Focal Point Ireland: national report for 2018 - Prevention

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

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Please use the following citation:
Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction (2019) ***Focal Point Ireland: national report for 2018 – prevention***. Dublin: Health Research Board.

Other reports in this National report series can be found at
http://www.drugsandalcohol.ie/php/annual_report.php

(2019) *Focal Point Ireland: national report for 2018 – drug policy*.
(2019) *Focal Point* Ireland: national report for 2018 – treatment.
(2019) *Focal Point* Ireland: national report for 2018 – drug markets and crime.
(2019) *Focal Point Ireland: national report for 2018 – legal framework*
(2019) *Focal Point Ireland: national report for 2018 – prison*.
(2019) *Focal Point Ireland: national report for 2018 – harms and harms reduction.*
(2019) *Focal Point Ireland: national report for 2018 – drugs.*

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T0. Summary

T1.1 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.

T1.2 Prevention interventions

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). Findings of the third round of the Lifeskills survey have been published.

A range of selective interventions is delivered by Drug and Alcohol Task Forces (DATFs) that 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. This fund, alongside two others, is the subject of a major review of youth funding programmes that has seen significant developments in 2017/18. There is also ongoing work in tackling educational disadvantage under the Delivering Equality of Opportunity in Schools (DEIS) programme. Both the SFP and Youth Advocate Programmes (YAP) published overviews of their activities and outcomes this year.

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. There is also a focus on providing brief interventions across an increasingly wide range of settings that deal with both alcohol and drug use.

T1.3 Quality assurance of prevention interventions

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

Key new developments reported on in this workbook are:

1. LGBTI+ National Youth Strategy 2018-2020
2. Road Traffic (Amendment) Act 2017
3. The Responding to Excessive Alcohol Consumption in Third-level (REACT) programme
4. Youth funding review
5. Brief interventions
6. The Department of Children and Youth Affairs' Quality and Capacity Building Initiative (QCBI) of
7. The Prevention and Early Intervention Unit in the Department of Public Expenditure and Reform.

T1. National profile

T1.1 Policy and organization

T1.1.1 Main prevention-related objectives of national drug strategy

The current 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 to be carried out during 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 an integrated approach to Government policies and strategies that target the risk factors of substance misuse. Overall, it recommends a

coordinated approach to prevention and education interventions that are evidence based and meet quality standards. 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 that substance use education 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 after-school 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 (IPEDs); 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 life skills 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 look at the options, including drug testing and amnesty bins.

The 2017 National Report provided a summary of the key elements of youth strategy related to the national drugs 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), the summary provides an important policy context for the delivery of prevention interventions in Ireland. In 2018, the world’s first LGBTI+ youth strategy (Department of Children and Youth Affairs 2018a) was published in Ireland, closely linked to the National Youth Strategy 2015–2020 (Department of Children and Youth Affairs 2015b) and making reference to a link with the national drugs strategy (Department of Health 2017). A brief outline of the LGBTI+ national youth strategy is included in section T3.1, and the drug-related issues raised in its public consultation exercise are outlined in section T4.1below.

T1.1.2 Organisational structure responsible for the development and implementation of prevention interventions

The lead agencies for developing and delivering prevention-related actions under the national drug and alcohol strategy Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025 (Department of Health 2017) include: the Department of Health, with support from the Health Service Executive (HSE), the Department of Education and Skills, the Department of Children and Youth Affairs, An Garda Síochána, Drug and Alcohol Task Forces, and service providers. The last category includes non-governmental organisations (NGOs).

T1.1.3 Funding system underlying prevention interventions

The bulk of funding continues to be provided by the statutory sector, with some additional funding from philanthropists. The Atlantic Philanthropies has been one of the main philanthropic contributors in this field in Ireland – it made its last round of grants in 2016, and therefore funding from this source is coming to an end.

The review of three key funding programmes that target young people in areas characterised by problem drug use, educational disadvantage, criminal activity, unemployment and homelessness, is making significant progress. The Targeted Youth Funding Scheme (TYFS), which aims 'to support young people to overcome adverse circumstances by strengthening their personal and social competencies' (p. 6) (Department of Children and Youth Affairs 2018b) is described in detail in section T1.2.3.

T1.1.4 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 goal of the national drugs strategy: 'to promote and protect health and well-being' (Department of Health 2017). 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 more recently established Wellbeing programme Programmes aimed at preventing early school leaving, including DEIS, the School Completion Programme (SCP), and Meitheal.

School-based interventions are discussed in more detail in sections T1.2.2 and T1.2.3.

T1.2 Prevention interventions

T1.2.1 Environmental prevention interventions and policies

Environmental prevention interventions in Ireland are mainly focused on increasingly restrictive alcohol and tobacco controls. There is also some activity around developing strategies to change the environment in which substance use takes place, rather than just focusing on the 'problem users'. The national drug and alcohol strategy, Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025 (Department of Health 2017), supports promoting approaches to mobilising community action on alcohol. In addition, the REACT programme, which takes an environmental prevention approach, is running in 15 third-level institutions. The controls around alcohol and tobacco and the main elements of REACT are outlined below.

A. Alcohol controls

As previously reported on, 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.
- 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 these limits will remain the same,

more stringent penalties for those who are caught driving over the limits were passed by the legislature in July 2018. See section T3.1 below.

- 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 T3.1 of the Policy workbook, the Public Health (Alcohol) Bill 2015 continues to face delays in its enactment because of opposition to some elements of the Bill at both national and EU levels. 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. While the original Bill proposed has been subject to changes in the course of its passage through the legislature, in summary, its main provisions 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 the 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.

A more detailed description of the Bill is given in section T3.1 of the Policy workbook.

B. Tobacco controls

The Irish Government continues to be committed to making Ireland tobacco free by 2025 (Government of Ireland 2016); in other words, reducing the prevalence of smokers to less than 5%. As reported in the 2017 workbook, 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. The most recent prevalence estimates found that in 2017, 17.6% of the population reported smoking one or more cigarettes each week

(Department of Health 2018). 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 2017 report 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 were reported on in detail in the 2017 workbook. A recently published study found that smoking prevalence in Ireland among adolescents aged 15–16 dropped from 41% in 1995 to 13% in 2015 (Li*, et al.* 2018). The authors attribute this change, at least in part, to the implementation of Ireland's various tobacco control policies. This study is reported on in more detail in section T4.1.
The tobacco control measures outlined in the 2017 workbook remain 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. In 2017, 429 test purchases of tobacco products to minors were carried out under the HSE National Environmental Health Service (EHS) Tobacco Control Inspection Programme, of which 386 were compliant, representing 90% compliance (Department of Health 2018).
- 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 2017 workbook. In Budget 2018, the excise duty on a packet of 20 cigarettes was increased by 50 cent (including VAT) with a pro-rata increase on other tobacco products, and an additional 25 cent on 30 g of roll-your-own tobacco (Department of Health 2018). The cost of a packet of 20 cigarettes is now €11.50–€12.20 for the most popular brands.
- As of 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 before 30 September 2017.

C. Environmental prevention in third-level institutions

High levels of alcohol use have been found among third-level students in Ireland (Davoren*, et al.* 2018). In 2014, the HSE commissioned a research team to develop a public health intervention to address alcohol use among third-level students. The Responding to Excessive Alcohol Consumption in Third-level (REACT) programme was developed and is currently being implemented in 15 higher education institutions across Ireland (personal communication, REACT project, June 2018). The aim of the programme is to strategically tackle harms associated with alcohol consumption among third-level students. A defining feature of the programme is that it is an environmental rather than an educational initiative.

Development of the programme was based on a three-step process involving a review of international best practice, a knowledge exchange forum and expert consultation. The programme 'seeks to establish a specially tailored accreditation and award system for third-level institutions (colleges/universities/institutes of technology) that make significant changes within their campuses to tackle the growing issue of excessive alcohol consumption among students' (p. 2, (Davoren*, et al.* 2018)). Evaluation of this programme is currently underway; therefore, evaluation findings from the programme are not yet available as of summer 2018. However, a paper has been published outlining the study protocol for developing, implementing and evaluating the programme. This paper is outlined in section T4.1 (Davoren*, et al.* 2018).

T1.2.2 Universal prevention interventions

A range of universal prevention programmes is run at both local and national levels and the profile provided below is broadly the same as in the 2017 workbook. Interventions include:

- National online resources and substance misuse awareness campaigns
- Nationally run whole-school prevention programmes
- Community programmes. These take the form of alternative leisure time activities, including: youth cafés, and recreational arts and sports activities. There are no new programme evaluations in this area. However, there are plans to introduce the community-based universal prevention programme Planet Youth to a region of Ireland.
- Internationally recognised family interventions also continue to be delivered, e.g. the Strengthening Families Programme (SFP). The community and family programmes tend to be focused on areas of most need, and therefore are covered in section T1.2.3 on selective prevention.

The findings of the most recent Lifeskills survey carried out in schools are reported on in full in section T4.1 of this workbook (Department of Education and Skills 2017b).

- **Universal prevention online/awareness**

As part of the national drug and alcohol strategy, the Government plans to develop a new programme to promote community awareness of alcohol-related harm in late 2018. At the time of writing, the following are the key national online/awareness resources:

Askaboutalcohol.ie

Since March 2017 the HSE has had a public information site on alcohol: askaboutalcohol.ie. It aims to be an evidence-based information source on alcohol risk that can enable people to better manage their own health. Its content has been designed to complement measures in the Public Health (Alcohol) Bill 2015, although the Bill has yet to be enacted (see section T1.2.1). 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 been very little change in the area of universal school prevention education since the 2017 National Report. Where there have been developments, they have been in the roll-out of the Wellbeing programme. The SPHE programme, Garda Schools Programme and National Educational Psychological Service (NEPS) also remain broadly the same, although some new information is provided in the relevant sections. Since the last workbook, the findings have been published of the third round of the Lifeskills survey, which looks at substance use prevention activities in primary and secondary schools as part of a broader survey on the delivery of 'skills for life' in Irish schools (Department of Education and Skills 2017b). This is reported on in section T4.1.

Social, Personal and Health Education (SPHE)

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 around 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 2013b).

- 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 2013a).

The HSE's Alcohol Programme has produced 14 lessons on alcohol and drugs for SPHE in the Senior Cycle (15–18-year-olds). This will be launched at the end of 2018. To complement the students' resource, *Alcohol and Drugs: A Parent's Guide. Practical advice to help you communicate with your child about alcohol and other drugs* was published in August 2018. The HSE's Alcohol Programme is also working on content for the Junior Cycle Health and Wellbeing SPHE resource on alcohol and drugs, which will be available to schools in September 2019 (personal communication, HSE, Alcohol Programme).

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). The Wellbeing programme was introduced 'to actively support and develop wellbeing initiatives to promote the development of mental resilience and personal wellbeing in schools' (p.12, (Public Service Reform Programme Management Office 2018)). A total of 300 hours are to 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 encompasses 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).

Garda Schools Programme

There is no new information available on the Garda Schools Programme since the 2017 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 as part of the SPHE syllabus. The programme consists of a series of presentations given to schoolchildren by their local Gardaí on the role of the Garda Síochána, road/cycle safety, bullying, vandalism, personal safety, drugs, crime prevention and respectful online communication. Coordination of the programme's delivery is handled locally, with local Gardaí undergoing two days' training on how 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 previous workbooks, 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 the NEPS through actions linked to the DEIS *Plan 2017* (Department of Education and Skills. 2017) and the *Action Plan for Education 2017* (Department of Education and Skills 2017a).

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

While the NEPS is particularly focused on children with special educational needs, 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. There is no further detail available on the outcomes of the work carried out with the young people in contact with the service. However, the NEPS provides limited universal prevention interventions, including the Incredible Years and FRIENDS programmes.

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 (IYTCM) Programme and the FRIENDS programmes. Evaluations carried out in Ireland produced positive findings for both the NEPS Incredible Years and the FRIENDS programmes. These findings were reported on in the 2016 workbook (Davenport and Tansey 2009); (McGilloway*, et al.* 2011) (Henefer and Rodgers 2013).

The IYTCM Programme is a classroom-based prevention and early intervention programme designed to reduce conduct problems and promote children’s prosocial behaviour. The NEPS has 140 psychologists who are accredited trainers. The most recent figures, published in October 2017, show that 1,100 teachers in 150 DEIS schools and 3,400 teachers in 450 non-DEIS schools have

completed the training (Department of Education and Skills 2017, 9 October). A total of 463 DEIS primary teachers commenced the first three of the six IYTCM modules in the autumn of 2017 (personal communication, Social Inclusion Unit, Department of Education and Skills, June 2018).

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. The most recent figures, published in October 2017, show that 690 teachers in 267 DEIS primary schools have received the training, and 2,479 teachers in 982 non-DEIS primary schools have undergone training. The figures for post-primary schools are 200 teachers in 80 DEIS secondary schools, and 690 teachers in 283 non-DEIS secondary schools (Department of Education and Skills 2017, 9 October).

While these are universal programmes, since 2017 it has been Government policy to prioritise extending their availability to all DEIS schools that are selected to address educational disadvantage (see section T1.2.3) (Department of Health 2017).

Lifeskills survey

The findings of the most recent Lifeskills survey (Department of Education and Skills 2017b).carried out in schools are reported on in full in section T4.1 of this workbook (Department of Education and Skills 2017b).

- **Universal prevention in the community**

There are plans to introduce the Planet Youth programme, which was devised in Iceland (Sigfúsdóttir*, et al.* 2009), to selected schools in one region in Ireland at the end of 2018. In association with local partners, the Western Regional Drug and Alcohol Task Force (WRDATF) has committed to supporting the introduction of Planet Youth to parts of the region. As a first step, data will be collected using the standardised Planet Youth tool with students in selected schools. These data will then be analysed by a team at the Icelandic Centre for Social Research and Analysis (ICSRA), which will report back to stakeholders in the WRDATF. They will then use the analysed data to develop a programme of prevention activities tailored to local needs. Data collection is expected to begin in late 2018 (personal communication, WRDATF, May 2018).

T1.2.3 Selective prevention interventions

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

- The Drug and Alcohol Task Forces (DATFs)
- Youth funding programmes
- Interventions that target educational disadvantage
- Programmes that target families and their at-risk young people.

- **The Drug and Alcohol Task Forces**

The Drug and Alcohol Task Forces deliver a range of selective interventions that reflect the nature of the drug problem in their areas – areas which have been identified as socially and economically disadvantaged communities that face a range of challenges, including high levels of drug use. Interventions are delivered in a range of local settings and include: local and regional awareness initiatives, family programmes, programmes targeted at specific risk behaviours particular to the locality, community action on alcohol, etc. An example of the activities delivered by one of the Task Forces under their prevention pillar in 2016 is provided in section T4.1 and illustrates the range of interventions supported by Task Forces in their localities.

- **Youth funding programmes**

Significant progress has been made in 2017/2018 in the implementation of the findings of the *Value for Money and Policy Review of Youth Programmes* (Department of Children and Youth Affairs 2014a). In 2014, the Department of Children and Youth Affairs (DCYA) published a value for money and policy review of three youth programmes targeting youth at risk: the Special Projects for Youth (SPY), the Young People's Facilities and Services Fund (YPFSF) and the Local Drugs Task Force (LDTF). While the three programmes have different origins, they share similar objectives and target similar groups of young people. The programmes generally target 10–21-year-olds in areas characterised by problem drug use, educational disadvantage, criminal activity, unemployment and homelessness. Preventing the onset of, or reducing, drug-taking is a common focus of the three programmes. The review highlighted the ongoing social and economic challenges faced by young people in Ireland and concluded 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). However, the review was heavily critical of the governance structures underpinning the three programmes and the lack of conclusive evidence of their efficacy, i.e. a lack of effective performance measurement. However, it also argued that 'there is promising academic support that, effectively harnessed, these programmes can make a difference' (p. 10). It therefore called for 'significant reform' (p. 10) of the programmes and their performance governance arrangements and made a set of 12 recommendations to this end.

Since the review, work has been on-going at the Department of Children and Youth Affairs (DCYA) to implement its recommendations. In the meantime, the programmes have continued to receive funding. In 2012, the combined spend on the three programmes was €39.7 million. By 2017, this had been reduced to €36.8 million. To deliver on the recommendations, the DCYA has undertaken

an extensive programme of work, including reviewing evidence and stakeholder engagement. This is informing the development of a single funding scheme which aims to 'replace the existing funding programmes with a single fit-for-purpose youth scheme, targeting disadvantaged young people with evidence-informed interventions and services that will secure good outcomes' (p. 4) (Department of Children and Youth Affairs 2018b). For the purpose of the design and development phase of the process, the new scheme is referred to as the Targeted Youth Funding Scheme (TYFS).

The purpose of the TYFS is 'to support young people to overcome adverse circumstances by strengthening their personal and social competencies' (p. 6) (Department of Children and Youth Affairs 2018b). The scheme is based on a belief that building on these so-called 'soft' outcomes will impact positively on outcomes such as employability, developing career aspirations, decreasing violent behaviour, and less drug use. Therefore, the programme will primarily focus on intervening at the level of the individual young person. The TYFS has identified seven personal and social development competencies as being core to the programme: communication skills; confidence and agency; planning and problem-solving; relationships; resilience and determination; self-discipline; and emotional intelligence. Within the three target groups identified for the programme are those young people experiencing economic and social and cultural disadvantage, including those living in communities with high concentrations of addiction, as well as those who are vulnerable or at risk, including those considered so because of substance use. Stakeholder engagement is ongoing in the restructuring of these programmes and it is expected that the first cycle of the new structure will begin in January 2020.

- **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 2017–2018 school year, there were 902 schools included in DEIS, an increase from 825 in 2016–2017. This is the first year since 2009–2010 that there has been an increase in the number of participating schools. The total comprised 704 primary schools and 198 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. 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) which was reported on in the 2017 workbook. The vision of the DEIS *Plan 2017* is 'for education to more fully become a proven pathway to better opportunities for those in communities at risk of disadvantage and social exclusion' (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 that despite progress being made, these schools continue to perform below the national average, indicating the need for ongoing support. A set of 108 actions was identified to deliver on the Plan's goals, and progress towards these and associated performance targets will be reported on an annual basis. The report for 2017 had not been published at the time of writing.

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

- The post-primary Wellbeing programme was implemented in all schools from September 2017.

- By June 2018, 10 new educational psychologists had been appointed, with an additional one expected to be appointed by the end of 2018.
- It is planned that every teacher in primary and post-primary DEIS schools nationwide will have had an opportunity to attend this training between 2017 and 2020 (Personal communication, Social Inclusion Unit, Department of Education and Skills, June 2018).

The NEPS student support team

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

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

The programme is led by the NEPS in collaboration with the psychological service of the City of Dublin Education and Training Board and the National Behaviour Support Service. Teams are made up of the school's guidance counsellor, a representative from the school's management team, the special needs coordinator, year heads/class tutors and the SPHE coordinator. In addition, the team may also include other key members of staff, such as a home school community liaison teacher, parents or students, staff members with specialist roles and outside professionals who may also attend meetings, as needed.

The scheme was piloted in 17 DEIS post-primary schools between 2014 and 2017. While an evaluation of the pilot has not been published, the Department of Education has reported a set of key outcomes:

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

- Schools reported being better informed and able to seek help appropriately from external support services and agencies, such as CAMHS or other HSE services.

(Department of Education and Skills 2017, 24 November).

In 2017 it was announced that the scheme would be extended to a further 20 post-primary DEIS schools. The long-term aim is to make the scheme available in all post-primary schools (Department of Education and Skills 2017, 24 November).

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:

- 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 Rural Community and Local Development'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. It is a social inclusion programme that assists both individuals and groups through a two-pronged approach: supporting communities and supporting individuals. SICAP was established in 2015 as part of the Youth Employment Initiative. The first phase of the programme finished at the end of 2017 and the new phase will run from 2018 to 2022.

Prevention interventions in education centres outside mainstream schooling

A number of prevention programmes continue to be delivered to those attending centres of education that are outside mainstream schooling. These were reported on in the 2017 workbook. 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, which 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 T1.2.2 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. The 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 states should receive continued support: Strengthening Families; Parenting under Pressure; and the 5-Step Method (the Stress-Strain-Coping-Support model) (Department of Health 2017). Children leaving care are also targeted by the national strategy, although specific programmes have not been identified.

Since the last National Report there has been only very limited evidence published on this kind of intervention. A summary of the two studies is outlined below. The programmes covered are:

- Strengthening Families Programme
- Youth Advocate Programmes Ireland

The Hidden Harm project is also described

- **Strengthening Families Programme (SFP) evaluation**

The Strengthening Families Programme (SFP) was first introduced into Ireland in 2007. While internationally there are a number of variants of the programme, in Ireland the focus has been on the 14-week model, which works with families with children aged 12–16 years, although some sites also deliver the programme for families with children aged 6–11 years. To mark the 10th year of the programme in Ireland, the National SFP Council of Ireland collaborated with its members to collate data collected on the programme over the past decade (National Strengthening Families Council of Ireland 2018).

The report ‘Strengthening Families Programme 10 year outcomes in Ireland’ provides an overview of the programme and a summary of key – largely positive – findings from evaluations of its delivery in Ireland over the past 10 years. It also presents the findings of an effort to capture collective outcomes at a national level. Analysis has been carried out on data collected from 573 of the

families who completed the programme in Ireland. Data was only collected from parents and was done so using a questionnaire that aimed to capture how their and their family's behaviour had changed after completing the programme. (The data collection process involved using a retrospective pre- and post-test design questionnaire). This standardised instrument was developed by the programme developers in the USA. It was designed to assess 'child and parent mental health, substance abuse, risk and resiliencies, family management and cohesiveness, and parent and child social skills and attitudes' (p. 20) (National Strengthening Families Council of Ireland 2018).

While there are limitations to the methods used to look at these outcomes, overall the findings were positive.

- The data showed a positive effect on parenting outcomes across parental involvement, parental supervision, parenting efficacy, positive parenting, and SFP parenting skills. They showed only a small effect on parent drug or alcohol use, but this was explained as either being due to parents having low levels of use at the start of the programme, or due to the fact that the end of the programme would be too soon to measure any such change.
- Positive effects were also found for children/young people for decreased overt/covert aggression and depression, and increases in concentration and positive social behaviour.
- At a family level, positive outcomes were found for conflict, communication, strengths and resilience.

The report concludes with a set of recommendations, including:

- To explore the cost-effectiveness of SFP as a family-based prevention programme
- To work with academic institutions to improve the collection of national data on the programme, including that on outcomes
- To explore ways to capture the longer-term effects of the programme, with a particular focus on teens who have participated in the programme and are now parents themselves.

- **Youth Advocate Programmes (YAP) Ireland**

The Youth Advocate Programmes (YAP) Ireland's stated mission is to build partnerships between vulnerable young people, their families and communities to support their full potential through a community-based, strengths-focused, intensive support model. The programme argues that this approach provides a more effective and economic alternative to society's reliance on the direct provision of state institutions and out-of-home care services. The organisation uses a strengths-based, family-focused approach for young people with complex needs, leading to positive outcomes for young people and families. The YAP model is based on the development of a trust relationship between a supportive, trained and skilled adult advocate, the young person and their family.

In 2017, YAP Ireland published a summary of the programme's outcomes from 2011 to 2017 (Youth Advocates Programme 2018). This is not a detailed or methodologically rigorous evaluation of the programme, but it is useful in reporting the profile of service users and some top-level outcomes. Top-level outcomes are recorded for young people over four domains: self, family, education and offending/risky behaviour. Substance use is one of the outcomes measured under the 'self' domain. The report presents a summary of data for 1,690 young people with whom the programme worked between January 2011 and October 2017. The outcomes reported under the 'self' domain were:

- 86% reported an improvement in their substance use.
- 82% reported an improvement in relationships with peers.
- 83% reported an improvement in self-esteem/confidence.
- 78% were less withdrawn/isolated.

A more detailed account of the publication and the outcomes reported is provided in section T4.1.

- **Hidden Harm**

The needs of children living with, and affected by, parental alcohol and other drug use continue to be the target of the National Hidden Harm Project. As outlined in previous workbooks, the project was established by the HSE and the national child protection and welfare service (TUSLA), to inform service planning and to improve services for these children. In June 2015, the Hidden Harm National Steering Group produced the strategic document *Seeing Through Hidden Harm to Brighter Futures*. This document has yet to be made publicly available. However, it has been reported that it aims 'to frame and acknowledge in policy and practice the primacy of the safeguarding, protection and support of children affected by parental problem alcohol and other drug use, their family and communities' (Galligan and Comiskey 2017). This strategic statement is expected to be launched alongside a *Guide for Practitioners on Hidden Harm* in late 2018. Hidden harm more generally is addressed in the national strategy with a range of specific actions as outlined under objective 1.3 in section T1.1.1 (Department of Health 2017).

To provide context to the extent of hidden harm caused by alcohol consumption in Ireland, in April 2018 the HSE launched the results of the first dedicated Irish survey on the harm alcohol does to those other than the person consuming the alcohol (Hope*, et al.* 2018). The findings of this survey are reported on in section T4.1 of this workbook.

T1.2.4 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. As reflected in the waiting list figures, the service continues to struggle to meet demand:

- Waiting lists: In the 2017 workbook it was reported that in March 2017, there were 2,818 children and adolescents waiting longer than three months for a first appointment. Of those, 279 children or adolescents were waiting longer than 12 months. In March 2018, there were 2,691 children on the waiting list. Of those, 386 were waiting longer than 12 months to be seen (Browne 2018, 8 May).
- Admission of children to child and adolescent acute inpatient units versus adult units: In 2017, there were 307 CAMHS admissions, of which 226 (74%) were to age-appropriate units. The remaining 81 (26%) children were admitted to an adult unit (O'Loughlin 2018, 27 February).

- **Brief interventions**

There are two main brief intervention activities to report on that address substance use – the Making Every Contact Count (MECC) framework and the Screening and Brief Intervention for Problem Alcohol Use (SAOR) programme.

Making Every Contact Count (MECC)

Under Healthy Ireland, there are three policy priority programmes: Healthy Eating and Physical Activity; Alcohol Programme; and Tobacco. Each of these has key objectives for the population and the health service. The three programmes are complemented by an online health behaviour change suite of six modules aimed at encouraging health and social care staff to undertake the modules and to engage patients in a conversation and a possible brief intervention on whatever lifestyle issue is the most appropriate for that patient. This way of working is referred to as 'Making Every Contact Count'. The alcohol and drugs module is a 30-minute interactive module providing up-to-date alcohol and drug information to healthcare staff, as well as demonstrating examples of brief interventions in a variety of settings (personal communication, National Hidden Harm project, June 2018). No monitoring or evaluation reports have been published to date on this framework.

Screening and Brief Intervention for Problem Alcohol Use (SAOR)

Since 2009, the HSE has delivered training on a screening and brief intervention for problem alcohol use in emergency departments and acute care settings. The programme is called SAOR (Screening and Brief Intervention for Problem Alcohol Use). In 2017 the model was revised (SAOR II) and it now provides an evidence-based framework for screening and brief intervention for all problem substance use – not just alcohol – and is applied in a broader range of health, social care, social

and recreational settings, and with all levels of need. It supports workers from their first point of contact with a service user in order to enable them to deliver brief interventions and help those presenting with more complex needs to access treatment programmes. In 2017, a guidance document on SAOR II was published for service providers. It provides a step-by-step guide and outlines the context, rationale and evidence underpinning the model (O'Shea*, et al.* 2017). A summary of this document is provided in the treatment workbook.

T1.3 Quality assurance of prevention interventions

The purpose of this section is to provide information on quality assurance systems such as training and accreditation of professionals and certification of evidence-based programmes, registries of interventions, and on conditional funding for interventions or service providers, depending on quality criteria.

T1.3.1Prevention quality assurance standards

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 2015b). To support this process, Quality Standards Officers from the City of Dublin Education and Training Board are co-located at 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 has been completed and the report will be provided to the National Quality Standards Implementation Group (NQSIG) for their information. The recommendations of the review will inform the NQSF's future role and format (personal communication, Youth Affairs Unit, Department of Children and Youth Affairs, July 2018).
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.

T2. Trends

T2.1 Main changes in prevention interventions in the last 10 years

There has been no significant change since the 2017 National Report, and therefore the same analysis of trends in the area of prevention is provided here. *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017) continues with the common threads in the area of prevention that ran through Ireland's 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. Ireland is also witnessing the emergence of some programmes that are specifically focusing on changing the environment rather than focusing on the user *per se*. Overall, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017) indicates that prevention will continue to be delivered using a similar range of interventions to those of previous years.

T3. New development

T3.1 Notable new or innovative developments since last workbook

The key new developments in prevention in Ireland in 2017/18 are:

1. LGBTI+ National Youth Strategy 2018-2020
2. Road Traffic (Amendment) Act 2017
3. Responding to Excessive Alcohol Consumption in Third-level (REACT)
4. Youth funding review
5. Brief interventions
6. The Department of Children and Youth Affairs' Quality and Capacity Building Initiative (QCBI)
7. The Prevention and Early Intervention Unit in the Department of Public Expenditure and Reform

1. LGBTI+ National Youth Strategy

Developments in youth strategy were reported on in detail in the 2016 National Report. The three strategy documents covered were: *Better Outcomes, Brighter Futures: The national policy framework for children & young people 2014-2020* (Department of Children and Youth Affairs 2014b); The *National Youth Strategy 2015–2020* (Department of Children and Youth Affairs 2015b); and The *National Strategy on Children and Young People's Participation in Decision-Making 2015–2020* (Department of Children and Youth Affairs 2015a). Most recently, in June 2018, the Department of Children and Youth Affairs (DCYA) published the world's first national LGBTI+ youth strategy (Department of Children and Youth Affairs 2018a). This follows on from a commitment in the 2016 Programme for Government to 'develop an LGBTI+ youth strategy that will encompass education, youth services, mental health and other issues' (p. 106 (Government of Ireland 2016)). A key part of the process of developing the strategy was a DCYA-led consultation with young people from across Ireland, the findings of which are summarised in section T4.1.

The LGBTI+ National Youth Strategy 2018–2020 document is structured around three goals:

1. Create a safe, supportive and inclusive environment for LGBTI+ young people.
2. Improve the mental, physical and sexual health and well-being of the entire LGBTI+ community.
3. Develop the research and data environment to better understand the lives of LGBTI+ young people.

Each of these goals is supported by a set of objectives and actions. Responsibility for delivering on them is spread across Government Departments, with actions that cover a wide variety of areas, including schools, higher education institutions, health and social services, workplaces, youth services and the wider community.

The findings of the consultation (as outlined in section T4.1) were used to heavily inform the strategy. As with the consultation, the strategy identifies high levels of smoking, drug use and alcohol consumption as one of the challenges faced by LGBTI+ young people in Ireland. It includes a specific action to address young people's call for more alcohol-free spaces in which to meet. Under the first goal it commits to 'map existing LGBTI+ youth services and groups and increase the awareness of these services and consider increasing the provision of non-alcoholic safe spaces which are inclusive of LGBTI+ young people'. Drug and alcohol use is not dealt with elsewhere in the strategy, but reference is made to the national drug and alcohol strategy.

The new strategy complements the work of the National Youth Strategy 2015–2020 and should help to deliver on outcomes set out in *Better Outcomes, Brighter Futures*. As highlighted above, both of these strategies and their drug-related priorities have been outlined in previous workbooks.

2. Road Traffic (Amendment) Act 2017

As outlined in section T1.2.1, the Road Traffic (Amendment) Act 2017 has been passed through the legislature. The legislation increases penalties for those caught driving under the influence of alcohol. The Act does not propose any changes to the drink-drive limits; rather it proposes the penalties for exceeding those limits. The Act introduces a three-month disqualification period for a first drink-driving offence if a fully qualified motorist has a blood alcohol level of above 50 mg per 100 ml (https://data.oireachtas.ie/ie/oireachtas/bill/2017/108/eng/memo/b10817d-memo.pdf). Currently, first-time offenders receive a fine and penalty points. The legislation met with strong opposition from some members of the Oireachtas (Parliament), in particular some politicians who represent rural areas.

3. Responding to Excessive Alcohol Consumption in Third-level (REACT)

As outlined in section T1.1.1, in 2014, the HSE commissioned a research team to develop a public health intervention to address alcohol use among third-level students. The Responding to Excessive Alcohol Consumption in Third-level (REACT) programme was developed and is currently being

implemented in 15 higher education institutions across Ireland (personal communication, REACT project, June 2018). The programme is an environmental rather than an educational initiative. Further detail on this programme is given in section T4.1.

4. Youth funding

The review of three key funding programmes that target young people in areas characterised by problem drug use, educational disadvantage, criminal activity, unemployment and homelessness, has made significant progress in the past year. The Targeted Youth Funding Scheme (TYFS), which aims 'to support young people to overcome adverse circumstances by strengthening their personal and social competencies' (p. 6) (Department of Children and Youth Affairs 2018b) was described in detail in section T1.2.3.

5. Brief interventions

While not the subject of any evaluations, brief interventions are increasingly apparent in the prevention landscape in Ireland. In section T1.2.1, MECC and SAOR II are described. More detail on SAOR II is presented in section T4.1.

6.The Quality and Capacity Building Initiative (QCBI)

The Department of Children and Youth Affairs' Quality and Capacity Building Initiative (QCBI) has been under development since 2016, with progress being made on implementing some key components in 2017/18. The QCBI aims to take a coordinated approach to enhancing capacity, knowledge and quality in prevention and early intervention for children, young people and their families, with a focus on those at risk of developing poor outcomes. It aims to ensure that effective practice is harnessed and applied across the relevant services and supports. There are four key strands to the initiative that set out to embed and enhance prevention and early intervention in children and young people's policy, service provision and practice.

The strands and their aims are:

A. **Data working strand:** To improve access and use of data and information relating to children, young people and their families by aligning and developing what currently exists in this area.
B. **Evidence working strand:** To harness the learning from prevention and early intervention initiatives and research, and actively support the use of this learning as a source and resource to inform planning, delivery, evaluation and continuous improvements.
C. **Professional development and capacity building working strand:** To enhance the capacity and skills development of policy-makers, providers and practitioners in the appraisal and application of evidence-informed approaches in prevention and early intervention for children and young people through capacity building and development.

D. **Quality working strand:** To align, enhance and sustain quality in prevention and early intervention as it relates to the development and delivery of policy, provision and practice for children and young people.

Progress has been made across the four strands since the last workbook. Some key activities are:

A. **Data working strand:** Development work is underway to develop an actively resourced data hub that includes data relating to children and young people that can be used by all stakeholders.

B. Evidence working strand – Evidence Matrix: As part of the QCBI evidence working strand, in April 2018, the DCYA published a call for tenders to develop an 'Evidence Matrix'. The Matrix will be an online tool hosted on the QCBI area of the DCYA website. It is described in the tendering documentation as an 'open access online guide/clearinghouse which will provide details and rated assessment of the costs and standards of evidence of impact of prevention and early intervention evidence-based programmes globally and in Ireland' (p. 24, tender specification). The focus is on manualised programmes. The Matrix will support stakeholders to identify, select and implement the right evidence-based programmes to address one of a set of five broad national outcomes for children, which include those related to the prevention of drug and alcohol use (Department of Children and Youth Affairs 2014b). While the scope of programmes to be included in the Matrix is broader than just the prevention of drug use, it will be a useful resource for those working in the sector.

Among the requirements of the Matrix are that it will:

- Provide details and an assessment of evidence and costs for prevention and early intervention-based programmes commonly implemented for children and young people's services globally or in Ireland
- Rate the standard of evidence of impact available on each programme included on the online Matrix
- Rate the costs of the programmes
- Provide details of each programme, including how it works
- Provide information on how the programme should be implemented and the resources required to implement it effectively
- Provide details of the 'most reliable' evaluations that have been carried out in Ireland and globally on the programme
- Provide contact details of licence holders and/or individuals/organisations that have implemented the programme in Ireland or Europe
- Provide technical guidance on evaluations, analyses and further suggested reading related to the programme.

Work on the Matrix is expected to begin in 2018, with a contract running to the end of 2020.

C. Professional development and capacity building strand: The planned output under the professional development and capacity building working strand is a standardised module of training in prevention and early intervention, with the associated supports. A mapping exercise of existing training in this field has been carried out by the Centre for Effective Services (CES). This strand of work is still in the developmental stage, and one of a number of programmes being looked at is the Universal Prevention Curriculum programme.

D. Quality working strand: While there have been no specific deliverables completed under the quality strand, much of the work being carried out under the other three strands is expected to impact on the quality of service design and delivery (personal communication, Department of Children and Youth Affairs, July 2018).

7. The Prevention and Early Intervention Unit in Department of Public Expenditure and Reform

The area of prevention and early intervention has been attracting increasing attention in Ireland. The Prevention and Early Intervention Unit (PEIU) in the Department of Public Expenditure and Reform (DPER) was established in 2017, on foot of a commitment in *A Programme for a Partnership Government,* DPER made a specific commitment:

> *'To focus transfers on earlier support, we will establish a dedicated Prevention and Early Intervention Unit in the Department of Public Expenditure and Reform/Finance in the first 100 days. It will focus on early intervention policies that can improve the life outcomes of children in particular, as well as the quality of life of older people dealing with long-term conditions such as chronic illness. The Unit will also produce an annual report outlining the percentage of departmental budget that is devoted to early intervention and long-term planning on social issues, and recommend changes. It will oversee and monitor the impact of a number of these new programmes, and report regularly to the relevant Oireachtas Committee.'*

(DPER Programme for Government Commitments)

In developing its work programme, the PEIU is focusing on prevention and early inventions across the whole life cycle and, of particular relevance here, has adopted a population health focus. It is concerned with primary and secondary prevention programmes. Overall it aims to provide top-level guidance to Government Departments on the standards that should be expected of prevention programmes. This involves asking a number of questions of the programmes.
For example:

- Are their clear outcomes expected for the individuals involved in the programme?
- Does the programme have a theory of change?
- Is there evidence of the programme's efficacy?
- Is there ongoing monitoring of its performance?

As a starting point, the PEIU has hosted two dialogue events with stakeholders, focusing on three key questions:

- What is meant by 'prevention' and 'early intervention'?
- How do we know if prevention and early interventions work?
- How can this information be used to inform decision-makers?

The unit is also aiming to include financial data on prevention programmes in the *Revised Estimates Volume* for 2019. While there is no specific focus on drug-related prevention within the unit, its establishment suggests an increasing interest by Irish policy-makers in providing a framework to deliver high-quality prevention programmes with consideration of the costs involved.

T4. Additional information

T4.1 Additional studies

This section contains additional evidence for this workbook. It provides more detailed summaries of relevant studies and outputs that may be of interest to the EMCDDA.

1. Youth consultation for the LGBTI+ National Youth Strategy 2018-2020
2. Environmental prevention: smoking prevalence
3. Environmental prevention in third-level institutions – REACT
4. Universal prevention: schools' Lifeskills survey
5. Selective prevention: Drug and Alcohol Task Forces
6. Selective prevention: Youth Advocate Programmes Ireland
7. Harms experienced in the Irish population due to others' drinking
8. Indicated/selective prevention: the need to rethink responses to cannabis use.

1. LGBTI+ National Youth Strategy consultation

Fullerton, Deirdre and McGrellis, Sheena and Power, Ian and McKenna, Oisin and Velthuis, Sandra *LGBTI + national youth strategy. Report of the consultations with young people in Ireland*. Dublin: Department of Children and Youth Affairs.

https://www.drugsandalcohol.ie/28323

A key part of the process of developing Ireland's LGBTI+ National Youth Strategy (Department of Children and Youth Affairs 2018a) was a consultation with young people from across Ireland, the findings of which are summarised below (Fullerton*, et al.*).

The consultation

There were two key strands to the consultation: an online survey and a series of consultation events. The consultations reached a total of 3,882 young people from across Ireland (n=3,710 young people completed the survey and n=172 young people attended one of seven consultation events). While most of the participants identified themselves as a member of the LGBTI+ community (69% of survey respondents and 93% of event participants), the consultation was not limited to this group.

The consultations focused on three broad questions:

1. What is positive about being a young LGBTI+ person in Ireland today? **(Positives)**
2. What issues are faced by young LGBTI+ people in Ireland today? **(Issues)**
3. What changes would improve the lives of young LGBTI+ people? (**Changes**)

The findings

The extensive body of data collected was analysed thematically. A broad range of themes was identified, a detailed account of which is beyond the scope of this summary. However, illustrations of the key findings in relation to each of the consultation's three questions are:

- Positives: There is less discrimination and an increased sense of acceptance and social support than there has been in the past. Examples of this included positive legal reform around marriage equality and equal status and gender recognition legislation.
- Issues: Despite improvements, there is an ongoing sense of discrimination and stigma attached to the LGBTI+ community. Participants reported experiences of bullying and harassment, isolation and exclusion, among other issues.
- Changes: Changes to education within schools and improved training for professionals on LGBTI+ inclusion and related issues were the most commonly cited areas of need.

The LGBTI+ community is identified in the national drug and alcohol strategy as one of a number of groups who experience a higher risk of problematic substance use than the general population ((Department of Health 2017), p. 47). This was echoed in the findings from the consultation. Participants identified a culture of drug and alcohol misuse within their community, which had a negative impact on people's mental health and well-being. Explanations provided for this higher level of use included that substances were used as a 'bad coping mechanism for dealing with exclusion'. Linked to a call by participants for improved access and delivery of mental health services was a call for improved access to early intervention and other drug-related services.

Concerns were also expressed about the lack of alcohol-free spaces and places for young LGBTI+ people to meet up. People's experiences were that many of the 'safe' social spaces for meeting up were nightclubs that were also 'hyper sexualised' with a focus on 'hooking up' (p. 23). The shortage

of safe alcohol-free spaces presented particular challenges and risks for those who were under 18 years old.

2. Smoking prevalence

Li S, Keogan S, Taylor K and Clancy L (2018) Decline of adolescent smoking in Ireland 1995–2015: trend analysis and associated factors. *BMJ Open* 8: e020708.

https://www.drugsandalcohol.ie/28946/

As described in section T1.2.1, policies designed to discourage adolescents from smoking have been at the forefront of tobacco prevention in recent years. In Ireland, the *Tobacco Free Ireland* report of 2013 stated that the protection of children must be prioritised with regard to initiatives outlined in the policy (Tobacco Policy Review Group 2013). A number of studies have been conducted regarding interventions aimed at preventing adolescent smoking, including research evaluating policies to restrict access and raise awareness of risk. While some studies have examined perceptions of risk and its association with smoking, other studies have investigated correlates in the domestic and social sphere. These include associations with parental monitoring, relationships with parents, family structure, truancy, and peer smoking.

An Irish study published in 2018 examined trends in smoking among Irish adolescents aged 15–16 between 1995 and 2015 and factors associated with smoking behaviours (Li*, et al.* 2018). In this research, which has been published in the journal *BMJ Open*, data were obtained from Irish waves of the European School Survey Project on Alcohol and Other Drugs (ESPAD). Multivariate logistic regression was performed to examine the factors associated with smoking behaviour. Smoking behaviour was defined as having smoked in the last 30 days. Independent variables examined included gender, survey years, perceived ease of access to cigarettes, perceived risk of smoking, perceived relative wealth, parental monitoring, maternal relationship, family structure, truancy, and peer smoking.

The study found that smoking prevalence among adolescents has dropped from 41% in 1995 to 13% in 2015. The prevalence was much higher among girls than boys in 1995 (44.9% vs 36.7, $p<0.001$). However, this gender gap was closed by 2015 (12.8% for females and 13.1% for males). Odds ratios from multivariate regression results demonstrated that peer smoking (18.9, 95% CI: 11.4–31.2), perceived access to cigarettes (1.4, 95% CI: 1.0–2.1), perceived risks of smoking (1.9, 95% CI: 1.6–2.3), parental monitoring (3.2, 95% CI: 2.3–4.6), truancy (2.8, 95% CI: 1.9–4.1), maternal relationship (1.8, 95% CI: 1.4–2.4), perceived relative wealth (1.3, 95% CI: 1.0–1.7) and family structure (1.6, 95% CI: 1.1–2.2) were all significantly associated with adolescent smoking, with some of the factors having different effects for female and male students.

The authors also found that students perceived ease of access to cigarettes to have decreased between 2007 and 2015. Those claiming that it was difficult to get cigarettes increased from 12% to 28% over that period.

They identify a number of policies that were introduced over the period that might have contributed to the increase in difficulty accessing cigarettes:

- The Public Health (Tobacco) Act, 2002, which came into force in April 2007 and under which it is an offence to sell cigarettes or other tobacco products to persons aged under 18 years
- The requirement since 2009 that retailers register with the National Tobacco Control Office
- The banning of vending machines except in licensed establishments
- The 2007 ban on packets containing fewer than 20 cigarettes and a number of substantial increases to the excise duty on tobacco products.

The authors concluded that Ireland has successfully achieved a considerable decrease in adolescent smoking from 1995 to 2015. Further improvement might be attained through strengthening enforcement of adolescent access to cigarettes and maintaining a high-intensity tobacco control media campaign. Parents could also contribute by enhancing monitoring.

3. Responding to Excessive Alcohol Consumption in Third-level (REACT)

Davoren MP, Calnan S, Mulcahy J, Lynch E, Perry I, and Byrne M (2018) Responding to excessive alcohol consumption in third-level (REACT): A study protocol. BMC Health Services Research, 18, (1), p. 364. https://www.drugsandalcohol.ie/29015/

High levels of alcohol use have been found among third-level students in Ireland. In 2014, the HSE commissioned a research team to develop a public health intervention to address alcohol use among third-level students. The programme entitled Responding to Excessive Alcohol Consumption in Third-level (REACT) (http://reactalcohol.ie/) was developed in a collaboration between the Health Matters team at University College Cork (UCC), the Irish Student Health Association (ISHA) and the Union of Students in Ireland (USI).

The REACT programme is currently being implemented in 15 higher education institutions across Ireland (personal communication, REACT project, June 2018). The aim of the programme is to 'strategically tackle harms associated with alcohol consumption among third-level students'. Evaluation of REACT is currently underway; therefore, evaluation findings from the programme are not yet available as of summer 2018. However, a paper has been published outlining the study protocol for developing, implementing and evaluating the programme (Davoren*, et al.* 2018).

The programme

REACT is defined as a multi-component intervention. It is described by the paper's authors as forming part of the wider Health Promoting University ethos endorsed by the World Health Organization (Tsouros*, et al.* 1998). The concept of the Health Promoting University 'means much

more than health education for students and staff – it means integrating health into the culture, processes and policies of the university' (p. 5). A defining feature of the programme is that it is an environmental rather than an educational initiative.

Development of the programme was based on a three-step process involving a review of international best practice, a knowledge exchange forum and expert consultation. The programme 'seeks to establish a specially tailored accreditation and award system for third-level institutions (colleges/universities/institutes of technology) that make significant changes within their campuses to tackle the growing issue of excessive alcohol consumption among students' (p. 2) (Davoren*, et al.* 2018).

Participating third-level institutions are required to carry out activities from a suite of mandatory and optional action points. Lists of these are provided in Tables 1 and 2. The participating institution must complete all of the action points in Table 1 as well as 16 points from the actions detailed in Table 2, including at least two action points of a 'three point' ranking. Institutions can then apply to the REACT team for their award. Once the application is received, an evaluator will be appointed to meet with the institution's Steering Committee to discuss the implementation and associated accreditation/award. The detail of the content of the accreditation/award was under development at the time of writing.

Table 1: Mandatory action points of the REACT award scheme

	Action point	**Description**
1.	All incoming students are strongly encouraged to take an online brief intervention tool	A target of 33% of incoming first-year students to have completed e-PUB (or other brief intervention tool if already in place) must be met before a college/university/institute of technology is deemed to have achieved this mandatory action point. Statistics should be presented to a relevant college committee on an annual basis
2.	Develop a college alcohol policy in line with the 'National Framework to Develop A College Alcohol Policy'	Develop a college alcohol policy in line with the 'National Framework to Develop A College Alcohol Policy'
3.	President of the college commits to the REACT programme	The President of the college (or equivalent management figure) signs a 3 year commitment to the college actively pursuing the criteria set out by the REACT programmes Action Point List
4.	Form a Steering Committee of staff and students, chaired by a senior college official, that meet twice a year (minimum) and review the Action Plan annually	Form a Steering Committee which will: a) Have student and staff representation b) Be chaired by a senior college official c) Have a member of the Gardaí, a member of the local council and a member of the Local Drugs and Alcohol Task Force as committee members d) Meet a **minimum** of twice a year e) Review the college Alcohol Action Plan **annually**

	Action point	Description
5.	Safety issues in the context of alcohol must be considered while planning all large scale students events	An agenda item of alcohol and safety issues must be present and discussed on the agenda of all SU, Societies and Clubs planning meetings related to any large scale student entertainment events at which alcohol will be available. E.g. College Balls, Gigs, R&G, etc.
6.	Establish a tracking and reporting mechanism for key alcohol related harm indicators	Establish a tracking and reporting mechanism that will track key alcohol related harm indicators e.g. injuries, anti-social behaviour, harm to relationships, studies, etc.
7.	The college completes its own evaluation of the effectiveness of the alcohol action plan every 3 years	The college devises and completes an evaluation strategy to monitor the effectiveness of the alcohol action plan every 3 years
8.	Train relevant staff in Brief Intervention Training	Ensure key individuals in student health and the student experience are able to deliver Brief Intervention Therapy around alcohol misuse **and** have a clear understanding of the internal referral pathways

Source: http://reactalcohol.ie/

Table 2: Optional action points of the REACT Award Scheme

	Action point	Description
1.	Designate a specific college official to have overall responsibility for the REACT project ***(1 point)***	Designate a specific college official to have overall responsibility for the college's REACT programme
2.	Develop a calendar of events in conjunction with local Students Union ***(2 points)***	Develop a calendar of events in conjunction with local Students Union which requires proactive planning
3.	Develop reporting mechanism for tracking high risk promotions by local licensees ***(3 points)***	Develop reporting mechanism for tracking high risk promotions by local licensees
4.	REACT Training Toolkit is utilised at class rep training to provide them with relevant safety information ***(1 point)***	a) The REACT Training Toolkit (available via the WebApp) is utilised for a session at class rep training **annually** with a special emphasis placed upon safety b) Members of Clubs and Societies for which this would hold relevance in event planning are invited to this training
5.	Alcohol counselling service available to students ***(3 points)***	Provide an alcohol counselling service to the student body
6.	Hold an annual meeting with local stakeholders **(*1 point)***	Hold a minimum of **one** meeting **annually** with local stakeholders (e.g. local Gardaí, local residents, local businesses, etc.) as a forum to discuss grievances and suggestions related to students' excessive alcohol consumption
7.	Develop a visible and accessible referral pathway to a range of	Develop a visible and accessible referral pathway to a range of internal and external alcohol support services for students. In

	internal and external alcohol support services for students (***2 points)***	addition: a) The pathway will include and promote a self-referral route for students b) Training and information relating to the pathway is to be offered to front line staff of the college every **two** years
8.	Provide alcohol free housing **and** alcohol free social spaces (***3 points)***	Provide: a) alcohol free housing b) alcohol free social spaces
9.	Partnerships developed with relevant local community groups ***(1 point)***	Partnerships developed with relevant local community groups (e.g. local council, healthy cities committee, etc.)
10.	Provide late night transport to student accommodation ***(2 points)***	Provide late night transport to student accommodation for college events/nights out
11.	Develop and implement a Student Community Support system ***(3 points)***	Develop and implement a Student Community Support system for key student weeks (e.g. R&G Week, Freshers' Week, etc.)
12.	Allocate space for Alcoholics Anonymous ***(2 points)***	Make contact with and allocate space for Alcoholics Anonymous to hold meetings for college students
13.	Map local licenced premises ***(2 points)***	Map and update (every 2 years) all local licenced premises
14.	Require RSA training for all on campus bar staff **(*2 points)***	Require Responsible Serving of Alcohol (RSA) training for **all** on campus bar staff
15.	Use the Alcohol Use Disorders Identification Test (AUDIT) as preferred measure of drinking patterns and alcohol-related harm ***(3 points)***	Use AUDIT scale when measuring drinking patterns and alcohol related harm in health research projects focused on students
16.	Conduct robust qualitative alcohol related research with students ***(3 points)***	Conduct a high level alcohol related qualitative research project with students
17.	Enable PhD/Academic researcher to conduct a study on your Action Plan ***(3 points)***	Enable PhD/Academic researcher to conduct a study on the effectiveness of the interventions within your Action Plan
18.	Provide all of the relevant college data related to the Action Plan to the National REACT co-ordinator/researcher ***(3 points)***	Provide all of the relevant college data related to the Action Plan to the National REACT co-ordinator/researcher for inclusion in national research

Source: http://reactalcohol.ie/

Implementation and evaluation

REACT will be implemented and evaluated in line with the UK Medical Research Council's framework guidelines, which aim to help researchers and research funders to recognise and adopt appropriate methods for working on complex interventions (those containing several interacting components). The framework identifies several phases involved in the process of developing and

evaluating a complex intervention, although these phases may not necessarily follow a linear sequence. The phases are: developing an intervention, piloting and feasibility, evaluating the intervention, and implementation.

The REACT evaluation will consist of a number of elements. To begin with, a baseline and follow-up cross-sectional study will be conducted to determine any potential impact of the REACT programme. This study will examine alcohol consumption levels and other related behaviours as well as attitudes among students. It will incorporate the AUDIT (Alcohol Use Disorders Identification Test) and other questions based on a review of national and international research.

The baseline study was conducted at the end of 2016 (n=1,873), and the follow-up study is due to be repeated in the same institutions in the autumn of 2018.

Alongside the impact evaluation, a qualitative study will be conducted to explore perceived factors influencing the take-up and implementation of the programme. Research examining students' views on the programme and on alcohol more generally will be carried out in a separate study.
The authors highlight that 'the REACT programme provides a structure to translate policy into practice and to tackle hazardous alcohol consumption and related harms among third-level students' (p. 7). The 15 institutions currently signed up to the programme are in the process of implementing the mandatory and optional action points. The REACT team are working on developing the accreditation framework for the programme in summer 2018 and aim to have their first accreditation by 2019 (personal communication, REACT, June 2018).

4. Lifeskills 2015 – a school-based survey

Education and Skills (2017) *Lifeskills survey 2015. Report on survey findings.* Dublin: Department of Education and Skills. http://www.drugsandalcohol.ie/28560/

The Lifeskills survey is carried out by the Department of Education and Skills in primary and post-primary schools. Substance use is one of the topics covered in the survey. Data have been collected in 2009, 2012 and 2015, and a fourth round is expected to be carried out in 2018 (Department of Education and Skills 2014). The findings of the 2015 Lifeskills survey were published in July 2017 but were not reported on in last year's report (Department of Education and Skills 2017b).

The survey

The Lifeskills survey focuses on skills being taught in schools that 'are for life' (p. 64), including physical activity and healthy eating; aspects of Social, Personal and Health Education (SPHE) and Relationships and Sexuality Education (RSE); anti-bullying; substance use; and road safety. In 2015, extra questions were added on links between primary schools and early years settings;

education for sustainable development; and interaction with the entrepreneurial sector, both business and social. Survey questions focus on school policies, programme content and delivery. The findings are predominantly descriptive of outputs in the areas of interest (see Table 3). However, the survey attempts to deal with some more complex issues that may be beyond the scope of its design. For example, it asks, 'Do students in your school know what to do if bullied?' and it presents the response options 'yes/no'. While 99% of post-primary schools responded 'yes' to this question, it is unclear what this assessment is based on (p. 22).

Lifeskills is an online survey of schools and participation is voluntary. It is unclear from the report who completes the survey and whether or not this is consistent between schools. However, the survey is described by the authors as representing the 'perspective of the school community' (p. 54). In 2015, there was a response rate of 53% from primary schools, down from 68% in 2012; and 33% from post-primary schools, down from 52% in 2012. In relation to the post-primary school response rate, the authors noted the drop in participation as 'very significant and a concern for the Department' (p. 28).

Substance use

Substance use is one of the topics covered in the report. Schools were asked about whether a substance misuse policy was in place; whether parents contributed to its development; which topics were covered in related lessons; how challenging the school found it to teach in this area; and which outside agencies were involved in the delivery of work on this topic.

The findings for primary schools were:

- 88% of schools were either in the process of developing a policy or had one in place, while 12% had none. This is the same level as 2012. It is unclear from the report what proportion of the 88% of schools was only 'in the process' of developing a policy.
- Of those schools that had a substance misuse policy in place, 66% reported that parents were consulted on the development of the policy.
- 90% of schools reported that they address the topics of 'awareness of and combating drug abuse', 'awareness of and combating alcohol abuse' and 'awareness of health risks of smoking' with pupils. In addition, more than 97% of schools reported that they addressed 'resisting peer pressure' and 'making sound decisions'. These findings are all similar to 2012.
- 56% of schools described substance misuse as challenging or very challenging to teach, while 44% reported that it was not challenging to teach.
- 94% of schools used the Walk Tall programme to support teaching pupils about substance misuse. Twenty-two per cent used an external agency to help them to deliver their substance misuse programme. The main agencies used by primary schools were An Garda Síochána and the Local Drugs Task Force.

The findings for post-primary schools were:

- 95% of schools either had a substance misuse policy or were in the process of developing one. As with the primary schools, it is unclear from the report what percentage actually had an active policy.
- 87% of schools had consulted parents in the development of their substance misuse policy, while 13% had not.
- All of the schools reported that they address the topics of 'awareness of and combating drug abuse', 'awareness of and combating alcohol abuse' and 'awareness of health risks of smoking' with pupils.
- Three-quarters of schools reported using On My Own Two Feet to support them in their work in this area.
- 56% of schools found it a challenging topic to teach: 49% reported it as somewhat challenging and 7% as very challenging. Forty-four per cent of schools reported that it was not challenging to teach.
- 48% of schools reported bringing in external agencies to support the delivery of their work in this area. The main agencies used were An Garda Síochána and the HSE.

Concluding comment

In its introduction, the report is described as providing 'evidence of the very good work being undertaken by respondent schools/centres in helping their learners to develop the key skills and resilience necessary to cope with the many demands and pressures they face both within and outside their learning environment' (p. 12). However, the methods used do not allow for any insights into the quality and effectiveness of, for example, the policies and what is being delivered to pupils. These are critical considerations when exploring schools' delivery on addressing pupils' needs in this area.

The authors identify a number of issues that need to be addressed in order to improve and support the delivery of life skills in the school environment. In relation to substance use, the focus is on providing staff with continued professional development to make the delivery of sessions 'less challenging'. It is beyond the scope of the survey to reflect on the content and mode of delivery. However, some findings would suggest the need to explore further how the Department of Education and Skills can best facilitate schools in delivering programmes in line with the current evidence of best practice. For example, the finding that An Garda Síochána is frequently involved in the delivery of classroom sessions is not in line with international best practice guidance.[5]

Table 3: 2012 and 2015 Lifeskills survey results for primary and post-primary schools

Lifeskills survey	Primary schools		Post-primary schools	
	2012	2015	2012	2015

Lifeskills survey	Primary schools		Post-primary schools	
Percentage response rate	68	53	52	33
Have substance misuse policy	88	88	93	95
Have healthy eating policy	88	92	37	32
Have RSE policy	87	94	77	87
Have student council/voice	14	21	97	99
Have sport outside school time	81	82	85	97
Have anti-bullying policy	98	99	99	99
Have road safety programme	98	100	84	93
Have Stay Safe programme	99	100	n/a	n/a
Have Walk Tall programme	94	94	n/a	n/a
Resisting peer pressure	99	97	n/a	n/a
The food pyramid	99	99	n/a	n/a
Part of health-promoting schools	n/a	n/a	37	63
Use Your Road to Safety programme	n/a	n/a	44	78
Encourage physical activity during breaks	n/a	n/a	86	89

Source: Department of Education and Skills, Table 1.1 and Table 1.2 (pp. 5, 7) (Department of Education and Skills 2017b)

5. Selective prevention: Drug and Alcohol Task Force

Below is an extract from Ballymun Local Drugs and Alcohol Task Force's 2016 annual report to the Drugs Programme Unit, which was submitted in May 2017 (p. 16–17, (Ballymun Local Drugs and Alcohol Task Force 2017)). It illustrates the range of activities undertaken by the DATFs in the area of prevention.

Pillar: Prevention and intervention

Objective: To develop, coordinate, and/or support projects/programmes or initiatives via agencies and/or schools which prevent/delay/intervene in drug and alcohol use in Ballymun.

- Continued to hold Prevention and Education Sub-Committee meetings to identify need and develop appropriate responses to issues raised.

- Reviewed findings and recommendations from Jumpstart Evaluation to inform responses to needs of particular at risk groups.
- Planned and developed directory of mental health services for children and young people to increase accessibility and awareness of mental health issues and services for young people.
- Implemented the 21st Ballymun SFP programme with 10 graduating families (to date; 5 child programmes; 16 teen programmes implemented). Continued to provide support to participating and graduate families and post programme on an individual and family basis (e.g. 3 month booster sessions, catch up and weekly reviews etc.)
- Provided parenting support for those who are struggling with addiction on a 1-1 and group basis.
- Provide support as membership of Mojo North Dublin Interagency Working group

Objective: To support the continued development of a network of key agencies coming together to identify and respond to current and emerging issues in relation to young people at high risk.

- Continued to coordinate interagency meetings and working groups of Ballymun Network for Assisting Children and Young People (BNACYP). BNACYP is a voluntary inter-agency network of 18 agencies from statutory, voluntary and community organisations, targeting families and children at risk.
- Review of BNACYP Strategic Plan and planning for development of new 3 year Strategic Plan.
- Continued to develop relationships and engagement with Tusla Social Work Department as a member of BNACYP.

Objective: To support appropriate services in Ballymun that identify and take account of (a) the needs (b) target young people at high risk and (c) provide intensive support for vulnerable families with children.

- Supported the Equal Youth Cannabis Initiative Group around development of local area based research and exploration of community cannabis interventions.
- Provided ongoing support for Meitheal with BNACYP, promoting training and engagement and where indicated utilised Network inter-agency protocol.

Objective: To develop and deliver training/information programmes to build capacity of professionals in the area of education and prevention.

- Conducted audit of sexual health with groups to inform direction for training and sexual health policy development framework for 2017.
- Promotion of local gambling seminar to youth organisations and education/training facilities.

- Worked with the National SFP Council of Ireland to host the site coordinator training developed by Cork SFP and collaborated on the interagency delivery of SFP group facilitator training.
- Worked with members of SFP management committee to deliver local SFP seminar and workshop for services in the area to highlight the effectiveness of SFP as a model of intervention and increase referral options and facilitator capacity for forthcoming 2017 child and teen programmes.
- BLDATF became member of REACT steering group in DCU (Excessive Alcohol Consumption in Third Level).

Objective: To coordinate/support community initiatives to build the capacity of families, young people and adults to understand drug/alcohol use and prevention.

- Engaged young people through youth organisations and education/training facilities, Traveller organisation and older adults in alcohol specific consultation events to inform the prevention and education pillar actions of the Community Alcohol Strategy 2017.
- Continued to create awareness of parents/adults role modelling around teenage/underage drinking through the prevention and education work of the Community Alcohol Strategy “Act Your Age”, “Party Safely”, “5 A’s” etc.
- Supported development of alcohol free alternative for Junior Cert Night alcohol free activities.
- Dissemination to local services of up to date information on alcohol and related harm through Participation on National Community Action on Alcohol Training Programme 2016.

6. Youth Advocate Programmes (YAP) Ireland

Youth Advocate Programmes (2018) *YAP Ireland national profile and outcomes summary 2011 - 2017.* Dublin: Youth Advocate Programmes https://www.drugsandalcohol.ie/28780/

As outlined in section T1.2.3 the Youth Advocate Programmes (YAP) Ireland’s stated mission is to build partnerships between vulnerable young people, their families and communities to support their full potential through a community-based, strengths-focused, intensive support model. The programme argues that this approach provides a more effective and economic alternative to society’s reliance on the direct provision of state institutions and out-of-home care services. The organisation uses a strengths-based, family-focused approach for young people with complex needs leading to positive outcomes for young people and families. The YAP model is based on the development of a trust relationship between a supportive, trained and skilled adult advocate, the young person and their family.

Some of the reported principles of the YAP model are as follows:

- Provides 15 hours of one-to-one support for a young person or family per week
- Flexible service tailored to specific needs, which uses a strengths-based, wraparound approach
- No eject, no reject policy and never give-up approach
- Ability to respond rapidly, such as its Crisis Intervention Service
- Six-month model with advocates dedicated to the case
- Ability to provide service in any area where children are at risk or support is needed
- On-call support service available to families and staff 24 hours a day, 365 days a year
- Advocates are recruited from local communities
- Outcomes measurement system in place to assess the impact of the YAP programme
- Monitoring calls during the case gives parents/carers the opportunity to feedback to YAP on the quality of the service.

In 2017, YAP Ireland published a summary of the programme's outcomes from 2011 to 2017 (Youth Advocates Programme 2018). This is not a detailed or methodologically rigorous evaluation of the programme, but it is useful in reporting the profile of service users and some top-level outcomes. YAP Ireland collected profile information on 2,223 young people and families with whom it worked from 2011 to 2017.

- 56% were male, and 44% were female.
- 51% of the cohort were aged between 13 and 15 years.
- 54% came from a single-parent household.
- 19% had a mental health diagnosis, and 7% were awaiting an assessment for one.
- 47% had a family history of drug or alcohol misuse.

The YAP's system for measuring outcomes explores the views of young people, families, referrers, advocates and managers when matched and then at the six-month exit point on a range of indicators. The top level outcomes reported for young people were outlined in section T1.2.3. Others are reported below:

Family

- 78% reported an improvement in parenting skills.
- 79% reported an improvement in social supports/family.

Education

- 79% reported an improvement in general behaviour.
- 77% reported an improvement in attendance.
- 79% reported an improvement in aspirations.

Offending/risky behaviour

- 83% reported an improvement in their own risky behaviour.
- 79% reported a reduction in impulsivity.
- 92% reported an improvement in cooperation with the Juvenile Liaison Officer/Gardaí.

6. Harms experienced in the Irish population due to others' drinking

Hope A, Barry J and Byrne S (2018) *The untold story: harms experienced in the Irish population due to others' drinking*. Dublin: Health Service Executive.

https://www.drugsandalcohol.ie/28839/

Introduction

In the past decade there has been a substantial increase in research relating to alcohol's harm to others, and international research indicates that a significant proportion of the population has experienced harm from other people's drinking. On 16 April 2018, the HSE launched the results of the first dedicated Irish survey on alcohol's harm to others (Hope*, et al.* 2018). The survey was undertaken in 2015 using CATI (computer-assisted telephone interviewing) and employed a probability sample. The total completed sample was 2,005 and the response rate was 37.2%.
The survey comprised three main parts:

- Harm from others' drinking (including strangers, co-workers and known drinkers); harm to children from others' drinking; and alcohol-related domestic problems due to others' drinking.
- The burden on those around the drinker, e.g. caring for the drinker; the burden of specific harms from drinkers with a cost impact; and having to seek help due to the drinking of others.
- The financial burden of harms from others' drinking, including the estimated cost of caring for the drinker, having to seek public services due to others' drinking, out-of-pocket expenses, and estimated workplace costs related to co-workers' drinking.

Main findings

Harm from others' drinking

- In the 12 months prior to the survey, 51% reported experiencing harm due to **strangers' drinking**. The most common specific harms reported were: being kept awake at night by drunken noise (26%), being harassed on the street (23%), and feeling unsafe in public places (19%). The profile of those more likely to report harm from strangers' drinking were men, those aged under 60, and those with higher education.
- Two in five (44%) reported experiencing harm from **known drinkers** in their life. The most common of these harms were: being stressed or anxious (22%), being called names or insulted (16%), and being harassed in private (16%). More women than men reported the psychological harm items of stress, family problems, feeling threatened at home, feeling depressed and having financial trouble due to the drinking of known drinkers. More men

reported the tangible harm items of being a passenger with a drunk driver and having belongings ruined.

- Among respondents who were in paid employment, 14% reported harm due to **co-workers' drinking**. The specific harms most often mentioned were reduced productivity (7%) and having to cover for co-workers due to their drinking (7%). Those more likely to report harm from co-workers' drinking were men and those in the youngest age group (18–29 years).
- Overall, one in six carers (16%) reported that **children** for whom they had parental responsibility experienced harm as a result of someone else's drinking. The most common specific harms were: a child being negatively affected (12%), verbal abuse (9%), and a child witnessing serious violence in the home (4%). Carers from the lowest household weekly income group and carers who were separated were most likely to report harm to children due to others' drinking.
- Among respondents who reported being negatively affected by the drinking of people they knew, 42.5% experienced alcohol-related domestic problems. The most common such harms were: family problems, feeling threatened at home, being shoved or pushed, and having less money for the household. Those more likely to experience alcohol-related domestic problems were women, those under 45 years of age, those with lower secondary education and those who were separated.

Burden on those around the drinker

Three in five (61%) reported having a known heavy drinker in their life or someone who sometimes drinks a lot. Of those with a known heavy drinker in their lives, 53% reported some form of lost time due to caring duties because of the known heavy drinker's drinking in the last 12 months. The most frequently reported caring duties were: taxiing (32%), caring for the drinker (28%), cleaning-up after the drinker (24%), and taking on extra responsibilities in caring for children or others (17%). One in five (19%) respondents reported experiencing harm due to others' drinking that had a financial cost. The harms that resulted in a financial cost included ruined clothing or other belongings, property damage, less money for household expenses, stolen money, financial trouble, and a traffic accident due to others' drinking.

Overall financial burden of harms from others' drinking

The total estimated cost of alcohol's harm to others was €872.75 million (Table 4 Over half (53%) of the cost was accounted for by caring for the known heavy drinker. The authors state that a conservative approach was used in estimating the cost of caring for known drinkers, which was confined to two of the caring duties (caring for the drinker and caring for children and others). The second most significant element of costs (14.8%) was the out-of-pocket expenses related to specific harms due to drinking by others. The cost of seeking help due to drinking by others (14.5%) was the third most significant element of the total costs. Finally, the cost of drinking by others in the workplace accounted for 14% of total costs. However, this represents only the cost of additional

days that had to be worked due to co-workers' drinking and the cost of days lost from work due to others' drinking.

Table 4 Costs associated with alcohol's harms to others

Cost area	Total cost estimates
Caring for the drinker	€456,513,453
Cost burden of specific harms from other drinkers out-of-pocket expenses	€129,906,901
Seeking help services – law enforcement and health services	€126,724,568
Seeking health services (out-of-pocket expenses)	€27,004,933
Workplace costs	€122,598,569
Estimated total costs	**€862,748,424**

Conclusion

The results presented in this survey indicate that the harms from others' alcohol consumption is evident across Irish society and is experienced by the family, friends and work colleagues of the drinker and is also felt by strangers in public spaces. The annual estimated cost of harm due to others' drinking in Ireland is just under €863 million. This cost estimate only includes tangible costs and does not include the intangible cost (fear, pain, suffering, reduced quality of life) of alcohol's harm to others, which are likely to be substantial. It also excludes information from health and social agencies, including Garda data, road crash mortality and morbidity, death statistics, hospital records, child protection agency data, alcohol and drug services and helpline data. This report highlights that preventing and reducing harm to others is an urgent public health goal.

8. The need for selective/indicated prevention: Research on rethinking the response to cannabis use

O'Brien K and Foley B (2017) *'It's only weed': rethinking our response to young people's cannabis use*. Dublin: Ballymun Youth Action Project. http://www.drugsandalcohol.ie/27246/).

While not focused on a particular prevention intervention, the study 'It's only weed': rethinking our response to young people's cannabis use' provides insights into the experiences of young people attending training programmes and identifies a need for selective and indicated prevention interventions. The research was carried out in Ballymun, an area of Dublin characterised by high levels of social and economic deprivation (O'Brien and Foley 2017). Service providers who work with early school-leavers (aged 16–24 years) in the area noticed that a cohort of young people were becoming increasingly difficult to motivate, both to turn up for appointments and to engage at key working sessions. It was decided to explore the factors that were impacting on retention and progression rates for this group. Through discussions among key stakeholders, cannabis use was identified as contributing to the problem. Programme participants reported both 'high levels of use and, for some, high levels of drug debt' (p. 6).

The research had two aims:

- To provide a rapid assessment of cannabis use prevalence within particular education/training centres and community settings in Ballymun
- To explore the relationship that the young people in these settings have with cannabis.

Data were collected from young people attending two youth education/training projects and one 'street' site, i.e. young people not engaged in any education and training programme. A questionnaire was developed based on the 'existing evidence-based tool', i.e. the cannabis use problem identification tool (CUPIT) (p. 12). Overall, 73 young people from the training projects took part and 23 from the street site.

Key findings

Seventy-eight per cent of young people had used cannabis in their lifetime. Of the 58 who had used it in the last 12 months, 35 (60%) were using it daily. In response to the question 'How does cannabis fit into your life?', among the most popular responses were that using cannabis 'is relaxing' (22%), 'helps with boredom' (18%), 'helps me sleep' (15.5%), 'helps me forget problems' (11%), and makes me 'feel less nervous and stressed' (10%). The authors suggest that cannabis has become increasingly culturally tolerated and accepted in their community as a way of coping with problems. This can result in a more minimised view of cannabis and its negative impacts on the user and those around them. The authors argue that similar cultural accommodation has existed in their community and other similarly marginalised ones for benzodiazepines and other prescribed medications.

Based on their research and an examination of the literature on cannabis use, the authors identify 'significant concerns' (p. 26) around the impact of cannabis use on young people's engagement with education and the long-term impact on their memory and brain function.

Daily cannabis users in the study were found to be experiencing problems with health, finances, family relationships and educational/vocational performance. Some described an 'inability to regulate and control their use' (p. 27) and this was associated with a lack of engagement in structures such as educational or vocational training.

Fifty-seven per cent of the current users had considered changing their cannabis use in the past three months. In response to an open-ended question about what their reasons would be for reducing their use, financial implications emerged as the most important factor (20%). Others were employment (17.5%), physical health (17.5%), family relations (15%), and appearance, children, and mental health (all at 5%).

Cutting across the study was the finding that when compared to the 'street' group, the young people who were in education or training and used cannabis used it less frequently; used a smaller amount when used; spent less on it; and were more motivated to change their use.

Recommendations

The final chapter of the report makes a number of recommendations for interventions and responses to the use of cannabis among young people.

Current knowledge base: There is a lack of knowledge about the current strains of herbal cannabis among some members of the community, service providers, and other stakeholders. The authors suggest that the 'high level of apathy' (p. 30) towards cannabis use is often based on people's experiences of former strains of the drug that were of a lower potency. They recommend that stakeholders ensure that their institutional knowledge on problematic cannabis use is in line with current evidence. Also, that priority should be given to raising awareness among users, family members, and concerned others about the new strains of cannabis.

Prevention and early intervention: There needs to be ongoing support for prevention and early intervention responses to cannabis use. The authors suggest challenging the norms and attitudes to cannabis use, and increasing local and service user knowledge about cannabis and the impact of its use.

Targeted responses to daily users: Given the findings that a significant proportion of daily users of cannabis expressed an interest in changing their behaviour, the authors highlight the need to have tailored services to meet their needs. It is suggested that services draw on the international evidence base for this purpose.

Maintaining the focus on cannabis in community conversations and responses: The authors reflect on the 'heightened interest' (p. 31) that cannabis use has attracted as a result of the increasing prevalence of its problematic use, and its negative impact on users and communities, including problems around drug-related debt and intimidation. They note that the momentum gathered through this and the consultation process for the new national drugs strategy should be maintained. Cannabis-related responses should be considered at all levels of policy and on national strategic platforms.

T5. Sources, methodology and references

T5.1 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

T5.2 Methodology

Fullerton D, McGrellis S, Power I, McKenna O, and Velthuis S. *LGBTI + national youth strategy. Report of the consultations with young people in Ireland*. Dublin: Department of Children and Youth Affairs. https://www.drugsandalcohol.ie/28323/

There were two key strands to the consultation: an online survey and a series of consultation events.

The online survey used open-ended questions to explore the three key consultation questions. An open-ended question was also used to capture sexual orientation. A small number of closed questions were used to capture demographic details such as gender (male, female and nonbinary), age, county where respondents lived, and the area where the respondents spent most of their time (e.g. mostly urban or mostly rural), and whether they identified as LGBTI+ (yes, no or unsure). The online self-completion survey was hosted on the Typeform platform. Participants were incentivised with the opportunity to enter a draw to win a mobile phone. The survey was live for two weeks in April 2017. It was heavily promoted using a range of methods, including social media, radio and other media. The survey findings were analysed using Typeform for the initial overview, and the Dedoose software for more in-depth analysis of open-ended responses. The Wordle application was also used to create word clouds of frequently used terms. (n=3,710 young people completed the survey).

Seven face-to-face consultation events were held across Ireland, in Dublin (two events), Sligo, Dundalk, Galway, Waterford and Cork. The consultation events were promoted using a range of methods, including social media and letters to government-funded projects. All consultation events were facilitated by trained youth participation officers. Participants were divided into groups according to age (15–17 and 18–24 years). Their activities included using Post-it notes to identify key themes they wanted to address in the session. They then used the World Café methodology to stimulate discussion on each theme. In the final part of the exercise, participants were invited to vote on the ‘positives’ or ‘changes’ they believed should be included for consideration within the LGBTI+ Strategy for Young People in Ireland.

(n=172 young people attended one of seven consultation events). The outputs were then analysed by the researchers, and key themes and suggestions for the strategy were identified. While most of

the participants identified themselves as a member of the LGBTI+ community (69% of survey respondents and 93% of event participants), the consultation was not limited to this group.

Education and Skills (2017) *Lifeskills survey 2015. Report on survey findings*. Dublin: Department of Education and Skills. http://www.drugsandalcohol.ie/28560/

Lifeskills is an online survey of schools and participation is voluntary. It is unclear from the report who completes the survey and whether or not this is consistent between schools. However, the survey is described by the authors as representing the 'perspective of the school community' (p. 54). All schools, Youthreach centres and community training centres (CTCs) were requested to complete the survey. In 2015 there was a response rate of 53% from primary schools, down from 68% in 2012; and 33% from post-primary schools, down from 52% in 2012. In relation to the post-primary school response rate, the authors noted the drop in participation as 'very significant and a concern for the Department' (p. 28).

There is no methodology section in the report and no account of the approach taken to the analysis of the data.

Youth Advocate Programmes (2018) *YAP Ireland national profile and outcomes summary 2011 - 2017.* Dublin: Youth Advocate Programmes https://www.drugsandalcohol.ie/28780/
In 2017, YAP Ireland published a summary of the programme's outcomes from 2011 to 2017. This is not a detailed or methodologically rigorous evaluation of the programme, but it is useful in reporting the profile of service users and some top-level outcomes. The methodology is not described in detail. YAP Ireland carries out quality questionnaires with parents/carers, young people and referrers to assess how their involvement with the YAP is progressing and to input into service development and improvement. The YAP's system for measuring outcomes explores the views of young people, families, referrers, advocates and managers when matched and then at the six-month exit point on a range of indicators. Top-level outcomes are recorded for young people over four domains: self, family, education and offending/risky behaviour.

Hope A, Barry J and Byrne S (2018) *The untold story: harms experienced in the Irish population due to others' drinking*. Dublin: Health Service Executive.
https://www.drugsandalcohol.ie/28839/
The methodology as outlined in the full report is as follows:

Study design and sample
A national dedicated Alcohol Harm to Others (AH2O) population survey involved probability sampling of the Irish adult population aged 18 years and over. The survey was conducted during the second half of 2015. Data collection was by telephone (landline and mobile) using computer-

assisted telephone interviewing (CATI) samples of telephone numbers, with the sample of actual respondents weighted to match the Irish population, based on gender, age and region. All interviews were conducted using CATI by a market research company in Ireland. The total completed sample was 2,005. The cooperation rate was 46% (the proportion of respondents among the eligible people actually contacted). The response rate was 37.2%, computed by the standards of the American Association of Public Opinion Research. While the response rate is relatively low, similar rates have been reported in other countries. A two-stage weighting process was employed: the pre-weight adjusted for the unequal probability of selection for mobile, landline or a mix of both; the post-weight adjusted for the population, based on gender, age and region. Ethical approval was obtained from the Research Ethics Committee of the National Drug Treatment Centre.

Measures

This survey is a similar version of the standardised general population survey instrument measuring AH2O, which is now used in many countries. This survey examines three key dimensions of AH2O: harm from others' drinking, the burden on those around the drinker and the financial burden of alcohol harms from others. Using a 12-month time frame, respondents were asked about a variety of harms experienced as a result of someone else's drinking across a range of interactions or relationships in a person's life.

In relation to harm from others' drinking, key areas were harm from strangers' drinking; harm from known drinkers; harm from co-workers' drinking; harm to children from others' drinking; and alcohol-related domestic problems due to others' drinking.

The second dimension of AH2O examined was the burden on those around the drinker, such as caring for the drinker, the burden of specific harms from drinkers with a cost impact and having to seek help due to the drinking of others.

The third dimension examined was the financial burden (where relevant) of harm from others' drinking, including the estimated cost of caring for the drinker, having to seek public services due to others' drinking, out-of-pocket expenses and estimated workplace costs related to co-workers' drinking.

Both general and specific measures were used in this study and will be identified in each section of the report. In some sections, the severity of the impact of the harm was measured on a scale of 1 to 10, where 1 is 'a little' and 10 is 'a lot'. The demographic measures used in this summary report were gender, age and education and, where relevant, civil status and gross household weekly income. The education classification of 'third-level or college non-degree' has expanded greatly over the past two decades in Ireland. Traditional trade apprenticeships often began at the age of 16 as a parallel system to upper secondary education and were not directly connected to third-level

institutions. Over time, the institutes of technology and other colleges have incorporated aspects of the apprenticeship programmes. Therefore, the current third-level non-degree group may contain an overlap of traditional upper secondary and college education non-degree categories.

Analysis

The prevalence of harm from others' drinking, the burden on those around the drinker and the cost estimates of the financial burden were examined in total and across demographics using Pearson's chi-square. Binary logistic regression was undertaken to identify the profile of respondents more likely to report harm from others' drinking, controlling for demographics. In estimating the economic costs of the negative effects of others' drinking, a conservative approach was used. The estimated costs for the Irish population were based on the official national statistics for Ireland (Central Statistics Office) and, where appropriate, by the use of methodology and formulas already published.

O'Brien K and Foley B (2017) *'It's only weed': rethinking our response to young people's cannabis use*. Dublin: Ballymun Youth Action Project. http://www.drugsandalcohol.ie/27246/).

The research was carried out in Ballymun, an area of Dublin characterised by high levels of social and economic deprivation (O'Brien and Foley 2017). The methodology was designed to identify current trends and patterns of use in order to inform the development of a range of community-based interventions by stakeholder organisations. In order to capture the prevalence use patterns, a quantitative method was decided upon, based on the aim of identifying trends and patterns of cannabis use by young people in Ballymun. Data were collected from young people attending two youth education/training projects and one 'street' site, i.e. young people not engaged in any education and training programme.

The research design and process was underpinned by a set of principles with regard to avoidance of harm, confidentiality and informed consent. A questionnaire was designed based on an existing evidence-based tool – the Cannabis Use Problem Identification Tool (CUPIT). The tool was discussed by the researchers and amended to match the profile of the intended participants. In the first round of data collection, participants were asked about their use and relationship with 'cannabis'. Feedback from research participants indicated that 'weed' was the term they used in their daily lives, and the rapid assessment questionnaire was amended accordingly for the subsequent two rounds of data collection. Overall, 73 young people from the training projects took part and 23 from the street site.

Broadly speaking, there were three phases to the research. Phase one of the process was to brief the staff and participants on topics such as areas of confidentially and ethical parameters; purpose of the research; and how the data would be anonymised, stored, analysed and disseminated. For

the street-based group, the research methodology and how the results would be disseminated were also explained by the researcher, and verbal consent was given by the participant prior to answering the questionnaire. The second phase focused on the collation of the data in the training centres and outreach settings. The third stage consisted of discussion with researchers involved and writing up the data. Once the data had been collected, responses were collated and inputted to an Excel database. In order to assist the development of discussion points, a panel of key stakeholders in the research reflected on the preliminary results.

T5.3 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.

Acknowledgements

Completion of the national focal point's reports to the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) depends on the support and cooperation of a number of government departments and statutory bodies. Among those to whom we would like to express our thanks are the staff of the following:

Customs Drugs Law Enforcement, Revenue
Department of Children and Youth Affairs
Department of Education and Skills
Drugs and Organised Crime Unit, An Garda Síochána
Drugs Policy Division, Department of Justice and Equality
Drugs Policy Unit, Department of Health
Forensic Science Ireland
Health Protection Surveillance Centre, Health Service Executive
Hospital In-Patient Enquiry Scheme, Health Service Executive
Irish Prison Service
National Advisory Committee on Drugs and Alcohol, Department of Health
National Social Inclusion Office, Primary Care Division, Health Service Executive

We also wish to acknowledge the assistance of the coordinators and staff of local and regional Drug and Alcohol Task Forces, voluntary, community-based and other non-governmental organisations.

We wish to thank our HRB colleagues in the Evidence Centre, National Drug Treatment Reporting System, the National Drug-related Deaths Index and the HRB National Drugs Library, all of whom make significant contributions to the preparation of the national report.