Focal Point Ireland: national report for 2017 - Prevention

Health Research Board. Irish Focal Point to the European Monitoring Centre for Drugs and Drug Addiction

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0. Summary

National profile

The new drug and alcohol strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025,* which was launched in July 2017*,* 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' (p. 17, (Department of Health 2017)). In essence, the approach outlined is similar to that of the previous strategy. Goal 1 is underpinned by three objectives, each of which has a set of actions covering the period 2017–2020:

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

Under Goal 1, the agencies identified as either the 'lead' or 'partners' for the delivery of specific actions are: Department of Health, Health Service Executive, Department of Education and Skills, Department of Children and Youth Affairs, Child and Adolescent Mental Health Services, Tusla, Drug and Alcohol Task Forces, and the Health Research Board. The bulk of funding continues to be provided by the statutory sector, with some additional funding from philanthropists.

Environmental prevention interventions in Ireland are focused around increasingly restrictive alcohol and tobacco controls. The controls around alcohol include relatively high taxes on alcohol; drink-driving restrictions; local authority bye-laws prohibiting the consumption of alcohol in public spaces; and age restrictions on the purchase and sale of alcohol. There are similar restrictions on tobacco use. From 30 September 2017, all tobacco packs manufactured for sale in Ireland must be in standardised retail packaging. There is also a Government commitment to enact the Public Health (Alcohol) Bill 2015 by end 2017. If enacted, it will have major implications for environmental prevention activity in Ireland.

A range of **universal prevention** programmes is run at both local and national levels. At a national level these include online resources (e.g. http://www.drugs.ie/ , http://www.askaboutalcohol.ie/), substance misuse awareness campaigns and whole-school prevention programmes (e.g. Social Personal and Health Education, Wellbeing). Community programmes continue to take the form of alternative leisure time activities, including youth cafés, recreational arts, and sports activities. Internationally recognised family interventions also continue to be delivered, for example the Strengthening Families Programme (SFP). There have been no project or programme evaluations published in the community or family interventions area since the 2016 National Report.

A range of **selective interventions** is delivered by Drug and Alcohol Task Forces who have organised, for example, local and regional awareness initiatives and community action on alcohol in socially and economically disadvantaged communities. Interventions are also funded under the Young People's Facilities and Services Fund, which aims to prevent drug misuse through the development of youth facilities, including sport and recreational facilities. *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025,* (Department of Health 2017) contains an action to develop a new scheme to improve services for young people at risk of substance misuse in socially and economically disadvantaged communities. There is also ongoing work in tackling educational disadvantage under the Delivering Equality of Opportunity in Schools (DEIS) programme.

Evidence on **indicated programmes** is limited. Child and Adolescent Mental Health Services (CAMHS) teams are the first line of specialist mental health services for children and young people. The service is provided by multidisciplinary teams, including psychiatrists, psychologists, nurses, social workers, speech and language therapists and occupational therapists.

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). A strategic review of the NQSF's implementation is expected to be finalised in 2017; this will determine its future role and format (personal communication, Youth Affairs Unit, Department of Children and Youth Affairs, July 2017). From 2017, the quality standards for volunteer-led youth groups have been incorporated into the Local Youth Club Grant Scheme (Department of Children and Youth Affairs 2013).

Trends

The new national drug strategy (2017–2025) has continued with the common prevention threads that ran through previous strategies. These threads 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. The objectives also recognise that certain groups and communities may be at a higher risk of misusing drugs than the general population, and therefore may require additional resources and supports. The types of interventions delivered as part of drug prevention have remained much the same over the past 10 years.

Where change can be seen is in terms of a growing focus on environmental prevention; this is reflected in the increasingly restrictive controls on alcohol and tobacco. Overall, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017) would indicate that prevention will continue to be delivered using similar kinds of interventions as in previous years.

New developments

- The new drug and alcohol strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017–2025*
- Enactment of the Public Health (Standardised Packaging of Tobacco) Act 2015
- Launch of the new public information site on alcohol: http://www.askaboutalcohol.ie/
- Rollout of the new Wellbeing programme across schools
- A new action plan for delivery of the DEIS programme that targets educational disadvantage.

1. National profile

1.1 Policy and organization

1.1.1 Main prevention-related objectives of national drug strategy

The new drug and alcohol 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). This is a move away from the structure of the previous strategy, in which prevention was one of five pillars. Goal 1 of the new 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' (p. 17, (Department of Health 2017)). In essence, the approach outlined is similar to

that of the previous strategy. The goal is underpinned by three objectives, each of which has a set of actions covering the period 2017–2020.

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 not only focus on building awareness but also on developing life skills. It also promotes a joined-up approach between 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. There are two specific actions for its delivery:

- 'To ensure that the commitment to an integrated public health approach to drugs and alcohol is delivered as a key priority' – this includes promoting approaches to mobilising community action on alcohol.
- 'To improve the delivery of substance use education across all sectors, including youth services, services for people using substances and other relevant sectors' – this includes developing a guidance document to ensure it is delivered in accordance with 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 to achieve good physical, mental, social and emotional health and well-being, to make positive choices, to be safe and protected from harm, and to realise their potential. It focuses on prevention from the perspective of 'school-based interventions', 'out of school interventions', and those focused on preventing early school leaving. There are six actions associated with this objective:

- 'To support the SPHE programme' – by continuing to build on strong school-community links and supporting the continued professional development of relevant service providers'
- 'To promote a health promotion approach to addressing substance misuse' – through the implementation and delivery of a new Wellbeing programme in all primary and post-primary schools'
- 'To improve supports for young people at risk of early substance use' – delivery of this action is structured around strategies and supports to prevent early school leaving
- 'To review senior cycle programmes and vocational pathways in senior cycle with a view to recommending areas for development'
- 'To facilitate increased use of school buildings for afterschool care and out-of-hours use to support local communities'
- 'To improve services for young people at risk of substance misuse in socially and economically disadvantaged communities' – it is proposed to develop a new scheme for this action that would focus on socially and economically disadvantaged communities.

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

This objective focuses on prevention and harm reduction interventions targeting particular at-risk groups, including 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 (IPED), and New Psychoactive Substance users. The actions linked to this objective are:

- 'To mitigate the risk and reduce the impact of parental substance misuse on babies and young children' – four key ways of delivering on this are identified, including running programmes with high-risk families, building awareness of 'hidden harm', developing protocols between stakeholders to facilitate a coordinated response to the needs of these children, and ensuring that adult substance use services identify those who have children and 'contribute actively to meeting their needs'

- ‘To strengthen the lifeskills of young people leaving care in order to reduce their risk of developing substance use problems’
- ‘To strengthen early harm reduction responses to current and emerging trends and patterns of drug use’ – a working group will be established to look at the options, including drug testing and amnesty bins.

Section 4.2 of this workbook provides a summary of the key elements of youth strategy related to the national drug strategy. While not referred to specifically in *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017–2025* (Department of Health 2017), they provide important policy context for the delivery of prevention interventions in Ireland.

1.1.2 Organisational structure responsible for the development and implementation of prevention interventions

The action plan (2017–2020) that forms part of the national drug strategy identifies the agencies with specific responsibility for each action (Department of Health 2017). Under the prevention goal, the agencies identified as either the ‘lead’ or ‘partners’ for the delivery of specific actions are: Department of Health, Health Service Executive, Department of Education and Skills, Department of Children and Youth Affairs, Child and Adolescent Mental Health Services, Tusla, Drug and Alcohol Task Forces, and the Health Research Board.

1.1.3 Funding system underlying prevention interventions

The bulk of funding is provided by the statutory sector with some small assistance from philanthropists.

1.1.4 Optional national action plan for drug prevention in schools

There is no specific national action plan for drug prevention in schools in Ireland. School is one of the environments covered under the first national drug Strategy goal: ‘to promote and protect health and well-being’. There are two broad strands of interventions in the school setting:

- The provision of universal prevention programmes, including the longstanding Social, Personal and Health Education (SPHE) programme and the new Wellbeing programme.
- Programmes aimed at preventing early school leaving, including DEIS, the School Completion Programme, and Meitheal.

These interventions are discussed in more detail in sections 1.2.2 and 1.2.3 below.

1.2 Prevention interventions

1.2.1 Environmental prevention interventions and policies

Environmental prevention interventions in Ireland are focused around increasingly restrictive alcohol and tobacco controls. However, there is also some focus on developing strategies at a local level to change the environment in which substance use takes place, rather than just focusing on the ‘problem users’. In the 2016 National Report a pilot project to implement community mobilisation measures to tackle alcohol-related harm in high-risk local communities was reported on (Galligan 2015). While there is no new research on this approach in Ireland, the new national drug and alcohol strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025,* supports promoting approaches to mobilising community action on alcohol. The controls around alcohol and tobacco are outlined below.

Alcohol

As reported on in the 2016 National Report, there are a number of measures in place to control alcohol use. In summary:

- Tax on alcohol, including excise duty and value-added tax (VAT) remains high, although it was not increased in the budget for 2018.
- It is illegal to drive with a blood alcohol concentration (BAC) of above 50 mg for all drivers, or 20 mg for learner, newly qualified or professional drivers.
- While there is no national legislation prohibiting drinking in public spaces, each local authority is entitled to pass bye-laws prohibiting the consumption of alcohol in public spaces within its area.
- It is an offence to:
    - Buy alcohol if you are under the age of 18
    - Pretend to be 18 or over in order to buy or consume alcohol
    - Sell alcohol to anyone under the age of 18
    - Buy alcohol for anyone under the age of 18.
- Children (anyone under the age of 18) are only allowed on licensed premises between 10.30 am and 9.00 pm, although 15–17-year-olds may remain after 9.00 pm if at a private function.

As described in section 3.1 of the Policy workbook, the Public Health (Alcohol) Bill 2015 has faced further delays, but there has been a renewed Government commitment to enact the Bill by the end of 2017. If enacted, it will have major implications for environmental prevention activity in Ireland. The Bill addresses alcohol as a public health issue for the first time and it aims to reduce alcohol consumption in Ireland to 9.1 litres of pure alcohol per person per annum by 2020 and to reduce alcohol-related harm. In summary, the main provisions of the Bill include:

- Minimum unit pricing to tackle the sale of cheap alcohol, particularly in the off-trade sector
- Compulsory health labelling of alcohol products
- The regulation of advertising and sponsorship of alcohol products. Advertising would be banned near schools, early years services, playgrounds and around public transport. Advertising would also be prohibited in sports grounds for events where the majority of competitors or participants are children. Merchandising of children's clothing would be restricted.
- The structural separation of alcohol products in mixed-trading outlets
- Promotions whereby alcohol products are sold at a reduced price or free of charge would be restricted or banned.

Tobacco

In May 2016, the new Government renewed its commitment to making Ireland tobacco free by 2025 (Government of Ireland 2016); in other words, reducing the prevalence rate of smokers to less than 5%. Therefore, national policy on tobacco control continues to be guided by the 2013 report *Tobacco Free Ireland* (Tobacco Policy Review Group 2013). The report has two key themes: protecting children and denormalising smoking. As reported in the 2015 workbook (Health Research Board and Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2016), the most recent prevalence estimate suggests that in 2014 19.5% of the population reported smoking one or more cigarettes each week. This represents a steady decline from an estimated 28.2% of the population who reported smoking one or more cigarettes each week in 2003 (Hickey P and Evans DS 2014). However, a recent report has raised some concern about the use of 'roll your own' (RYO) cigarettes. It found that the proportion of smokers using RYOs has increased significantly from 3.5% in 2003 to 24.6% in 2014 (Evans*, et al.* 2017). The findings of this study are presented in section 4.1 of this workbook.

The tobacco control measures outlined in the 2016 workbook (Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2017) continue to be in place. In summary:

- Smoking is illegal in all enclosed workplaces, for example offices, shops, bars, restaurants and factories.
- Smoking in motor vehicles in which a person under the age of 18 is present is banned.
- The sale of tobacco products to anyone under the age of 18 is illegal.
- The sale of cigarettes in packs of fewer than 20 is banned.
- All point-of-sale advertising of tobacco products is banned.
- Tobacco products must be stored out of sight of the customer.
- Tax on tobacco has increased since the 2016 workbook (Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2017), with an additional 50 cent being added to a packet of 20 in the 2017 Budget. (The cost of a packet of 20 cigarettes is now €11–€11.50 for the most popular brands, with a pro rata increase on other tobacco products, including rolling tobacco.)

Public Health (Standardised Packaging of Tobacco) Act 2015
After a number of delays, the standardised packaging provisions of the Public Health (Standardised Packaging of Tobacco) Act 2015 came into force in September 2017. From 30 September 2017 all tobacco packs manufactured for sale in Ireland must be in standardised retail packaging. There is a 'wash through' period of 12 months for products manufactured and placed on the market before30 September 2017. Under this legislation:

- Tobacco packs will not be allowed to have any form of branding, including trademarks, logos, colours and graphics.
- A uniform typeface will be used for all brand and variant names.
- All packs will be in one neutral colour.

In announcing the enforcement date for the legislation, the Minister for Health, Simon Harris, said: 'Standardised packaging of tobacco products is one such evidence-based measure that will assist in achieving our overarching goal of having Ireland tobacco free by 2025.'
(Press release http://www.drugsandalcohol.ie/27101/)

1.2.2 Universal prevention interventions

A range of universal prevention programmes is run at both local and national levels. At a national level, these include: online resources, substance misuse awareness campaigns and whole-school prevention programmes. These are described in more detail in the sections below. Community programmes continue to take the form of alternative leisure time activities, including: youth cafés, and recreational arts and sports activities. Internationally recognised family interventions also continue to be delivered, for example the Strengthening Families Programme (SFP). There have been no project or programme evaluations published on the community or family interventions area since the 2016 National Report. Delivery of the community and family programmes tends to be focused on areas of most need – see section 1.2.3 below on selective prevention.

- **On-line awareness**

Askaboutalcohol.ie
In March 2017, the Health Service Executive (HSE) set up a new public information site on alcohol – askaboutalcohol.ie. It aims to be an evidence-based information source on alcohol risk that can enable people to manage their own health better. Its content has been designed to complement measures in the Public Health (Alcohol) Bill 2015, although the Bill has yet to be enacted (see section 1.2.1). The site provides information on the physical and mental health effects of alcohol; tools to help users assess their drinking, including a 'drinks calculator'; and links to service providers. The communications campaign that coincided with the launch of the site featured supporting promotional materials, social media content, radio advertisements and a digital marketing campaign.

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 substance use information for the general public. It provides information on drugs and alcohol. Elements 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.

Universal prevention in education
There has only been limited change in the area of school prevention education since the 2016 National Report. The Social, Personal and Health Education (SPHE) programme continues to be the main vehicle through which substance use prevention is delivered in both primary and post-primary schools. The programme is a mandatory part of the primary and post-primary (Junior Cycle) school curriculum, and supports the personal and social development, health and well-being of students through 10 modules, including a module on substance use. The themes and content of modules are built around helping students to understand the nature of social influences that impact on their development and decision-making, and helping them to develop adequate life skills to improve their self-esteem, develop resilience, and build meaningful and trusting relationships. The 'Walk Tall' and 'On My Own Two Feet' programmes, which are substance misuse prevention programmes, have been integrated into the SPHE curriculum for primary and post-primary schools respectively.

There have been no new published reports on the implementation of the SPHE programme in primary or post-primary schools. As reported in previous workbooks:

- The overall quality of teaching and learning through SPHE in primary schools was found to be 'good' or 'very good'. The majority of parents surveyed (96%) agreed that the school helped their child's social and personal development, although a sizeable proportion (24%) did not know how the school dealt with bullying (Department of Education and Skills 2013a).

- The vast majority of post-primary schools were complying with the curriculum requirement to timetable SPHE for at least one period per week. The deployment of staff to deliver SPHE was considered 'good' or 'very good' in over 80% of schools visited. Schools were encouraged to promote a whole-school approach to the provision of SPHE, i.e. personal and social development of students is supported through an integrated and structured set of initiatives such as anti-bullying and positive mental health interventions. The inspectors reported that in 90% of the schools visited the quality of the whole-school approach was 'good' or 'very good' (Department of Education and Skills 2013b).

Wellbeing
From September 2017, SPHE has been incorporated into a new area of learning for Junior Cycle secondary-school pupils called 'Wellbeing'. Wellbeing is a compulsory element of the curriculum and its development and implementation forms a key part of the Department of Education and Skills *Action Plan for Education 2016-2019* (Department of Education and Skills. 2016). Through the Wellbeing programme students learn the knowledge, attitudes and skills to enable them to protect and promote their own well-being and that of others. A total of 300 hours will be devoted to the 'wellbeing' area from 2017 to 2020 (over the course of three years); by 2020, this will increase to 400 hours as a new Junior Cycle is implemented in schools. This will represent the equivalent of one-seventh of a student's learning time. 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 as they consider appropriate for their students. For the purposes of this strand of learning, well-being is described as being broader than mental and physical health – it also includes social, emotional, physical, spiritual, intellectual and environmental aspects.
The 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. Rather, they 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: active, responsible, collective, resilient, respected and aware. A set of Wellbeing Guidelines has been developed to provide schools with support for planning their programme. They cover:

- Background and rationale for Wellbeing
- Wellbeing and the Framework for Junior Cycle
- Wellbeing – a whole-school approach to Wellbeing
- Wellbeing and the curriculum
- Assessment and reporting
- Tools for getting started.

Evaluation of the programme will be 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) The Department of Education and Skills has also committed in its Action Plan for 2017 to publish a set of well-being indicators against which outcomes will be measured. It has also committed to commence whole-school evaluations and subject evaluations in SPHE and the other well-being subjects (Department of Education and Skills 2017).

- **Garda Schools Programme**

There is no new information available on the Garda Schools Programme since the 2016 National Report. The programme is delivered in both primary and secondary schools. Substance use is addressed as part of a much broader programme focusing on educating young people about the role of the Gardaí and promoting responsible behaviour. The content focuses on drug information and was designed and developed in conjunction with the Department of Education and the SPHE syllabus. The programme consists of a series of presentations given to schoolchildren by their local Gardaí on the role of the Garda, road/cycle safety, bullying, vandalism, personal safety, drugs, crime prevention and respectful online communication. Coordination of the programme's delivery is handled on a local basis, with local Gardaí undergoing two days' training to be able to deliver it. While the programme aims to achieve national coverage, the current level of coverage is unclear. In addition, while the number of schools in which the programme has been delivered is monitored centrally by the Garda Schools Programme Office, this number is not publicly available (personal communication, Garda Schools Programme Office, July 2017).

The National Educational Psychological Service (NEPS)
As outlined in the 2016 workbook (Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2017), the National Educational Psychological Service (NEPS) works with primary and secondary schools to support the development of academic, social and emotional competence and well-being of all children (Department of Education and Skills 2016). Its 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'. Links are made in *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017–2025*(Department of Health 2017) to NEPs through actions linked to the DEIS *Action Plan 2017* (Department of Education and Skills. 2017) and the Department of Education's plan (Department of Education and Skills 2017).

NEPS delivers 'a consultative, tiered service delivery model to schools, in line with international best practice for the effective and efficient delivery of educational psychological services' (Department of Education and Skills 2016) (p. 245). At a whole-school level, 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, NEPS works with teachers and parents to enable them to intervene effectively to meet the pupil's needs. NEPS will also work directly with pupils where necessary.

Profile of service users
While NEPS is particularly focused on children with special educational needs (SENs), it also works with those groups of children who are at risk of marginalisation (for example, socioeconomically disadvantaged groups, immigrant/migrant populations, and Traveller populations) and children and young people with social, emotional or behavioural difficulties. The most recent data available on the primary reasons for referrals were from the school year 2014/15. As follows:

- Learning difficulties: 63%
- Social/emotional/behavioural difficulties: 20%
- Review: 8%
- Irish exemption/poor attendance/school exclusion/other: 7%
- Placement advice: 2%.

There is no further detail available on the outcomes of the work carried out with these young people. However, NEPS provides some limited universal prevention interventions.

NEPS 'Incredible Years' and 'FRIENDS' programmes

Of relevance to universal prevention in schools is the NEPS training that psychologists provide for teachers to implement evidence-based programmes and practices that promote resilience and social and emotional competence in children and young people. The service has prioritised the delivery of two programmes in particular: the Incredible Years Teacher Classroom Management Programme (IYTCM) and the FRIENDS programmes. Positive findings for both the NEPS 'Incredible Years' programme and the 'Friends' programme were found in evaluations carried out in the Irish context and were reported on in the 2016 workbook (Davenport and Tansey 2009); (McGilloway*, et al.* 2011) (Henefer and Rodgers 2013) (Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2017).

The IYTCM programme is a classroom-based prevention and early intervention programme designed to reduce conduct problems and promote children's prosocial behaviour. NEPS has 140 psychologists who are accredited trainers. In 2014–2015, they delivered 20 IYTCM programmes to 400 teachers (Department of Education and Skills 2016).

The FRIENDS programmes are school-based anxiety prevention and resilience building programmes that enable children to learn effective strategies to cope with and manage all kinds of emotional distress, such as worry, stress, change and anxiety. Eighty NEPS psychologists are certified to train and support teachers in the delivery of the extended range of FRIENDS programmes at all levels from primary to post-primary. In 2014–2015 they delivered 50 programmes to 1,250 teachers (Department of Education and Skills 2016).

While these are universal programmes, it is now Government policy to expand their availability, in particular in schools aiming to address educational disadvantage (see section 1.2.3 below) (Department of Health 2017).

1.2.3 Selective prevention interventions
A range of selective interventions is delivered by the Drug and Alcohol Task Forces who have organised, for example, local and regional awareness initiatives, and community action on alcohol in socially and economically disadvantaged communities. Interventions are also funded under the Young People's Facilities and Services Fund, which aims to prevent drug misuse through the development of youth facilities (including sport and recreational facilities) in these areas. The *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017–2025*(Department of Health 2017) contains an action to develop a new scheme to improve

services for young people at risk of substance misuse in socially and economically disadvantaged communities (see action 1.2.8). There is no new evidence to report on the outcomes achieved by existing interventions.

Prevention interventions targeting at-risk youth

The implementation of the findings of the Value for Money and Policy Review (VFMPR) of the Youth Funding programmes was ongoing through 2016/2017 ((Department of Children and Youth Affairs 2014a). The findings of the review were covered in detail in the 2015 National Report. Essentially, this was a review of Ireland's targeted youth funding schemes, which support the provision of youth services for young people who are at risk of drugs, alcohol misuse, early school leaving, homelessness, or who are living in disadvantaged communities. Based on its findings on the challenges young people are facing and the expected increase in the overall youth population, the review suggested that '…there remains a valid rationale for the provision of youth programmes for young people who are disadvantaged…' (p. 67) (Department of Children and Youth Affairs 2014a). The National Youth Strategy Lead Team was established in July 2016, and has a specific subgroup to support implementation of the VFMPR. The Department for Children and Youth Affairs has also been carrying out stakeholder consultation to inform implementation plans for the review's findings. The plan (which is also an action within *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017–2025* (Department of Health 2017)) is to develop a single targeted youth funding programme to replace the current schemes. Sample projects are underway to pilot such a scheme. A mapping exercise of youth service provision across the country is also being carried out and it is expected to be available in September 2017 (Zappone 2017, 4 July). This will provide a detailed sociodemographic profile in terms of both population numbers and deprivation levels, and will inform future development and investment in youth services, including through the 'new scheme' referred to in *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017–2025*(Department of Health 2017).

- **Prevention interventions targeting educational disadvantage**

Delivering Equality of Opportunity in Schools (DEIS)

As outlined in previous workbooks, Delivering Equality of Opportunity in Schools (DEIS), the Action Plan for Educational Inclusion is the Department of Education and Skills' policy instrument to address educational disadvantage. It aims to improve attendance, participation and retention in designated schools located in disadvantaged areas. The School Completion Programme (SCP) targets those most at risk of early school leaving as well as those who are already outside of the formal educational system. This includes in-school, after-school and holiday-time supports. In the 2016–2017 school year, there were 825 schools included in the programme. These comprised 640 primary schools (328 urban/town schools and 312 rural primary schools) and 185 second-level schools (personal communication, Social Inclusion Office, Department of Education and Skills)**.** 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 (PTR) in DEIS Band 1 schools
- appointment of administrative principal on lower enrolment
- additional funding based on level of disadvantage
- access to Home School Community Liaison Scheme and the SCP
- access to the School Meals Programme
- access to literacy and numeracy supports.

The findings of a review of existing evaluations of the programme, as well as other relevant Irish and international research, were published in 2015 (Smyth*, et al.* 2015) and were outlined in detail in the 2016 workbook (Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2017). The review provided an overview of the impact of DEIS and it identified the lessons that could be learned for future policy development. Following on from

this, the Department of Education and Skills undertook a review of the DEIS programme, focusing on its structures and methods of delivering the programme rather than programme outcomes. This resulted in a new Action Plan for the programme (Department of Education and Skills. 2017). The vision of the DEIS *Action 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 inclusion' (p. 6). In order to deliver on this, the Plan has five goals:

1. To implement a more robust and responsive assessment framework for identification of schools and effective resource allocation
2. To improve the learning experience and outcomes of pupils in DEIS schools
3. To improve the capacity of school leaders and teachers to engage, plan and deploy resources to their best advantage
4. To support and foster best practice in schools through interagency collaboration
5. To support the work of schools by providing the research, information, evaluation and feedback to achieve the goals of the plan.

The review recognises progress made in schools since the start of the programme in 2005, in terms of literacy and numeracy, school retention, and progression to further and higher education for pupils in DEIS schools. However, it also recognises that these schools continue to perform below the national average, indicating the need for ongoing support. A set of 108 actions has been identified to deliver on the Plan's goals and progress towards these, and associated performance targets will be reported on an annual basis.

While the Wellbeing and the National Educational Psychological Service (NEPS) are programmes/services that can be accessed in all schools, there have been some specific developments in relation to the DEIS schools. Promoting well-being is a particular focus of the DEIS *Action Plan* (Goal 3.5) (Department of Education and Skills. 2017). This includes a commitment to the expansion of a number of existing services and interventions within the DEIS schools. Actions for 2017 include:

- To implement the post-primary Wellbeing programme in all schools in 2017
- To strengthen links with relevant support services to deliver improvements for pupils and teachers in line with the Wellbeing Guidelines
- To provide an enhanced level of Educational Psychological Services for School Support Programme (SSP) schools
- To increase the time allocation of the National Educational Psychological Service (NEPS) to SSP schools
- To appoint 10 educational psychologists
- To roll out the Incredible Years Teacher Classroom Management Programme (IYTCM) and the FRIENDS programmes to all DEIS schools. To deliver the Incredible Years Teacher Classroom Management and FRIENDS programmes to 500 and 400 SSP teachers respectively by end 2017.

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

As outlined in the 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. As well as the DEIS programme, the strategy identifies other existing initiatives and programmes that aim to address early school leaving, the needs of those who are not in employment, education or training (NEET), and to improve school retention rates. These initiatives and programmes are as follows:

- The School Completion Programme and the Home School Community Liaison Scheme which can be accessed through the DEIS programme, details of which have been covered in previous workbooks

- Meitheal, the Child and Family Agency's (Tusla) national practice model. It 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. See: www.tusla.ie
- The Department of Housing, Planning and Local Government's Social Inclusion and Community Activation Programme (SICAP) provides supports to children and young people from target groups who are at risk of early school leaving, and/or to children and young people aged 15–24 who are not in employment, education or training. SICAP was established in 2015 as part of the Youth Employment Initiative and the current phase concludes at end 2017. However, the Government says it is committed to commencing its follow up starting in 2018.

- **Prevention interventions in education centres outside mainstream schooling**

A number of prevention programmes continued to be delivered to those attending centres of education that are outside mainstream schooling. For example, Youthreach is a Department of Education and Skills official education, training and work experience programme for early school leavers aged 15–20. It offers young people the opportunity to identify career options and it provides them with opportunities to acquire certification. Each Youthreach site has staff trained in the Substance Abuse Prevention Programme that they implement. 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. The projects provide the young people with a lower pupil-teacher ratio and a personalised education plan. SPHE (see section 1.2.2 of this workbook) is included in the range of subjects offered by these projects (Department of Health 2016).

Selective prevention targeting families and at-risk young people

Family programmes

A range of selective prevention programmes targeting families and at-risk young people continues to be delivered, but there is no new evidence to report on the outcomes achieved by these programmes. The new national drug and alcohol strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025,* identifies three family support programmes that it says should receive continued support: Strengthening Families; Parenting under Pressure; and the 5-step method (Stress-Strain-Coping-Support model) (Department of Health 2017). Children leaving care are also targeted by the new strategy, although specific programmes were not identified in the strategy document.

The Strengthening Families Programme (SFP) 6–11 and 12–16 years continues to be implemented in both local and regional sites across Ireland, and is delivered and supported by interagency networks within communities. The National SFP Council of Ireland continues to support development of SFP in Ireland through interregional collaboration on training, practice, policy, research and advocacy. Local sites are continuing to evaluate programmes delivered, and results are disseminated at the discretion of individual sites. A number of published evaluations are forthcoming and the National SFP Council of Ireland is currently working in collaboration with the developer of the programme on a national report on outcomes over the past 10 years of programme implementation. The Council is also developing a set of agreed domains for evaluating the interagency implementation of the programme at a national level (personal communication, National SFP Council of Ireland, July 2017).

Hidden Harm

The needs of children living with, and affected by, parental substance misuse continue to be the target of the National Hidden Harm Project. As outlined in the 2016 workbook, the project was

established by State agencies to inform service planning and to improve services for these children. No further information on this project has been published since the 2016 National Report (Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2017).

Hidden harm more generally is addressed in the new strategy with a range of specific actions as outlined under objective 1.3 in section 1.1.1 above (Department of Health 2017). There is no new evidence of impact in this area to report on.

1.2.4 Indicated interventions

Child and Adolescent Mental Health Services (CAMHS)

As outlined in previous national reports, Child and Adolescent Mental Health Services (CAMHS) teams are the first line of specialist mental health services for children and young people. The service is provided by multidisciplinary teams, including psychiatrists, psychologists, nurses, social workers, speech and language therapists and occupational therapists. Some top-level data on two key issues can be found in the *Health Service Performance Report* (Health Service Executive, 2017). Details as follows:

- **Admission of children to child adolescent acute inpatient units versus adult units**: In March 2017, 80% of children who were admitted were admitted to child and adolescent inpatient units. The remainder were admitted to approved adult mental health inpatient units.
- **Waiting lists:** In March 2017, there were 2,818 children and adolescents waiting longer than three months for a first appointment. Of these, 279 children or adolescents were waiting longer than 12 months. While the 2016 workbook reported that a waiting list initiative was underway that focused resources on addressing the over-12-month waiting list, the number of children or adolescents on that waiting list had increased during the 12-month period (Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2017).

1.3 Quality assurance of prevention interventions

As previously reported, 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). The related initiatives continue to be implemented and are an element of the *National Youth Strategy 2015–2020* (Department of Children and Youth Affairs 2015a). To support this process, in 2015 three Quality Standards Officers from the City of Dublin Education and Training Board were co-located to the Department of Children and Youth Affairs. Their role is to ensure better cohesion between national youth policy and practice. A strategic review of the NQSF's implementation is expected to be finalised in 2017. This will determine its future role and format (personal communication, Youth Affairs Unit, Department of Children and Youth Affairs, July 2017).

From 2017, the quality standards for volunteer-led youth groups (Department of Children and Youth Affairs 2013) have been incorporated into the Local Youth Club Grant Scheme. The standards are based on three core principles: young person centred, the safety and well-being of young people, and a focus on developmental and educational services for young people.

2. Trends

2.1 Main changes in prevention interventions in the last 10 years

Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017–2025 (Department of Health 2017) has continued with the common threads in the area of

prevention that ran through the previous two strategies (Department of Health 2017). The two objectives of the Prevention pillar in the *National Drugs Strategy 2001–2008* (Department of Tourism 2001) were to:

- Create greater societal awareness about the dangers and prevalence of drug misuse
- Equip young people and other vulnerable groups with the skills and supports necessary to make informed choices about their health, personal lives and social development.

In the *National Drugs Strategy (interim) 2009–2016* (Department of Community 2009), the Prevention pillar objectives were to:

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

The common threads running through these three 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 a higher risk than the general population, and therefore may require additional resources and supports. This type of thinking is more resonant of 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 over the past 10 years. 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 resistance 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 and diversionary initiatives (youth work, youth cafés, outdoor sport and recreation, and measures targeting early school leaving).

Where change can be seen is in terms of an increased focus on environmental prevention. This is reflected in the increasingly restrictive controls on alcohol and tobacco. Overall, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017–2025* (Department of Health 2017) would indicate that prevention will continue to be delivered using a similar range of interventions to those of previous years

3. New development

3.1 Notable new or innovative developments since last workbook

- **National drug strategy**

The new drug and alcohol strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025,* covers prevention under its first goal: 'To promote and protect health and well-being'. An overview of this goal is set out in section 1.1.1 of this workbook.

- **Public Health (Standardised Packaging of Tobacco) Act 2015**

After a number of delays, the standardised packaging provisions of the Public Health (Standardised Packaging of Tobacco) Act 2015 came into force in September 2017. From 30 September 2017 all tobacco packs manufactured for sale in Ireland must be in standardised retail packaging. The legislation is described in more detail in section 1.2.1 of this workbook.

- **askaboutalcohol.ie**

In March 2017, the Health Service Executive set up a new public information site on alcohol – askaboutalcohol.ie. This universal online intervention is described in more detail in section 1.2.2 of this workbook.

4. Additional information

4.1 Additional studies

- **Roll your own cigarettes**

Evans DS, O'Farrell A and Hickey P (2017) *Roll your own cigarettes in Ireland: key patterns and trends*. Dublin: Health Service Executive. http://www.drugsandalcohol.ie/27372/

A study on 'roll your own' (RYO) cigarette consumption in Ireland has identified some challenges with this cohort of smokers (Evans *et al.,* 2017). In Ireland, RYOs are taxed at a lower rate than other manufactured cigarettes, so it was considered important to explore the trends and patterns of their use. The report examined 2003–2014 data from the monthly survey of smoking prevalence carried out by the Health Service Executive's National Tobacco Control Office (NCTO). The study was aimed at determining the prevalence of RYO cigarette consumption in Ireland. More specifically, the objectives of the study were to:

- Determine the demographic profile of RYO smokers
- Identify factors associated with smoking RYOs among current smokers
- Analyse trends in RYO prevalence.

Some of the key findings were that:

- Of the 19.5% of the population who reported smoking one or more cigarettes each week in 2014, 24.6% reported smoking RYO cigarettes.
- The proportion of smokers using RYOs has increased significantly from 3.5% in 2003 to 24.6% in 2014, with a statistically significant upward linear trend present. (Cuzick Trend analysis, $p<0.001$). By comparison, the proportion of smokers using manufactured cigarettes has declined from 96.5% in 2003 to 75.4% in 2014.
- Based on multivariate analysis, the strongest factors associated with smoking RYOs rather than manufactured cigarettes were age, gender and socioeconomic group:

- Those under 25 years of age were over three times more likely to smoke RYOs than those aged 25 and over (OR=3.3).
- Those from a low socioeconomic group (controlling for unemployment) were almost three times more likely to smoke RYOs (OR=2.8).
- Male smokers were more than two and a half times more likely to smoke RYO cigarettes than female smokers (OR=2.6).

Among the recommendations made in the report were that the taxation policy on RYO cigarettes should be reviewed in order to minimise the price differential between them and manufactured cigarettes. It also recommended that gender and age-specific health promotion initiatives should be developed to address the use of RYOs among the cohorts most affected.

- **Diageo-funded campaign**

Petticrew M, Fitzgerald N, Durand MA, Knai C, Davoren M and Perry I (2016) Diageo's 'Stop Out of Control Drinking' campaign in Ireland: an analysis*. PLoS One*, 11(9): e0160379

The Diageo-funded 'responsible drinking' campaign titled Stop Out of Control Drinking (SOOCD) was launched in February 2015. Since its inception, it has generated controversy due to its funding by the alcohol industry, and it has been claimed that it is merely a smokescreen to take away political focus from reforms in the Public Health (Alcohol) Bill 2015 around minimum pricing, marketing, alcohol promotion and alcohol availability (Ó Fátharta 2015). A study was carried out to analyse the SOOCD campaign. Its aims were to identify how the campaign and its advisory board members frame and define alcohol-related harm and its causes, and possible solutions. This involved undertaking an analysis of SOOCD campaign material, which included newspaper articles (n=9), media interviews (n=11), Facebook posts (n=92), and Twitter tweets (n=340) produced by the campaign and by board members.

Initially, there were 17 board members, although four subsequently resigned, including David Smith, Diageo Ireland country director. A number of the remaining board members or their organisations have links to Diageo/Guinness. Gavin Duffy worked as an alcohol industry consultant and for Guinness; Sport for Business has Guinness as a client; Dublin City University has received Diageo funding; the Irish Rugby Union Players Association (IRUPA) is sponsored by Diageo; and Fergus Finlay is a mentor to the Arthur Guinness Fund supporting social entrepreneurs. It was not possible to ascertain if board members had any links to other alcohol companies. The campaign itself was supported by public relations firm Goddard Global, which has had both Diageo and tobacco companies as clients, and is linked to the Common Sense Alliance, a tobacco industry lobby group.

Although the campaign focuses on 'out of control drinking', what this means is not clearly defined. The authors found that the campaign used vague or self-defined concepts of 'out of control' and 'moderate' drinking, presenting alcohol harm as a behavioural problem rather than a health issue. There was no attempt to quantify moderate drinking; additionally, one board member described the internationally public health measure of 'binge drinking' as being 'unhelpful'. Some board members stated that moderate drinking is normal, and identified not drinking as abnormal; several also stated that critics of the campaign are non-drinkers and prohibitionists.

With regard to alcohol-related harm, the campaign emphasised antisocial behaviour; in contrast, the health harms associated with alcohol were almost entirely absent from discussions, even though alcohol-related health harm in Ireland is considerable. The focus was on young people, particularly young women, despite alcohol harms affecting men, women and children across the whole population. The opinion of the board members was that the main causes of excessive drinking in young people were individual attitudes and motivations; Irish culture, tradition and society; and

peers and parents. They also highlighted that it is individuals themselves who are responsible for creating the Irish drinking culture, and they appeared to absolve the alcohol industry of any responsibility towards the creation or maintenance of this culture. In some cases, the responsibility of industry is explicitly excluded as an influence by board members.

Similar to the alcohol industry, board members focused on dealing with alcohol misuse, particularly in young people, rather than looking at alcohol as an issue for the general population. Board members generally did not recommend evidence-based population-based approaches, such as alcohol marketing restrictions, minimum unit pricing, and restrictions on availability. Conversely, they placed strong emphasis on educational interventions which are widely accepted as being ineffective. The need for evidence in dealing with the problem of 'out of control' drinking is mentioned, but scientific evidence is just one aspect to be considered alongside views, conversations, stories and experiences.

The authors conclude that the content of the SOOCD campaign reflects the needs of the alcohol industry rather than public health. They suggest that the main effect of the campaign may be to protect the reputation of Diageo in Ireland, while undermining the recent Public Health (Alcohol) Bill. The current status of the campaign is unclear. Initially, it was intended to last for five years; however, social media activity appears to have ceased, and the SOOCD website is currently inaccessible (access attempted July 2017).

Smyth BP, Hannigan A and Cullen W (2016) Cocaine use in young adults: correlation with early onset cannabis, alcohol and tobacco use. *Irish Medical Journal*, 109, (9)
The aim of this study was to explore the relationship between cocaine use in young adulthood and early onset alcohol, cigarette and cannabis use in the Irish context. The study analysed data from two national prevalence studies in Ireland in 2002 and 2009, and looked at all participants aged 20–29 years. The methods used and the study's limitations are described in section 5.2 below. Among the key findings were:

- All 131 people with a history of cocaine use drank alcohol.
- Nobody had used cocaine prior to first alcohol use. The median gap from first drinking to cocaine use was five years (IQR 4–7 years).
- Of the 122 people who reported past use of cocaine and cannabis, cocaine use never preceded cannabis use. The median gap from first cannabis use to first cocaine use was three years (IQR 2–5 years).
- There were significant associations between 'a lifetime history of cocaine use and male gender, living in Dublin, lower levels of education, not living with a partner, and early onset drinking, tobacco and cannabis use were observed'.
- The authors found a non-linear relationship between age of first alcohol use and history of cocaine use. The odds history of cocaine use was higher for those with first use of alcohol younger than the median age and there was a plateau effect for increasing age of first use of alcohol older than the median'. These indicated that a one-year delay in onset of drinking alcohol in 'early adolescence' had a greater impact on future cocaine use when compared to a one-year delay in 'older adolescence'.
- In their discussion, the authors highlight that alcohol was a more prominent antecedent of both cocaine and cannabis use than was tobacco.

The authors conclude that adolescents who start drinking in their early teenage years and who use cannabis are at a higher risk of using cocaine. Therefore, if the age of first drinking can be reduced, this may also bring about a reduction in cocaine use among young adults.

4.2 Additional information

Ireland's youth strategy context

Developments in youth strategy were reported on in detail in the 2016 National Report. Below is a summary of the key elements of the three strategy documents. They provide important policy context (in addition to the new drug strategy (2017-2025) outlined in section 1.1.1 of this workbook) for the delivery of prevention interventions in Ireland:

Better Outcomes, Brighter Futures: The National Policy Framework for Children & Young People, 2014–2020 (Department of Children and Youth Affairs 2014b) is Ireland's first national policy framework for children and young people aged 0–24 years. This policy framework captures all children and youth policy commitments across all Government Departments and agencies in relation to five outcome areas and six key transformational goals, which were set out in the 2015 workbook (section 1.2.2).

The *National Youth Strategy 2015–2020* (Department of Children and Youth Affairs 2015a) was launched in October 2015. It is Ireland's first-ever national youth strategy and sets out the Government's aims and objectives for young people aged 10–24 years, and is a blend of universal and selective goals. The goals of the strategy are to support young people to be active and healthy, achieve their full potential in learning and development, be safe and protected from harm, have economic security and opportunity, and be connected to and contributing to their community. The strategy focuses particularly on young people experiencing, or at risk of experiencing, the poorest outcomes. It identifies some 50 actions to be delivered between 2015 and 2017 by Government Departments, State agencies and others, including voluntary youth services. Overall, it sets out to ensure that young people, particularly those who are vulnerable, have access to quality, effective programmes that respond to their needs and are designed to secure good outcomes for them. It has been presented by the Government as the key policy mechanism within which the Department of Children and Youth Affairs will implement the recommendations of the *Value for Money and Policy Review of Youth Programmes* (Department of Children and Youth Affairs 2014a) reported on in section 1.2.3 of the 2015 workbook (Health Research Board and Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction 2016). The review recommended that service provision for young people would aim to achieve seven key outcomes which could have a positive impact on delaying the onset of substance misuse: communication, confidence/agency, planning and problem-solving, relationships, creativity, resilience and determination, and managing feelings. The new drug and alcohol strategy (2017–2025) has committed to supporting Drug and Alcohol Task Forces to deliver on these outcomes by providing the support 'to develop targeted, appropriate and effective services for young people at risk of substance misuse, focused on socially and economically disadvantaged communities' (p. 25).

The *National Youth Strategy 2015–2020* identifies five areas where specific outcomes will be pursued, including 'active and healthy, physical and mental well-being', under which one of the actions is to 'pursue the actions set out in the *National Drugs Strategy 2009–2016* to ensure that young people receive comprehensive education and information, and have access to appropriate prevention interventions and treatment services' (Department of Children and Youth Affairs 2015a)(p. 24). The *National Youth Strategy 2015–2020* (Department of Children and Youth Affairs 2015a) also commits to implementing *Tobacco Free Ireland*. As the new drug and alcohol strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025*, is guided by the same principles as the older strategy (2009–2016) in terms of prevention interventions, this goal of supporting young people to pursue an active and healthy lifestyle mirrors its objectives and actions in promoting a healthy lifestyle and providing sports and recreational activities through youth work settings.

The *National Strategy on Children and Young People's Participation in Decision-Making, 2015–2020* (Department of Children and Youth Affairs 2015b) provides a framework for young people to become directly involved in the design, development, implementation and evaluation of services that are delivered under the actions of *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017–2025* (Department of Health 2017). Its action plan includes the following commitments:

- Young people will be centrally involved in the development and management of drug and alcohol-free venues and programmes for young people (e.g. youth cafés, alcohol-free music and dance venues, and sports venues), with an emphasis on those most at risk.
- The Health Service Executive (HSE) will develop mechanisms, including consultation and feedback mechanisms, for the participation of service users, families and carers in the decision-making processes of mental health services for young people at local and national levels.
- Children and young people will be consulted by services seeking to respond to parental substance misuse or substance misuse in families as targeted by the 'Hidden Harm' initiative.
- Children and young people will be included in consultations with communities to inform the development of Primary Care Services.

As noted in the 2016 National Report, the policy landscape around young people is well equipped with strategies and action plans, but lacks thorough and detailed evaluation of such policy mechanisms. It should also be noted that while the Government Department with lead responsibility for the strategies discussed above is a key stakeholder in the new national drug and alcohol strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025,* neither the *National Strategy on Children and Young People's Participation in Decision-Making, 2015–2020* (Department of Children and Youth Affairs 2015b) nor the *National Youth Strategy 2015–2020* (Department of Children and Youth Affairs 2015a) are referenced in the strategy document.

5. Sources, methodology and references

5.1 Sources

Houses of the Oireachtas (Parliament): www.oireachtas.ie
Central Statistics Office: www.cso.ie
Department of Health (including the Drugs Policy and Social Inclusion Unit and the Tobacco and Alcohol Control Unit): www.health.gov.ie
Irish legislation: www.irishstatutebook.ie
Department of Children and Youth Affairs: www.dcya.ie
Department of Education and Skills: www.des.ie
Health Research Board, National Drugs Library: www.drugsandalcohol.ie

5.2 Methodology

Evans DS, O'Farrell A and Hickey P (2017) *Roll your own cigarettes in Ireland: key patterns and trends*. Dublin: Health Service Executive. http://www.drugsandalcohol.ie/27372/

Methods

Data analysed were collected through an existing monthly telephone survey of smoking prevalence ('tracker survey'). A nationally representative random sample of 1,000 people (aged 15 years and over) are selected every month to participate in a telephone survey. Data on smoking behaviour and key sociodemographic information are collected. The data are weighted by gender, age, socioeconomic group (SEG) and region using estimates from the Central Statistics Office. Data from

January to December 2014 were analysed to determine overall and sociodemographic patterns in RYO consumption. The analysis was undertaken on all current smokers surveyed between January and December 2014 (2,344 out of 12,000 respondents interviewed during this period). Trends in RYO consumption from 2003 to 2014 were analysed to determine changes in terms of overall prevalence. As such, the analysis was undertaken on all smokers surveyed between January 2003 and December 2014 (33,478 out of 142,973 respondents interviewed during this period). The data were analysed in SPSS version 21. Prevalence rate and rate differences were calculated using chisquares tests. T-tests were used to compare means. Univariate, multivariate and regression analyses were performed to identify both risk factors and protective factors associated with smoking.

Petticrew M, Fitzgerald N, Durand MA, Knai C, Davoren MP and Perry IJ (2016) Diageo's 'Stop Out of Control Drinking' Campaign in Ireland: An Analysis. PLoS ONE, 11, (9), e0160379
Documentary analysis was carried out on SOOCD campaign material. Analysis was carried out on all material dating from the launch of the campaign on 12 February 2015 to 30 April 2015 (when most SOOCD media activity ceased). Data analysed were:

- Audio or video of media interviews with SOOCD board members (n=11)
- Newspaper articles and other material written by board members and SOOCD supporters (n=9)
- Shorter statements and direct quotes from board members made in newspaper articles (n=22)
- All text and documents from the SOOCD website, including the statement of the campaign aims, the memorandum of understanding, and materials from SOOCD workshops
- Posts on the SOOCD Facebook timeline (n=92)
- Tweets posted about SOOCD from the Twitter accounts of board members (n=340).

All material was coded inductively, and a thematic analysis was undertaken, with codes aggregated into subthemes. All the documents (approximately 45,000 words in total) were transcribed verbatim, then open-coded independently by two researchers (MP, and one other researcher, either NF, MC, M-A D, or CK). From this, an initial set of 102 codes was agreed. These codes were applied to all the above data, and deviant cases noted. A thematic analysis was then undertaken, with the codes then grouped by consensus into two broad themes and seven subthemes.

Smyth BP, Hannigan A and Cullen W (2016) Cocaine use in young adults: correlation with early onset cannabis, alcohol and tobacco use*. Irish Medical Journal*, 109, (9)
The methods as described in the article were: 'National drug prevalence studies were conducted by the National Advisory Committee on Drugs in 2002 and 2006. The full questionnaire, along with a detailed description of multistage random sampling, is available in the respective technical reports. The response rates were 70% and 65%. The authors included all participants aged 20-29 years in this analysis. Pearson's chi-squared test was used to test the association between a lifetime history of cocaine use and categorical variables. Median ages of first use were compared across groups using the Mann-Whitney test. A multivariable logistic regression was used to predict lifetime history of cocaine use using sociodemographic and other substance use variables. For tobacco and cannabis use, participants were divided into three categories: never users; those who used at or above the median age of first use for the sample and those who used at younger than the median age of first use for the sample. Age of first use of alcohol was available for 96% of the sample and was included as a covariate. The potentially non-linear relationship between age of first use of alcohol and lifetime history of cocaine was explored non-parametrically with restricted cubic splines. Tests for non-linearity used the likelihood ratio test, comparing the model with only the linear term to the model with the linear and the cubic spline terms. An unadjusted restricted cubic spline with four knots and using the median age of first use of alcohol as a reference value was fitted to the data. Odds ratios (OR) and their 95% confidence intervals (CI) were calculated. Variables were selected

using stepwise selection techniques and the significance level was set at a=0.05. Goodness of fit was assessed using the Hosmer-Lemeshow chi-squared test and Nagelkerke R squared.

The limitations noted were: 'As a cross-sectional study, no formal assessment of causality can be conducted. It is not possible to rule out the effect of unknown or unmeasured confounders. Recall bias and response bias might occur with respect to the onset of alcohol and drug use. The proportion of interviewees reporting lifetime use of cocaine was quite low, and this limited the statistical modelling and contributed to fact that the 95% confidence intervals are quite wide. We conclude that adolescents who commence drinking in their early teenage years and those who use cannabis are at elevated risk of subsequent cocaine use. There are efforts in Ireland and elsewhere to reverse the downward trend in age of first drinking. If these efforts are successful, they may then also yield a reduction in cocaine use among young adults.'

5.3 References

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European Monitoring Centre for Drugs and Drug Addiction

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) is a decentralised EU agency based in Lisbon. The EMCDDA provides the EU and its Member States with information on the nature, extent, consequences and responses to illicit drug use. It supplies the evidence base to support policy formation on drugs and addiction in both the European Union and Member States.

There are 30 National Focal Points that act as monitoring centres for the EMCDDA. These focal points gather and analyse country data according to common data-collection standards and tools and supply these data to the EMCDDA. The results of this national monitoring process are supplied to the Centre for analysis, from which it produces the annual *European drug report* and other outputs.

The Irish Focal Point to the EMCDDA is based in the Health Research Board. The focal point writes and submits a series of textual reports, data on the five epidemiological indicators and supply indicators in the form of standard tables and structured questionnaires on response-related issues such as prevention and social reintegration. The focal point is also responsible for implementing Council Decision 2005/387/JHA on the information exchange, risk assessment and control of new psychoactive substances.

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