Focal Point Ireland: national report for 2019 - Prevention

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

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T0. Summary

T1.1 Summary of T1.1 on Policy and organization

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 Summary of T1.2 on prevention interventions

Environmental prevention interventions in Ireland are focused around increasingly restrictive alcohol and tobacco controls, although programmes focusing on the environment rather than just on the user per se are starting to emerge; for example, the Responding to Excessive Alcohol Consumption in Third-level (REACT) programme, which is based in third-level institutions. 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. The Public Health (Alcohol) Act 2018 has been passed since the last National Report. It provides for a number of evidence-based measures that are designed to reduce alcohol consumption at a population level. While some of the measures have been commenced, other key measures such as minimum unit pricing and restrictions on alcohol advertising have yet to be introduced.

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 (SPHE), 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).

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, with a single fund being established which will allocate its first round of funding in 2020. There is also ongoing work in tackling educational disadvantage under the Delivering Equality of Opportunity in Schools (DEIS) and Youthreach programmes. Both programmes published evaluations in since the last National Report the findings of which are reported on in Section T3.1.

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. New research addressing the needs of young people involved in the drug economy has been published. The findings are reported on in Section T3.1.

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

As previously reported, standards in the overall youth work sector are underpinned by the National Quality Standards Framework (NQSF) for Youth Work (Office of the Minister for Children and Youth Affairs 2010). The related initiatives continue to be implemented and are an element of the National Youth Strategy 2015–2020 (Department of Children and Youth Affairs 2015a). To support this process, 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. While the strategic review of the NQSF's implementation had been completed at the time of writing the 2018 National Report, it had not yet been published. The findings are outlined in Section T3.1 of this workbook.

Trends

The national drugs strategy (2017–2025) continues with the common prevention threads that ran through previous strategies (Department of Health 2017). These threads include increasing awareness and improving understanding among 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 – enforced by the Public Health (Alcohol) Act 2018 – and emerging programmes that focus on changing the environment rather than focusing on the individual 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 similar kinds of interventions as in previous years.

New developments

Key new developments reported on in this workbook are:

1. Enactment of the Public Health (Alcohol) Act 2018
2. Publication of the first element of Planet Youth Ireland
3. Evaluation of DEIS at post-primary level
4. Evaluation of Youthreach
5. Launch of a national Hidden Harm strategic statement
6. Launch of the What Works initiative (formerly known as the Quality and Capacity Building Initiative)
7. Drug economy and youth interventions, and
8. Review of the NQSF for youth work.

There have been four new publications on topics of interest:

1. A paper on headshop legislation and changes in drug-related psychiatric admissions (Smyth*, et al.* 2019a)
2. A paper on the position of drug education workers in Ireland (Darcy 2018)
3. A report on engaging with BME communities and their organisations on drug-related issues (Crowley 2018), and
4. A paper on the help-seeking behaviours of family members affected by substance-use disorders (McDonagh*, et al.* 2019).

T1. National profile

T1.1 Policy and organization

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

The current national drugs strategy, Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025, is structured around five goals (Department of Health 2017). This is a move away from the structure of the previous strategy, which ran from 2009 to 2016, in which prevention was one of five pillars (Department of Community 2009). Goal 1 of the current strategy focuses on prevention: "To promote and protect health and well-being". Through this goal, the strategy "aims to protect the public from threats to health and well-being related to substance misuse by preventing early use of alcohol and other drugs among young people, influencing behaviour and challenging social norms and attitudes, and providing targeted interventions aimed at minimising harm for those who have already started to use substances" (Department of Health 2017) (p. 17). 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 focus not only 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 in order 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”, and
- “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; 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”, and
- “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.

Ireland’s broader youth policy context
While the national drugs strategy (2017–2025) is the central policy tool for prevention in Ireland, there are a number of youth strategy documents that complement it and inform the broader policy context for the delivery of prevention interventions in Ireland. These have all been reported on in previous national reports:

- *Better Outcomes, Brighter Futures: The National Policy Framework for Children & Young People, 2014–2020* (Department of Children and Youth Affairs 2014a) is Ireland’s first

national policy framework for children and young people aged 0–24 years. This policy framework captures all children and youth policy commitments across all Government Departments and agencies.

- *The National Youth Strategy 2015–2020* (Department of Children and Youth Affairs 2015a) was launched in October 2015. It is Ireland's first-ever national youth strategy and sets out the Government's aims and objectives for young people aged 10–24 years. The strategy focuses particularly on young people who are experiencing, or who are at risk of experiencing, the poorest outcomes.
- *The National Strategy on Children and Young People's Participation in Decision-making, 2015–2020* (Department of Children and Youth Affairs 2015b) provides a framework for young people to become directly involved in the design, development, implementation and evaluation of services that affect them, including some of those that are delivered under the actions of Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025 (Department of Health 2017).
- *The LGBTI+ National Youth Strategy 2018-2020* (Department of Children and Youth Affairs 2018b) is the world's first LGBTI+ strategy. It is structured around three goals, including one that sets out to improve the mental, physical and sexual health and well-being of the entire LGBTI+ community. Actions within the strategy cover a wide variety of areas, including schools, higher education institutions, health and social services, workplaces, youth services and the wider community.

As noted in previous national reports, the policy landscape around young people in Ireland is well-equipped with strategies and action plans but lacks thorough and detailed evaluation of such policy mechanisms. While the Department of Children and Youth Affairs is a key stakeholder in the national drugs strategy, neither the *National Strategy on Children and Young People's Participation in Decision-making, 2015–2020* (Department of Children and Youth Affairs 2015b) nor the *National Youth Strategy 2015–2020* (Department of Children and Youth Affairs 2015a) are referenced in *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025*. However, *Better Outcomes, Brighter Futures: The National Policy Framework for Children & Young People, 2014–2020* (Department of Children and Youth Affairs 2014a) is referenced throughout the national drug strategy, and links with the national drug strategy are made in the *LGBTI+ National Youth Strategy 2018-2020* (Department of Children and Youth Affairs 2018b).

T1.1.2 Organisational structures 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 2018c) is described in detail in section T1.2.3.

T1.1.4 Optional national action plan for drug prevention in schools

Does a national action plan exist, which regulates and coordinates the drug prevention specifically for schools?

o Yes

X **No**

o Planned

o No information

T1.2 Prevention interventions

T1.2.1 Overview of Environmental prevention interventions and policies

Environmental prevention interventions in Ireland continue to be focused on increasingly restrictive alcohol and tobacco controls, as illustrated through the passing of the Public Health (Alcohol) Act in October 2018. 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'. This is being done through programmes and legislative changes. For example, a newly published paper builds on earlier analysis that explored the relationship between changes in Ireland's legislation on new psychoactive substances (NPS) and their problematic use by looking at national drug treatment data (Smyth*, et al.* 2017); the new analysis explores the same research question using drug-related psychiatric admissions (DRPAs) data (Smyth*, et al.* 2019a).The findings are reported on in Section T4.1 of this workbook.

The national drugs 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, although any action on this is still under development (Drugs Policy Unit Department of Health 2019). In addition, the REACT programme, which takes an environmental prevention approach, is running in some third-level institutions in Ireland. 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 Ireland. 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 higher than 50 mg for all drivers or 20 mg for learner, newly qualified or professional drivers. More stringent penalties for those who are caught driving over these limits were passed by the legislature in July 2018.
- 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 jurisdiction.
- It is an offence to:
    - Buy alcohol if you are under the age of 18
    - Pretend to be 18 or older 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.
    - Have children (anyone under the age of 18) 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.

The Public Health (Alcohol) Act 2018 was signed into law in October 2018. It is the first piece of legislation to identify alcohol use as a public health issue. The aim of the act is to reduce alcohol consumption in Ireland, and the harms it causes at a population level and it provides for a suite of evidence-based measures to deliver on this aim. Some of the key provisions, including minimum unit pricing and restrictions on alcohol advertising had yet to be introduced at the time of writing. More detail of the legislation is available in the Legal Workbook Section 4.2.

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%. The national policy on tobacco control is guided by the 2013 report Tobacco Free Ireland (Tobacco Policy Review Group 2013). The report has two key themes: protecting children and denormalising smoking. 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). Furthermore, smoking prevalence in Ireland among adolescents aged 15–16 was found to have dropped from 41% in 1995 to 13% in 2015 (Li*, et al.* 2018). The authors of that study attribute the change, at least in part, to the implementation of Ireland's various tobacco control policies. 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 these studies have been reported on in previous national reports.

Key tobacco control measures in Ireland are as follows:

- 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 cigarettes in packs of fewer than 20 is banned.
- All point-of-sale advertising of tobacco products is banned.
- At all points of sale, tobacco products must be stored out of sight of the customer.
- Tax on tobacco tends to increase on an annual basis. In Budget 2019, the excise duty on a packet of 20 cigarettes was increased by 50 cents (including VAT), with a pro-rata increase on other tobacco products. Excise duty on RYO tobacco was increased by 25 cents. In addition, the minimum excise duty on tobacco products was increased so that all cigarettes sold for under €11 now have the same excise applied as cigarettes sold for €11 or more. This took effect from midnight on 9 October 2018
- As of September 2017, all tobacco packs manufactured for sale in Ireland must be in standardised retail packaging.
- The sale of tobacco products to anyone under the age of 18 is illegal. In 2018, 587 test purchases of tobacco products by minors were carried out under the HSE Environmental Health Service, of which 482 were compliant, representing 82% compliance (Department of Health 2018)

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 higher education institutions across Ireland, with the programme's accreditation system having undergone further development and application since the 2018 National Report (personal communication, REACT project team, June 2019). 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.

It is an award and accreditation scheme that recognises and rewards the third-level institution's efforts to reduce alcohol-related harm among its students. 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" (Davoren*, et al.* 2018) (p. 2). The REACT programme is being evaluated in each institute separately in order to assess the efficiency with which institutes are following the protocols in the programme and to qualify for the accreditation process. An overall national evaluation of the programme is planned, although the completion dates of this evaluation are not known (personal communication, REACT project team, June 2019).

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 the same as in previous workbooks. 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, recreational arts, and sports activities. There are no new programme evaluations in this area. However, implementation of the community-based universal prevention programme Planet Youth has begun in one of Ireland's regions. The findings of the first phase of this work are reported in Section T3.1 of this workbook.
- 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.

- **Universal prevention telephone advice line**

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

There were 4,544 contacts in 2018, a 28% increase compared with 2017 when 3,540 contacts were registered. This is primarily due to an increase in the number of alcohol-related contacts driven by the 2017 launch of a new alcohol-specific help website, www.askaboutalcohol.ie. Most of the contacts were in relation to the individual's own use, not that of another person.

In 2018, alcohol was the most common substance referred to. The next most common drug referred to in 2018 was cocaine, followed by opiates, cannabis, tablets (which include benzodiazepines) and

MDMA. This was the first time that cocaine was the second most common drug referred to in the contacts.

The HSE provided a further breakdown of the alcohol-related contacts. There were 1,535 alcohol-related contacts in 2018, of which 66% were for alcohol only. However, 17% of the contacts were from people who used alcohol in combination with cocaine, and a further 17% of alcohol-related contacts were regarding alcohol and other drugs (including prescribed and over-the-counter medicines in combination with alcohol use). Almost two-thirds of contacts (61%) did not mention having attended an addiction service for their alcohol use (personal communication, Drugs/HIV Helpline, HSE, 2019). https://www.hse.ie/eng/services/list/5/addiction/drugshivhelpline/

- **Universal prevention online/awareness**

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 public health legislation and planned regulatory changes on alcohol labelling, availability and pricing, many of which form part of the Public Health (Alcohol) Act 2018 (see Section T1.2.1 of this workbook). The 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.

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

Website analytics show that, internationally, in 2018 drugs.ie hosted more than 3 million total sessions (3,104,451), had almost 3 million visitors (2,726,108), and had almost 4 million (3,949,596) page views. Nationally, it hosted more than 200,000 sessions (243,734), had almost 200,000 visitors (192,439), and had more than 400,000 page views (434,667). The top six viewed pages by the national users are outlined in Table 1.2.2.1 below.

Table 1.2.2.1 Drugs.ie top viewed pages in 2018

Page	Number of views	Link
Phone (national helpline)	64,657	http://drugs.ie/phone/
Home page	40,522	http://drugs.ie/
Drug types	22,295	http://drugs.ie/drugtypes/
How long do drugs stay in your system?	17,827	http://www.drugs.ie/drugs_info/about_drugs/how_long_do_drugs_stay_in_your_system/
Drugs information	14,311	http://www.drugs.ie/drugs_info/
Alcohol – how much am I drinking?	10,940	http://www.drugs.ie/alcohol_info/tips_tools/how_much_am_i_drinking2/

Source: Personal Communication, National Social Inclusion Office, Health Service Executive, 2019.

Drugs.ie is being redeveloped by the HSE's Digital Communications and National Social Inclusion Offices. The new site is based on the latest research and drug trends, and will include information about new types of drugs, additional harm reduction resources, and information about overdose and dealing with a drug emergency. The redeveloped drugs.ie is expected to be launched in Q4 of 2019.

- **Universal prevention in education**

The 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 reports published on the implementation of the SPHE programme in primary or post-primary schools since the 2018 National Report.

The HSE National Alcohol Programme has produced 14 lessons on alcohol and drugs for SPHE in the Senior Cycle (15–18-year-olds), and the plan is to begin delivering these in the 2019–2020 school year. 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 to complement the students' resource. The HSE National Alcohol Programme continues to work on content for a resource for the Junior Cycle Health and Wellbeing SPHE, this should be available to schools in September 2019 (personal communication, HSE National Alcohol Programme, 2019).

Wellbeing

There is no new information available on the Wellbeing programme which, since September 2017, has incorporated SPHE into a new area of learning for Junior Cycle secondary school pupils. The Wellbeing programme is a compulsory element of the curriculum, and its development and implementation forms a key part of the Department of Education and Skills's *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" (Public Service Reform Programme Management Office 2018) (p.12). A total of 300 hours are to be devoted to the area of well-being over the course of three years (2017–2020); by 2020, this will increase 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, spiritual, intellectual and environmental aspects.

The Wellbeing programme has identified six indicators that describe what is important for young people's well-being. It is noted that these indicators are not goals or targets to be reached; 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 well-being
- Wellbeing and the curriculum
- Assessment and reporting, and
- Tools for getting started.

Evaluation of the Wellbeing 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 2018 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 Skills 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 An 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.

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 2017).

The 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 numbers of young people from these groups that the NEPS works with or 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 as well as 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 FRIENDS programmes. These findings were reported on in the 2016 workbook ((Davenport and Tansey 2009); (Henefer and Rodgers 2013); (McGilloway*, et al.* 2011)).

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 in this programme. The most recent figures, published in October 2017 and reported on in the 2018 National Report, show that 1,100 teachers in 150 Delivering Equality of Opportunity in Schools (DEIS) schools and 3,400 teachers in 450 non-DEIS schools had completed the training (Department of Education and Skills 2017, 9 October). A total of 463 DEIS primary teachers commenced the first three of 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 and reported on in the 2018 National Report, 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. In post-primary schools, 200 teachers in 80 DEIS secondary schools and 690 teachers in 283 non-DEIS secondary schools have received training (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).

- **Universal prevention in the community**

In 2018, the Western Region Drug and Alcohol Task Force (WRDATF) committed to support the implementation of Planet Youth in parts of the region. As a first step, data were collected using the standardised Planet Youth tool with students in schools in participating areas. The results of these surveys are available on the programme's Irish site www.planetyouth.ie, which was launched in May 2019. A summary of the findings is presented in Section T3.1.

While not a review of any particular programme, a paper published since the 2018 National Report examines the position of drug education workers who work with children and young people in non-formal education settings in Ireland. A summary of the paper is presented in Section T3.1 (Darcy 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 DATFs 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, and community action on alcohol, among many more.

- **Youth funding programmes**

The findings of the *Value for Money and Policy Review of Youth Programmes* continue to be implemented (Department of Children and Youth Affairs 2014b). In 2014, the Department of Children and Youth Affairs (DCYA) published a value for money and policy review of three youth programmes targeting at-risk youth: the Special Projects for Youth, the Young People's Facilities and Services Fund and the Local Drugs Task Force. 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" (Department of Children and Youth Affairs 2014b) (p. 67). 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, although it also argued that "there is promising academic support that, effectively harnessed, these programmes can make a difference" (Department of Children and Youth Affairs 2014b) (p. 10). It therefore called for "significant reform" (Department of Children and Youth Affairs 2014b) (p. 10) of the programmes and their performance governance arrangements, and provided a set of 12 recommendations to this end.

Since the review, work has been ongoing at the 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, and it was €37.5 million in 2018 (personal communication, DCYA, July 2019). In order to deliver on the recommendations, the DCYA has undertaken an extensive programme of work, including reviewing evidence and engaging stakeholders. 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" (Department of Children and Youth Affairs 2018c) (p. 4). As reported on in the 2018 National Report, 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" (Department of Children and Youth Affairs 2018c) (p.6). It is based on a belief that building on these so-called 'soft' outcomes will impact positively on outcomes such as employability, developing career aspirations, and decreasing violent behaviour and 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 core to the programme: communication skills; confidence and agency; planning and problem solving; relationships; resilience and determination; self-discipline; and emotional intelligence. The three target groups identified for the programme are: young people experiencing economic, social and cultural disadvantage; those living in communities with high concentrations of addiction; and those who are vulnerable or at risk, including those considered so because of substance use. The DCYA is now nearing the end of the design phase of the new single scheme. It is intended to begin operating the new scheme in 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 (ESL) 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 2018–2019 school year, there were 896 schools included in DEIS, a decrease from 902 in 2017–2018. The 2018–2019 total comprised 698 primary schools and 198 second-level schools (personal communication, Social Inclusion Office, Department of Education and Skills, June 2019). Under DEIS, a range of supports is provided to help address ESL and the retention of students in schools. These include:
A lower pupil-teacher ratio in DEIS Band 1 schools
Appointment of an administrative principal on lower enrolment
Additional funding based on level of disadvantage
Access to the Home School Community Liaison Scheme and the SCP
Access to the School Meals Programme, and
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. Under the Department of Education and Skills' Statement of Strategy 2019-2021 (Department of Education and Skills 2019) there is a further commitment to delivering on the DEIS Plan 2017 (Department of Education and Skills. 2017). Goal 2 of the Statement of Strategy states that the Department of Education and Skills will "advance the progress of learners at risk of educational disadvantage and learners with special educational needs in order to support them to achieve their potential" (Department of Education and Skills 2019). And in order to achieve that goal, the Department will implement a number of strategic actions, including: implementing "the DEIS Plan in order to close the gap in performance between DEIS and non-DEIS schools, increase retention rates of DEIS students and increase the progression rates of DEIS students into higher education and full-time education and training" (Department of Education and Skills 2019) (p.13).
The vision of the DEIS Plan 2017 is "for education to more fully become a proven pathway to better opportunities for those in communities at risk of disadvantage and social exclusion"

(Department of Education and Skills. 2017) (p. 6). 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, and
5. To support the work of schools by providing the research, information, evaluation and feedback to achieve the goals of the plan.

The DEIS Plan 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 DEIS Plan 2017's goals, and progress towards these and associated performance targets will be reported on an annual basis (Department of Education and Skills. 2017).

As mentioned above, DEIS has been the subject of a number of reports, the most recent of which is *The evaluation of DEIS at post-primary level: Closing the achievement and attainment gaps*, published since the last National Report (Weir and Kavanagh 2018). It looks at achievement and retention in DEIS and non-DEIS schools at post-primary level. The report is descriptive of changes over time and illustrates a narrowing of the gap between DEIS and non-DEIS schools. However, the report is limited in being able to make any conclusions about whether the changes found are attributable to the DEIS programme. As with previous DEIS reports, a key limitation is that a control group is not used; therefore, it cannot be established with any certainty whether improvements are due to the programme or whether the improvements would have happened anyway. The findings of the report are described in more detail in Section T3.1.

Wellbeing and NEPS in DEIS schools

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

The NEPS student support team

As reported in the 2018 National Report, 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, and
- 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 as needed, such as a Home School Community Liaison teacher, parents or students, staff members with specialist roles, and outside professionals who may also attend meetings.

The NEPS student support team programme was piloted in 17 DEIS post-primary schools between 2014 and 2017. While an evaluation of the pilot has not been published, the Department of Education and Skills has reported a set of key outcomes, which were reported on in the 2018 National Report:

- 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 Child and Adolescent Mental Health Services (CAMHS) or other HSE services.

(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 current phase will run until 2022.The budget allocated to the scheme for 2018 was €38.02 million, and this has remained the same for 2019 (Ring 2019, 29 May).

Prevention interventions in education centres outside mainstream schooling

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

• 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 young people with a lower PTR 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.

• Youthreach is the Department of Education and Skills' official education, training and work experience programme for early school leavers. 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 staff then deliver. An evaluation of the Youthreach programme has been published since the 2018 National Report, the findings of which are presented in Section T3.1 of this workbook (Smyth*, et al.* 2019b).

• **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 drugs 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: the Strengthening Families Programme; 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 drug strategy, although specific programmes were not identified. Findings of studies on these types of programmes have been reported on in previous workbooks, for example the Strengthening Families Programme (National Strengthening Families Council of Ireland 2018) and the Youth Advocate Programmes Ireland (Youth Advocates Programme 2018). No additional evaluations of similar programmes were published in 2018. However, there has been activity in the area of the National Hidden Harm Project.

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. The project was established by the HSE and Tusla to inform service planning and to improve services for these children. In 2019, a suite of activities and outputs has come from this joint working, the components of which include a strategic statement, practice guide, information leaflet and training programme. They are described in Section T3.1 of this workbook.

T1.2.4 Indicated interventions

Indicated prevention in Ireland tends to take the form of mental health services and brief interventions. However, an area receiving increased attention during 2018 has been community-based projects that target young people involved in the drug economy. These three kinds of activities are outlined below.

- **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 in Ireland. 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: The 2018 workbook reported that in March 2018, there were 2,691 children on the CAMHS waiting list. Of those, 386 had been waiting longer than 12 months to be seen (Browne 2018, 8 May). In March 2019, there were 2,738 children on the waiting list, and of those, 336 had been waiting longer than 12 months to be seen (Daly 2019, 15 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). This continues to be practised, with 84 children admitted to an adult unit in 2018 (Daly 2019, 11 June).

- **Brief interventions**

There are two main brief intervention activities to report on that address substance use: the Making Every Contact Count (MECC) programme and the Screening and Brief Intervention for Problem Alcohol and Substance Use (SAOR) programme. These programmes were reported on in the 2018 workbook. In 2018, the drugs.ie website also ran a self-assessment and brief intervention resource. This has not previously been reported on in this workbook.

Making Every Contact Count (MECC)

Under Healthy Ireland, there are policy priority programmes covering the issues: healthy eating and physical activity; alcohol use; and smoking. Each of these has key objectives for the population and the health service. The three programmes are complemented by a suite of six online health behaviour change modules. Health and social care staff are encouraged to undertake the modules and to engage patients in a conversation and a possible brief intervention on whatever lifestyle issue is the most important for that patient. This way of working is referred to as Making Every Contact Count (MECC). 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 on this framework have been published to date.

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

Drug Use Disorders Identification Test (DUDIT) online

The drugs.ie website (see Section T1.2.2 of this workbook) houses an interactive drug self-assessment and brief intervention resource. The resource enables individuals over the age of 18 to complete an online test to identify harmful drug use. On completing the test, the user receives personalised video feedback based on their specific responses, with suggestions on what to do to change any risks relating to their drug use. This interactive resource uses the internationally recognised Drug Use Disorders Identification Test (DUDIT) screening tool, which is also used as

part of SAOR II. The DUDIT was developed as a parallel instrument to the Alcohol Use Disorders Identification Test for identification of individuals with drug-related problems. In 2018, 23,000 people completed the DUDIT on drugs.ie (personal communication, National Social Inclusion Office, Health Service Executive, June 2019).

- **Community-based outreach projects**

Young people's involvement in the drug economy is an issue that has attracted attention in Ireland since the 2018 National Report. Some projects are delivering services to try and address the problem. The projects are community-based projects and include evidence-based projects such as the Easy Street Project in Ballymun and Targeted Response to Youth (TRY) project. There are no programme-specific evaluations available, although there is exploratory work that should be of interest. This is reported on in more detail in Section T3.1.

T1.2.5. Additional information to understand prevention activities within your country.

Prevention and Early Intervention Unit (PEIU) in the Department of Public Expenditure and Reform

As reported in the 2018 National Report, the Prevention and Early Intervention Unit (PEIU) in the Department of Public Expenditure and Reform was established in 2017. The work of the PEIU is to support the development of a sustainable and cross-sectoral approach to prevention and early intervention (PEI) in public policy. The focus of the PEIU's work is on PEI relating to children, young people and older people that can improve the life outcomes of children as well as the quality of life of older people dealing with long-term conditions such as chronic illnesses.

While there is no specific focus on drug-related prevention within the PEIU, its establishment suggests an increasing interest among Irish policy-makers in providing a framework to deliver high-quality PEI programmes with consideration of the costs involved.

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

The PEIU is undertaking a series of Focussed Policy Assessments (FPAs) on key PEIs supported by public resources. The purpose of these FPAs is to set out the rationale for the policy intervention;

the public resources provided to support the delivery of the intervention; the outputs and services that are provided; and the achievements of the intervention relative to its stated goals. (These FPAs are available at: https://igees.gov.ie/peiu-focussed-policy-assessments/.) This series of descriptive reports will provide the evidential base for a thematic consideration of PEI in Ireland. The PEIU has hosted dialogue events in order to establish opportunities for cross-sectoral sharing of the deep and broad experience and expertise of PEI in Ireland, details of which are available on the PEIU website.

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 Prevention quality assurance standards

T1.3.1 Overview of the main prevention quality assurance standards, guidelines and targets within your country

As previously reported, standards in the overall youth work sector are underpinned by the National Quality Standards Framework (NQSF) for Youth Work (Office of the Minister for Children and Youth Affairs 2010). The related initiatives continue to be implemented and are an element of the National Youth Strategy 2015–2020 ((Department of Children and Youth Affairs 2015a). To support this process, Quality Standards Officers from the City of Dublin Education and Training Board are co-located at the DCYA. Their role is to ensure better cohesion between national youth policy and practice.

As described in Section T1.2.3, the funding of youth programmes is currently transitioning to a single funding scheme, the Targeted Youth Funding Scheme (TYFS), which will be implemented in 2020. While current projects continue to be required to implement the NQSF, planning is underway for the format of the quality system that will form part of the TYFS. These discussions are in part being informed by the findings of a strategic review of the NQSF's implementation, which was completed in 2017 and made publicly available in October 2018. See Section T3.1 for more information about the findings of this review.

From 2017, the quality standards for volunteer-led youth groups 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 (Department of Children Youth Affairs 2013).

T2. Trends

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

There has been no significant change since the 2018 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. 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, and
- 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's objectives were to:

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

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

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

The common threads running through these 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 higher risk than the general population, and therefore may require additional resources and supports. This type of thinking resonates more with selective prevention, which prioritises groups and communities according to certain at-risk criteria.

The types of interventions delivered as part of drug prevention have remained much the same 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). A paper that was published after the 2018 National Report examines the position of drug education in Ireland over the last few decades. A summary of the paper is presented in Section T3.1 below (Darcy 2018).

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 specifically focus on changing the environment rather than 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 used in previous years.

T3. New development

T3.1 Notable new or innovative developments since last workbook

The key new developments in prevention in Ireland in 2018–2019 are:

1. Enactment of the Public Health (Alcohol) Act 2018
2. Publication of the first element of Planet Youth Ireland
3. Evaluation of DEIS at post-primary level
4. Evaluation of Youthreach
5. Launch of a national Hidden Harm strategic statement
6. Launch of the What Works initiative (formerly known as the Quality and Capacity Building Initiative)
7. Drug economy and youth interventions, and
8. Review of the NQSF for youth work.

1. Enactment of the Public Health (Alcohol) Act 2018

The Public Health (Alcohol) Act 2018 was signed into law in October 2018. It is the first piece of legislation to identify alcohol use as a public health issue. The aim of the act is to reduce alcohol consumption in Ireland, and the harms it causes at a population level and it provides for a suite of evidence-based measures to deliver on this aim. Some of the key provisions, including minimum unit pricing and restrictions on alcohol advertising had yet to be introduced at the time of writing. More detail of the legislation is available in the Legal Workbook Section T4.2.

2. Publication of the first element of Planet Youth Ireland

In 2018, the Western Region Drug and Alcohol Task Force (WRDATF) committed to supporting the implementation of Planet Youth in parts of the region. As a first step, data were collected using the standardised Planet Youth tool with students in schools in participating areas. The results of these surveys are available on the programme's Irish site, www.planetyouth.ie, which was launched in May 2019.

Planet Youth

Planet Youth is an evidence-based approach to preventing drug use. Developed in Iceland, the prevention model is predicated on three pillars of success: evidence-based practice; using a community-based approach; and creating and maintaining a dialogue among research, policy, and practice. There are three broad elements to the model. First, data are collected from young people (aged 15–16) through a school-based lifestyle questionnaire that is carried out biennially. This explores background factors, substance use, social circumstances, and potential risk factors associated with substance use. These data are then analysed in order to identify the scope of the problem and map out the risk and protective factors experienced by the young people in that area. The second element is where local stakeholders use the findings to plan and deliver a set of prevention responses – stakeholders include researchers, policy-makers, practitioners, parents, school personnel, sports facilitators, recreational and extracurricular youth workers, and other interested community members. The third element is described as "integrative reflection" (Sigfúsdóttir*, et al.* 2009) (p. 19) whereby the impact of the interventions is measured through regular data collection, interventions are amended in response to the findings, and any new issues are identified.

Planet Youth in the WRDATF

There are three Planet Youth pilot sites in Ireland: Planet Youth Galway, Planet Youth Mayo and Planet Youth Roscommon. Each site has committed to a five-year pilot programme initiated by the WRDATF with the support of partner agencies in the region. Local steering committees have been set up, which include funders and strategic partners. Data have been collected through the standardised lifestyle questionnaire in each of these areas. Some of the key findings are presented in the Table 3.1.1 below. A separate report has been produced for each area that includes the findings from each of the 77 questions and a variety of cross-tabulations:

- Western Region Drug and Alcohol Task Force. (2019) Growing up in the west: county report Mayo. Galway: WRDATF. https://www.drugsandalcohol.ie/30531/ , (Western Region Drug and Alcohol Task Force 2019a)
- Western Region Drug and Alcohol Task Force. (2019) Growing up in the west: county report Roscommon. Galway: WRDATF. https://www.drugsandalcohol.ie/30532 /, (Western Region Drug and Alcohol Task Force 2019b) and

- Western Region Drug and Alcohol Task Force. (2019) Growing up in the west: county report Galway. WRDATF. https://www.drugsandalcohol.ie/30528/ , (Western Region Drug and Alcohol Task Force 2019c).

Table 3.1.1: Findings related to substance misuse from the Planet Youth survey – percentage who reported activities

	Galway	Mayo	Roscommon
Being drunk more than once in their lifetime	47	45	48
Being drunk in the last month	27	26	25
Lifetime cannabis use	19	15	17
Lifetime ecstasy use	4	2	3
Lifetime tranquilliser use	10	8	6
Drinking in pubs and clubs	19	23	27
Drinking in the homes of friends	26	26	32
Number of participants	**2,613**	**1,397**	**480**

Among other key findings were the following:

- Participants across the three counties who are involved in a sports club or a team are less likely to smoke cigarettes or use cannabis, but are more likely to report drunkenness.
- 30–32% of participants agree somewhat or agree strongly that it is important to drink so that you are not left out of the peer group.
- Teenagers whose parents are less disapproving of drunkenness are more than twice as likely to have been drunk in the last month in Roscommon and Galway. This increased to two and a half times as likely in Mayo.
- Being out after midnight was associated with increased substance use. For example, in Mayo, teenagers who reported being out after midnight once or more in the past week were five times more likely to use cigarettes, two and a half times more likely to report drunkenness and three times more likely to use cannabis.

Conclusions and recommendations

Across the three reports, the authors draw the same conclusions from the data and make the same set of recommendations. Conclusions drawn include the following:

- There are positive findings around protective factors for young people in the area that could be used to shape primary prevention activities. The majority of respondents have good relationships with their parents and report being happy and safe in their schools and communities. Parent and family factors scored very highly, with strong connections between parents and high levels of parental support and monitoring.
- The findings reflect what the authors term a broad societal tolerance towards underage alcohol use. Alcohol use is seen as an integral part of Irish social life and also has a role in

cultural and sporting activities. This cultural accommodation "permeates into adolescent decision-making and norms and needs to be challenged. In contrast, other drugs are not socially accepted in the same way and therefore they are used less frequently and are not as tolerated in family or peer settings.

- A large proportion of young people in the three counties are active in sports and other extracurricular activities. The authors would have expected this to have been a protective factor for all substances, but that is not the case in any of the areas when it comes to alcohol use. The authors argue that consideration needs to be given as to why this is the case.

Based on these findings, the authors make seven recommendations, under each of which is a set of suggested actions. The top-level recommendations are to:

1 Improve parental knowledge of the impact of alcohol and other drugs
2 Utilise the strong connections and communication between young people and their parents
3 Strengthen collaboration and connections between families
4 Improve parental knowledge of the impact of unstructured leisure time on substance use
5 Increase knowledge of peer factors related to substance use
6 Utilise and develop parental networks, and
7 Decrease peer-facilitated access to alcohol and other substances.

3. Evaluation of DEIS at post-primary level

Educational disadvantage is widely recognised as a risk factor for substance misuse (Department of Health 2017). Delivering Equality of Opportunity in Schools (DEIS) is the Department of Education and Skills' policy instrument to address educational disadvantage and is outlined in Section T1.2.3. The programme has been the subject of a number of reports, the most recent of which is The evaluation of DEIS at post-primary level: Closing the achievement and attainment gaps, published in late 2018 by the Educational Research Centre. The report looks at achievement and retention in DEIS and non-DEIS schools at post-primary level.

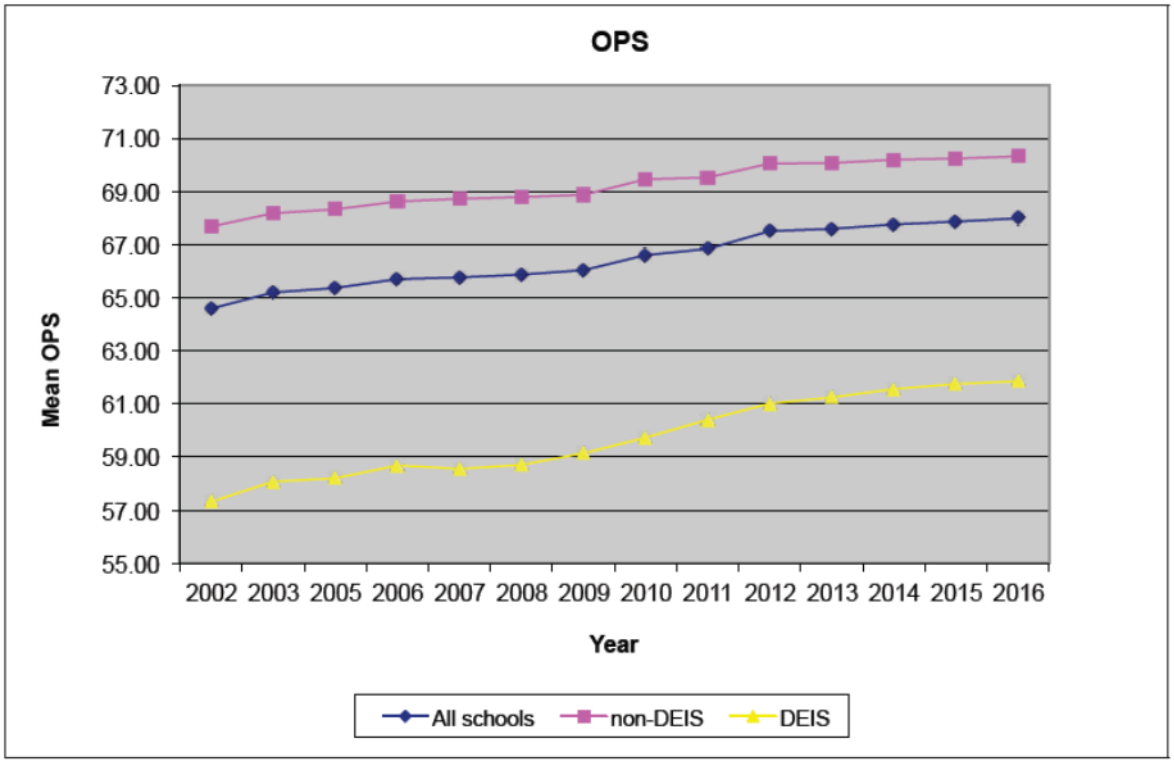
Key findings

- **Overall achievement**

Between 2002 and 2016, there was a narrowing of the gap in Junior Certificate Examination (JCE) achievement between DEIS and non-DEIS schools, as measured by the Overall Performance Scale (OPS). The OPS is a tool through which a numerical value is attached to each of the alphabetical grades awarded to JCE candidates for each subject; summing these values produces an index of a candidate's general scholastic achievement across their seven best subjects. These are then aggregated to produce an index of achievement in the JCE at a school level. The average annual rate of increase in non-DEIS schools from 2002 to 2016 was 0.19 OPS points but was significantly higher ($p<0.001$) for DEIS schools, at an average increase of 0.33 OPS points per year (see Figure T3.1.1). What this means in terms of grades (A–E) is that DEIS schools saw an increase over the

period under evaluation that was approximately equivalent to an increase of one letter grade. A similar increase was not found in non-DEIS schools. When looking at two specific subjects, a narrowing of the gap was also found for English and mathematics.

Figure 3.1.1: Average OPS score in the JCE 2002 - 2016 in all schools, DEIS schools and non-DEIS schools



Source: (Weir and Kavanagh 2018) (p. 8).

- **Retention**

The study found a significant upward trend in both Junior and Senior Cycle retention for the entry cohorts between 1995 and 2011 across all schools. Those entering First Year in 1995 had a Junior Cycle retention rate of 94.3%, and this increased to 97.1% for the 2011 cohort. The Senior Cycle retention rate increased from 77.3% to 90.2% over the same period. Despite a narrowing of the gap in retention rates, there continues to be significant differences in retention between DEIS and non-DEIS schools in both cycles. For the 1995 cohort, there was an 8.6 percentage point gap for Junior Cycle, which decreased to 2.2 percentage points for the 2011 cohort. For Senior Cycle, there was a 22.1 percentage point gap for the 1995 cohort, which decreased to 11 percentage points for the 2011 cohort.

- **Medical card possession and achievement**

In both DEIS and non-DEIS schools, gaps existed between the average achievements of students from medical card-holding families and those from families without medical cards, in that those without medical cards outperformed those with medical cards.

- **Social context effect**

The authors explored whether there was a 'social context effect' on student achievement. They tested the hypothesis that increasing concentrations of students from socioeconomically disadvantaged backgrounds would have a negative impact on individual student achievement, irrespective of that individual's own socioeconomic background. The two student-level variables for which data were available, gender and medical card possession, explained 31% of the between-school variance in English and mathematics achievement in 2016. The addition of the measure of social context, i.e. the percentage of students from medical card-holding families in a school, explained an additional 40% of the between-school variance in English achievement and an additional 42% of the between-school variance in mathematics achievement in 2016. This indicates a clear social context effect: the impact of being a student in a school with higher concentrations of students from other socioeconomically disadvantaged backgrounds has a substantial negative impact on achievement, regardless of whether the student has a medical card themselves.

Final comment

The report is descriptive of changes over time and illustrates a narrowing of the gap between DEIS and non-DEIS schools. As suggested by the authors, the findings related to medical cards and the social context effect suggest support for policies that target resources at schools with higher concentrations of students from socioeconomically disadvantaged backgrounds. However, the report is limited in being able to draw any conclusions about whether the changes found are attributable to the DEIS programme. As with previous DEIS reports, a key limitation is that a control group is not used; therefore, it cannot be established with any certainty whether improvements are due to the programme or whether the improvements would have happened anyway.

4. Evaluation of Youthreach

Youthreach is the Irish Government's primary response to early school leaving (see Section T1.2.3 of this report). It aims "to provide early school leavers (16–20 years) with the knowledge, skills and confidence required to participate fully in society and progress to further education, training and employment" (Smyth*, et al.* 2019b) (p xi). It is described as not only having a focus on progression to education and training, but also as playing a role in facilitating social inclusion. The programme has been the subject of an in-depth evaluation, the findings of which were published in June 2019 in Evaluation of the National Youthreach Programme (Smyth*, et al.* 2019b).

Youthreach provides what is described as "second-chance education" for those who have left mainstream second-level school before Leaving Certificate level (Smyth*, et al.* 2019b) (pxi). It is delivered in two settings which have their own distinct governance and funding structures: Youthreach centres, of which there are 112 nationally, and Community Training Centres, of which there are 35 nationally. The centres vary in what they offer learners. While Quality and Qualifications Ireland (QQI) Levels 3 and 4 are the most common courses offered, some centres provide Level 2 courses and the Leaving Certificate Applied programme. A small number offer the Junior and Leaving Certificates. In 2017, 11,104 learners took part in the programme.

Methods

The evaluation took a mixed methods approach, combining quantitative and qualitative data gathered from a range of stakeholders. This approach enabled the evaluators to assess the programme's effectiveness and reflect the multiple challenges being faced by young people involved with the programme, for example socioeconomic disadvantage and special educational needs. Furthermore, the approach captures the range of outcomes being achieved by a programme which promotes the development of a broad set of skills among young people, with an emphasis on personal and social development. The evaluation team carried out surveys of senior managers at Education and Training Board level, and of centre coordinators and managers, as well as conducting in-depth case studies of 10 centres which involved qualitative interviews with staff, coordinators/managers, and current and former learners. The team emphasise the importance of capturing young people's voices through the evaluation, describing the interviews with young people as having yielded new insights into their pathways into the programme, their experiences of Youthreach and the impact they feel it has had on them.

Selection of findings

The report is highly detailed and explores all aspects of the programme, including: the profile of learners, referral to the programme, governance and reporting structures, programme funding and resources, curriculum, approaches to teaching and learning, and learner experiences and outcomes. Although it is beyond the scope of this workbook to provide a detailed description of the full range of findings, below is a selection of key findings.

Increased marginalisation

While there has been a notable decline in the number of early school-leavers in Ireland over the last decade, this group was found to have become "more marginalised in profile" (Smyth*, et al.* 2019b) (p.205) over time. What is described as "a striking finding" (Smyth*, et al.* 2019b) (p.205) is that young people are presenting to Youthreach with greater levels of need, increased prevalence of mental health and emotional problems, and learning difficulties. Among the challenges faced was substance misuse – both that of the young people themselves and that of a family member. This concentration of complex needs was found to have implications for the kind of support required by learners and the staff skill set necessary to meet these needs.

Programme aims and outcome measurements

Senior managers and coordinators adopted a holistic view of the programme's aims. While there was some variation between groups of stakeholders, overall they perceived the programme to have multiple aims including re-engaging young people in learning; providing a positive learning experience; fostering the development of personal and social skills; the acquisition of qualifications; and progression to education, training and employment. Given this broad perspective, stakeholders

were largely critical of the current system, in which the programme's metrics only capture the aims of the programme in terms of progression to education, training and employment.

Course content and learning

As mentioned above, centres vary in the courses and qualifications they offer. While this was in part attributed to governance structures, overall the findings indicate that centres tailored their provision to learner needs. As well as QQI- and the State Examinations Commission (SEC) -accredited courses, the vast majority of centres also offered other activities to meet the needs of their learners. Among these were "courses and talks around drug awareness" (Smyth*, et al.* 2019b) (p.209). Overall, learners were very positive about their Youthreach learning experiences, especially when compared with their experiences of mainstream education.

Additional supports

Given the need profile of Youthreach learners, providers offered a range of other supports for learners. These included work placement, career guidance, personal counselling and informal support from staff. The evaluation found that central to this was the quality of relationships that learners formed with staff and other young people. Learners reported that the support, respect and care they received from centre staff was critical.

Outcomes

Evidence on outcomes was reported through the routine monitoring system for Youthreach (the SOLAS FARR database), the study surveys and qualitative interviews. Findings from the quantitative indicators of outcomes included that, for 2017, the SOLAS FARR database indicated non-completion rates of 14% across the programme; for the same year, the accreditation rate for both full and component awards was 42%. When comparing the number of awards with the number of learners (using survey data from coordinators and managers), an estimated 60% of those completing the programme received a full award. Also according to the survey data, 45% of completers progressed on to another education or training course, 43% went straight into the labour market, and one in six completers are unemployed (Smyth*, et al.* 2019b) (p.211-212).
Positive outcomes related to the development of personal and social skills and the enhancement of emotional well-being were also reported. For example, learners identified improvements in their engagement with learning, increased self-confidence, and the development of "a purpose in life and hope for the future" (Smyth*, et al.* 2019b) (p.212). As mentioned above, there was heavy criticism of these outcomes not being captured through routine monitoring systems.

Conclusion

Overall, the study's findings indicate that the programme works well as second-chance provision for often vulnerable young people with complex needs. It offers a "positive experience of teaching and learning, fostering personal and social skill development, and equipping many with certification to

access further education, training and employment options…providing courses and approaches tailored to their needs and embedding education/training provision within a broader network of supports" (Smyth*, et al.* 2019b) (p. xvii).

5. Launch of National Hidden Harm Strategy and Statement

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 Health Service Executive (HSE) and Tusla to inform service planning and to improve services for these children. The Hidden Harm Strategic Statement: Seeing Through Hidden Harm to Brighter Futures (Health Service Executive and Tusla Child and Family Agency 2019) was published in early 2019 as part of a suite of activities and outputs coming from this joint working (the other elements are outlined below).

The strategic statement outlines how the HSE and Tusla will work together to bridge the gap between adults' and children's services in favour of a more family-focused approach to the identification, assessment and treatment of alcohol and substance use, which will improve the well-being of, and minimise the risk of hidden harm to, children and families affected by alcohol and drug use. It is grounded in an extensive body of work by stakeholders and includes the work of the North-South Alcohol Policy Advisory Group SubGroup on Hidden Harm and of the Hidden Harm National Steering Group, as well as learning from national practice sites and input from a variety of stakeholders, including practitioners and managers from DATFs, HSE drug and alcohol services, and Tusla. The strategic statement is seen by its authors as laying out "the national standard upon which Hidden Harm work should be measured" (Health Service Executive and Tusla Child and Family Agency 2019) (p.15). It applies not only to staff of the HSE and Tusla but also to all voluntary and community groups in receipt of funding from both State agencies, including the DATFs and their funded projects.

The vision of the strategic statement is for the two lead agencies "to work together effectively at the earliest possible stage to support children and families" (Health Service Executive and Tusla Child and Family Agency 2019) (p.28). At its core, it focuses on the joint working and connecting practice of relevant stakeholders. In order to deliver on this vision, the strategic statement outlines sets of strategic objectives, shared principles for partners, and common practice standards to guide practitioners.

"Partnership may be described in this context as 'joint business' between Tusla and the HSE. It is not expected that HSE Drug and Alcohol Service staff become specialists in child welfare and protection, nor that Tusla staff become expert in drug and alcohol treatment and therapy. Rather, that through the implementation of this Statement, both Tusla and HSE staff develop deeper

knowledge and practice application on Hidden Harm in a complementary way" (Health Service Executive and Tusla Child and Family Agency 2019) (p.17).

In addition to the complexities and sensitivities involved in addressing parental problem alcohol and drug use per se, the strategic statement authors acknowledge the major cultural change that will be faced by staff and stakeholders in adopting a truly integrated way of working.

As mentioned above, the statement is part of a suite of activities and outputs coming from this joint working. Other components are:

- The Hidden Harm Practice Guide, an "educational resource to enhance knowledge and skills in identifying and responding effectively to parental problem alcohol and other drug use in terms of its impact on children and to support the continuing professional development of health and social care practitioners" (Health Service Executive*, et al.* 2019) (p. 2).
- An information leaflet for practitioners, Opening our Eyes to Hidden Harm, which aims to help frontline workers to support children and young people affected by parental alcohol and other drug use. It includes key messages on the nature of hidden harm and how to find and offer support (North South Hidden Harm Group 2019).
- A national interagency training programme for staff groups working within HSE and Tusla, which will be based on the practice guide and will encompass areas such as: alcohol and drug theoretical frameworks and practice; child development and the impact of problem alcohol and other drug use; and attendant difficulties of mental health and domestic violence on parenting ability.

6. Launch of the What Works initiative

The DCYA's What Works: Sharing Knowledge, Improving Children's Futures (What Works) initiative was launched in June 2019. What Works is a rebrand of the Quality and Capacity Building Initiative that the DCYA has been developing since 2016 and that was reported on in the 2018 National Report. What Works seeks to embed and enhance knowledge and quality in prevention and early intervention in children and young people's policy, service provision and practice. There are a number of core strands to this work, including a data working strand, an evidence working strand, a professional development and capacity building working strand, and a quality working strand. Below is an update on progress made across these strands.

The data working strand aims to improve access to and use of data and information relating to children, young people, and their families by aligning and developing what currently exists in this area. The Outcomes for Children National Data and Information Hub (https://outcomes4children.tusla.ie/), which was also launched in June 2019, sets out to deliver on this. It aims to provide a sustainable, standardised technical solution for mapping outcomes and

indicators for children and young people in order to aid in service planning, design and delivery. It has been developed by Tusla in conjunction with the DCYA. It is publicly accessible and provides a web-based platform to visualise published datasets.

The evidence working strand aims to harness the learning from prevention and early intervention initiatives and research and actively support the use of this learning as a resource to inform planning, delivery, evaluation, and continuous improvements. This aim is met in part by the June 2019 launch of a dedicated website (www.whatworks.gov.ie) which sets out to be a 'go-to' source on what works best in prevention and early intervention in improving outcomes for children, young people, and their families. It is planned as a knowledge exchange platform through which information on practice approaches, toolkits, practice guides, professional learning opportunities, and interventions and programmes can be accessed. However, an evidence matrix continues to be in the planning phase – this will involve the design of an "easily accessible online guide/clearinghouse which will provide details and rated assessment of the costs and standards of evidence of the impact of prevention and early intervention evidence-based programmes globally and in Ireland" (Department of Children and Youth Affairs 2018a) (p. 3).

The professional development and capacity building working strand sets out to enhance the capacity and skills development of policy-makers, providers and practitioners in the appraisal and application of evidence-informed approaches to prevention and early intervention for children and young people through capacity building and development. The planned output under this working strand has evolved from being a standardised module of training in prevention and early intervention, to being a broader range of supports aimed at professional groupings in areas of need. A learning framework is still under development, but some of the related activities have already been initiated – for example, the DCYA's partnership with the University of Limerick (the Research Evidence into Policy, Programmes and Practice Project) to deliver short, focused executive leadership programmes in geographical/practice communities across Ireland. Action learning workshops with DCYA grantees have also been delivered.

The quality working strand sets out 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. Development work is ongoing under this strand.

7 Drug economy and youth interventions

The launch of The Drug Economy and Youth Interventions: An Exploratory Research Project on Working with Young People Involved in the Illegal Drugs Trade was held in April 2019 (Bowden 2019). As well as a presentation on the report's key findings, the launch included:

- The experiences of those delivering interventions with young people affected by the drug economy:

- Angela Birch of the Ballymun Regional Youth Resource discussing the Easy Street Project, and
- Karl Ducque and Gary Lawlor of the Targeted Response to Youth (TRY) intervention.

Drug economy and youth interventions

The Drug Economy and Youth Interventions: An Exploratory Research Project on Working with Young People Involved in the Illegal Drugs Trade (Bowden 2019) report stems from a 2016 study on drug-related intimidation that identified a need to explore the issue of early intervention with young people involved in drug distribution in Ireland (Connolly and Buckley 2016). Bowden's report presents the findings of an exploratory study based on a review of the Irish and international literature on violence and intimidation in the illegal drug trade and in-depth qualitative interviews with seven practitioners working in the Dublin area.

Literature review

The literature review depicts an environment in which Irish drug markets have become more complex over the last couple of decades (Bowden 2019). There are a number of reasons given for this growing complexity, including the changing profile of single drug use to polydrug use; the open nature of dealing and use in public places; the debt-based nature of distribution; and a greater association of the market with violence and intimidation. A working definition of intimidation cited in the report "is 'a serious, insidious and coercive behaviour intended to force compliance of another person against their will'…involving verbal threats or actual physical violence" (Bowden 2019) (p. 10).

Experiences of working with young people

The main body of Bowden's report presents the findings of the qualitative work. Those interviewed had all worked with young people and families in the community who had experienced drug-related problems, were involved in some form of drug selling or holding, and had experienced some associated violence or threat of violence. The practitioners varied in their level of experience (from 7 to 35 years of working in the field) and were based in different kinds of projects – youth work, drug teams, social work, and youth diversion. Their narratives explored the contexts in which they were delivering their services, the nature of the problems faced by young people with whom they worked, and possible ways of addressing these challenges.

Key findings

Key findings are outlined below.

Nature of the problem

- The drug economy provides opportunities for young people to access work; the structure of drug distribution networks provides a range of roles, from various levels of dealers to those who 'hold' or 'carry' drugs. Working within this economic structure enables young people to

access cash and consumer goods. This, it was argued, provides a more attractive alternative to 'precarious' labour in, for example, the service industry: "Drug selling is regarded as an alternative to labour market participation, seen as a type of entrepreneurship in an unregulated economy" (Bowden 2019) (p. 17). Economic terms were often used by participants when describing the system of distribution: labour force participation, qualifications, skills, etc.

- Drug distribution is based on a financial system of credit or 'fronting' – recouping of debts operates under the threat of violence. Drug-related intimidation and drug debt intimidation are described as central to how these distribution networks are structured and feed into an environment where "dominant drug dealers appear to rule within communities" (Bowden 2019) (p. 30).
- In an environment where drug use was described as 'normalised' and distribution was structured around peer-to-peer networks, initiation into the drug economy was found to go unrecognised at times. The term 'grooming' was used by some participants to describe the process whereby a young person starts to do favours for those involved in distribution in return for small amounts of cash. As they show they can be trusted, they can then progress to holding money, drugs or weapons. While this is sometimes in exchange for cash, movement into these more involved roles in the distribution network can be required as a way of paying a drug debt.
- While intimidation was predominantly a male experience, females were far from immune. The author identifies a particular concern about young women being asked to engage in sexual activity in order to expunge debts.

How to tackle the problem

- Based on the participants' experiences of working with young people in the community, a gap was identified in current drug education and prevention practice. It was suggested that there should be an increased focus on educating young people about the nature of the drug economy and how it uses credit and debt as an economic bond that often leads to intimidation and violence. This was key where drug distribution is peer-to-peer – young people need to understand that drugs are not free; by accepting them without immediate payment they are entering an economic bond that will require payment of some kind.
- A recurring theme was that young people involved in drug distribution are not 'untouchable'. Service providers have found ways to engage with these young people and help them desist from their role in the drug economy. Central to this is the quality of the relationship that a worker has with the young person. Where this is based on a common understanding and respect, it is possible to have a positive impact on the young person's decision-making and to support a desistance process.

- In a context where the drug economy offers young people access to income, there was a call for access to 'real' or 'proper' educational and work pathways to be made available as an alternative.
- The report argues that young people who live in areas where a drug economy exists need to have more of a voice in the narrative that defines their realities. The 'gangland' narrative predominates in the media, which is unhelpful when trying to find solutions to the problems being experienced by young people in these areas. It also contributes to the stigmatisation of young people from certain areas, irrespective of any involvement in the drug economy.
- There was a call for improved early intervention through child and family preventive services, as a way of addressing intergenerational poverty.
- For policing and criminal justice responses, participants identified a need for authorities to be able to target the assets of those involved in the drug economy using "a model similar to the Criminal Assets Bureau, except working on a micro level" (p. 28) (Bowden 2019), and to introduce some way of measuring social harm and applying it within the criminal justice responses.

Easy Street Project and Targeted Response to Youth

At the launch of the drug economies report, there were presentations from two Dublin-based projects that work to support young people who are involved, or who are at risk of becoming involved, in the drug economy: the Easy Street Project in Ballymun (http://www.bryr.ie/), which has been running since 2009, and the Targeted Response to Youth (TRY) on Donore Avenue (https://www.donorecdat.ie/), which was first piloted in March 2017. The evidence-based approach taken in these projects is identified in the report as a suitable model for working with young people. Broadly speaking, both projects take an outreach and bridging approach in which youth workers make contact at street level, build trust, and then act as a 'connecting node' or 'host' in order to enable young people to extend their social networks beyond those associated with the drug economy and to build on positive traits. The youth workers engage with individual young people and broader networks of young people in the community. They also support young people in accessing education or work pathways, with the aim of either preventing them from engaging in, or enabling them to desist from, the drug economy. While neither project has carried out an outcome study, both described positive experiences of working with young people within this model. Particular challenges they faced were in securing adequate funding to meet the level of demand for their work and having access to viable education and employment opportunities for the young people they were working with.

Concluding comment

There were three recurring themes throughout the report and the discussion and presentations at its launch. First, people were conflicted about engaging with people who were involved in drug distribution in their communities. However, it was explained that engaging with these people was

about understanding their behaviour with the aim of prevention; it was not about excusing their behaviour. The second recurring theme for practitioners, was the need for any engagement to be structured around a strong relationship with an advocate, characterised by trust and understanding. Third was the message that young people who were involved, or who were at risk of getting involved, in the drug economy were reachable. If there were to be viable educational and employment pathways open to them, it was believed that many would desist from the drug economy.

8. Review of the National Quality Standards Framework for Youth Work

The National Quality Standards Framework (NQSF) for youth work was first implemented in 2011 and is applied to all relevant DCYA-funded services. It is described as a support and development tool for the youth work sector, with the main purpose of supporting youth work services to improve the work they do and show that work to others. This includes sharing their practice with the DCYA.1 The NQSF is based on five core principles or essential qualities found in good youth work practice:

1. Young person-centred: recognising the rights of young people and holding as central their active and voluntary participation
2. Committed to ensuring and promoting the safety and well-being of young people
3. Educational and developmental
4. Committed to ensuring and promoting equality and inclusiveness in all its dealings with young people and adults, and
5. Dedicated to the provision of quality youth work and committed to continuous improvement.

It is also based on 10 standards, which represent the main elements a service needs to have in place in order to meet its legal requirements and deliver quality youth work services to young people and their communities. They are divided into two sections:

Section 1: Youth work practice and provision

1. Planning
2. Practice
3. Progression
4. Monitoring and assessment, and
5. Policies and procedures.

Section 2: Organisational management and development

1. Governance and operational management
2. Strategy
3. Volunteers
4. Human resource management, and
5. Collaboration and integration.

A strategic review of the NQSF was carried out, the findings of which were published in October 2018 (Middlequarter Limited 2017). The review team undertook a literature and environmental scan, online surveys of key stakeholders and young people, and focus groups and individual interviews with stakeholders. Through their analysis, the authors identified a number of issues that require attention in the further strategic development of the NQSF. The NQSF was widely considered to have significant value and many well-regarded and effective features. For example, some saw it as having been a catalyst for changing and improving practice. Quality was largely seen to be improving under each of the NQSF standards, particularly in the areas of planning; policies and procedures; practice; and governance and operational management. Those elements that were considered to have experienced the least improvement were collaboration and integration, volunteers, and human resource management.

However, there were a number of areas in which it was suggested that improvements could be made. Some examples of the 14 areas for improvement in the report are outlined below.

Perceptions of quality – Providers had greater confidence in communicating their work to stakeholders, but a continuing challenge was to recognise that what providers consider to be quality processes and practices may not necessarily be experienced as such by the young people using their services.

Administrative burden – The NQSF was perceived to have an extensive administrative burden, a consequence of which was that young people may be getting less time with their youth workers and were therefore less positive about the NQSF.

Paper-based system – The fact that the NQSF is a paper-based system was criticised, as this adds volume and complexity to the completion process and prevents the effective management of data. It reduced the capacity to properly analyse reports or to extract learning.

Repetitive process – The operation of the cyclical process of the NQSF was widely seen as repetitive, while a clearer sense of progression through the cycles would be energising and rewarding.

The relationship between the NQSF and accountability – While the original developmental focus of the NQSF was not related to the concept of accountability, all stakeholders acknowledge that there is a relationship between performance and funding. Some expressed concern that moving forward there might be a bureaucratic and managerial trend towards inspection and oversight in assuring compliance.

Analysis of NQSF progress reports – There is a perception among stakeholders that there is a lack of capacity to read, collate or extract learning from the vast body of NQSF documentation that is submitted annually from hundreds of organisations and projects. Consequently, it is not possible to gain an accurate understanding of the status of youth services and projects in Ireland, and there is a concern that this represents a potential threat to the integrity and credibility of the NQSF process.

Showcasing good practice across the sector – The lack of opportunities to showcase good practice in youth services was observed by many stakeholders as a crucial, missing piece of the NQSF jigsaw. If addressed, this could be highly influential in building a community of learning and enhancing the quality of service provision.

The NQSF as a whole-of-Government recognised quality standard – The NQSF is closely identified with the DCYA but does not appear to have registered with other Government Departments and agencies that fund programmes for young people. There is both a need and an opportunity to broaden the application of the NQSF across a much wider range of publicly funded programmes for young people. There is also a need to reconcile the terms 'youth work', 'youth services' and 'work with young people', as this is likely to have a bearing on the extent to which other public funding is engaged.

External recognition of NQSF progress – From the outset, it was decided that the NQSF would not be associated with an awards or other system of external recognition. Increasingly, however, there is a demand from organisations and projects to be externally validated. Equally, the lack of any sanction for organisations that have not seriously engaged with the NQSF process was identified as a deficit by some stakeholders, while others considered that quality standards should be at least as important as cost-effectiveness in the award of tenders.

Leadership commitment to the NQSF process – The extent of providers' meaningful engagement with the NQSF seems to be heavily influenced by the level of leadership commitment to the process, at both organisational and project levels. It was suggested that engagement with the NQSF can be very superficial in some instances, and yet this does not appear to bring consequences. As a result, it can seem unfair and demotivating to those organisations and projects that fully invest in the process.

Engaging young people and volunteers effectively in the NQSF process – Many contributors had experienced difficulties in engaging young people in the NQSF process. Several interviewees referred to the fact that the NQSF documentation, language and process are not youth-friendly; that young people do not remain with the Implementation Teams past the first year; and that the three-year NQSF cycles do not fit with the nature or duration of young people's involvement in many youth

services. Other respondents identified the positive impact of the NQSF on outcomes for young people; for example, by involving them in planning. The NQSF's influence on engagement with volunteers featured even less than that of young people, and it was also a challenge to engage volunteers in the review process.

The authors of the NQSF strategic review conclude that "there is a challenge to determine if the NQSF should be reformed or replaced" (Middlequarter Limited 2017) (p.12). They note that the priority for any system should be to keep the focus on young people's experiences of the service and its ability to deliver positive outcomes. They argue that this needs to be balanced with retaining the buy-in of providers, as well as with a rationalised and coherent policy and governance framework.

Moving forward

As described in Section T1.2.3, the funding of youth programmes is currently transitioning to a single funding scheme, the Targeted Youth Funding Scheme (TYFS), which will be implemented in 2020. While current projects continue to be required to implement the NQSF, planning is underway for the format of the quality system that will form part of the TYFS. These discussions are being informed in part by the findings of the NQSF strategic review.

T4. Additional information

T4.1 Additional studies

There have been four new publications on topics of interest:

1. A paper on headshop legislation and changes in drug-related psychiatric admissions
2. A paper on the position of drug education workers in Ireland
3. A report on engaging with BME communities and their organisations on drug-related issues, and
4. A paper on the help-seeking behaviours of family members affected by substance-use disorders.

1. Headshop legislation and changes in drug-related psychiatric admissions

The impact of changes in legislation on drug using behaviour is an area of interest for policy-makers and other stakeholders. In 2017, a paper by Smyth et al. explored the relationship between changes in Ireland's legislation related to new psychoactive substances (NPS) and their problematic use by looking at national drug treatment data (Smyth*, et al.* 2017). While acknowledging other possible explanations, the authors argued that their findings "are consistent with a hypothesis that the legislation and consequent closure of the headshops contributed to a reduction in NPS-related substance use disorders in Ireland" (Smyth*, et al.* 2017) (p.616). They concluded that:

> "While policy responses based on prohibition-type principals appear to have fallen out of favour globally in the past decade, the experience of Ireland's response to NPS suggests

that such policies remain a legitimate component of society's response to this complex and ever-changing challenge." (Smyth*, et al.* 2017) (p.616)

A new paper by Smyth et al. builds on this analysis by exploring the same research question using drug-related psychiatric admissions (DRPAs) data rather than treatment data (Smyth*, et al.* 2019a).

Context

In 2010, NPS were the subject of two pieces of legislation in Ireland. The first (enacted in May 2010) expanded the list of substances controlled under the Misuse of Drugs Act 1977 and 1984 to include more than 100 NPS Misuse of Drugs (Amendment) Regulations 2010 (available online at http://www.irishstatutebook.ie/eli/2010/si/200/made/en/pdf). The second, the Criminal Justice (Psychoactive Substances) Act 2010 (enacted in August 2010) differed from the established approach to drug control under Ireland's Misuse of Drugs Acts 1977 and 1984, in that it covered the sale of substances by virtue of their psychoactive properties, rather than the identity of the drug or its chemical structure. It was aimed at vendors of NPS and effectively made it an offence to sell a psychoactive substance – the Criminal Justice (Psychoactive Substances) Act 2010 (commencement) Order 2010 (available online at http://www.irishstatutebook.ie/eli/2010/si/401/made/en/pdf).This two-pronged legislative approach was largely in response to an increase in the number of so-called headshops selling NPS from late 2009 to a peak of 102 premises in May 2010. By October 2010, only 10 head shops were still open, and by late 2010, the gardaí indicated that none of the remaining shops were selling NPS. Legislative bans such as these have attracted debate internationally as to their effectiveness in impacting on the overall availability and use of NPS, in particular problematic use. In their most recent paper, Smyth et al. hypothesised that "the expansion and subsequent abrupt closure of head shops in Ireland might cause changes to acute psychiatric presentations linked to NPS" (Smyth*, et al.* 2019a) (p.2).

Methods

The 2019 paper is based on analysis of data from the National Psychiatric Inpatient Reporting System database, which collates data from every psychiatric inpatient unit in the Republic of Ireland. When a patient is discharged from one of these units, the clinical team identifies the primary diagnosis and any additional diagnoses which led to the admission. This paper focused on DRPAs, which were defined as either primary or any secondary discharge diagnoses that were in the F11-F19 ICD-10 diagnostic categories. Analysis included all DRPAs between 2008 and 2012 of people aged between 18 and 34. As there is no unique patient identifier in Ireland, the unit of analysis was episode of admission, not individual patient. Data on the drug used are not collected by the DRPA, so analysis is not linked specifically to NPS.

Results

Statistical analysis was carried out to answer three core questions:

- **Do DRPAs differ from other admissions in the age range of 18–34?** To contrast proportions, the authors used the x2 tests, reporting odds ratios and estimates with a 95% confidence interval. Twelve per cent of all admissions for the period under study (2008–2012) were DRPAs. When compared with non-drug-related admissions, DRPAs were more likely to be male, younger, have unstable accommodation, be single/divorced, and have less skilled work.
- **Did the rate of DRPAs increase during the 'head shop era' (January to August)** in 2010? The authors found that the rates of DRPAs in 2010 were significantly higher than in 2008, 2009 and 2012 ($p<0.01$) (see Table 4.1.1).

- **Was there evidence of trend changes in DRPAs and did these coincide with the arrival and departure of the head shops?** The authors used the Joinpoint regression analysis which identified a significant downward trend change that occurred in July 2010 (85% CI; Feb 2010 to April 2011). Males aged 18–24 showed the greatest change, with DRPAs falling by 1.4% per month (95% CI; 0.7% to 3.7% decline) from May 2010 to December 2012.

Table 4.1.1 Rates of DRPA per month among 18-34-year olds, comparing the headshop era of January to August 2010 with the same period in other years

	Monthly rate/100,000	Monthly rate/100,000	Comparison with 2010
Year	**Median**	**Interquartile range**	***p* value**
2008	4.8	(3.9 to 5.7)	0.003
2009	5.0	(4.4 to 5.6)	0.005
2010	6.1	(5.6 to 6.6)	N/A
2011	5.7	(4.9 to 6.0)	0.065
2012	5.0	(4.9 to 5.8)	0.003

Source: Table 3, p.5 (Smyth*, et al.* 2019a)

Conclusion

The authors argue that the timing of the changes observed coincide with the advent of the 'head shop era' and then the subsequent introduction of legislation that essentially banned the sale of NPS in Ireland. In their discussion, the authors present these findings alongside the reduction in NPS-related treatment episodes found in their earlier paper, and an 80% decline in youth using NPS over the four years following (National Advisory Committee on Drugs and Alcohol 2017). The authors use this evidence to argue that while they recognise that correlation does not prove causation, their "findings lend weight to the view that the steps taken in Ireland to address NPS were associated with a positive public health impact" (Smyth*, et al.* 2019a) (p. 7).

2. The position of drug education workers in Ireland

A recent paper by Darcy (2019) examines the position of drug education workers who work with children and young people in non-formal education settings in Ireland (Darcy 2018). Drug education is described in the paper as "a range of interventions across multi-disciplinary settings and includes education programmes, policies and guidelines" (Darcy 2018) (p. 362). While not unpacked in the paper, Darcy highlights that although the terms 'drug prevention' and 'drug education' are often used interchangeably, they are distinct activities. Drug prevention's primary aim is to change people's behaviour around drug use, whereas drug education is more about delivering factual information about drugs to people. This article is only interested in the latter.

Research and analysis

There are three main strands to Darcy's research and analysis: the origins of drug education in Ireland; the development and demise of the DRUG Education Workers' Forum; and drug education as part of the response to illicit drug use.

Origins of drug education in Ireland

In 1974, the Committee on Drug Education recommended that drug education be included as part of a broad health education programme to be delivered in schools. Darcy describes the development of drug education programmes as slow but the introduction of programmes such as On My Own Two Feet and the Social, Personal and Health Education (SPHE) curriculum meant that the

provision of drug education for children and young people was “placed firmly” (Darcy 2018) (p. 363) within the remit of the formal education sector. However, there was also scope for it to be delivered within non-formal education settings. When local and regional DATFs were established (in the late 1990s and early 2000s, respectively), funding was made available for drug education workers. The provision of community-based drug awareness programmes was reinforced by the national drugs strategy that ran from 2001 to 2008 (Department of Tourism 2001).

Development and demise of the Drug Education Workers Forum

The Drug Education Workers Forum (DEWF) was established in 2000 as a voluntary organisation. Among its aims was to provide drug education workers with the opportunity to network, exchange drug-related information, and influence policy through the DEWF’s collective voice. As part of its work, in 2007, the DEWF published A manual in quality standards in substance use education (Butler*, et al.* 2007) – this was “an overarching framework and guidelines for practitioners of drug education and those commissioning drug education programmes” (Darcy 2018) (p. 364). The start of the recession in 2007, however, meant cuts to funding and a redeployment of staff. Darcy argues that this resulted in a significant reduction of drug education workers being funded by the DATFs, and ultimately led to the demise of the DEWF. While an evaluation of the QSSE was published in 2013, Darcy describes drug education workers as being “largely voiceless at national platforms” since then (Darcy 2018) (p. 365).

Drug education as part of the response to illicit drug use

A secondary analysis was carried out on: the three national drug strategies covering the period from 2001–2018 was carried out; and the 2016 annual reports from the local and regional DATFs. The purpose was to explore the prominence of drug education workers in the national response to drug use, and an estimation of the numbers working in the field. The overall picture was one in which drug education as such has become a less prominent feature of the strategic response to drug use. Darcy describes a “sheer absence” (Darcy 2018) (p. 368) of references to drug education in the current national drugs strategy (2017–2025), (Department of Health 2017) other than one within the context of harm reduction activities. He also identifies the number of drug education workers within the local and regional DATFs as very low. It is important to note, however, that many of those working in the DATFs in prevention rather than drug education will be delivering drug education as part of their work.

Conclusion

Darcy (2018) concludes that drug education as a field in Ireland has diminished over time, and drug education workers are in a precarious position. While he acknowledges that this may partly be due to a lack of evidence of drug education’s effectiveness as a form of prevention, he argues that the efficacy and effectiveness of drug education should be measured in an education rather than a prevention framework. This would make it possible to “measure the learning that takes place in drug education programmes and document the educational benefit to participants” (Darcy 2018) (p. 371). However, Darcy does not provide further evidence of why these specific outcomes are important within the context of a national response to illicit drug use. Therefore, while drug education is ongoing in Ireland within the broader contexts of prevention and harm reduction activities, it would be interesting to have clarified why educational outcomes alone are of value, as this tends not to be presented as a priority internationally.2

3. Engaging with Black and Minority Ethnic communities and their organisations.

In 2017, the CityWide Drugs Crisis Campaign produced the report Stimulating and Supporting a Black and Minority Ethnic Voice on Drugs Issues (Crowley 2017). The research aimed “to explore possible structures and processes through which to engage with, hear the voice of, and empower

Black and minority ethnic (BME) communities in relation to issues of drug use" (Crowley 2017) (p. 5). The report concluded that problematic drug use was an issue facing BME communities in Ireland, that there were particular challenges in addressing it, and that the needs of these communities were not being met by policy-makers or service providers. A summary of the key findings of this report was provided in the 2018 National Report. As a follow-up to this 2017 report, CityWide has published Taking Steps to Engage with Black and Minority Ethnic Communities and their Organisations on Issues related to Problematic Drug Use (Crowley 2018). As with the previous report, it is written by Niall Crowley, an independent public policy researcher with particular expertise in human rights and equality.

Taking Steps to Engage with Black and Minority Ethnic Communities and their Organisations on Issues related to Problematic Drug Use outlines the steps that can be taken by policy-makers, service providers, DATFs and BME community organisations to better address the needs of BME communities in relation to problematic drug use. It describes two organisational connector models. Organisational connectors are described as "local organisations that have a strong relationship with and include members of Black and minority ethnic communities in their day-to-day work. They include schools, youth organisations, churches and minority ethnic businesses." (Crowley 2018) (p.10). Organisational connectors enable service providers to more effectively engage and communicate with BME communities. Two models of working with organisational connectors based on the experiences of two DATFs and other service providers form the main body of the report.

Engaging and networking with schools and youth organisations

The DATF in Dublin's north inner city engaged and networked with schools and youth organisations as organisational connectors in making links with BME communities. The aim of their collaboration was to ensure that young BME people were supported in integrated settings to: access information in relation to problematic drug use; explore and develop their thinking in relation to drug use; and build a network of supportive contacts.

- Key steps for the DATF included liaising with Home School Community Liaison Officers and school principals; getting relevant youth organisations involved in its structures and work processes; and developing accessible materials on available supports that took account of the diversity of young people in its area.
- Key steps for the schools included facilitating and supporting the work of the DATF and local youth organisations, particularly supporting the participation of young people from BME communities in these activities.
- Key steps for the youth organisations included creating the conditions for integrated activities, and building a culture of equality and celebrating diversity.

Engaging local development companies

The Cork Local DATF engaged with Cork City Partnership (CCP) to make links with BME communities in its area. CCP is a Local Development Company (LDC) that implements the Social Inclusion and Community Activation Programme (SICAP). SICAP aims to strengthen community development, provide education and training, and support employment. The aims of this collaboration included more involvement of BME communities in the workings of the Cork Local DATF, and expanding the resources available to respond to and prevent problematic drug and alcohol use within these communities. As well as providing opportunities to interact with BME communities, as an LDC with a remit to address social exclusion and inequality, CCP can provide opportunities to access education, training and employment programmes.

The report concludes with an extract from CityWide's submission to the HSE's consultation for the Second National Intercultural Health Strategy 2018-2023 (Health Service Executive 2019) which was launched in January 2019 (see Section T3.1) and which has an action to implement the relevant elements of the national drugs strategy, Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025 (Department of Health 2017).

4 The help-seeking behaviours of family members affected by substance-use disorders

Irish research published in April 2018 in Child Care in Practice explored in depth the help-seeking behaviours of those affected by substance use disorder among family members, with a view to informing the design and delivery of support services for affected persons (McDonagh*, et al.* 2019). The study focused on affected family members' use and assessment of available supports, barriers encountered in accessing supports, and recommendations for overcoming these barriers.

Background

There is an increasing awareness that persons affected by the substance use behaviours of their family members are in need of support in their own right. Support can enable affected family members to learn ways of coping with the emotional, psychological, and physical stress experienced as a result of problem substance use in their family. Formal support for affected family members is provided through community, voluntary, and statutory addiction services and through specialised family support and family-based programmes. Affected family members may also access support informally through family, friends and the community, as well as semi-formally through professionals in other sectors.

Research links the adequacy of the support received with positive outcomes for families. (Gardner 2006); (Sheppard 2009).However, research suggests that affected family members tend to put their family's well-being before their own and to seek help for their family member and not themselves (Barnard 2007) (Salter and Clark 2004). Additionally, affected family members may avoid seeking help because of the stigma attached to persons who have issues with problem substance use and to their associates (Keyes*, et al.* 2010).

Method

Interviews were conducted with 10 participants (nine females and one male) who were recruited through DATFs and statutory drug services across urban and rural locations. Participants were persons with at least one family member with a history of substance use disorder for a minimum of five years and who had sought support from at least one formal drug/alcohol service or programme. Participants included parents, partners, siblings, and adult children of people who use, and the circumstances of their family members ranged from active substance use, to being in recovery, to being deceased.

Findings

Participants reported multiple negative consequences of the substance use of their family member, including overdose, attempted suicide, bereavement, imprisonment, and drug-related intimidation and violence. Participants experienced stress and strain and feelings such as guilt, shame, fear, embarrassment, and a sense of failure. Typically, participants had endured the problem behaviour of their family member for years, only seeking help when the situation became chaotic or unmanageable. Prior to seeking help for their family member, participants had not considered that they might benefit from support in their own right. Participants also lacked awareness of available supports and of the kinds of support that might best suit their needs.

Participants learned about available supports through family members, colleagues and social services, or were referred from peer-led support to counselling and other support services. All participants had at some point accessed either a drug education programme, family support, a

residential treatment centre or (most commonly) addiction counselling. Other supports included Al-Anon, parent education initiatives, general counselling, yoga, church and mindfulness. Informal supports, where accessed, were created through contact with formal supports. Semi-formal supports were more common and included general practitioners, gardaí, teachers and work colleagues. Most participants accessed more than one type of support for reasons including availability, preference, location and logistics. All had sought informal or semi-formal support before coming into contact with formal supports.

For participants, perceived stigma, shame, embarrassment and concerns around confidentiality and anonymity were significant barriers to accessing support and to engaging with support once accessed. Additional barriers were an absence of local supports, long-distance travel, childcare and poor awareness of relevant issues among related professionals. A lack of interagency cooperation was further cited as a barrier.

Participants felt positive about the formal support they received, but felt that both semi-formal and informal supports (including family) sometimes lacked relevant knowledge, empathy and understanding. The benefits of accessing support included emotional support, better coping, enhanced well-being, and feeling less isolated and more informed. Participants also described increased self-esteem and confidence from family support and counselling. In order to overcome barriers to accessing support, participants suggested providing education and awareness programmes in schools and public spaces, as well as increasing the visibility of supports through various media. Participants further suggested better integration of formal supports and the upskilling of professionals providing semi-formal support.

Implications

Mc Donagh et al. (McDonagh*, et al.* 2019) of this research suggest that full implementation of the existing National Drugs Rehabilitation Framework and Protocols for coordination and integrated working among drug and alcohol family support services would address many of the barriers identified by participants (National Drugs Rehabilitation Implementation Committee 2010); (National Drugs Rehabilitation Implementation Committee 2011). They propose that better coordination of local services is needed in order to ensure that affected family members can easily access support that is appropriate to their needs. Mc Donagh et al. (McDonagh*, et al.* 2019) also propose that service provision would be enhanced though additional investment, wider availability of family support, and increased capacity within the sector to work with affected family members. McDonagh et al. (McDonagh*, et al.* 2019) highlight the role of policy-makers and national organisations in service development, promotion, education, awareness, and training of the workforce.

Conclusion

Persons affected by problem substance use in their family experience considerable stress and strain and are often isolated and unaware of supports available to them. McDonagh et al. (McDonagh*, et al.* 2019) have highlighted the support needs of this group, as well as the barriers that family members encounter in accessing support, including the stigma that surrounds problem substance use. It has also provided suggestions for enhancing the provision of supports for affected families and for challenging stigma. Findings of the study must be interpreted in light of the study limitations, however, which include the small sample size and the gender imbalance among participants.

T5. Sources, methodology and references

T5.1 Sources

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Department of Children and Youth Affairs: www.dcya.ie

Department of Education and Skills: www.des.ie

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

Houses of the Oireachtas (Parliament): www.oireachtas.ie

HRB National Drugs Library: www.drugsandalcohol.ie

Irish legislation: www.irishstatutebook.ie

T5.2 Methodology

Where appropriate, these are outlined in Sections T3.1 and T4.1.

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European Monitoring Centre for Drugs and Drug Addiction

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

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

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

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