. preferential funding for certified interventions, accredited providers, according to other criteria)?</b>	Does not really exist
<b>Additional information, if applicable:</b>	
Not applicable.	

<b>Is there funding for research and development for prevention?</b>	<b>(if yes ↓)</b>
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### **If yes, please provide examples?**

There are indications of increased efforts to nurture evidence-based prevention in Ireland.

#### **National Drug Prevention and Education Funding Programme**

Five projects have been receiving funding under the Department of Health's National Drug Prevention and Education Funding Programme since 2023 and this funding provision will continue until 2026. This funding programme aims to increase the delivery in Ireland of prevention programmes that are supported by evidence and adhere to international prevention standards (United Nations Office on Drugs and Crime and World Health Organization 2018) (European Drug Prevention Quality Standards 2015). This provides an indication of a more evidence-based approach to prevention in Ireland. In announcing the selection of projects, the Minister for Public Health, Wellbeing and the National Drugs Strategy, Hildegard Naughton, noted that "a monitoring and evaluation framework will be developed for the successful projects, and those exhibiting a positive impact will be expanded to reach additional groups" (Department of Health 2023b). The following five organisations are receiving funding for their respective projects, which will be delivered in school, third-level, youth work, and community-based settings:

- Alcohol Forum Ireland – Building SAFER Communities: This is a multi-component environmental community action project focused on providing evidence-based environmental prevention of alcohol misuse at a community level.
- Clondalkin Drug and Alcohol Task Force (CDATF) – Clondalkin Prevention LAB: This project is focused on prevention in a school-based environment. Elements of the project include school policy review, sessions with school staff and parents, education programmes for pupils, referral to intervention support for young people.
- Cork Sexual Health Centre – DASH Mobile Night-Time Economy Project: The aim of the Cork Sexual Health Centre's mobile night-time economy project is to deliver drugs, alcohol, and sexual health (DASH) information and support to the night-time economy in communities across Cork and Kerry.
- HSE and Trinity College Dublin – Evaluation of Know the Score: The project team will evaluate Know the Score, a resource developed by the HSE for Senior Cycle teachers to support their delivery of the SPHE programme's substance use module (see Section T1.2.2 of this workbook). It will use the findings to inform future implementation and the scale-up of school-based prevention programmes and resources.
- University College Cork (UCC) – E-SHEILD (Enabling Students and Higher Education Institutions to Lead the response on Drugs) UCC: This project is targeted at students (aged 18–25 years) in HEIs and will focus on the roll-out of MyUSE, an app developed at UCC, to six HEIs. MyUSE will support users in mindful decision-making with respect to drug use, cultivate harm reduction practices in the higher

education environment, and promote alternatives to drug use. For more detail on E-SHEILD see Section T3.1 of this workbook.

For more detail on these projects, see Section T3.1 of the 2023 *Prevention workbook*.

### **Review of Prevention Systems (RePS) in Ireland**

The United Nations Office on Drugs and Crime (UNODC) has developed a tool to assess a national prevention system based on the *International standards on drug use prevention* (United Nations Office on Drugs and Crime (UNODC) and World Health Organization (WHO) 2018). Following a pilot of the tool (Review of Prevention Systems (RePS)) in Norway, it is now being applied to the Irish context. It will explore the range of prevention interventions in Ireland and the system underpinning them in relation to the international standards for effective practices in prevention.

### **Other prevention research**

There is ongoing research in the area of prevention in Ireland that takes a broader focus than just substance misuse prevention; such research includes, for example, the work of the UNESCO Child and Family Research Centre in the University of Galway, and that linked to the What Works initiative (see Section T3.1 of this workbook).

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**In the past three years, has there been a change in the funding for research and development in prevention? Yes**

**If yes, please provide examples**

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See box above on the National Drug Prevention and Education Funding Programme.

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**Please give examples of the evaluation of interventions resulting from research and development funding.**

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Evaluations of prevention interventions are limited in Ireland, especially those that focus on outcomes and impact. In 2023, the Department of Health's Drug Prevention and Education Funding Programme (see response in previous box) includes evaluation of interventions, such as the process evaluation of the Know the Score school-based programme.

As mentioned in the box above, the United Nations Office on Drugs and Crime (UNODC) has developed a tool (RePS) to assess a national prevention system based on the international standards on drug use prevention (United Nations Office on Drugs and Crime (UNODC) and World Health Organization (WHO) 2018). As outlined in Section T3.1 of this workbook, this tool is being applied in Ireland during 2025 and Q1 2026. This will provide an overview of the range and scope of prevention activities being delivered in Ireland and associated evaluations.

<b>Are there regular, national stakeholders meetings on prevention?</b>	<b>Yes</b>
<b>If yes, specify the stakeholders</b>	
The SIG on prevention was composed of stakeholders from the Departments of Health, Education and Youth, and Justice, Home Affairs and Migration, as well as DCDE. Other members were from Tusla, AGS, the DATFs, and youth and community representatives. The SIGs have been stood down and new governance structures will be developed as part of Ireland's new national drugs strategy that is currently under development.	
<b>If YES, is the alcohol industry statutory part of these meetings?</b>	<b>No</b>
<b>Which of the other industries are statutory part of these meetings (e.g. tobacco, gambling, gaming, cannabis lobby, etc.)?</b>	
None.	

<b>Do non-governmental prevention agencies (NGOs, Associations) need an accreditation in order to be allowed to carry out prevention?</b>	<b>No</b>
<b>If yes, which are the criteria?</b>	
Not relevant.	
<b>Are they audited or controlled periodically?</b>	<b>No</b>

<b>What kind of credentials/qualifications prevention workers typically need to have?</b>
There are no specific credentials/qualifications required to work in this sector in Ireland. .

<b>What training background do prevention workers typically have (psychology, social work, sociology, etc.)?</b>
Prevention workers in Ireland do not have any particular homogenous training background.

## T2. Trends

The purpose of this section is to provide a commentary on the context and possible explanations of trends in prevention within your country.

Please structure your answers around the following questions.

**T.2.1 Please comment on the main changes in prevention interventions in the last 10 years and if possible discuss the possible reasons for change.**

Overall, the aims and objectives of prevention activity in Ireland have remained consistent since 2015, and earlier. The introduction of the six strategic priorities and the SIGs in 2022 brought some minor changes to the implementation structure for prevention, but the focus was consistent with the national drugs strategy that has been in place since 2017. The SIGs have been stood down since the 2024 *Prevention* workbook, and new governance structures will be developed as part of the new national drugs strategy that is under development at the time of writing (September 2025).

The types of interventions delivered as part of drug prevention have remained much the same throughout the 2000s. However, there has been a growing focus on gathering evidence to inform the needs of target groups, using evidence-informed, if not always evidence-based interventions, and supporting skills development and knowledge among prevention stakeholders. Change can also be seen in an increased focus on quality standards in prevention. There has also been a growing focus on environmental prevention.

When reflecting on trends since 2015, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017) continues with the common threads in the area of prevention that informed Ireland's previous strategy. In the *National Drugs Strategy (interim) 2009-2016* (Department of Community, Rural and Gaeltacht Affairs 2009), the objectives of the 'prevention' pillar were to:

- Develop a greater understanding of the dangers of problem drug and alcohol use among the general population
- Promote healthier lifestyle choices among society generally, and
- Prioritise prevention interventions for those in communities who are at particular risk of problem drug and/or alcohol use.

In *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017), while there is no longer a specific 'prevention' pillar, Goal 1 – "To promote and protect health and well-being" – is essentially where prevention is addressed. The objectives are to:

- Promote healthier lifestyles within society
- Prevent use of drugs and alcohol at a young age, and
- Develop harm reduction interventions targeting at-risk groups.

The common threads running through these two strategies and their objectives include increasing awareness and improving understanding in the general population of the dangers and problems related to using drugs, as well as promoting positive health choices. This objective is closer to the universal public health model, which targets human agency and rationality as the primary mechanism of change. The objectives also contain continuing

recognition that certain groups and communities may be at higher risk than the general population and therefore may require additional resources and supports. This type of thinking resonates more with selective prevention, which prioritises groups and communities according to certain at-risk criteria.

The types of interventions delivered as part of drug prevention have remained much the same throughout the 2000s. Interventions delivered in schools have been based on the social influence model and have provided life skills training to bolster self-development, decision-making, and resilience in students. Interventions have also included a mix of information and awareness sessions to inform students about the risks of drug use. Interventions delivered in non-school settings have comprised a mix of information and awareness measures as well as diversionary initiatives (youth work, youth cafés, outdoor sport and recreation, and measures targeting ESL).

Change can be seen in that there has been a growing focus on: gathering evidence to inform the needs of target groups; an increased focus on quality standards in prevention; using evidence-informed (if not always evidence-based) interventions; and supporting skills development and knowledge among prevention stakeholders. There has also been a growing focus on environmental prevention. Environmental prevention is reflected in restrictive controls on alcohol and tobacco and nicotine products.

Overall, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017), the current Programme for Government (Fianna Fail et al. 2025), the recommendations of the Citizens' Assembly on Drugs Use (see Section T3.1 of the 2024 *Prevention workbook*) and the recommendations of the interim report of the Joint Oireachtas Committee on Drugs Use (Joint Committee on Drug Use 2024) would suggest that in the new national drugs strategy prevention will continue to be a priority and it will be delivered using a similar range of interventions to those applied in previous years, but with an increased focus on evidence, training, and quality standards.

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**Note:** For example, changes in demography, in patterns of drug use, in policy and methodology, in target groups or in types of interventions.

## T3. New developments

**The purpose of this section is to provide information on any notable or topical developments observed in prevention since your last report.**

**T1 is used to establish the baseline of the topic in your country. Please focus on any new developments here.**

**If information on recent notable developments have been included as part of the baseline information for your country, please make reference to that section here. It is not necessary to repeat the information.**

**Please structure your answers around the following questions.**

**T.3.1 Please report on any notable new or innovative developments observed in prevention in your country since your last report.**

### **T3.1 New developments**

New developments for 2025 in the Irish policy context are discussed below. They cover three themes: new activities and updates (items 1–5); evaluation findings (items 6–7); developments related to the environmental prevention context (items 8–14); and new research into protective factors for young people (15).

1. Review of Prevention Systems in Ireland
2. Communities that Care
3. Safe futures: Preventing youth recruitment into drug markets
4. E-SHEILD
5. What Works prevention and early intervention initiatives
6. Evaluation of Parents Under Pressure Programme in the Community
7. Implementation of Ballymun Infant Parent Support Project
8. Gambling Regulation Act 2024
9. Proposed vaping legislation
10. Zero-alcohol products – marketing and sale
11. Labelling of alcohol products
12. Regulation of hexahydrocannabinol (HHC) in Ireland
13. Research on the plain packaging of tobacco products and health inequalities
14. Sale of Alcohol Bill 2022 – Intoxicating Liquor Bill 2024
15. The impact of family dynamics and extracurricular involvement on drug use

## **New activities and updates**

This section presents an outline of new prevention activities in Ireland and updates on some existing activities.

- Review of Prevention Systems in Ireland
- Communities that Care
- Safe futures: Preventing youth recruitment into drug markets
- E-SHEILD
- What Works prevention and early intervention initiatives

### **1. Review of Prevention Systems in Ireland**

As outlined on page 59, the United Nations Office on Drugs and Crime (UNODC) has developed a tool to assess a national prevention system based on the *International standards on drug use prevention* (United Nations Office on Drugs and Crime (UNODC) and World Health Organization (WHO) 2018). Following a pilot of the tool (Review of Prevention Systems (RePS)) in Norway, the tool is now being applied to the Irish context. It will explore the range of prevention interventions in Ireland and the system underpinning them in relation to the international standards for effective practices in prevention.

#### **What is RePS?**

In 2018, the UNODC in collaboration with the World Health Organization (WHO) published the *International standards on drug use prevention* (United Nations Office on Drugs and Crime (UNODC) and World Health Organization (WHO) 2018). The standards present an overview of the international evidence for prevention interventions and policies that promote the health and well-being of children, young people, adults, families and communities. RePS is a tool developed by the UNODC to assess “the extent to which the drug prevention system of a country or sub-national entity (e.g. a municipality) is in line with the *Standards* with a view to identifying areas of strength and weakness to allow improvement” (p. 1) (United Nations Office on Drugs and Crime and KORUS Oslo 2023). Data are collected at the intervention level and the system level. The findings of the pilot of RePS tool in Norway were published in September 2023 (United Nations Office on Drugs and Crime and KORUS Oslo 2023).

#### **RePS in Ireland**

RePS in Ireland is being managed by a team from the HRB and the Department of Health Drug Policy Unit. The lead investigator on the project is Professor Ross Macmillan, Department of Sociology, University of Limerick. The project is being carried out with the support of the UNODC, which will draw upon the Irish experience to further refine and develop the tool. In addition, a Strategic Advisory Group will help guide the project. Data collection is underway at the time of writing (September 2025) and a final report will be submitted to the HRB at the start of Q2 2026.

### **2. Communities that Care**

Communities That Care (CTC) is a place-based initiative that develops a prevention operating system in a community to prevent drug use and other harmful behaviours. It provides a method for communities to assess the needs of their young people, coordinate stakeholders to develop a response, select and implement suitable evidence-based programmes to meet these needs, and evaluate the outcomes achieved. CTC is being implemented in Ireland for the first time in 2025. It is being led by the South Western Regional Drug & Alcohol Task Force's Substance Use Regional Forum (SURF), with support from the Department of Health; the Department of Justice, Home Affairs and Migration; and Kildare County Council.

The implementation of CTC in Ireland is based in the community of Newbridge, Co Kildare. It is expected that this initial cycle of CTC, including its five phases which began in January 2025, will run until the end of 2026. CTC will build on existing structures, resources, and services in the community.

### **3. Safe futures: Preventing youth recruitment into drug markets**

The Safe futures: Identifying promising approaches, opportunities and barriers for interventions designed to prevent youth recruitment and participation in European drug markets project was launched in June 2025. It is a 2-year project that aims to identify effective ways to prevent young people's involvement in European drug markets.

#### **Project team**

The project is a collaboration between the European Union Drugs Agency (EUDA) and the Research Evidence into Policy, Programmes and Practice (REPPP) team at the University of Limerick. Through its work, this team will bring together policymakers, researchers, law enforcement agencies, and practitioners from across Europe to collaborate in a new multidisciplinary Community of Practice with the aim of sharing knowledge and research and of informing and designing future interventions in the field.

#### **Policy context**

The prevention of young people from becoming involved in drug markets is a priority for the European Commission and the EUDA. A European conference on drug-related violence was held in November 2024. Discussions at the event underlined an urgent need for cross-sectoral collaboration to address drug-related violence and highlighted that targeted prevention mechanisms should include a focus on preventing young people and other at-risk groups from becoming involved in organised crime. It is in this policy context that the Safe Futures project has been developed.

#### **Project aims and objectives**

According to press releases from the EUDA and REPP Team (European Union Drugs Agency 2025) (REPPP 2025), the overall purpose of the Safe Futures project is to enhance drug-related crime prevention efforts in Europe by:

- evaluating existing models and strategies for preventing the involvement of young people in drug markets and drug-related crime
- supporting linked network-building activities
- identifying possible facilitators of and barriers to the implementation of programmes in this area.

The specific objectives of the project are to:

- establish a multidisciplinary and jurisdictional Community of Practice in order to support and contribute to the project's activities
- conduct a desk review of literature on interventions, initiatives, and evaluations
- identify and review existing examples of practices and interventions
- identify critical success factors of and barriers to the development and implementation of interventions
- develop a conceptual framework and model in order to inform the development and implementation of interventions.

The project outputs are expected to contribute to a better understanding of future research, policy, and developmental needs and to inform future investments in this area at national and European level.

#### **4. E-SHEILD**

This section is an edited version of: Millar S (2025) Launch of the ESHEILD project at UCC. *Drugnet Ireland*, Issue 91, Spring 2025, pp. 1–4. <https://www.drugsandalcohol.ie/43339/>

The E-SHEILD project was launched in University College Cork (UCC) on 29 February 2025 at an event attended by harm reduction experts, policymakers, and student representatives. With further higher education institutions (HEIs) expected to adopt the initiative, E-SHEILD marks the beginning of a coordinated national effort to reduce drug-related harms and risks among students across Ireland.

The E-SHEILD project, which is based in UCC and is funded by the Department of Health under its Prevention and Education Funding Programme, is a multi-strand initiative that aims to support HEIs in tackling student drug use. It does this by providing students with the MyUSE app and guiding HEIs to implement the Framework for Response to the Use of Illicit Substances within Higher Education which was outlined in Section T1.2.1 of this workbook (Rapid Response Group (RRG) on Use of Illicit Substances within Higher Education 2020).

E-SHEILD was developed in response to findings from the Drug Use in Higher Education in Ireland (DUHEI) survey, which gathered responses from over 11,500 students across 21 HEIs (Byrne et al. 2022). The findings demonstrated the high prevalence of drug use in the Irish student population, with more than one-half of participants reporting use of illicit substances. Importantly, more than one-half of students surveyed felt that drug use has a negative impact on student life, and more than one-half of current drug users were found to be at moderate or substantial risk of harms arising from their drug use. These results highlighted the need for evidence-based and student-centred interventions, an approach E-SHEILD takes by combining digital innovation, behavioural science and institutional policy reform.

The E-SHEILD programme will support students and HEIs to reduce harms experienced through drug use. It also aims to reduce the overall number of students choosing to take drugs. Each participating Irish HEI will be provided with MyUSE, a prevention, education, and behavioural change intervention digital tool that aims to increase mindful decision-making

with respect to drug use, cultivate harm reduction practices in the HEI context, and promote alternatives to drug use activities.

The MyUSE algorithm draws on evidence-based science to deliver 29 behavioural change techniques to students in HEIs. The MyUse app was developed for all students, whether they use drugs or not, and provides individualised information and supports to reduce harms associated with drug use that can enhance students' psychosocial well-being.

The second strand of the E-SHEILD project will see the implementation of a framework in conjunction with local and regional DATFs. This second strand provides an action plan to address the use of illicit substances and related harms, and it includes four core actions: (1) developing institution-specific policies; (2) implementing a plan; (3) assigning a senior officer to develop and implement these; and (4) seeking student engagement.

E-SHEILD Principal Investigator, Dr Michael Byrne was lead member of the Rapid Response Group convened to develop the Framework. Speaking about the project, Dr Byrne said:

The Framework contains a series of 16 actions that higher education institutions in Ireland can implement to reduce harms experienced through drug use. From core actions such as developing a drugs and alcohol policy for their institution right through to ensuring that there is access to addiction and recovery services on campus, implementing this Framework ensures that there is an effective multicomponent approach to harm reduction in the HEI sector in Ireland.

## **5. What Works prevention and early intervention initiatives**

In July 2025, the Minister for Children, Disability and Equality, Norma Foley, announced three initiatives to support prevention and early intervention programmes for children and young people in Ireland (Minister for Children Disability and Equality Norma Foley announces €330,000 in funding to support Ireland's Prevention and Early Intervention programmes for children and young people. 2025). They are being funded through the What Works prevention and early intervention initiative. As with previous activities under the What Works initiative, there are synergies with drug prevention activities.

### **What Works**

The What Works: Sharing Knowledge, Improving Children's Futures initiative was launched by DCYA in June 2019. It was a rebrand of the Quality and Capacity Building Initiative that DCYA had been developing since 2016. What Works seeks to embed and enhance knowledge and quality in prevention and early intervention activities in children and young people's policy, service provision, and practice. When it started, there were four core strands to the work: a data working strand; an evidence working strand; a professional development and capacity-building working strand; and a quality working strand.

### **2025 initiatives**

The objective of the three new initiatives "is to support prevention and early intervention initiatives and research that will improve outcomes for children and young people experiencing disadvantage, adversity and trauma" (Minister for Children Disability and

Equality Norma Foley announces €330,000 in funding to support Ireland’s Prevention and Early Intervention programmes for children and young people. 2025). The three initiatives are described as follows:

1. The Enhancing Quality Fund 2025 aims to support organisations to improve the monitoring, evaluation, and analysis of their prevention and early intervention initiatives. It is open to not-for-profit organisations that work with children, young people, and their families, and that have a strong emphasis on prevention and early intervention. Grants of up to €30,000 are available, with a total fund value of €300,000. The closing date for applications is 22 August 2025.
2. Between July and October 2025, a series of four 90-minute webinars will be held that are aimed at commissioners, practitioners, and stakeholders interested in applying evidence-based research to support the development of prevention and early intervention policy and services. For more information on the webinar series, visit <https://whatworks.gov.ie/resources/prevention-and-early-intervention-webinars-2025/>. The webinars will be delivered by the United Kingdom-based organisation Foundations: What Works Centre for Children & Families. Foundations developed the What Works Ireland Evidence Hub, which provides information about prevention and early intervention programmes that have been evaluated and shown to improve outcomes for children and young people, including outcomes related to drug use. Details of the What Works Ireland Evidence Hub are available from: <https://whatworks.gov.ie/hub-search/>.
3. The Prevention and Early Intervention Network (PEIN) has developed a learning module aimed at professionals who work with children and families. It is “designed to embed a prevention-oriented, child-centred mindset across professional disciplines working with children and families” (Minister for Children Disability and Equality Norma Foley announces €330,000 in funding to support Ireland’s Prevention and Early Intervention programmes for children and young people. 2025). The 10 learning units cover themes such as trauma-informed practice, interagency collaboration, and children’s rights. This third initiative provides research funding to evaluate the development, piloting, and implementation of this learning module.

## Evaluations

This section provides an overview of the findings of two evaluations in the area of prevention in Ireland. While one of these was published in 2025, the other is from 2023 but has not yet been reported to the EUDA. There are methodological limitations to each of these evaluations. They are mainly descriptive of the projects, highlighting some of their strengths and weaknesses. They do not adopt a rigorous methodology that allows for an assessment of any longer-term outcomes for participants or their families. However, they suggest that while evaluation resources may be limited, the service commissioners and providers want to learn from their experiences and reflect on their practice to deliver an improved service. The two publications considered are:

- Harris A and Niece E (2025) *Evaluation of Parents Under Pressure Programme in the Community: A Coolmine-Led Initiative*. Dublin: Coolmine. Available from: <https://www.drugsandalcohol.ie/43376/>

- O'Reilly L and Lawless M (2023) "Someone to talk to..." *Learning to Practice: Implementation of Ballymun Infant Parent Support Project 2012-2022*. Dublin: Ballymun Youth Action Project. Available from: <https://www.drugsandalcohol.ie/42770/>

## 6. Parents Under Pressure

On 4 June 2025, the report *Evaluation of Parents Under Pressure Programme in the Community: A Coolmine-Led Initiative* was launched (Harris and Niece 2025). In attendance were staff from Coolmine Therapeutic Community (referred to as 'Coolmine' for the rest of this section), parents who had taken part in the Parents Under Pressure (PuP) programme, policy-makers, and other stakeholders. The evaluation is the work of a team from Coolmine. At the launch, the organisation's Chief Executive, Pauline McKeown, described PuP as "core to Coolmine services".

### PuP programme

The PuP programme targets high-risk families who are facing multiple adversities. Its primary aim is to work with parents to support them in developing positive and secure relationships with their children and creating a nurturing family environment. "It combines psychological principles relating to parenting, child behaviour and parental emotion regulation within a case management model" (p. 3) (Harris and Niece 2025). A focus of the PuP programme is the connection between quality parenting and parental well-being. While the programme has been found to work with parents in a variety of situations, evidence shows it to be particularly effective in improving the functioning of parents who are using drugs (Dawe and Harnett 2007) (Barlow et al. 2019).

### PuP in the community

Since 2014, the PuP programme has become firmly embedded in Coolmine's work with families impacted by drug use. A qualitative evaluation was carried out on its delivery in the organisation's residential therapeutic community in 2018. It was found to have had benefits for participants in terms of parenting practices, emotional well-being, and reductions in drug-related harms (Ivers et al. 2020). As part of that evaluation, it was recommended that this service should be provided to families in community-based non-residential settings. Coolmine secured funding to deliver PuP through a home and agency visiting service within local communities to people who were not necessarily engaged with addiction services. The 2025 report is an evaluation of this service.

### Methodology

The methodology adopted was limiting in terms of its evaluative rigour. The research was carried out by an internal team at Coolmine. It captures findings from data used to support the implementation and monitoring of the programme, as well as the case management of participants (for example, sociodemographic data on participants and referral sources). The research team attempted to measure changes in emotional well-being using the Depression, Anxiety and Stress Scales (DASS) screening tool at three points over time. The DASS screening tool is designed to measure the severity of relevant symptoms and was applied to parents who exhibited behaviours that raised concerns among programme staff. The resulting report

focuses on the feasibility of delivering the PuP programme in the community and does not explore its long-term impact with the parents or any changes in outcomes for the children.

Between January 2024 and March 2025, 96 parents had accessed the programme – 18 fathers and 78 mothers. Twenty of the mothers were referred through the Dóchas Centre (a closed, medium-security prison).

### **Findings**

Overall, the findings in the report were positive. Some examples of these positive findings are that the programme was successful in engaging the target population, it delivered the intervention in a flexible way that could meet the wide-ranging needs of participants, and it succeeded in effective interagency working both in terms of sourcing referrals and working together to meet participants' needs. Among participants who responded to the DASS screening tool over the course of the programme (n=18), a pattern of improvement in their mental health was found.

Some of the features of the programme that were particularly valued by participants were that it was flexible and practical; it was delivered in a non-judgemental and compassionate way; there were strong collaborations between services to support participants, which supported shared case management; and the mindfulness/reframing element of the work was particularly helpful for parents.

### **Recommendations**

Based on the findings, the report authors make recommendations under three interconnected domains, with the role of family in both prevention and treatment at the core:

#### **1. Policy level**

- a. Meaningfully recognise that many clients in treatment are parents with caregiving demands that are closely intertwined with their substance use.
- b. Integrate parenting support in addiction services as standard practice, with systemic, collective responsibility across relevant agencies.

#### **2. Strategic direction**

- a. Shift service delivery towards a whole-family approach, addressing the needs of both children and parents.
- b. Position recovery pathways within primary care and community-based settings.

#### **3. Service provision**

- a. Expand PuP in the community across all Integrated Healthcare Areas.
- b. Allocate targeted funding to community-based organisations in order to support the effective delivery of PuP.

### **Concluding comment**

The findings of any internal evaluation carried out by the provider of an intervention need to be treated with caution. However, the report presents valuable insights into the delivery of the PuP programme in a community setting and the opportunities this approach presents to meeting the needs of parents who may not otherwise access supports. It also suggests that there is a culture of ongoing learning and reflection on practice within Coolmine. The report's conclusion calls for investment in research to support a more "robust understanding of how

best to support parents who use substances and their children” (p. 19) (Harris and Niece 2025).

## 7. Infant Parent Support Project evaluation

The Infant Parent Support Project (IPSP) aims to meet the needs of parents experiencing problematic drug or alcohol use antenatally, as well as the needs of parents and children through the early formative childhood years (up to the age of 2 years). It supports parents in accessing the services and supports they need and has a focus on infant mental health. A report on the project’s implementation was published in 2023 but was not reported on to the EUDA at that time (O’Reilly and Lawless 2025).

### The IPSP

The IPSP was established in Ballymun in 2012 and is delivered within the Ballymun Youth Action Project. It was developed in a context where there was an increased understanding among service providers of the importance of early intervention to reduce the harms for children of parents who use drugs. The three staff members have nursing/midwifery qualifications. The report on the implementation of the IPSP describes the evolution and implementation of the project from the perspectives of different stakeholders. It does not evaluate outcomes for the target group. The vision, aim, and objective of the IPSP are as follows:

**Vision:** That the infants of substance-using parents would be minimally impacted by that substance misuse.

**Aim:** To meet the needs of parents during pregnancy and through the early formative childhood years where there are issues related to problematic drug/alcohol use.

**Objective:** To promote increased well-being for parents and infants and facilitate service development for those within the target group.

(p. 10) (O’Reilly and Lawless 2025)

### What does the IPSP do?

The evaluation report’s literature review highlights that women who are pregnant and who use drugs are subject to stigma, which adds to the barriers they face in accessing services – both those related to their drug use and their pregnancy. This can also prevent them from accessing support as new parents and during the critical early years of their child’s life, having a negative impact on their child’s outcomes. In order to address these needs, the IPSP works with parents (predominantly mothers) to support them in accessing and availing of antenatal medical services, drug services, and other services that will support them as parents. It works closely with the new parents to support parent-baby bonding, with a strong focus on infant mental health. While the focus is on the relationship between the mother and the baby/infant, the IPSP works with the whole family unit, especially where there are other children in the family.

### Research

A mixed-methods approach was taken to the research. Descriptive analysis was carried out on the profile data of service users from 2012 to 2022. Semi-structured qualitative interviews

were carried out with service users (n=4), in addition to a focus group with each of the following groups: IPSP service providers, members of the IPSP inter-agency group, members of the treatment and rehabilitation subcommittee, and service providers in partner services. The aim of the research was to illustrate the development and delivery of the Ballymun IPSP.

## **Findings**

Between 2012 and 2022, the IPSP worked with 160 parents, with an average of 15 new parents each year; 143 of these were female. Sources of referral included self-referral, referral from pregnancy or health services, and referral from the local drug and alcohol service. Between 2012 and 2022, 34% of service users were referred by the local drug and alcohol service in which the project is based, 20% were self-referrals, 14% were referred from midwifery services, 11% were referred from other drugs services, 5% were referred from general practitioners, 5% were referred from social workers, 3% were referred from the public health nurse, and the remainder were referred from other sources.

The following are some of the findings from the qualitative strands of the research:

- Participants' needs were complex and interrelated. They related to their drug use, mental health issues, and difficulties with their mothering capacity, which was compromised by their own experiences of being parented.
- Participants were stigmatised by service providers and their communities more broadly.
- Participants valued the relationship between themselves and the IPSP, which was considered responsive and adaptive to the varying and changing needs of the women involved, empowering them as mothers in the process. It helped mothers to learn how to develop trust and trusting relationships with family members, partners, and other services.
- According to staff, the project had evolved in an "organic" way in order to try to close the gaps between existing services for women.
- Key components of the success of the IPSP were the relationships developed between IPSP practitioners and the people attending the service; the relationships between the IPSP and other agencies and stakeholders; the importance of connectivity in the work; and the key role of infant mental health.
- Barriers faced when delivering the project included staff feeling restricted in their capacity to deliver more intensive work, a lack of childcare facilities, a lack of spaces in education courses for parents, a lack of specific parent and toddler groups, and a lack of a drop-in type of support service for women attending the IPSP.

## **Report recommendations**

The report authors made seven recommendations:

1. The project should continue to be delivered with a strong focus on establishing and maintaining relationships, so that it increases the health and well-being of parents, children, and family members.
2. A clearer identity for the project should be promoted and communicated to all stakeholders.
3. Consideration should be given as to whether the requirement for staff to have a midwifery and/or nursing qualification should be changed.
4. More clarity regarding the focus of the project moving forward should be sought.

5. Existing measurement/monitoring/outcome mechanisms and systems should be reviewed in order to ensure that they meet the project's requirements.
6. Representation on the Project Inter-Agency Consulting Group should be strengthened, along with other co-produced elements of service provision in terms of participant involvement.
7. More opportunities should be created for the service and its users to discuss the issues faced with other stakeholders.

### **Environmental prevention**

This section outlines new developments and research on environmental prevention activities in Ireland.

- Gambling Regulation Act 2024
- Proposed vaping legislation
- Zero-alcohol products – marketing and sale
- Labelling of alcohol products
- Regulation of hexahydrocannabinol (HHC) in Ireland
- Research on the plain packaging of tobacco products and health inequalities
- Sale of Alcohol Bill 2022 – Intoxicating Liquor Bill 2024

### **8. Gambling Regulation Act 2024**

Despite heavy lobbying by the gambling industry, comprehensive legislation focused on gambling was signed into law in October 2024. The Gambling Regulation Act 2024 provides for the establishment of a body to be known as Údarás Rialála Cearrbhachais na hÉireann or, in the English language, the Gambling Regulatory Authority of Ireland. Some of its responsibilities under the new legislation are:

- licensing and regulating betting, gaming, certain lotteries and the sale or supply of products or services related to gambling;
- to provide for the funding of that Authority by means of imposition of a charge on licensees;
- to provide for the establishment and maintenance of a register of persons who hold gambling licences in the State and a National Gambling Exclusion Register;
- to provide for the establishment of a Social Impact Fund to, among other matters, finance research into, raise awareness of, and eliminate or reduce, compulsive and excessive gambling;
- to provide for contributions to the Fund by certain licensees;
- to provide for the imposition of obligations on those licensees including obligations relating to advertising, promotion and sponsorship for the purposes of safeguarding persons participating in gambling;
- to provide for the prohibition of children participating in gambling or being employed in the gambling industry; to provide, for the purposes of ensuring conditions attached to gambling licences and obligations imposed on licensees are complied with, for compliance and enforcement measures.

Source: Ireland. Office of the Attorney General. (2024) Gambling Regulation Act. Dublin: Irish Statute Book. Available from: <https://www.drugsandalcohol.ie/43656/>

## 9. Proposed vaping legislation

Ireland continues to propose legislation to prevent young people from using nicotine products and to reduce the overall harm caused by such products. Following on from the Public Health (Tobacco Products and Nicotine Inhaling Products) Act 2023, additional legislation is being proposed to apply further restrictions to the sale and marketing of these products. The Public Health (Nicotine Inhaling Products) Bill, which is being drafted at the time of writing (September 2025), will contain a range of measures to reduce the appeal of nicotine inhaling products to young people. This includes:

- a ban on point-of-sale display and advertising of these products in most shops;
- restrictions on the colours and imagery used on nicotine inhaling products and their packaging;
- a ban on devices resembling toys or games;
- restrictions on flavours for sale and requirements for only basic flavour names to be used; and
- a complete ban on disposable vapes.

Once completed, the draft legislation will require notification at EU level under the Technical Standards Directive (Directive 2015/1535) and the Tobacco Products Directive (Directive 2014/40/EU).

## 10. Zero-alcohol products – marketing and sale

Since the 2024 *Prevention workbook*, zero-alcohol products have been the subject of debate both within the Irish media and Parliament. Concerns relate to products that use the same branding as their full-strength alternatives. This is in the context of these products being used to reduce the impact of the measures enforced through the Public Health (Alcohol) Act (2018). See Section T1.2.1 of this workbook for more detail on the provisions. Stakeholders have sought clarity on two issues:

- How the advertising of these products is affected by the provisions for the advertising of alcohol products under the Public Health (Alcohol) Act 2018.
- The sale of zero-alcohol products to children.

### Advertising

Zero-alcohol products are being marketed in areas that are deemed child-protected by the Public Health (Alcohol) Act (2018), such as sponsorship of sporting events. See Section T1.2.1 of this workbook for more detail on the provisions of the Act. Public health advocates argue that products that use the same branding as their full-strength alternatives must be subject to the same marketing regulations under the Public Health (Alcohol) Act 2018. In a response to a parliamentary question on the topic on 19 March 2025, the Minister for Health replied that:

The Public Health (Alcohol) Act 2018 regulates the advertising of alcohol products in order to reduce the health harms associated with their consumption; non-alcohol products, the focus of this campaign, do not cause such harms. These products are relatively new to the market, therefore there is as yet insufficient evidence to determine whether they might have a positive health impact by encouraging

consumers to substitute non-alcoholic products for those containing alcohol. My Department will continue to monitor the emerging evidence.(Dáil Éireann debate. Question 1896 - Alcohol advertising [12949/25]. 2025)

This response is in contrast to the position of public health advocates. It is argued that there has been an increase in the use of advertising of the zero-alcohol products by the alcohol industry in response to the enforcement of the measures of the Public Health (Alcohol) Act 2018 that address advertising, especially where they relate to children. It is argued that this will dilute the positive impact of the legislation on public health outcomes (Alcohol Action Ireland 2025).

### **Sale of zero-alcohol products to children**

In Ireland, there is no law preventing the sale to those aged under 18 years of zero-alcohol products with the same branding as their full-strength alternatives. While anecdotal evidence suggests that retailers, bars and pubs generally do not sell them to those aged under 18 years, there is no legal framework for this (Alcohol Action Ireland 2025).

In a response to a question in the Dáil on 29 April 2025 asking whether an adult could buy a zero-alcohol product to give to a child, the Minister for Justice, Home Affairs and Migration responded that:

The sale and supply of alcohol products in licensed premises is subject to specific conditions set out in the Licensing Acts 1833 to 2018. Section 32 of the Intoxicating Liquor Act, 1988 provides for a prohibition on the purchase, provision, or consumption of intoxicating liquor by a person under the age of 18 years. This prohibition does not apply to alcohol free alternatives. (Dáil Éireann debate. Question 1514 - Alcohol sales [No/Lo] [18653/25]. 2025)

## **11. Labelling of alcohol products**

Section 12 of the Public Health (Alcohol) Act 2018 (Office of the Attorney General 2018), available from: <https://www.drugsandalcohol.ie/33698/>), legislates for the labelling of alcohol products so that all alcohol products to be sold in Ireland will be required to display:

- A warning informing the public of the danger of alcohol consumption
- A warning outlining the danger of alcohol consumption when pregnant
- A warning informing the public of the direct link between alcohol and fatal cancers
- The quantity in grams of alcohol contained in the container concerned
- The calorie content in the container concerned, and
- Details of a website, to be established and maintained by the HSE, providing public health information in relation to alcohol consumption.

Of the components of the legislation, Alcohol labelling was the most scrutinised component, both at a national and European Union (EU) level and faced extensive opposition from the alcohol industry. The regulations have been subject to an EU notification process and the World Trade Organization was also notified, as required. Following this authorisation, the alcohol labelling legislation was signed into law in May 2023, with a lead-in time of 3 years (to May 2026) to ensure that producers and retailers had time to prepare for these measures.

Despite being signed into law, it continues to be the subject of much public debate. Most recently, this escalated following the threat/implementation of United States (US) tariffs on imports from the EU, including alcohol products from Ireland. While the legislation only affects products to be sold *in* Ireland, the industry has lobbied the Government, stating that labelling will have a negative impact on the industry, exacerbating any negative effect of the tariffs.

While the Minister for Health continues to publicly state support for the law to come into operation in 2026, other senior politicians (including the Minister for Finance) have stated that it should be revisited and potentially delayed.

The Minister for Health responded to parliamentary questions on the topic by stating:

The requirement for health warnings and information on the labels of alcohol products was enacted at Section 12 of the Public Health (Alcohol) Act 2018 on 17 October 2018. The Minister for Health made the Public Health (Alcohol) (Labelling) Regulations 2023 and commenced Section 12 of the Act on 18 May 2023. That law will come into operation on 22 May 2026.

(Dáil Éireann Debate. Product Labelling. [36271/25]. 2025)

## **12. Regulation of hexahydrocannabinol (HHC) in Ireland**

In July 2025 hexahydrocannabinol (HHC) became a Schedule 1 controlled drug under the Misuse of Drugs Act 1977. Schedule 1 controlled drugs are subject to the strictest of control measures and both the possession and/or sale and supply of a Scheduled 1 controlled drug is an offence under the Misuse of Drugs Act, 1977. Thirteen other substances, including several semi-synthetic cannabinoids and a novel benzodiazepine, were also newly classified as controlled drugs under the same Declaration Order.

Before July 2025 HHC was unregulated in Ireland and freely available to buy in high-street shops and online. HHC had been the subject of much debate in Ireland, with ongoing calls from those working in the areas of health and drug prevention for the legal loophole allowing for its sale to be closed. HHC was not covered under the Criminal Justice (Psychoactive Substances) Act 2010 as it is classified as semi-synthetic.

## **13. Plain packaging of tobacco products and health inequalities**

A paper exploring the impact of plain packaging (PP) of tobacco products on consumers and whether it exacerbates health inequalities was published in August 2024 (Sheridan et al. 2024).

### **Background**

Smoking prevalence in Ireland among people aged 15 years and older has reduced from 23% in 2015 to 18% in 2023. However, this decline has been seen more among people in higher socioeconomic groups, with the reduction having “stalled in lower socioeconomic groups” (p. 971) (Sheridan et al. 2024). Similarly across Europe, reductions in the rates of smoking are slowing down, and widening socioeconomic group differences are driving health inequalities. One of the responses used by countries to reduce smoking prevalence has been the

introduction of PP for tobacco products that include graphic health warnings (GHWs). In line with the EU's Tobacco Products Directive, in 2016 Ireland applied regulations specifying minimum tobacco product size and that 65% of the package covering be of text and GHWs. In 2018, Ireland became the first EU country to implement PP legislation. The stated objectives of the PP legislation were "to decrease the appeal of tobacco products, increase the effectiveness of health warnings on tobacco packaging, and reduce the ability of the packaging of tobacco products to mislead consumers about smoking-related harm" ((p. 971) (Sheridan et al. 2024). Manufacturers and retailers had a 12-month period up to 30 September 2018 to phase out the production and sale of branded stock.

This paper set out to measure the impact of PP on consumer responses among people who smoked in Ireland before and after the implementation of the PP legislation. It explores their responses across the outcome domains of tobacco product appeal, health warnings effectiveness, and perceptions of the harmful effects of smoking. As a secondary aim, it compares these impacts across socioeconomic groups indexed to the highest educational level, with a focus on whether this legislation exacerbates health inequalities.

### **Methodology**

Data from the Healthy Ireland Survey (HIS) was used to carry out this research. The HIS is an annual population health survey, administered face-to-face, and commissioned by the Department of Health. Using these data, an uncontrolled before-and-after study was conducted through secondary analysis of consecutive representative cross-sectional population surveys to measure and compare changes in consumer responses across 13 plain packaging (PP) outcomes. Data for the pre-implementation phase were collected between September 2017 and June 2018, and between September 2018 and September 2019 for the post-implementation phase. Multiple logistic regression-derived adjusted odds ratios with 95% confidence intervals were used to compare responses post- versus pre-implementation, adjusting for age, gender, educational level, and heaviness of smoking. Analysis was then stratified to measure and compare consumer responses by socioeconomic group indexed to respondents' level of highest educational attainment.

In the pre-implementation phase, 19.6% (n=1513/7701) of respondents reported current smoking, compared to 17.3% (n=1279/7382) in the post-implementation phase. These respondents were asked questions on self-reported exposure to plain-packaged products, policy approval and PP outcomes. Thirteen items were used to explore the PP outcomes across the three domains mentioned above.

### **Findings**

The authors found that there were statistically significant changes in consumer responses to PP policy implementation across 7/13 outcomes studied. Five changes were aligned with expected policy impacts (2/6 product appeal outcomes and 3/4 health warning effectiveness outcomes). Two responses were also observed which were not expected policy impacts (1 appeal-related and 1 perceived harm-related outcome). There was no change in five outcomes. The findings are shown in Table 3, which was sourced from the published paper (p. 975) (Sheridan et al. 2024). Some examples of the findings include:

- Self-reported PP exposure in the last month increased from 24.1% pre-implementation to 65.9% post-implementation [OR 6.07 (95% CI 5.13–7.18),  $P < 0.01$ ].
- Policy approval increased from 62.0% to 65.8% [OR 1.18 (95% CI 1.01–1.38),  $P < 0.04$ ].
- The greatest absolute and relative change in terms of responses to PP was observed in reporting lower pack appeal than a year ago [27.89% pre-implementation versus 47.19% post-implementation; [OR 2.34 (95% CI 1.99, 2.76),  $P < 0.01$ ].

Differences in consumer responses between educational groups were found to generally be small, mixed in nature, and indistinguishable when interval estimates of effect were compared. Therefore, there was no difference in effect across the different socioeconomic groupings.

In conclusion, the authors argue that their findings demonstrate that the policy of PP is effective in bringing about changes in consumer responses “especially in reducing pack appeal and increasing GHW effectiveness” (p. 976) (Sheridan et al. 2024). Furthermore, it “adds to the evidence that PP implementation is likely to have a neutral effect on socioeconomic inequalities in current tobacco use in the short term” (p. 977) (Sheridan et al. 2024). They argue that the findings illustrate the value of including PP as a requirement in future EU legislative frameworks for tobacco control, and that adopting “new bold policies” (p. 977) (Sheridan et al. 2024) can help reduce smoking and its associated harms.

**Table 3.** Changes in perceptions among people who smoke of tobacco product appeal, GHW effectiveness and harm perceptions pre and post implementation of plain packaging in Ireland

Variable	Comparing periods unadjusted models			Comparing periods adjusted models <sup>a</sup>	
	%	OR (95% CI)	P value	aOR (95% CI)	P value
<b>Appeal</b>					
Dislikes pack (n = 2627)					
Pre-implementation	48.24	1		1	
Post-implementation	53.1	1.21 (1.04-1.42)	<0.02	1.22 (1.04-1.42)	0.01
Lower pack appeal than a year ago (n = 2655)					
Pre-implementation	27.89	1		1	
Post-implementation	47.19	2.31 (1.97-2.71)	<0.01	2.34 (1.99-2.76)	<0.01
Lower value for money than a year ago (n = 2723)					
Pre-implementation	42.38	1		1	
Post-implementation	43.7	1.06 (0.91-1.23)	0.49	1.05 (0.90-1.22)	0.52
Worse taste than a year ago (n = 2736)					
Pre-implementation	10.96	1		1	
Post-implementation	13	1.21 (0.96-1.53)	0.10	1.21 (0.96-1.53)	0.10
Believes brands do not differ in taste (n = 2615)					
Pre-implementation	7.39	1		1	
Post-implementation	3.95	0.52 (0.36-0.73)	<0.01	0.51 (0.36-0.72)	<0.01
Believes brands do not differ in prestige (n = 2708)					
Pre-implementation	48.48	1		1	
Post-implementation	49.66	1.05 (0.9-1.22)	0.54	0.95 (0.82, 1.11)	0.51
<b>GHW</b>					
Notices HW first when looking at pack (n = 2736)					
Pre-implementation	52.8	1		1	
Post-implementation	64.3	1.61 (1.38, 1.88)	<0.01	1.64 (1.40, 1.93)	<0.01
Attributes much more motivation to quit to HWs (n=2715)					
Pre-implementation	6.5	1		1	
Post-implementation	8.8	1.41 (1.06-1.87)	<0.02	1.38 (1.03-1.84)	<0.03
Frequently concealed pack in past month (n = 2720)					
Pre-implementation	11.3	1		1	
Post-implementation	14	1.28 (1.02-1.60)	<0.04	1.28 (1.01-1.61)	<0.04
Requested different HW in past month (n = 2717)					
Pre-implementation	3.3	1		1	
Post-implementation	2.7	0.81 (0.52-1.27)	0.36	0.81 (0.52-1.27)	0.36
<b>Perceived harm</b>					
Believes brands do not differ in harmfulness (n = 2743)					
Pre-implementation	95.79	1		1	
Post-implementation	96.32	1.15 (0.78-1.70)	0.48	1.16 (0.79-1.72)	0.45
Believes variants do not differ in strength (n = 2711)					
Pre-implementation	4.9	1		1	
Post-implementation	4.01	0.81 (0.56-1.17)	0.26	0.81 (0.56-1.17)	0.26
Believes current brand has higher harmfulness than a year ago (n = 2725)					
Pre-implementation	14.81	1		1	
Post-implementation	11.48	0.75 (0.60-0.93)	<0.02	0.74 (0.59-0.93)	<0.02

a: Multivariate models adjusted for age, gender, educational attainment, and heaviness of smoking.

## 14. Sale of Alcohol Bill 2022 – Intoxicating Liquor Bill 2024

As reported on in previous *Prevention workbooks*, the Sale of Alcohol Bill 2022 was published by the Department of Justice in late 2022, to reform legislation as it affects the night-time economy and to streamline the liquor licensing process, much of which is based on very outdated legislation (Revenue, Irish Tax and Customs. Revenue Irish Tax and Customs - Excise Licences. Available from: <https://www.revenue.ie/en/corporate/information-about-revenue/statistics/excise/licences/excise-licences.aspx> (accessed 19 October 2022)). As outlined in the 2024 Prevention workbook, many aspects of the Bill conflict with the Public Health (Alcohol) Act 2018, as it proposes to make alcohol more freely available. Due to delays with and opposition to the Bill, the Minister for Justice divided the Bill into two strands: first, the Intoxicating Liquor Bill 2024, which is a condensed Bill that would introduce reforms mainly pertaining to licensing laws, and would allow for late opening hours for licensed premises; and secondly, the remaining issues would be dealt with in a revised Sale of Alcohol Bill. The Intoxicating Liquor Bill had yet to be passed at the time of writing (September 2025) and was described as “work is ongoing” (p. 20) in the Government’s Legislation Programme for Spring 2025.

## **Research into protective factors**

This final section presents the findings of two studies on young people and protective factors for cannabis and stimulant use.

### **15. The impact of family dynamics and extracurricular involvement on drug use**

Two studies have been carried out that explore how family dynamics and extracurricular involvement influence drug use among Irish adolescents. The studies analyse data from the 2020 western region Planet Youth survey. Nearly 5,000 secondary school students took part across the Irish counties of Galway, Mayo, and Roscommon. The first study focused on cannabis use and the second on stimulant use (cocaine and ecstasy) (Daly et al. 2025c) (Daly et al. 2025b).

#### **Methods**

##### **Cannabis use**

Multinomial logistic regression was used to examine factors associated with cannabis use more than 12 months ago, within the previous 12 months (but not 30 days), and within the previous month (vs. never used) (Daly et al. 2025c).

##### **Stimulant use**

Multivariable-adjusted logistic regression was used to explore factors associated with adolescent lifetime cocaine or ecstasy use. Two separate datasets (one for cocaine use and one for ecstasy use) were used for analysis (Daly et al. 2025b).

##### **Exposure variables**

For both studies the exposure variables of interest were factors associated with the home environment (parental rule-setting, parental monitoring, being outside after midnight), intergenerational closure (defined as the extent of connectedness between adolescents and their peers, parents of their peers, and between parents themselves) and adolescent participation in extracurricular activities (sports, arts, volunteering, and/or afterschool clubs). Mental health was also considered in the stimulant paper.

##### **Limitations**

Limitations for both these studies, as identified by the papers' authors, included: its cross-sectional design which precluded causal inferences; self-reported data which may lead to information and social desirability biases, respectively; as well as adolescents who were not enrolled in formal education being excluded from the sampling frame.

##### **Findings**

###### **Cannabis findings**

The research on cannabis found that 18.5% of adolescents had tried cannabis, with 7.5% having used it in the past month. It found that adolescents who spent time outside after

midnight, had less parental monitoring, or weaker community ties (referred to as intergenerational closure) were significantly more likely to report cannabis use. Notably, participation in structured extracurricular activities, such as sports and volunteering, was linked to lower rates of cannabis use; teenagers who regularly played sports or engaged in volunteering had reduced odds of cannabis use. While music, arts, and drama were also protective to some extent, their impact was less consistent.

The researchers observed a gradient effect in most findings, with increasing odds ratios corresponding to more recent cannabis use. Overall, the results of the multinomial logistic regression models were:

- Adolescents who were out past midnight in the previous week were increasingly more likely to report cannabis use more than 12 months ago (AOR = 1.76, 95 % CI:1.18–2.64), within the last 12 months (but more than one month ago) (AOR = 2.23, 95 % CI:1.68–2.96), and within the last 30 days (AOR = 4.85, 95 % CI:3.78–6.22) (vs. never).
- Each standard deviation decreased in parental rule-setting increased the odds of cannabis use in the last 30 days by 27 % (AOR = 1.27, 95 % CI:1.14–1.41).
- Similarly, each one standard deviation decreased in intergenerational closure significantly raised the odds of cannabis use within the previous year (AOR = 1.37, 95 % CI:1.24–1.52) and the last 30 days (AOR = 1.47, 95 % CI:1.33–1.63) (vs. never).
- Lower parental monitoring was associated with greater odds of cannabis use in all time frames: more than 12 months ago (AOR = 1.43, 95 % CI:1.24–1.65), within the last 12 months (AOR = 1.76, 95 % CI:1.59–1.95), and the last 30 days (AOR = 2.06, 95 % CI:1.87–2.28).
- With respect to participation in organised extracurricular activities, adolescents who did not regularly engage in supervised sports outside of school with a club/team were more likely to have used cannabis within the previous year (but more than one month ago) (AOR = 1.28, 95 % CI:1.02–1.61), and within the last 30 days (AOR = 1.49, 95 % CI:1.18–1.88), respectively (vs. never).
- Students who did not regularly participate in music/art/drama/dance were 40 % more likely to report cannabis use within the last year (but more than one month ago) (AOR = 1.40, 95 % CI:1.07–1.84) (vs. never).
- The findings for music/art/ drama/dance were less consistent and did not demonstrate a clear gradient effect. For example, no statistically significant association was found between lack of engagement in music/art/drama/dance and cannabis use within the previous 30 days (AOR = 1.14, 95 % CI:0.88–1.49) (vs. never).
- Respondents who did not regularly engage in volunteering were 47 % more likely to have used cannabis within the previous year (but more than one month ago) (AOR = 1.47, 95 % CI:1.10–1.95), and 55 % more likely to have used cannabis within the previous 30 days (AOR = 1.55, 95 % CI:1.15–2.08) (vs. never).

(Daly et al. 2025c)

## Stimulant findings

The research on stimulant use found that 167 out of 4890 (3.4%) and 136 out of 4895 (2.8%) adolescents had used cocaine and ecstasy, respectively. Almost half of the participants in both data sets were female (49.7%), and the majority were aged 16 years (62.8% and 62.7% of the cocaine and ecstasy samples, respectively). Analysis findings related to the exposure variables included:

- Being outside after midnight during the previous week was associated with lifetime stimulant use (cocaine AOR=5.63, 95%CI: 3.98,7.97; ecstasy AOR=6.37, 95%CI: 4.36,9.30) (vs. never).
- Adolescents who reported “bad/very bad” mental health had over three times the odds of previous cocaine use (AOR=3.63, 95%CI: 2.39, 5.49), and over five times the odds of previous ecstasy use (AOR=5.15, 95%CI: 3.09, 8.59) (vs. “good/very good”).
- A lack of parental rule-setting (cocaine AOR=1.28, 95%CI: 1.10, 1.50; ecstasy AOR=1.39, 95%CI: 1.17,1.64), lack of parental monitoring (cocaine AOR=1.81, 95%CI: 1.58,2.06; ecstasy AOR=2.15, 95%CI: 1.86, 2.48), and reduced intergenerational closure (cocaine AOR=1.37, 95%CI: 1.18,1.58; ecstasy AOR=1.57, 95%CI: 1.34,1.83) were associated with lifetime stimulant use.
- Teenagers who did not participate regularly in sport had increased odds of previous cocaine use (in a club/team AOR=1.50, 95%CI: 1.06,2.11; outside of a club/team AOR=1.45, 95%CI: 1.03,2.04) and ecstasy use (in a club/team AOR=1.54, 95%CI: 1.05,2.27; outside of a club/team AOR=1.79, 95%CI: 1.56,3.12).

(Daly et al. 2025b)

## T4. Additional information

**The purpose of this section is to provide additional information important to prevention in your country that has not been provided elsewhere.**

**Please structure your answers around the following questions.**

**T.4.1 (Optional) Please describe any additional important sources of information, specific studies or data on prevention, information on work place prevention. Where possible, please provide references and/or links.**

### T4.1 Additional information

T4.1

This section presents findings from studies that explore the broader context of prevention, from the Irish situation.

- a) Growing Up in Ireland survey outputs

- b) Understanding knowledge and attitudes towards alcohol consumption – findings from the Evidence into Action Project (EVID-ACTION)
- c) Seminar: Using Implementation Science to Support the Prevention of Substance Use in Ireland

### **a) Growing Up in Ireland survey outputs**

In 2023, the HRB partnered with Trinity College Dublin to examine the alcohol- and drug-related data collected in the nationally representative, longitudinal Growing Up in Ireland (GUI) study. A series of publications have come from this collaboration, including three which have findings that should be of interest to the EUDA in understanding the broader context of prevention. These are covered in detail in the *2025 Drugs workbook*. A brief note on the results of each of the three is provided here.

*Brennan MM, Mongan D, Doyle A, et al. (2025) Early and risky adolescent alcohol use independently predict alcohol, tobacco, cannabis and other drug use in early adulthood in Ireland: a longitudinal analysis of a nationally representative cohort. BMC Public Health, 25: 1129. Available from: <https://www.drugsandalcohol.ie/42914/>*

In the first paper by Brennan et al., adjusted modelling analysis consistently showed that age of alcohol initiation and risky alcohol use during adolescence independently predict high-risk alcohol use, tobacco use, cannabis use, and other drug use in early adulthood. The results of the analysis showed that of the 4,554 participants who completed all 4 waves of the survey, over one-quarter (27%) had their first alcoholic drink at age 14 years or under and by age 17 years, 6% had an AUDIT score of 15 or higher, indicating high-risk drinking patterns; by age 20 years (Wave 4), this had increased to 14% of participants. Over one-third were smokers at age 20 years (38%), almost one-quarter were cannabis users (24%), and 28% had used other drugs in the past year.

*Mongan DD, Millar S, Brennan M, et al. (2025) Associations and mediating factors between adverse childhood experiences and substance use behaviours in early adulthood: a population-based longitudinal study. Addict. Behav, 161, 108194. Available from: <https://www.drugsandalcohol.ie/42204/>*

The second paper, by Mongan et al., explores exposure to adverse childhood experiences (ACEs) and associations with drug use among young adults in Ireland. The study found that children who have experienced ACEs are at higher risk of future substance use and problematic drug use. ACE exposure relationships with current cannabis use, other illicit drug use, and problematic drug use were observed. In particular, young adults who had experienced two ACEs or three or more ACEs had an approximate twofold (OR=1.80, 95% CI: 1.29, 2.51) and approximate threefold (OR=2.94, 95% CI: 2.06, 4.19) increased odds of problematic drug use, respectively, when compared with participants who had experienced no ACEs during the study period. More detail is available in the *2025 Harms workbook*, Section T1.6.1.

Brennan M, Cavallaro M, Mongan D, et al. (2025) Factors associated with cocaine use at 17 and 20 years old: a longitudinal analysis of a nationally representative cohort. *J Adolesc. Health*, 76, (3), pp. 488-498. <https://doi.org/10.1016/j.jadohealth.2024.10.033>.

<https://www.drugsandalcohol.ie/42204/>

The third paper, by Brennan et. al., explored the factors associated with cocaine use among young adults in Ireland. The results reported were that 221 (3.7%) self-reported cocaine use at age 17 years and 1,072 (22.9%) at age 20 years. Alcohol use at age 14 years or younger was associated with eight times the odds of cocaine use at age 17 years (aOR 8.0, 95% CI 1.7–37.3) and 19 times at age 20 years (aOR 19.2, 95% CI 8.6–43.2). Peer cannabis use was associated with seven times the odds of cocaine use at age 17 years (aOR 7.3, 95% CI 2.9–18.3) and double at age 20 years (aOR 2.4, 95% CI 1.8–3.2). Growing up in a neighbourhood where substance use was common doubled the odds of cocaine use at age 17 years (aOR 2.4, 95% CI 1.3–4.4). The authors note that the sharp increase in cocaine use between age 17 years and age 20 years suggests that this period is crucial for intervention, and that delaying alcohol initiation and reducing cannabis exposure may help prevent cocaine use later in adolescence and young adulthood. In addition, targeted public health interventions, especially in high-risk environments, may be necessary in order to curb rising cocaine use. More detail is available in the 2025 *Drugs* workbook, Section B, T1.1.3.

#### **b) Understanding knowledge and attitudes towards alcohol consumption – findings from the Evidence into Action Alcohol Project (EVID-ACTION)**

This section is based on the following article: Doyle A (2025) *Understanding knowledge and attitudes towards alcohol consumption – findings from the Evidence into Action Alcohol Project (EVID-ACTION)*. *Drugnet Ireland*, Issue 90, Winter 2025, pp. 19-22. Available from:

<https://www.drugsandalcohol.ie/42804/>

#### **Introduction**

Alcohol use is highest in the World Health Organization (WHO) European region (World Health Organization 2024). Cancer is the leading cause of death due to alcohol use in Europe and yet, awareness of this risk between alcohol use and seven different cancers is low, particularly for breast cancer (O’Dwyer and Mongan 2019) (Doyle 2023). Collaborating with the EU, the WHO aims to reduce alcohol use and related harms and increase awareness of the risks through a project called the WHO-EU Evidence into Action Alcohol Project (EVID-ACTION), co-funded by the EU as part of Europe’s Beating Cancer Plan (European Commission 2021) (World Health Organization 2023). The project covers 30 countries, including Ireland, and the focus is on building evidence for the case for alcohol health warning labels, supporting and sharing experiences and expertise among members, and providing tools and training to support implementation of screening and brief interventions in a variety of contexts. To gain a better understanding of the current level of knowledge and attitudes towards alcohol use, a survey was completed in five European countries, including Ireland. The findings from the Irish sample are presented here.

## **Methodology**

An online survey was conducted among a sample of 620 participants (49.6% female) aged between 18 and 84 years and included questions about alcohol use, opinion on Irish policies on alcohol, social and cultural norms, knowledge of health consequences of alcohol use, exposure to health information about alcohol use and exposure to alcohol advertising, and opinions about alcohol initiation.

## **Results**

### *Drinking patterns*

Just 7.3% of the sample reported that they were non-drinkers and over one-half reported drinking at least weekly (50.3%), 22.1% reported drinking at least five standard drinks on a typical drinking occasion, and 37.5% indicated that they drink enough to feel drunk at least once per week. Most respondents consider themselves to be an occasional drinker (32.9%) or a social drinker (24.3%) and just 2.1% consider themselves to be a binge drinker.

### *Opinions on alcohol use*

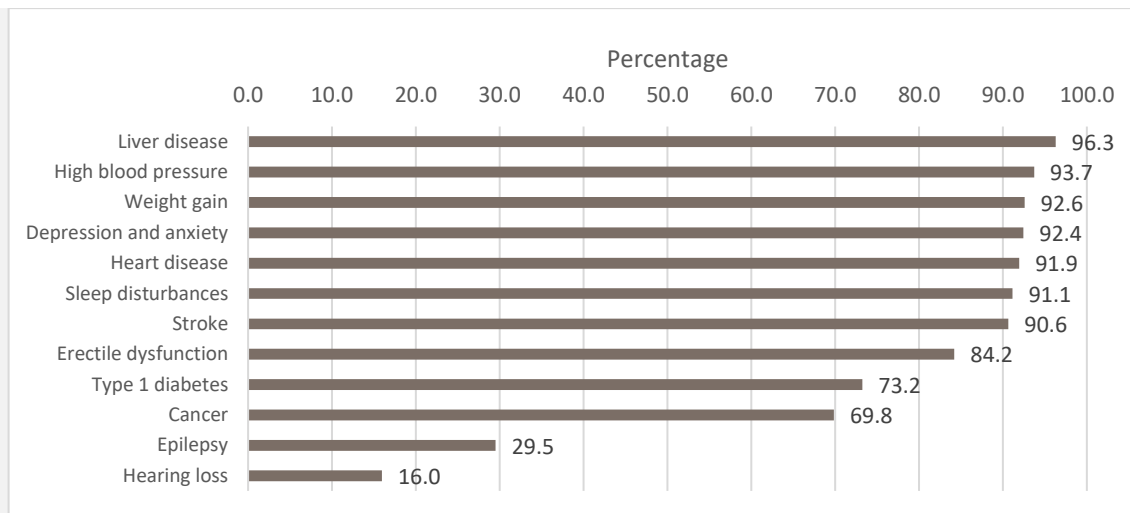
When asked how 'worth it' they consider drinking alcohol is, responses were fairly evenly divided, with 46.5% claiming drinking alcohol is 'worth it' and 53.5% claiming it is 'not worth it'.

Most respondents felt that it was 'acceptable' to start drinking at age 18 years or older (81.7%) and to get drunk for the first time at age 18 years or older (90.5%).

The majority of respondents felt that regularly consuming alcohol at social gatherings is common among the population of Ireland (75%), 58.9% stated that they think regularly drinking alcohol at home is common, and 60.7% felt that most people are comfortable drinking while children are present.

### *Risk factors associated with alcohol use*

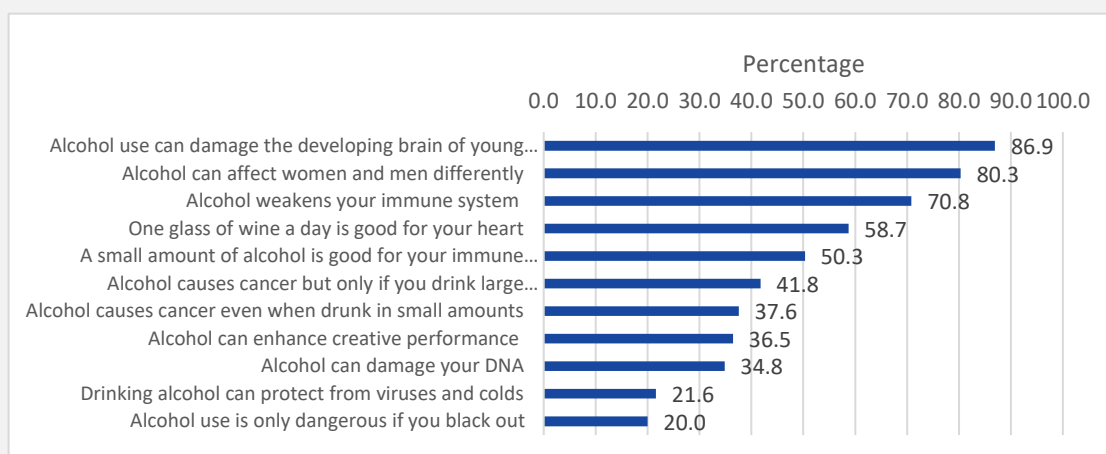
The majority of respondents recognised that alcohol use can cause liver disease (96.3%) and 69.8% were aware of the risk of cancer due to alcohol use (Figure 1).



**Figure 1: Percentage of respondents indicating that alcohol can cause the listed health conditions**

Respondents were also asked what, if any, cancer types did they think can result from alcohol use. Two-thirds of respondents recognised that liver cancer is associated with alcohol use (66.5%). Awareness of other cancers that are associated with alcohol use was lower. For example, 30.0% said throat cancer can result from drinking alcohol, 29.2% said mouth cancer, and just 17.3% recognised the link with breast cancer.

Knowledge of other risk factors associated with alcohol use was mixed. The majority of respondents recognised that alcohol use is damaging to a developing brain (86.9%). Fewer respondents were aware that alcohol can cause cancer even at small amounts (41.8%) (Figure 2).



**Figure 2: Percentage of respondents who indicated that the statements listed were true**

Almost one-half of respondents strongly agreed that alcohol harms not only the drinker but others too (46.5%), and 46.0% felt strongly that young people should be taught by parents how to 'drink in moderation'.

## Sources of information about alcohol and exposure to alcohol advertising

Alcohol advertising was noticed more by respondents than was information about alcohol and health (Table 1).

**Table 1: Sources where respondents encountered information about alcohol and health, and alcohol advertising in the last 12 months (%)**

Sources	Information about alcohol and health	Alcohol advertising
TV or streaming services	32.6	49.0
Social media	30.5	40.6
Websites of health authorities	28.7	36.1
Printed media (newspapers/magazines)	26.9	31.3
At a health services location (e.g. doctor's waiting room)	25.2	24.8
Radio	25.2	24.4
Billboard	13.2	11.6

Two-fifths of respondents indicated that they find healthcare providers a very trustworthy source of information about the relationship between alcohol use and health, whereas just 9.8% said the same about non-profit organisations funded by the alcohol industry.

### Opinion on alcohol policy

Over one-third of respondents strongly disagreed that the price of alcohol should be increased (35.4%). However, there was greater support for health warning labelling and limiting alcohol advertising (29.9% and 27.5%, respectively strongly agreed).

There was strong agreement for implementing strict drink-driving measures (55.4%), increasing treatment for alcohol use disorders (46.8%), providing funding for school educational programmes (42.9%), and providing funding for communication campaigns on alcohol and health (35.3%).

### Conclusion

The findings from this survey confirm that the majority of people in Ireland drink alcohol, and drink regularly. Although awareness of the link between alcohol use and liver disease and liver cancer was high, there was poor awareness of the link between alcohol use and breast cancer (17.3%). The findings are similar to those of an Irish study based on a representative sample of the population, that found 21% were aware of this link (Doyle 2023).

The survey indicated that exposure to alcohol advertising is high among the sample, particularly on TV, streaming services and on social media. The commencement of Section 19 of the Public Health (Alcohol) Act 2018, (broadcast watershed), in January 2025 will have limited some of this exposure to alcohol advertising on TV at least.

Support for alcohol policies is high among respondents, with strong support for health warning labelling on alcohol products which is due to commence in Ireland in May 2026.

### **c) Seminar: Using Implementation Science to Support the Prevention of Substance Use in Ireland**

On 17 April 2025 the National Focal Point, in collaboration with the HSE, held an event titled 'Using Implementation Science to Support the Prevention of Substance Use in Ireland'. Policy and practice stakeholders interested in the field of prevention attended the event.

Implementation science helps apply the findings of scientific research in practice to achieve better outcomes in intervention practice and service delivery. The session introduced basic concepts of implementation science and described the skills needed to use implementation best practices in stakeholders' work to support change in service systems.

The seminar considered three implementation practices, including: 1) selecting prevention models that are a strong contextual fit for the population and community being supported; 2) selecting and tailoring implementation strategies that can increase the likelihood that implementation will be successful in the relevant context; and 3) describing the critical role relationships play in implementation and how trust can be built within and across teams and partnerships. Participants spent time in small groups to reflect on these three topics and how they are relevant for implementing and sustaining prevention services for substance use in Ireland.

The session was led by Professor Alison Metz, a specialist in implementation science with a particular emphasis on the social impact of human services on young people and families. Professor Metz gave an overview of the principles and use of implementation science and facilitated a discussion to help participants learn about implementation science and how it might be used to increase effectiveness in prevention work. Slides from her presentation are available from: <https://www.drugsandalcohol.ie/43098/>

Professor Ross MacMillan, University of Limerick presented an overview of the RePS project, a review of prevention services in Ireland, commissioned by the Health Research Board. See Section T3.1 of this workbook for more detail on RePS in Ireland.

**T.4.2 (Optional) Please describe any other important aspect of prevention that has not been covered in the specific questions above. This may be additional information or new areas of specific importance for your country.**

**All relevant information is covered in previous sections.**

## T5. Sources and methodology

The purpose of this section is to collect sources and bibliography for the information provided above, including brief descriptions of studies and their methodology where appropriate.

Please structure your answers around the following questions.

### T.5.1 Please list notable sources for the information provided above:

Please see full bibliography below.

**Other sources of information:**

CSO: [www.cso.ie](http://www.cso.ie)

Department of Children, Disability and Equality: <https://www.gov.ie/en/department-of-children-disability-and-equality/>

Department of Education and Youth: [www.education.ie](http://www.education.ie)

Department of Health (including the Drugs Policy and Social Inclusion Unit and the Tobacco and Alcohol Control Unit): [www.health.gov.ie](http://www.health.gov.ie)

HSE: [www.HSE.ie](http://www.HSE.ie)

Houses of the Oireachtas (parliament): [www.oireachtas.ie](http://www.oireachtas.ie)

HRB National Drugs Library: [www.drugsandalcohol.ie](http://www.drugsandalcohol.ie)

Irish legislation: [www.irishstatutebook.ie](http://www.irishstatutebook.ie)

UBU Your Place Your Space: [www.ubu.gov.ie](http://www.ubu.gov.ie)

AAI: <http://alcoholireland.ie/campaigns/silent-voices/>

### T.5.2 Where studies or surveys have been used please list them and where appropriate describe the methodology

Where appropriate, methodologies are outlined in Section T3.1 and Section T4.1 of this workbook.

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