

The background features a stylized cityscape of Dublin in white and light blue, including the Spire, the Samuel Beckett Bridge, and various buildings. A dark blue world map is visible in the upper portion of the background. The overall color palette consists of various shades of blue and red.

National Drug Prevention & Education Forum

13th June 2019, Dublin

Organised by the Drug & Alcohol Education Workers Forum, with support from the Health Research Board, Ballymun, Canal Communities, Clondalkin, Dublin 12, and Finglas/Cabra Local Drug & Alcohol Task Forces and the North Dublin Regional Drug & Alcohol Task Force.

Rapporteur's Report

Dr Laura O'Reilly, Rapporteur (Urrus/Ballymun Youth Action Project)

Table of Contents

1. Conference Background	2
2. Presentations and speakers	3
3. Understanding drug prevention and drug education	6
Drug Prevention	7
Drug Education	9
4. Prevention and education in practice	11
Consistency and standardisation	11
Evidenced based programmes	11
Challenges	12
5. Prevention and education at policy and strategic level	14
6. Evidence & Evaluation	15
7. Professionalising the sector	16
8. Recommendations	18
1. Clarifying prevention and education	18
2. Professionalising the prevention and education sector	18
3. Evaluation	18
4. Develop the role and mandate of DAEWF	19
5. Implement the European Prevention Curriculum	19
6. Networking through DAEWF and other avenues	19
7. Prioritise prevention and education on a strategic level	19
9. References	20

1 Conference Background

Following consultations for the National Drugs Strategy in September 2016 informal conversations over email began between drugs education prevention workers from Dublin 12, Clondalkin and Finglas/Cabra on the perception of Prevention & Education within the strategy. In 2017 a small network of prevention & education workers commenced meeting to share information on best practice. Drugs education and prevention workers from drug and alcohol task forces were invited to attend these meetings. At this time workers from Canal Communities, Ballymun, Dublin North East, Bray and Blanchardstown became involved.

Outcomes from these early meetings were an agreement to pursue joint pieces of work such as School Health & Alcohol Harm Reduction Programme (SHAHRP) and explore the possibility of promoting a more integrated and best practice approach to Prevention & Education in Ireland. The defunct Drug Education Workers Forum (DEWF) forum was seen as a possible model to work from to further these aims. This saw the development of the Drug & Alcohol Education Workers Forum (DAEWF).

In 2018 the DAEWF had two planning sessions on what the aims of the group should be and ways to achieve these aims. In March 2018 an external facilitator assisted with planning and drawing up a term of reference to guide the work of the DAEWF. Throughout 2018 the group continued to work on the SHAHRP project. The group invited Michael McKay to Dublin to discuss the project and visited YMCA in Lisburn to see the programme in action. The group proceeded to completely overhaul the SHAHRP manuals for use in their local Task Force areas. Roll-out of the SHAHRP programme began in late 2018 and early 2019.

In late 2018, to further the aim of promoting best practice, a prevention and education national forum was first conceptualised. Planning for this event took place in the first half of 2019. To progress this further, the group met representatives from the Health Research Board (HRB) who provided support around the forum aim, schedule and speakers.



From left to right Angela King, Richie Stafford, Tara Deacy, Mary Heffernan, Ciara Faughnan, Trevor Bissett

2 Presentations and speakers

Clay Darcy – ‘Drug Education & Prevention in Ireland: Past, Present and Future?’

Dr Clay Darcy is a sociologist specialising in the areas of masculinities, men’s recreational use of illicit drugs, and drug education. He has spent over 10 years working as a Drug Education and Prevention Development Officer with Crosscare Youth Service and the Bray Drugs Awareness Forum.

This presentation aimed to map the development of drug education and prevention in Ireland (past to present); to reflect on the precarious position of drug education workers in Ireland; and to raise questions in relation to the future of drug education and prevention in Ireland. The presentation outlined how national interest in drug prevention and education peaked between 2000 and 2007 and has since declined. The presentation highlighted an ambiguity between our understanding of drug education, drug prevention, drug information and harm reduction. A useful description of all four categories was presented to inform future practice. There are often unrealistic expectations in terms of the potential positive impact drug education can generate. This presentation called for more realistic expectations of drug education and to recognise that good quality drug education is valuable when appropriately measured and evaluated. On this basis a revival of and further development of the field of drug education is required which could be achieved through the re-establishment of a representative voice and by exploring the professionalisation of the drug education field.

Gregor Burkhart – ‘Supporting a professional prevention workforce in Europe’.

Gregor Burkhart has worked in the EMCDDA since 1996 where he is responsible for prevention responses. He has led the development of databases capturing evidence-based programmes (Xchange), and evaluation tools (EIB). His main activities are developing common European indicators on the implementation of prevention strategies and programmes in member states, to promote a better understanding of universal, selective, indicated as well as environmental prevention across European countries and to support the implementation of evidence-based prevention approaches. He is guest lecturer at the University of Granada and co-founder of the European Society for Prevention Research. He holds a doctoral degree in medicine on the influence of culture on the classification and perception of body and diseases in the Candomblé cults of Bahia, Brazil as well as an MPH degree from the University of Düsseldorf.

Typically, prevention training occurs within practice settings and not during any formal education as institution exists that grants degrees specifically in the field of prevention science (Eddy, Smith, Brown, & Reid, 2005). Gregor highlighted the importance of applying evidenced based principles and manualised programmes to drug prevention; and the importance of a trained workforce in evidenced based principles. The application of evidenced based principles and trained and accredited prevention workers would result in an improved prevention workforce with competencies and expertise in prevention principles, theories and practice. This could be achieved through the ‘European Universal Prevention Curriculum Handbook’ which outlines International Standards for Drug Use Prevention and the European Drug prevention Quality Standards (EDPQS) and addresses school, workplace and family-based prevention along with monitoring and evaluation. It is important to reduce visibility, accessibility and perception of normality & acceptance of substance use behaviours.



Gregor Burkhart

Michael McKay – ‘SHAHRP & STAMPP 2004-2019’

Michael McKay has experience working in the Voluntary Sector and in Academia. He has managed a feasibility study and full Randomised Controlled Trial, both of which we will hear more about today. He has also experience of managing other research studies and has recently been working on the standardisation of the Intelligence and Development Scale with Oxford Brookes University. Michael has published extensively on adolescent development. Michael's PhD examined the relationship between Time Perspective and a range of adolescent health-related outcomes.

The School Health and Alcohol Harm Reduction Project (SHAHRP) is a harm reduction education intervention which combines a harm reduction philosophy with skills training, education, and activities designed to encourage positive behavioural change. It is a curriculum-based programme with an explicit harm reduction goal and is conducted in two phases over a two-year period (McBride et al., 2004). The obstacles to delivering SHAHRP from teachers' perspectives and the challenges experienced were presented. The presentation highlighted the importance of evaluating programmes and showed that participation in SHAHRP increased young people's knowledge base around alcohol use and related harms and promoted safer attitudes towards drinking while reducing alcohol consumption and related harms. This was followed with a presentation on the research trial Steps Towards Alcohol Misuse Prevention Programme (STAMPP). STAMPP is an intervention delivered across two phases over two years, an adapted version of SHAHRP along with a brief parental intervention designed to support parents in setting family rules around drinking.



The School Health and Alcohol Harm Reduction Project (SHAHRP) is a harm reduction education intervention which combines a harm reduction philosophy with skills training, education, and activities designed to encourage positive behavioural change.

Orla Walshe – ‘Planet Youth in the West of Ireland’

Orla works for the Western Region Drug & Alcohol Task Force, covering Galway, Mayo & Roscommon. Orla studied Social Science in UCD, and Youth & Community Work in NUI Maynooth. She began her career working with individuals in recovery from addiction in Dublin. Prior to joining the WRDATF Orla worked in the areas of Domestic Violence, Drug Use, Youth Work and Homelessness, with experience in these areas in both Ireland and Australia. As part of her role as Development worker with the WRDATF Orla has been involved in the development of the Galway City Strategy to Prevent and Reduce Alcohol Related Harm, co-ordinates the WRDATF Training and Capacity Building as well as the roll out of SAOR in the region.

This presentation outlined the implementation of Planet Youth in the West of Ireland and the progress and achievements to date. Planet Youth is an evidenced based and primary prevention model (Icelandic model) aimed at preventing young people from drug use initiation. The implementation of this model is based on data gathered from surveys completed by 15/16-year olds in the region. Local findings in relation to substance use; leisure time; well-being; parents and family; school were presented. This data will inform service provision and school and community responses in the region.



Orla Walshe

3

Understanding drug prevention and drug education

The terms drug prevention and drug education are often used interchangeably, and some overlaps and similarities exist. However, it is important to distinguish between prevention and education on a policy and a practice level. A key issue emerging from both the presentations and the discussions at the forum identified the need for clarity in relation to how both drug education and drug prevention are defined, and corresponding strategies implemented. Forum discussions identified a lack of understanding about prevention and education strategies and the distinctions between the two. The lack of distinction between prevention and education policy and practice has resulted in incoherence regarding prevention and education objectives and outcomes and a lack of evidence showing prevention and education effectiveness. Clarity around prevention and education is crucial to building the foundations of effective national prevention and education policy and practice. At the forum it was acknowledged that since 2008, drug prevention and education policy and practice has become devalued although remains a core goal of our current National Drug Strategy 'Reducing harm, supporting recovery, 2017-2025' (Department of

Health, 2017). The three priority prevention objectives as set out in our current national drug strategy are:

- Promote healthier lifestyles within society;
- Prevent the use of drugs and alcohol at a young age; and
- Develop harm reduction interventions targeting at risk groups. (Department of Health, 2017).

Delegates at the forum agreed that there needs to be a categorization of drug information; drug education; drug prevention; and harm reduction as proposed by Darcy (2019) (see figure 1). Once each sub-field is accurately defined, they can then be measured accordingly. For example, information can be measured in terms of changes in knowledge; education might be measured in terms of changes in attitudes; prevention can be measured by changes in behavior; and harm reduction might be measured by changes in amounts and levels of harm. The next two sections of this report will outline and illustrate the key components of drug prevention and drug education.

Drug Information	Drug Education	Drug Prevention	Harm Reduction
<ul style="list-style-type: none"> ■ Descriptions of drugs; ■ Descriptions of drug effects; ■ Once off talks or presentations; ■ Materials such as: leaflets, posters, films, worksheet, handouts, booklets and awareness campaigns. 	<ul style="list-style-type: none"> ■ Systematic process of acquiring knowledge about drugs that leads to understanding ■ Drug education should be developmental and have achievable learning outcomes; ■ Should help equip the participant learner to traverse social contexts where drugs are available and/or commonly used. 	<ul style="list-style-type: none"> ■ Interventions that work to prevent/delay drug use; ■ Interventions that promote the cessation of drug use, and/or aim to reduce harms of drug use; ■ Drug prevention is not always about drugs, it may focus on sociocultural or familial contexts. 	<ul style="list-style-type: none"> ■ Interventions that work to reduce the harm caused by drug use or that work toward reducing or cessation; ■ Includes needle exchange services, supervised injection centres, drug testing and/or other interventions by medical practitioners.

Figure 1: Categorization of drug information; drug education; drug prevention; and harm reduction as proposed by Darcy (2019)

Drug Prevention

Drug prevention activities aim to reduce drug use in the general and specific populations (Morgan, 2001). “Prevention is defined broadly as policies, programmes and practices designed to reduce the incidence and prevalence of drug use (including alcohol, tobacco, illegal drugs) and associated health, behavioural and social problems” (Advisory Council on the Misuse of Drugs, UK, 2015). The USA Institute of Medicine (1994, 2009) developed a well-known model of prevention which explains prevention from a universal and a targeted perspective (see figure 2). This model places prevention and education in the broader context of a prevention, treatment and after-care continuum.

Drug prevention approaches are varied, ranging from those that target society (environmental prevention) to interventions focusing on at-risk individuals (indicated prevention). The main challenges are in matching different strategies to target groups and contexts and ensuring that they are evidence-based and have enough population coverage. Most prevention strategies focus on substance use in general, some also consider associated problems, such as violence and sexual risk behaviour; a limited number focus on specific substances e.g. alcohol, tobacco or cannabis (EMCDDA, 2019).

Universal prevention addresses entire populations, usually in school and community settings, with the aim of giving young people the social competences to avoid or delay initiation of substance use. The

advantages of universal prevention strategies are that this level of prevention targets the general population and universally aims to prevent substance use. In doing so the risk of labelling and stigmatising groups identified as ‘at risk’ decreases. However, disadvantages to universal prevention strategies are that those most at risk might not be reached and significant effects are difficult to detect. Selective prevention intervenes with specific groups, families or communities that are more likely to develop drug use or dependence because they have fewer social ties and resources. Finally, indicated prevention identifies individuals with behavioural or psychological problems that predict a higher risk of substance use problems later in life and intervenes with them. In most European countries, indicated prevention continues to primarily involve treatment and rehabilitation responses delivered to young people who are using substances (EMCDDA, 2017).

According to the EMCDDA (2017) environmental prevention strategies aim to change the cultural, social, physical and economic environments in which people make choices about drug use. They include measures such as alcohol pricing and bans on tobacco advertising and smoking, for which there is good evidence of effectiveness. Other strategies aim to provide protective school environments by promoting a positive and supportive learning climate and teaching citizenship norms and values such as in countries like France. Early intervention approaches may have different goals, but generally aim to delay or prevent the onset of problems (including substance use), rather than respond when problems appear (EMCDDA, 2017).

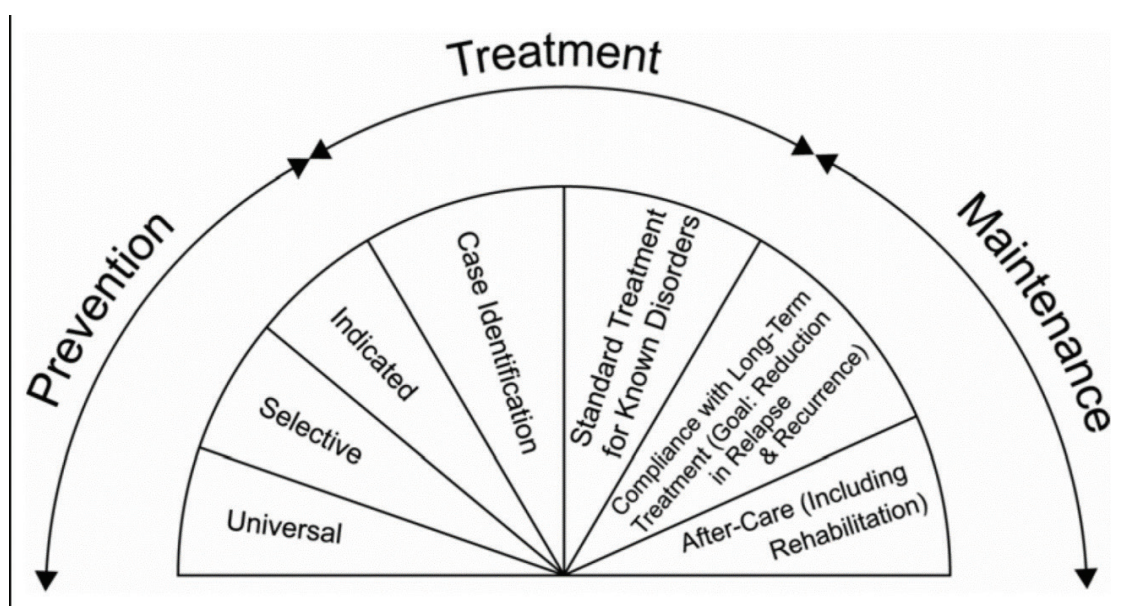


Figure 2: USA Institute of Medicine (1994, 2009).

Drug Education

Drug education is defined as “efforts to reduce drug-related harm through the delivery of a structured social-health education curriculum within the school context, usually by classroom teachers, but in some cases by visiting professionals” (Sanci et al., 2002). Other literature defined drug education as the range of interventions available which aim to enhance the knowledge, skills and competencies of individuals regarding their decisions around substance use or misuse (DEWF, 2007). Figure 3 illustrates a timeline of drug education and prevention in Ireland and how interest and focus in drug education has declined over the last decade.

Most school-based education programmes aim to increase knowledge and understanding of the issue; as well as change the student’s drug/alcohol beliefs, attitudes and behaviours. They also aim to modify factors such as general social skills and self-esteem that are assumed to underpin underage drinking (Babor et al., 2003). Different approaches to the content and delivery of drug education have evolved over the decades and have referred to facts and information; self-esteem and values; and social influence and resistance skills (Morgan, 2001). More recently a harm reduction approach to drug education has been implemented in schools using programmes such as Climate Schools, Unplugged and SHAHRP. A combination of social influence and social competence models have been found to be effective highlighting that programmes don’t need to specifically target drug use to have a positive impact on drug taking behaviour (Dillon, 2017). It is important to highlight that drug education does not just teach about health but provides a balancing role in determining a normative culture of safety, moderation and informed decision making and therefore should be incorporated into strategies that take a broader approach to healthy development and well-being (Dillon, 2017).

Drug education is typically delivered in both formal school settings and in informal settings such as through youth work and non-formal educational settings e.g. Youthreach. Since September 2017 junior cycle schools are required to deliver 300 hours of Wellbeing which includes at least 70 hours of Social Personal and Health Education (SPHE). Within schools drug education is delivered via SPHE and primarily attempts to prevent, postpone or reduce the potential harm which people may experience when using drugs. With respect to the Senior Cycle, ‘Know the Score’, the substance use

module, will be launched in September 2019 and rolled out thereafter. The aim of this programme is to facilitate and encourage students to reflect on their attitudes to drugs; to be more familiar with the four categories of drugs; to have a better understanding of the harmful effects of prescription drugs, illegal drugs and so-called ‘legal highs’; to understand more about the harmful effects of drugs; to be more aware of how choices about substance use can impact on themselves and others; to be more knowledgeable about the negative effects of mixing drugs (HSE). Substance use education should be age, developmentally,



It is important to highlight that drug education does not just teach about health but provides a balancing role in determining a normative culture of safety, moderation and informed decision making and therefore should be incorporated into strategies that take a broader approach to healthy development and well-being (Dillon, 2017).

environmentally and culturally appropriate for pupils, assisting them in making healthy life choices. This education forms a strategic part of a broad array of activities aiming to prevent or reduce drug related problems in the home, school and community (DEWF, 2007). Revised school drug policies were identified as crucial to the effective implementation of drug education within schools.

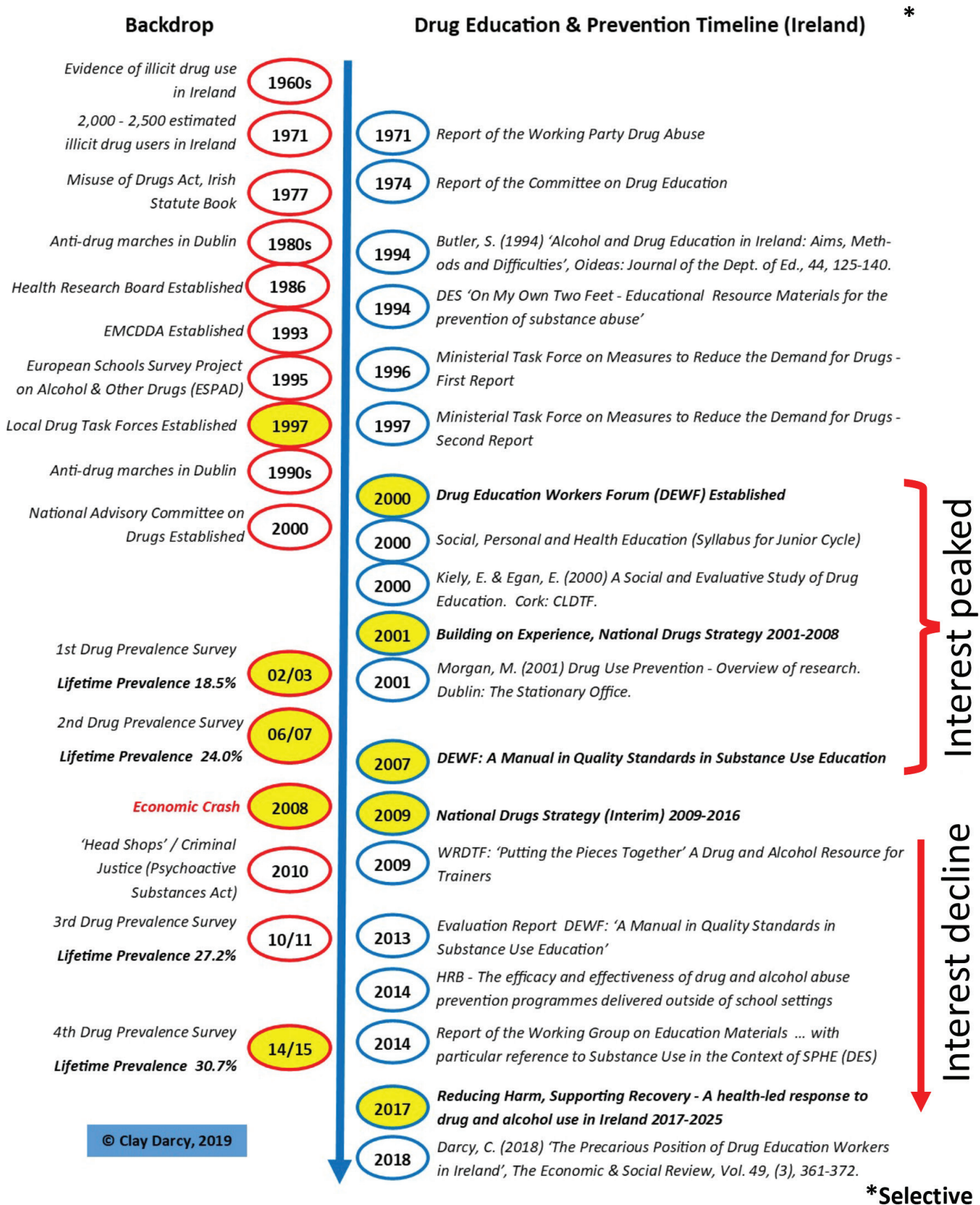


Figure 3: Drug Education & Prevention Timeline (Ireland) (Darcy, 2019).

4

Prevention and education in practice

Several themes emerged from the forum presentations and group discussions pertaining to practicing and implementing prevention and education strategies. These themes included consistency and standardisation; evidenced based programmes; and existing challenges experienced in the practice of prevention and education.

The terms drug prevention and drug education are often used interchangeably, and some overlaps and similarities exist. However, it is important to distinguish between prevention and education on a policy and a practice level. A key issue emerging from both the presentations and the discussions at the forum identified the need for clarity in relation to how both drug education and drug prevention are defined, and corresponding strategies implemented. Forum discussions identified a lack of understanding about prevention and education strategies and the distinctions between the two. The lack of distinction between prevention and education policy and practice has resulted in incoherence regarding prevention and education objectives and outcomes and a lack of evidence showing prevention and education effectiveness. Clarity around prevention and education is crucial to building the foundations of effective national prevention and education policy and practice. At the forum it was acknowledged that since 2008, drug prevention and education policy and practice has become devalued although remains a core goal of our current National Drug Strategy 'Reducing harm, supporting recovery, 2017-2025' (Department of Health, 2017). The three priority prevention objectives as set out in our current national drug strategy are:

- Promote healthier lifestyles within society;
- Prevent the use of drugs and alcohol at a young age; and
- Develop harm reduction interventions targeting at risk groups. (Department of Health, 2017).

Delegates at the forum agreed that there needs to be a categorization of drug information; drug education; drug prevention; and harm reduction as proposed by Darcy (2019) (see figure 1). Once each sub-field is accurately defined, they can then be measured accordingly. For example, information can be measured in terms of changes in knowledge; education might be measured in terms of changes in attitudes; prevention

can be measured by changes in behavior; and harm reduction might be measured by changes in amounts and levels of harm. The next two sections of this report will outline and illustrate the key components of drug prevention and drug education.

Consistency and standardisation

There was agreement at the forum that a lack of consistency and standardisation with respect to the content and delivery of prevention and education exists at a local, regional and national level. There are differing social and substance use landscapes across the different local and regional drug and alcohol task forces which therefore results in different priorities requiring different responses through different initiatives. The need to standardise drug education content and delivery was identified at the forum. There is a lack of standardisation of role, title and job description nationally, however, this isn't surprising given the different priorities and initiatives across task force areas. Whilst there is a sense that there needs to be a standardized approach nationally, there are also local and regional differences that need to be considered. Some local areas which have endured a history of drug problems need to be sensitive to familial drug use and hidden harm when implementing prevention and education strategies. The DEWF 'Quality Standards in Substance Use Education Manual' developed in 2007 currently influences standards and good practice at a national level. These standards relate to the three health promotion settings where substance use education typically occurs, schools, youth work and community-based settings. Key elements relating to these three target groups within each of the settings relating to substance use education programme delivery include: substance use policy; substance use programme provision in the context of SPHE; managing incidents; staff development; external agency involvement; and parent and guardian programmes. Given that the standards were developed more than a decade ago a review of and possibly the further development of the standards is now required to further inform drug education practice in Ireland.

Evidenced based programmes

The need for more consistently delivered evidenced based drug education in line with good practice is a key need to have emerged from the forum. According to the

EMCDDA (2019) manualised prevention programmes are evidenced based interventions for which specific protocols have been developed to enable their successful adaptation and implementation in specific contexts. Manualized and evidenced based programmes such as 'Putting The Pieces Together' (PTPT); SHAHRP; and Strengthening Families Programme (SFP) are available and are currently being implemented across some local and regional drug and alcohol task forces. Although manualised evidenced based programmes allow for adaptation taking account of differing contexts (EMCDDA, 2019) it is important to ensure that the right evidenced based programme is chosen for implementation based on the need of the target group. An audit of the available and currently implemented prevention and education strategies across the different regions is recommended. This would not only give a more accurate picture of what strategies are currently in place but would also facilitate a sharing of experiences in the implementation and suitability of such strategies across different regions.

Challenges

Overall, the discussions at the forum expressed a lack of focus, time and resources given to the implementation of effective drug education with young people in and out of school settings. The forum identified a key challenge which in the ambiguity that exists around the understanding of what constitutes drug prevention and what constitutes drug education. This ambiguity creates challenges in terms of how we understand prevention and education and in terms of how we implement and evaluate prevention and education strategies. Other key challenges identified at the forum referred to both the implementation of drug education in school settings through the SPHE programme but also in supporting schools to deliver the existing drug education programme through the SPHE. From the teachers perspective these challenges include the incorporation of drug education into the daily subject learning; feeling equipped with the necessary skills and knowledge to deliver the drug education component of the SPHE; teachers feeling that drug education is not the 'teachers expertise'; the senior cycle not being given space for drug and alcohol related issues; and the difficulty that teachers experience in having the time and space to attend training or meetings outside of school hours is difficult as schools often do not have the funding to release teachers and cover their classes. A possible way around this is to negotiate the use of Croke Park hours to upskill teachers regarding the delivery of drug and alcohol times. The delivery of drug education has been

a key feature of youth work across the country and therefore there is a need to address and respond to the drug educational needs of young people outside of the classroom setting.

Another key challenge to emerge from the forum were the challenges experienced when attempting to engage parents to participate in drug education. Forum discussions identified a lack of parental engagement which would complement the drug education delivered to young people. An example of a drug education resource for parents is the 'Parent's Guide: Sharing Experiences and Suggestions around Alcohol and Substance Use' (HSE). This resource informs, empowers and supports parents to guide and protect their children around alcohol and drugs. It is also designed to help parents develop the insight, confidence, motivation and techniques they need to learn and apply new parenting skills and to overcome challenges they face in applying these skills. As with good practice, these resource goes beyond comprehensive drugs and alcohol information, include broad relationship-building, communication, active listening and resilience skills, as a foundation to effective parenting in this area. Drug education for parents was considered by the forum delegates an essential gap that needs to be addressed as effective drug education ideally includes parental engagement. This lack of parental engagement must be considered and given importance by practitioners and policy makers.

A major challenge to the implementation of drug education across the country identified at the forum referred to the decline in political will to support drug education strategies and the willingness at Government level to support local and regional resourcing of local drug education. Political support is needed to challenge inaccurate messages and perceived beliefs that drug education is ineffective.

Collaboration and inter-agency work were identified as crucial to the effective delivery of prevention and education programmes. Models of collaboration and inter-agency work from a prevention and education perspective already exists such as prevention and education sub-groups of some task forces; prevention and education workers from the different local and regional drug and alcohol task forces often work together informally; inter-agency groups for young people at risk. Opportunities that enhance and, in some cases, formalise inter-agency collaboration were identified at the forum along with the development of a formal partnership between education workers and drugs.ie.

5 Prevention and education at policy and strategic level

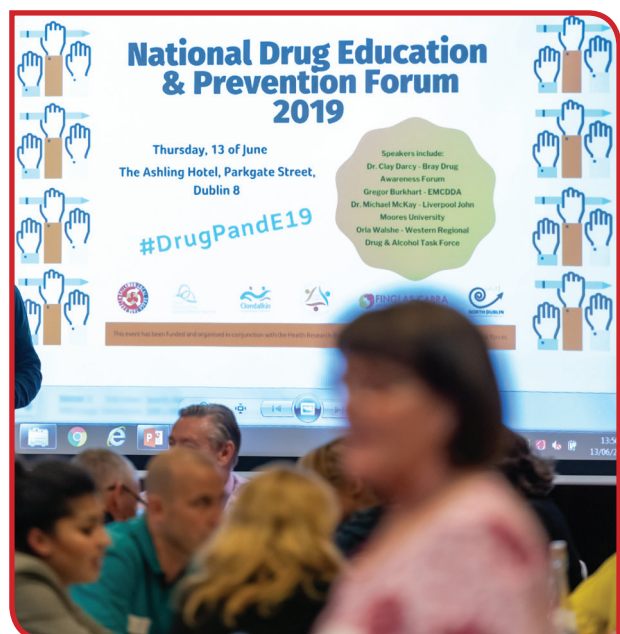
“Despite drug education being formally recognised as an important element of drug prevention, today it remains a small, under-represented field, and without any national representative voice” (Darcy, 2018, p361). From a strategic point of view there is a lack of value and recognition placed on prevention and education from the top down, along with a lack of political will where prevention and education are concerned. This was evidenced in the lack of representation from Government departments at the forum in June 2019 but overall there is often a display of poor engagement from relevant government departments. Although a recognized goal of the National Drug Strategy (2017-2025), there is currently and has been, over the last decade a predominant focus on treatment and rehabilitation interventions and initiatives and a decline in prevention and education interest as shown in figure 1. Rather, prevention and education should be recognized as an integral feature of the National Drug Strategy. Concern was expressed about the lack of a long-term vision for the effective delivery of prevention and education from the top down. To achieve this, political involvement and leadership is necessary. It was also recommended that individual agencies and DAEWF could prepare a submission to the mid-term review of the national drug strategy to raise the visibility of prevention and education and ensuring that the P & E voice is represented.

A more collaborative approach to prevention and education by the different departments such as the Department of Education & Skills, and the HSE is required. Recently DAEWF representatives collaborated with the HSE in reviewing the senior cycle substance use programme ‘Know the Score’ and the complimentary ‘Parent’s Guide: Sharing Experiences and Suggestions around Alcohol and Substance Use’ (HSE). Further collaboration with the Department of Education and Skills to implement the ‘Health & Well-being Programme’ in schools was identified along with ensuring that teachers are trained and supported to deliver this programme; and other evidenced based drug education programmes such as SHAHRP.

Forum delegates identified the importance of an enhanced inter-departmental approach to prevention and education nationally. A prevention and education national lead with responsibility for implementing and overseeing policy and practice in collaboration

Rather, prevention and education should be recognized as an integral feature of the National Drug Strategy. Concern was expressed about the lack of a long-term vision for the effective delivery of prevention and education from the top down. To achieve this, political involvement and leadership is necessary.

with DAEWF representatives, was also suggested. Furthermore, the need for community mobilization in the area of prevention and education was highlighted. Community mobilization is defined as increasing public awareness of a problem and mobilising public support for policies directed at preventing the problem (Babor et al., 2005). Community mobilisation in the area of prevention and education, similarly to what has occurred with alcohol community mobilization, has the potential to create opportunities to increase awareness of prevention and education and the related complexities and to enhance support for prevention and education strategies from a policy level.



6

Evidence & Evaluation

According to Munton et al. (2014) drug education suffers from a lack of good quality evaluations. The predominant criticism of prevention and education strategies is that it has been purported that drug education and prevention is ineffective, that it does not work and has therefore resulted in a serious lack of importance and resources invested into the implementation of drug education and prevention strategies. The challenges in evidencing the impact of prevention activities is highlighted by Warren (2016) who claims that “evaluating prevention is difficult, in particular, measuring something that has not yet happened, an unpicking which intervention made the difference in the long term” (p11). The need to challenge the perceived belief that prevention does not work was proposed at the forum with the need expressed for a clear message and campaign illustrating that prevention can and does work. This would need local and regional support in conjunction with political backing.

Several themes emerged from the forum presentations and group discussions pertaining to practicing and implementing prevention and education strategies. These themes included consistency and standardisation; evidenced based programmes; and existing challenges experienced in the practice of prevention and education.

Concern was expressed that a belief exists that drug prevention and education is not worth doing as the results that do exist are not strong on effectiveness. As outlined in the previous section, there are evidenced based and manualized drug education programmes

available for use and currently being implemented locally, regionally and nationally. There is evidence proposing that with rigorous evaluation tools and methods that drug education can and does work. It is important to highlight and raise awareness of the evidence that does support the effectiveness of prevention and education strategies (McKay et al., 2017; McKay et al., 2012). Rather than a lack of evidence of the effectiveness of prevention and education it might be more accurate to suggest that the difficulty lies in the mechanisms and frameworks available to prevention and education workers to evaluate strategies but also in the practitioner’s competence to evaluate. Therefore, it is important not to suggest that we shouldn’t implement prevention and education initiatives but instead argue for a concerted effort and focus being placed on rigorous evaluations of drug education programmes that evidence the impact of prevention and education activities. The evaluation of prevention and the evaluation of education should be separated out. Part of the difficulty with evaluating prevention and education arises from the ambiguity concerning what defines prevention and what defines education. There needs to be clarity around the aims, objectives and desired outcomes from a preventative or an education strategy before we can evaluate effectiveness.

Forum delegates identified the lack of a common evaluation framework and the need to utilize the research and evaluation capacities that are available or to resource the building of research competencies. A possible national lead individual or organisation with responsibility for the monitoring and evaluation of prevention and education initiatives was identified at the forum. Planet Youth was identified as an example of effective and evidenced based prevention programme that in the long term is cost effective when compared to the national treatment and rehabilitation budgets. The evidence that derives from the Planet Youth data plays a crucial role in informing local prevention practices and initiatives.

7 Professionalising the sector

The education and prevention workforce exhibit diversity of skills, knowledge, background, training role definition and description. This diversity has resulted in a lack of a standard prevention and education worker profile, which as previously outlined might be reflective of the diversity of issues within the communities that drug education workers are based, and the type of strategies required to respond. However, it has been argued that the prevention and education sector is the least professionalised sector of the drug and alcohol field despite the workforce being a key component to the successful delivery of any prevention strategies (EMCDDA, 2019). Previous literature has indicated that available information on the training of the prevention workforce is difficult to gather (Fixsen et al., 2005) which leaves unanswered questions about what training workers possess. This represents a contrast between the prevention and treatment sectors regarding specific training and accreditation requirements. The application of evidenced based principles and a trained and accredited prevention workforce like the treatment and rehabilitation sector would result in an improved prevention workforce with competencies and expertise in prevention principles, theories and practice. It is argued that this could in turn result in fewer young people exposed to self-trained prevention providers (EMCDDA, 2019). The need to professionalise the prevention and education sector was identified as a key issue emerging from the forum ensuring the role of prevention and education workers are firstly valued and secondly highlights the important role of prevention and education initiatives within schools, families and communities.

It is argued that the development and implementation of standards can overcome some of the challenges outlined above with respect to accreditation, and competence (EMCDDA, 2019). National quality standards and competencies by DEWF (2007) along with international standards for prevention (UNODC, 2013) and the EDPQS (EMCDDA, 2011b) and training initiatives and curricula exist. The DEWF (2007) identified core competencies in substance use education work and focus on the substance use education practitioner, rather than on programmes and their delivery and they are organised around three levels of competency covering foundation competencies, core knowledge, attitudes and skills; general competencies (substance use education

and prevention work, targeted education, advice giving, programme delivery); and specialist competencies.

Such standards and training have the potential to standardize the training of prevention and education professionals but also to standardize how prevention and education is implemented and how the quality of work monitored. Delegates at the forum identified a minimum standard of training for prevention and education workers and the possible need for a national

”

The re-establishment of the DAEWF and a website was strongly suggested at the forum as a mechanism through which this could be achieved but also being able to take on a lobbying role as a professional body.

qualification for prevention and education workers. The EMCDDA's European Prevention Curriculum (EPC) is a prevention training syllabus for professionals that shows potential to improve prevention systems by developing practitioner skills in the areas of needs and resource assessment; selection and implementation of interventions and/or policies; and monitoring and evaluation (EMCDDA, 2019). The EPC has been adapted to meet the needs of different European target audiences and was piloted in 10 European countries in 2018.

The re-establishment of the DAEWF and a website was strongly suggested at the forum as a mechanism through which this could be achieved but also being able to take on a lobbying role as a professional body. This would help to build the visibility of drug prevention and education and the role of prevention education practitioners nationally.

8

Recommendations

This section of the report identifies key recommendations arising from the forum for implementation at both a national and a local level.

Clarifying prevention and education

This report highlights that a lack of clarity exists with respect to prevention and education. This lack of clarity has implications for policy, practice, monitoring and evaluation. Darcy's (2019) categorisation of the broad work of prevention and education into the sub-fields of prevention, education, information provision and harm reduction provides a user-friendly framework to demarcate the work of prevention and education professionals. Given the consensus around the utilisation of Darcy's (2019) categorisation, it is recommended that local and regional drug and alcohol task forces, funders, policy makers and other key stakeholders adopt this categorisation to communicating around this work. In doing so, a greater degree of clarity regarding prevention and education work is envisaged.

Professionalising the prevention and education sector

As illustrated in this report, the professionalization of the prevention and education sector is a core area for development. It is recommended that the prevention and education sector could be professionalised in two ways. Firstly, through measures providing prevention and education practitioners with training, qualifications and opportunities to upskill (see recommendation 5). Secondly, through the establishment of a professional body that would agree the core competencies of prevention and education workers and provide oversight on such matters. Several models of professionalization exist (e.g. ACI, IACP) and provide the opportunity to serve as examples of how this might be achieved. Engagement with CORU regarding professional membership is recommended for further consideration and discussion.

Evaluation

As highlighted in this report, challenges exist with respect to the effective measurement of prevention and education strategies. It is recommended to utilise Darcy's (2019) categorisation to give rise to simpler, more accurate measurement of outcomes as follows:

- Measure the impacts and outcomes of prevention strategies in terms of less doses or instances of use;
- Assess the impacts and outcomes of education strategies by measuring if programme learning goals have been achieved;
- Measure the impacts and outcomes of information provision strategies in terms of changes in retention of knowledge; and
- Determine the impacts and outcomes of harm reduction strategies by measuring increases or decreases in drug related harm.

This would form a stronger basis for achieving results in line with individual logic models and could be used instead of or alongside the existing universal, selective and indicated categories. A possible national lead or organisation with responsibility for the monitoring and evaluation of prevention and education initiatives is also recommended.

Develop the role and mandate of DAEWF

Given the overwhelming consensus regarding the positive role of the Drug & Alcohol Education Workers Forum (DAEWF) within the substance use field it recommended that the role and the mandate of the DAEWF should be reviewed and further developed. The following recommendations are proposed:

- To re-establish the DAEWF with regular and consistent meetings throughout the year.
- To expand the membership of DAEWF using the categorisation framework proposed by Darcy (2018).
- Continue to collaborate with the HSE and the Department of Education & Skills.

- Develop new collaborations with relevant agencies and departments as necessary.
- To review the existing 'Quality Standards in Substance Use Education Manual'
- Develop the existing quality standards and develop good practice guidelines in harm reduction, education, information and prevention.
- To continue to develop, adapt, implement and review SHAHRP.

Implement the European Prevention Curriculum

To encourage best practice in prevention and education work, the adaptation of and roll out nationally of the EPC model should be explored further by DAEWF in collaboration with the Local and Regional Drug & Alcohol Task Forces. The implementation of the EPC could be one of several key qualifications that future education and prevention professionals might be required to possess in a more professionalised sector. Other jurisdictions such as the Czech Republic have made progress with respect to the implementation of the EPC and implementing an accreditation/licencing system for P&E practitioners and therefore could serve as a model of best practice. It is also recommended to explore the implementation of this curriculum in Ireland as an online training package.

Networking through DAEWF and other avenues

As highlighted in this report, the forum provided delegates from the diverse prevention and education sector the opportunity to network, share ideas and to collaborate. Considering the overwhelming feedback on the continued need for similar opportunities it is recommended to provide further networking and training opportunities for prevention and education professionals.

Prioritise prevention and education on a strategic level

This report has highlighted concern regarding the lack of prioritisation of prevention and education at a policy level. It is recommended that DAEWF initiate discussions regarding prevention and education at local, regional and national level utilising existing structures such as the regional and local drug task forces. These discussions will serve as an opportunity to ensure prevention and education remains on the strategic agenda and to highlight issues and challenges related to prevention and education including good practice, standardisation and resourcing. The Iceland model is a good example of what is achievable with proper resources.



9

References

- Babor T., Caetano R., Casswell S., Edwards G., Giesbrecht N., Graham K., Grube J., Gruenewald P.I., Hill L., Holder H., Homel R., Osterberg E., Rehm J., Room R., Rossow I., (2003) *Alcohol: No Ordinary Commodity. Research and Public Policy.* Oxford University Press.
- Butler, Elaine and Smith, Sinéad and Rowley, Conor and Keane, Rory, eds. (2007) *A manual in quality standards in substance use education.* Ireland: Drug Education Workers Forum.
- Darcy, C. (2018). The Precarious Position of Drug Education Workers in Ireland. *The Economic and Social Review*, 49(3, Autumn), 361-372.
- Darcy, C. (2019) 'Drug Education and Prevention in Ireland: Past, Present and Future?' Conference Presentation, National Drug Education and Prevention Forum, Ashling Hotel, Dublin, Ireland, 13th June, 2019.
- Dillon, Lucy (2017) 'What works' in drug education and prevention? A review. *Drugnet Ireland* , Issue 61, Spring 2017, pp. 17-18.
- EMCDDA (2011b), *European drug prevention quality standards: a manual for prevention professionals, Manuals,* Publications Office of the European Union, Luxembourg.
- European Monitoring Centre for Drugs and Drug Addiction (2017), *Health and social responses to drug problems: a European guide,* Publications Office of the European Union, Luxembourg.
- European Monitoring Centre for Drugs and Drug Addiction (2019), *Drug prevention: exploring a systems perspective,* Technical report, Publications Office of the European Union, Luxembourg.
- Ireland. Department of Health. (2017) *Reducing harm, supporting recovery. A health-led response to drug and alcohol use in Ireland 2017 - 2025.* Dublin: Department of Health.
- Fixsen, D. L., Naoom, S. F., Blase, K. A., & Friedman, R. M. (2005). *Implementation research: a synthesis of the literature.*
- McKay, M. T., McBride, N. T., Sumnall, H. R., & Cole, J. C. (2012). Reducing the harm from adolescent alcohol consumption: results from an adapted version of SHAHRP in Northern Ireland. *Journal of Substance Use*, 17(2), 98-121.
- McKay, M. T., Sumnall, H. R., Harvey, S. A., & Cole, J. C. (2017). Perceptions of school-based alcohol education by educational and health stakeholders: "Education as usual" compared to a randomised controlled trial. *Drugs: Education, Prevention and Policy*, 25(1), 77-87.
- Morgan, M (2001) *Drug Use Prevention: An Overview of Research.* Dublin: Stationary Office.
- Munton, Tony and Wedlock, Elaine and Gomersall, Alan (2014) *The role of social and human capital in recovery from drug and alcohol addiction.* Dublin: Health Research Board.
- Sanci, L., Toumbourou, J. W., San, V., Rowland, B., Hemphill, S., & Munro, G. (2002). Drug education approaches in secondary schools. *Melbourne, Vic Australia: DrugInfo Clearinghouse.*
- UNODC (2013), *International standards on drug use prevention,* United Nations, Vienna (available at <http://www.unodc.org/unodc/en/prevention/prevention-standards.html>)
- Warren, F (2016) *'What works' in drug prevention and education?* Edinburgh: Scottish Government.

Contact us: daewfteam@gmail.com

