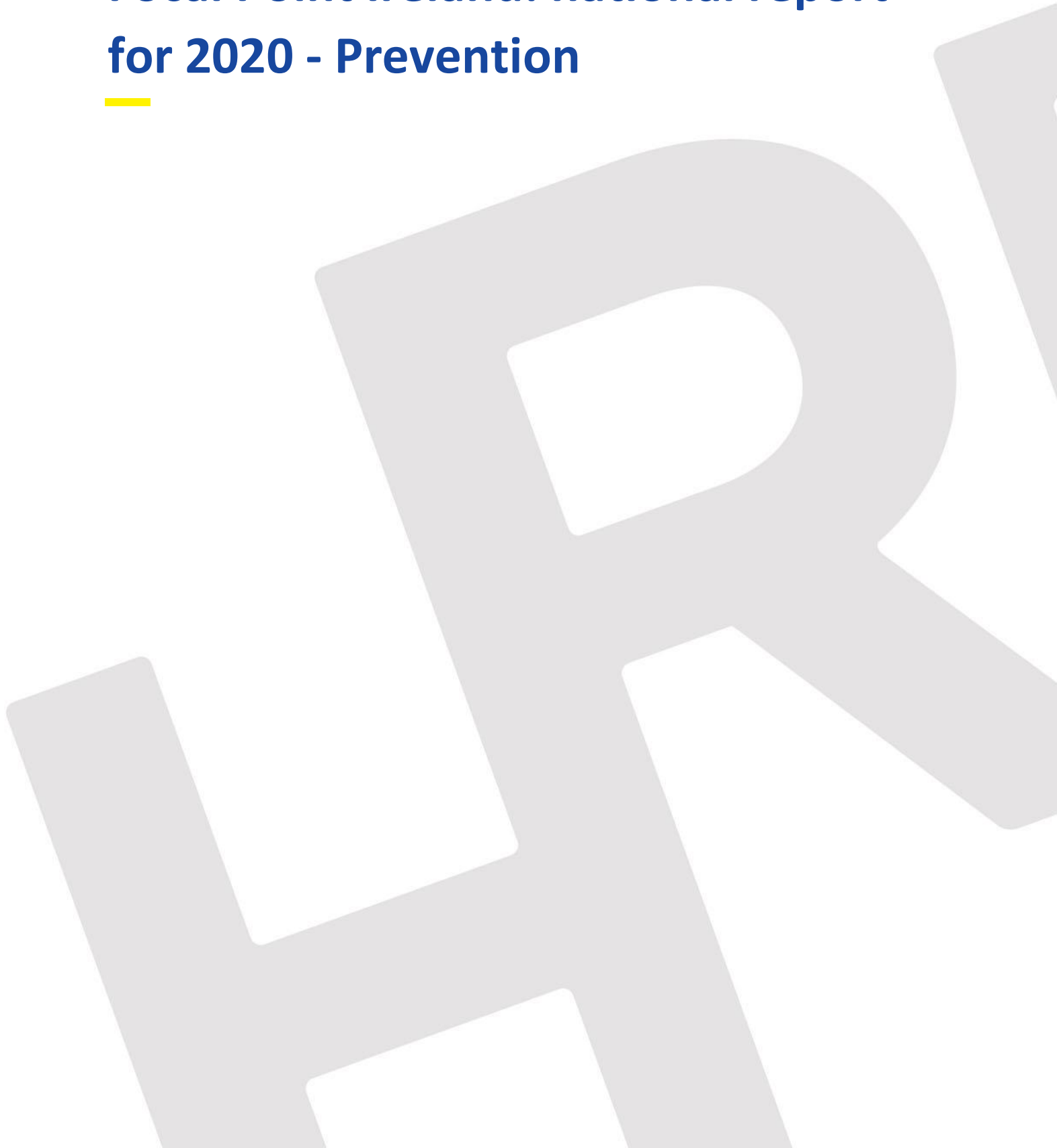


Focal Point Ireland: national report for 2020 - Prevention



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

Authors of the national report

Lucy Dillon, Brian Galvin, Ciara Guiney, Suzi Lyons, and Sean Millar

Head of Irish Focal Point

Brian Galvin

All of the documents used in the preparation of the national report are available on the HRB National Drugs Library's repository at www.drugsandalcohol.ie.

This document was prepared for publication by the staff of the HRB National Drugs Library

Please use the following citation:

Health Research Board. Irish National Focal Point to the European Monitoring Centre for Drugs and Drug Addiction (2021) Focal Point Ireland: national report for 2020 – prevention. Dublin: Health Research Board.

Other reports in this National report series can be found at

http://www.drugsandalcohol.ie/php/annual_report.php

(2021) Focal Point Ireland: national report for 2020 – drug policy.

(2021) Focal Point Ireland: national report for 2020 – treatment.

(2021) Focal Point Ireland: national report for 2020 – drug markets and crime.

(2021) Focal Point Ireland: national report for 2020 – legal framework

(2021) Focal Point Ireland: national report for 2020 – prison.

(2021) Focal Point Ireland: national report for 2020 – harms and harms reduction.

(2021) Focal Point Ireland: national report for 2020 – drugs.



Table of Contents

Table of Contents	2
T0. Summary	3
T1.1 Summary of T1.1 on policy and organization	3
T1.2 Summary of T1.2 on prevention interventions.....	3
T1.3 Summary of T1.3 on quality assurance of prevention interventions.....	4
T1. National profile	5
T1.1 Policy and organization	5
T1.1.1 Main prevention-related objectives of national drug strategy.....	5
T1.1.2 Organisational structures responsible for the development and implementation of prevention interventions.....	8
T1.1.3 Funding system underlying prevention interventions	8
T1.1.4 Optional national action plan for drug prevention in schools	9
T1.2 Prevention interventions.....	9
T1.2.1 Overview of environmental prevention interventions and policies	9
T1.2.2 Universal prevention interventions.....	13
T1.2.3 Selective prevention interventions	18
T1.2.4 Indicated interventions	25
T1.2.5 Additional information to understand prevention activities in your country	27
T1.3 Quality assurance of prevention interventions.....	29
T1.3.1 Overview of the main prevention quality assurance standards, guidelines and targets within your country	29
T2. Trends	30
T2.1 Main changes in prevention interventions in the last 10 years.....	30
T3. New development.....	31
T3.1 Notable new or innovative developments since last workbook.....	31
T4. Additional information.....	42
T4.1 Additional studies	42
T5. Sources, methodology and references	49
T5.1 Sources	49
T5.2 Methodology	49
T5.3 References	49
Acknowledgements.....	53

T0. Summary

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

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

A new government was formed in Ireland in June 2020 and it has committed to continuing on the delivery of the national drugs strategy and its approach to substance misuse prevention (Fianna Fail, *et al.* 2020). Under Goal 1 of the strategy, the agencies identified as either the 'lead' or 'partners' for the delivery of specific actions are: the Department of Health, the Health Service Executive (HSE), the Department of Education and Skills (DES), the Department of Children and Youth Affairs (DCYA), Child and Adolescent Mental Health Services (CAMHS), Tusla – the Child and Family Agency, Drug and Alcohol Task Forces (DATFs), and the Health Research Board (HRB). The bulk of funding continues to be provided by the statutory sector, with some additional funding from philanthropists. A new single funding scheme, UBU Your Place Your Space, which merges three older schemes, was launched at the end of 2019. The three schemes merged are Special Projects for Youth, local Drug and Alcohol Task Force Projects, and the Young People's Services and Facilities Fund 1 & 2. UBU targets young people who are marginalised, disadvantaged, or vulnerable and it aims to provide services that support them, including those that cover health, education, employment and social connectedness. The scheme explicitly supports the delivery of action 1.2.8 in the national drugs strategy (2017-2025): to improve services for young people at risk of substance misuse in socially and economically disadvantaged neighbourhoods (Department of Health 2017).

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 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 have yet to be introduced. There are other illustrations of policy and legislative changes that have contributed to the landscape of environmental prevention in Ireland, including in the areas of new psychoactive substances and how Ireland proposes to deal with the possession of small amounts of drugs for personal use.

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). A new government resource for Senior Cycle teachers to support their delivery of the SPHE programme substance use module was published in 2019. It is described in Section T3.1. 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 DATFs that have organised, for example, local and regional awareness initiatives and community action on alcohol in socially and economically disadvantaged communities. Interventions have also been funded in 2019/20 under the Young People's Facilities and Services Fund (as of July 2020 these projects are funded under the new single scheme, UBU Your Place Your Space), which aims to prevent drug misuse through the development of youth facilities, including sport and recreational facilities. There is also ongoing work in tackling educational disadvantage under programmes such as the Delivering Equality of Opportunity in Schools (DEIS) and Youthreach programmes.

Evidence on indicated programmes is limited. 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. The needs of young people involved in the drug economy are also attracting increased attention in political discourse and service provision.

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

Standards in the overall youth work sector continue to be underpinned by the National Quality Standards Framework (NQS) for Youth Work (Office of the Minister for Children and Youth Affairs 2010). The related initiatives also continue to be implemented and are an element of the National Youth Strategy 2015–2020 (Department of Children and Youth Affairs 2015a). While the NQS is being reviewed, it is the standard to which providers are to work under the new single funding scheme, UBU Your Place Your Space (Department of Children and Youth Affairs 2019). 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.

Trends

The current national drugs strategy 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. A new Programme for Government (Fianna Fail, *et al.* 2020) has stated an ongoing commitment to this and to the national drugs strategy. 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 Section T3.1 of this workbook are:

1. New Programme for Government
2. Targeted youth funding scheme UBU Your Place Your Space
3. Updates on Public Health (Alcohol) Act 2018
4. Action plan for drug use and higher education institutions
5. Senior Cycle module content – Know the Score
6. Strategy and implementation framework for Planet Youth
7. Silent Voices – manifesto on parental alcohol misuse

There are three other outputs on topics of interest covered in T4.1:

1. Government support for evidence-based reporting
2. National Drug Prevention and Education Workers Forum
3. Experiences of teenagers in treatment for cannabis users

T1. National profile

T1.1 Policy and organization

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

Ireland's national drugs strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025*, is structured around five goals (Department of Health 2017). 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 is similar to that of Ireland’s previous national drugs 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”
- “To improve the delivery of substance use education across all sectors, including youth services, services for people using substances and other relevant sectors”.

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 was proposed to develop a new scheme for this action that would focus on socially and economically disadvantaged communities (see Section T3.1 on the new single funding scheme, UBU Your Place Your Space).

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 was to look at the options, including drug testing and amnesty bins.

While these objectives and associated actions are current national drug policy, the formation of a new government in June 2020 has resulted in commitments being made to some complementary actions very much in line with those noted above. These are outlined in Section T3.1 below.

Ireland’s broader youth policy context

While the current national drugs strategy 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. Given that they are all due to expire in 2020, the content of any final outputs and follow-on strategies are under discussion between the DCYA and relevant stakeholders, although the COVID-19 crisis has resulted in delays in this work:

- *Better Outcomes, Brighter Futures: The National Policy Framework for Children & Young People, 2014–2020* (Department of Children and Youth Affairs 2014a) was 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 was Ireland’s first-ever national youth strategy and set 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 2018a) 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 DCYA 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 drugs strategy, and links with the national drugs strategy are made in the *LGBTI+ National Youth Strategy 2018-2020* (Department of Children and Youth Affairs 2018a).

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 HSE, the DES, the DCYA, An Garda Síochána (AGS), DATFs, 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. Previous annual reports have discussed the review published in 2014 of three key funding programmes that target young people in areas characterised by problem drug use, educational disadvantage, criminal activity, unemployment and homelessness. This review is now complete and in December 2019 a new targeted youth funding scheme, UBU Your Place Your Space (<https://ubu.gov.ie/home>), was launched by the Irish Government. UBU targets young people who are marginalised, disadvantaged, or vulnerable and it aims to provide services that support them, including those that cover health, education, employment and social connectedness. The scheme explicitly supports the delivery of action 1.2.8 in the national drugs strategy: to improve services for young people at risk of substance misuse in socially and economically disadvantaged neighbourhoods (Department of Health 2017). The new funding scheme is described in detail in Section T3.1 of this workbook.

Additional statutory funding for universal youth work is available through the Youth Services Grant Scheme which funds a range of organisations, many of which provide support to young people around alcohol and drugs. Organisations include:

- No Name! Club. It provides positive alternatives to alcohol and drug-centred activities for young people.

- National Youth Council of Ireland. It partners with the DCYA and the HSE to run the National Youth Health Programme (NYHP), which builds capacity in the youth work sector around health and well-being capacity building, and
- SpunOut. It provides advice and information to young people and also to youth workers and volunteers.

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?

- Yes
- No**
- Planned
- No information

T1.2 Prevention interventions

T1.2.1 Overview of environmental prevention interventions and policies

Environmental prevention interventions in Ireland include increasingly restrictive alcohol and tobacco controls, as illustrated by the passing of the Public Health (Alcohol) Act in October 2018. There is also activity around developing strategies to change the environment in which substance use takes place, rather than just focusing on the people who use drugs. 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 continues to be under development. However, the REACT programme, which takes an environmental prevention approach, is running in some third-level institutions in Ireland. Other programmes and legislative changes are also contributing to the field of environmental prevention; for example, the move towards a more health-led approach to dealing with the issue of possession of drugs for personal use, and legislative changes related to new psychoactive substances. The controls around alcohol and tobacco; the main elements of REACT and a new programme of work in higher education institutions; as well as other illustrations of legislative changes with an environmental prevention guise 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 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:
 - o Buy alcohol if you are under the age of 18
 - o Pretend to be 18 or older in order to buy or consume alcohol
 - o Sell alcohol to anyone under the age of 18
 - o Buy alcohol for anyone under the age of 18
 - o 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 they are at a private function.

The Public Health (Alcohol) Act 2018 was signed into law in October 2018. It is the first piece of legislation in Ireland to identify alcohol use as a public health issue. The aim of the Act is to reduce alcohol consumption in Ireland, and the harms it causes at a population level, and it provides for a suite of evidence-based measures to deliver on this aim. There have been some developments since the 2019 National Report in the implementation of key provisions of this Act. They relate to restrictions on alcohol advertising and the introduction of minimum unit pricing – these are outlined in Section T3.1 of this workbook.

B. Tobacco controls

The Irish Government continues to be committed to making Ireland tobacco free by 2025 (Government of Ireland 2016); in other words, reducing the prevalence of smokers to less than 5%. 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 de-normalising 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:

- As of May 2020 and in line with the 2014 European Tobacco Products Directive (2014/40/EU) that prohibits ‘tobacco products with a characterising flavour’ (Article 7.1), Ireland has banned the sale of menthol-flavoured cigarettes.
- 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 2020, the excise duty on a packet of 20 cigarettes was increased by 50 cent (including VAT), with a pro rata increase on other tobacco products. In effect, this brings the price of cigarettes in the most popular price category in Ireland to approximately €13.30 for 20.
- 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 these test purchases, 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 REACT programme was developed and is currently being implemented in higher education institutions across Ireland. 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 institution separately in order to assess the efficiency with which institutions 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.

In addition to the REACT programme, addressing drug use in higher education institutions has been the subject of a new government-led action plan, including elements of an environmental approach to prevention. This is outlined in Section T3.1 below.

D. Other environmental prevention-related policies

There are other illustrations of policy and legislative changes that have contributed to the landscape of environmental prevention in Ireland, including in the areas of new psychoactive substances (NPS) and how Ireland proposes to deal with the possession of small amounts of drugs for personal use.

New psychoactive substances legislation

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 the Misuse of Drugs Act, 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 Misuse of Drugs Act, 1984, in that it covered the sale of substances by virtue of their psychoactive properties, rather

than the identity of the drug or its chemical structure. It was aimed at vendors of NPS and effectively made it an offence to sell a psychoactive substance – 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 head shops 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.

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

Health Diversion Approach to possession for personal use

On 2 August 2019, the Irish Government announced the launch of the Health Diversion Approach (HAD) to the possession of drugs for personal use in which the Department of Health and the Department of Justice and Equality agreed to adopt a more health-led approach to possession of drugs for personal use. The Health Diversion Approach offers alternatives to criminal prosecution for the first two instances in which people are found in possession of drugs for their personal use. Essentially, the action taken by AGS will depend on the number of times an individual has been caught in possession of drugs.

- On the first occasion, AGS will refer them, on a mandatory basis, to the HSE for a health screening and brief intervention.
- On the second occasion, AGS will have the discretion to issue an Adult Caution (see Section T 2.2 of the Legal framework workbook for a description of the Adult Caution Scheme).
- On the third or any subsequent occasion, AGS will revert to dealing with the person in line with Section 3 of the Misuse of Drugs Act, 1977, under which the individual could receive a criminal conviction and custodial sentence.

The health screening and brief intervention will be carried out by trained HSE staff using the Screening and Brief Intervention for Problem Alcohol and Substance Use (SAOR) programme. New posts will be created across the HSE’s Community Healthcare Organisation areas for staff trained in SAOR to carry out the brief intervention. An implementation, monitoring, and evaluation group has been established to examine the need for legislative change, the operational details, and the phasing of the implementation. The group will be chaired by the Department of Health and its membership includes, but is not limited to, the HSE, AGS, and the Department of Justice and Equality. When this approach was announced it was expected that the group would begin its work in Q4 2019, with

the aim of phasing in the Health Diversion Approach in Q3 2020. This timeline has been delayed due to COVID-19 and as of September 2020 no new date for its implementation was known.

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 progressed in one of Ireland's regions.
- Internationally recognised family interventions also continue to be delivered, e.g. the Strengthening Families Programme (SFP), and Parents Under Pressure. The community and family programmes tend to be focused in 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 4,501 contacts in 2019, which is broadly the same number as for 2018, when 4,544 contacts were registered. Most of the contacts were in relation to the individual's own use, not that of another person.

In 2019, alcohol was the most common substance referred to; 47% (2,101) of contacts were about alcohol. The next most common drug referred to in 2019 was cocaine – accounting for 20% of all contacts. Cannabis accounted for 15% of contacts. Tablets, namely benzodiazepines, antidepressants and antipsychotics, accounted for 14% of contacts. In addition, 4% of contacts were about heroin; 3% were about methadone and 2% were about ecstasy or MDMA.

The HSE provided a further breakdown of the alcohol-related contacts. There were 2,101 alcohol-related contacts in 2019; of these, 70% were for alcohol only. Thirty per cent were about alcohol in combination with other drugs; 15% of alcohol-related contacts were from people who used alcohol in combination with cocaine, and a further 17% were about alcohol and other drugs (including prescribed and over-the-counter medicines in combination with alcohol use). Three-quarters of contacts (75%) did not mention having attended an addiction service or their GP about their issue before calling the helpline; the comparable figure in 2018 was 61% (personal communication, Drugs/HIV Helpline, HSE, 2020). <https://www.hse.ie/eng/services/list/5/addiction/drugshivhelpline/>

- **Universal prevention online/awareness**

At the time of writing this workbook (September 2020), 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.

In December 2019, the Minister for Health wrote to media outlets to ask them to use government-funded sources of information and data on alcohol, rather than those funded by the alcohol industry. Drinkaware is a resource funded by the drinks industry which the Government is concerned the media use to inform their reporting. Instead, the Government requested that the media only use information provided by the HSE via its site www.askaboutalcohol.ie

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 (including Ireland), in 2019 drugs.ie hosted over 3 million sessions (3,475,025), had over 3 million visitors (3,074,096), and had over 4 million (4,571,826) page views. Nationally, it hosted over 200,500 sessions (289,993), had over 200,000 visitors (233,425), and had almost 500,000 page views (497,144). 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 first half of 2020 (1 January to 30 June)

Page	Link
1. Phone (national helpline)	http://drugs.ie/phone/
2. Home page	http://drugs.ie/
3. Drug types	http://drugs.ie/drugtypes/
4. Features – garda roadside drug testing	http://www.drugs.ie/features/feature/the_facts_garda_roadside_preliminary_drug_testing
5. Types of drugs – poppers	http://www.drugs.ie/drugtypes/drug/poppers_stimulant
6. Drugs information	http://www.drugs.ie/drugs_info/

Source: Personal communication, National Social Inclusion Office, Health Service Executive, 2020.

The HSE's Digital Communications Division and the National Social Inclusion Office, are continuing to redevelop the drugs.ie website, but this process is facing additional delays as a result of the COVID-19 crisis. 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.

- **Universal prevention in education**

SPHE

The Social, Personal and Health Education (SPHE) programme continues to be the main vehicle through which substance use prevention is delivered in both primary and post-primary schools. The programme is a mandatory part of the primary and post-primary (Junior Cycle) school curriculum, and it 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 2019 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); this resource is called Know the Score (HSE Alcohol Programme 2019). These are being taught in some schools for the first time in the 2019/2020 academic year. A description of this new resource is given in Section T3.1 of this workbook. *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 (HSE Alcohol Programme 2018). The HSE National Alcohol Programme continues to work on content for a resource for the Junior Cycle Health and Wellbeing SPHE.

The DES is working with representatives of the local and regional DATFs to develop an information pack on drug and alcohol-related programmes and supports that DATFs can provide to schools. In line with this, the DATFs are identified in the Know the Score resource as being available to talk to students about alcohol and drugs in order to support the delivery of SPHE by their teacher (HSE 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 formed a key part of the DES *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). 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 in order to provide schools with support for planning their programme. They cover:

- Background and rationale for the Wellbeing programme
- Wellbeing programme and the framework for Junior Cycle
- Wellbeing programme – a whole-school approach to well-being
- Wellbeing programme 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 2019 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 DES 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 AGS, 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 most recent figures, published in October 2017 and reported on in previous National Reports, show that the NEPS has 140 psychologists who are accredited trainers in this programme. In addition, the figures show that 1,100 teachers in 150 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. Figures published in October 2017 and reported on in the 2018 National Report showed that 80 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. Furthermore, 690 teachers in 267 DEIS primary schools had received the training, as well as 2,479 teachers in 982 non-DEIS primary schools. In post-primary schools, 200 teachers in 80 DEIS secondary schools and 690 teachers in 283 non-DEIS secondary schools had 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, i.e. schools that are selected to address educational disadvantage (see Section T1.2.3) (Department of Health 2017).

- **Universal prevention in the community**

Planet Youth in 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. 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, which include funders and strategic partners, have been set up. Data have been collected through the standardised lifestyle questionnaire in each of these areas. The results of these surveys were reported on in the 2019 National Report and are available on the programme's Irish site, www.planetyouth.ie:

- 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. (2019) *Growing up in the west: county report Roscommon*. Galway: WRDATF. <https://www.drugsandalcohol.ie/30532/>, and
- Western Region Drug and Alcohol Task Force. (2019) *Growing up in the west: county report Galway*. WRDATF. <https://www.drugsandalcohol.ie/30528/>

In February 2020 Planet Youth in Ireland published its *Strategy and Implementation Framework: Galway, Mayo and Roscommon*, which is outlined in Section T3.1 of this workbook (Western Region Drug and Alcohol Task Force 2020).

In line with the design of the Planet Youth programme, a second schools survey was due to take place in October 2020. Given the situation with COVID-19 it is unclear how this will be implemented. However, it is still hoped that it will be undertaken in some form. COVID-19 is recognised by Planet Youth as presenting challenges for young people. The WRDATF is working in collaboration with the Icelandic Centre for Social Research and Analysis, which developed the programme, to include questions on COVID-19's impact on young people in any future versions of the standardised questionnaire. The North Dublin Regional Drug and Alcohol Task Force was planning to implement the programme in their region, carrying out their initial surveys in schools in October 2020. This also faces delays given the COVID-19 situation.

T1.2.3 Selective prevention interventions

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

- The DATFs
- Youth funding programmes
- Interventions that target educational disadvantage
- Programmes that target families and their at-risk young people.
- **The DATFs**

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 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. A core part of this has been the development of a single funding scheme, UBU Your Place Your Space, which was launched in December 2019. This scheme is outlined in Section T3.1 below.

- **Interventions targeting educational disadvantage**

Delivering Equality of Opportunity in Schools (DEIS)

As outlined in previous workbooks, *DEIS (Delivering Equality of Opportunity in Schools) – An Action Plan for Educational Inclusion* is the DES’s 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 education system. This includes in-school, after-school and holiday-time supports. In the 2019/2020 school year, 890 schools are included in the programme. These comprise 692 primary schools (334 urban and 358 rural) and 198 post-primary schools. 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 DES 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 DES's *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 2019-2021* 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 2017* 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 would be reported on an annual basis (Department of Education and Skills. 2017). No such reports have been published at the time of writing this workbook (September 2020), (personal communication, Department of Education and Skills, June 2020).

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* (Weir and Kavanagh 2018). It looked 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. The findings in relation 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 make any conclusions about whether the changes found are attributable to the DEIS programme. As with previous DEIS reports, a key limitation is that a control group is not used; therefore, it cannot be established with any certainty whether improvements are due to the programme or whether the improvements would have happened anyway. The findings of the report were described in more detail in the 2019 National Report.

Wellbeing programme and the NEPS in DEIS schools

While the Wellbeing programme and the NEPS can be accessed by all schools, DEIS schools are specifically targeted 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

The student support team is another programme of work led by the NEPS, which is currently delivered in a selection of DEIS schools. A student support team is a student-focused mechanism put in place by a school 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 was not published, the DES reported a set of key outcomes:

- A student support team best practice guide was developed and was shown to greatly help schools in setting up highly effective student support teams.
- Communication with parents was enhanced.

- Schools reported being better able to support student well-being at system and individual levels.
- Schools reported being better able to support students with specific needs.
- Schools reported being better informed and able to seek help appropriately from external support services and agencies, such as CAMHS or other HSE services.

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

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, as well as 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 SCP 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, Tusla – the Child and Family Agency’s 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.

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**

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 pupil-teacher ratio than mainstream schooling 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**

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.* 2019) (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. 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.

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

Selective prevention targeting families and at-risk 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 drugs 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 2019.

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 came from this joint working, the components of which include a strategic statement, practice guide, information leaflet and training programme.

The Hidden Harm Strategic Statement *Seeing Through Hidden Harm to Brighter Futures* (Health Service Executive and Tusla Child and Family Agency 2019) 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 Sub-Group 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.

As mentioned above, the Strategic Statement was published as 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 called *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 the HSE and Tusla, which will be based on the *Hidden Harm 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.

Silent Voices is another campaign which focuses on the impact of parental alcohol misuse (PAM) on children. It aims to ensure that the right supports are available today to children coping with PAM – and also to those adults who are dealing with the impact of a childhood trauma in later life. Its manifesto was published in early 2020 and is outlined in Section T3.1 below.

T1.2.4 Indicated interventions

Indicated prevention in Ireland tends to take the form of mental health services and brief interventions. The new Health Diversion Approach to dealing with people found in possession of drugs for personal use is under development and will draw on existing services, including these brief interventions. Another area receiving increased attention are 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, 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, J 2019, 15 May). In March 2020, this had increased to 2,805 on the waiting list, 263 of whom had been waiting longer than 12 months to be seen.
- **Admission of children to child and adolescent acute inpatient units versus adult units:** In 2019, there were 497 admissions of under 18s to psychiatric units and hospitals; of these admissions, 443 were to dedicated child and adolescent units. The remaining 54 children were admitted to an adult unit (Daly, Antoinette and Craig 2020).

Brief interventions

There are two main brief intervention programmes to report on that address substance use: Making Every Contact Count (MECC) and Screening and Brief Intervention for Problem Alcohol and Substance Use (SAOR). The drugs.ie website also runs a self-assessment and brief intervention resource. These programmes were reported on in the 2019 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).

Research on MECC was due to start in March 2020, but this has been postponed to September 2020 as a result of COVID-19. This will be a two-year study entitled 'Implementation of Making Every

Contact Count (MECC): developing a collaborative strategy to optimise and scale up MECC'. The study is divided into three work packages (WPs):

- WP 1 will determine health professional-level and organisational-level barriers to, and enablers of, the implementation of MECC using a mixed-methods approach to include:
 - A national survey of healthcare professionals (n=420) who have participated in MECC and
 - A qualitative study (n=24), taking a positive deviance approach within four exemplar health service sites, in order to understand staff and organisational factors related to successful implementation.
- WP2 will examine patient attitudes towards, and experiences of, MECC using qualitative interviews with patients (n=24).
- WP3 will:
 - Explore international evidence on barriers and facilitators to the implementation of behaviour change interventions programmes using rapid review methods
 - Develop testable implementation strategies for the improved implementation of MECC in practice, through the use of the Behaviour Change Wheel approach; and
 - Engage key stakeholders, through a consensus process, to develop a collaborative implementation blueprint to optimise and scale up MECC.

(Personal communication, MECC, HSE, June 2020).

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 it 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).

As outlined in more detail in Section T1.2.1, Ireland is adopting the Health Diversion Approach to the possession of drugs for personal use. On the first occasion, AGS will refer those caught with drugs for personal use, on a mandatory basis, to the HSE for a health screening and brief intervention using the SAOR programme.

Drug Use Disorders Identification Test (DUDIT) online

The drugs.ie website (see Section T1.2.2 of this workbook) houses an interactive drug self-assessment and brief intervention resource. 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 2019, 29,255 people completed the DUDIT on drugs.ie; the comparable figure in 2018 was 23,000. (personal communication, National Social Inclusion Office, Health Service Executive, June 2020).

Community-based outreach projects

Young people's involvement in the drug economy is an ongoing issue in Ireland. In 2019, an attempt was made to introduce legislation that would enhance the legal protection of young people involved, and further penalise adults who engaged young people in the drug economy (Misuse of Drugs (Amendment) Bill 2019). While the Bill did not progress through the legislative process for a variety of reasons, there was wide support in the Irish Parliament for the consideration of policy and legislative options that would address the needs of young people involved in the drug economy or at risk of becoming so. There are some projects that deliver services which aim to address the needs of these young people. The projects are community based and include evidence-based projects such as the Easy Street Project in Ballymun (<http://www.bryr.ie/>), and Targeted Response to Youth (TRY) project (<https://www.donorecdat.ie/>). 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 included 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. There are no programme-specific evaluations available.

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

What Works initiative

The DCYA's What Works: Sharing Knowledge, Improving Children's Futures (What Works) initiative was launched in June 2019. It 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 four 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.

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 main tool for delivering on this is the Outcomes for Children National Data & Information Hub (<https://outcomes4children.tusla.ie/>). 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 to actively support the use of this learning as a resource to inform planning, delivery, evaluation, and continuous improvements. The main tool for delivering on this is 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. There are ongoing delays to the delivery of an evidence matrix at the core of this resource – 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 2018b) (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. This is being delivered through a broad range of supports aimed at professional groupings in areas of need. Some activities are underway, including: 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; and a national programme of Action Learning Sets launched in September 2019, the focus of which will cover the range of issues that front-line practitioners have identified as crucial to address, so that the best possible service can be delivered for children and young people.

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.

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

As reported in previous National Reports, 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, while cognisant of the need to avoid duplication with the work and policy responsibilities of other Government 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 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.

The PEIU has undertaken 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 provides the evidential basis for a thematic consideration of PEI in Ireland. Two of those published in 2019 covered the topics: **Family Services Supporting Children and their Parents (Kennedy 2019b)** and *Programmatic interventions for children, young people and their parents (Kennedy 2019a)*. While not specifically focused on drug prevention interventions, substance use is identified regularly as presenting problems and challenges for children, young people and their parents. The reports outline the range of government-funded programmes in the area of prevention more broadly and any evidence of the goals and achievements of expenditure in this area.

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.

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

National Quality Standards Framework

As previously reported, standards in the overall youth work sector are underpinned by the National Quality Standards Framework (NQS) 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. 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).

The NQS 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. The NQS 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.

As described in Section T1.2.3, the funding of youth programmes has transitioned to a single funding scheme, UBU Your Place Your Space. While it had been planned to have a revised quality system as part of this new scheme, changes have yet to be made, and projects applying under the new scheme continue to be required to implement the NQSF (Department of Children and Youth Affairs 2019). Planning for a revised system is in part being informed by the findings of a strategic review of the NQSF's implementation, which was outlined in the 2019 National Report (Middlequarter Limited 2017). The authors of the review identified a number of issues that require attention in the further strategic development of the NQSF. While the NQSF was widely considered to have significant value and many well-regarded and effective features, there were 14 areas identified for improvement in the report. The authors 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.

T2. Trends

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

There has been no significant change since the 2019 National Report, and therefore the same analysis of trends in the area of prevention is provided here. When reflecting on trends over the past 10 years, *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 strategy. 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 two strategies and their objectives include increasing awareness and improving understanding in the general population of the dangers and problems related to using drugs, as well as promoting positive health choices. This objective is closer to the universal public health model, which targets human agency and rationality as the primary mechanism of change. The objectives also contain continuing recognition that certain groups and communities may be at higher risk than the general population, and therefore may require additional resources and supports. This type of thinking resonates more with selective prevention, which prioritises groups and communities according to certain at-risk criteria.

The types of interventions delivered as part of drug prevention have remained much the same over the past 10 years. Interventions delivered in schools have been based on the social influence model and have provided life skills training to bolster self-development, decision-making and resistance in students. Interventions have also included a mix of information and awareness sessions to inform students about the risks of drug use. Interventions delivered in non-school settings have comprised a mix of information and awareness measures and diversionary initiatives (youth work, youth cafés, outdoor sport and recreation, and measures targeting early school leaving).

Where change can be seen is in terms of an increased focus on environmental prevention. This is reflected in the increasingly restrictive controls on alcohol and tobacco. Ireland is also witnessing the emergence of some programmes that 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) and the new Programme for Government published in June 2020 indicate 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

Key developments 2019-2020

1. New Programme for Government
2. Targeted youth funding scheme, UBU Your Place Your Space
3. Updates on Public health (Alcohol) Act 2018
4. Action plan for drug use and higher education institutions
5. Know the Score
6. Strategy and implementation framework for Planet Youth
7. Silent Voices – manifesto on parental alcohol misuse

1. New Programme for Government

On 2 July 2020, Frank Feighan TD was appointed the Minister of State for Public Health, Wellbeing and the National Drugs Strategy. This follows on from the publication of the *Programme for Government – our shared future* (Fianna Fail, *et al.* 2020). This new Programme for Government carries on the commitment made by the previous government to taking a health-led approach to drugs misuse and to continue to deliver on the existing national drugs strategy *Reducing Harm*,

Supporting Recovery (2017-2025), including policy relevant to the prevention field (Department of Health 2017). The new government has specified a list of commitments for this work; all of these commitments are in line with the current national drugs strategy. Those that are broadly related to prevention are outlined below, with some reference made to their broader context. For a full list of commitments, please see section T3.1 of the Policy workbook.

- To continue to support the work of the DATFs in identifying local need in communities and supporting targeted initiatives
- That a representative of the National Oversight Committee for *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* will be included in the implementation and monitoring arrangements for the new national mental health policy *Sharing the Vision – a Mental Health Policy for Everyone*. (Department of Health 2020)
- To implement the recommendations of the Working Group to Consider Alternative Approaches to the Possession of Drugs for Personal Use and to review the alternative approach adopted after its first year of implementation, in order to ensure that it is meeting its aims. However, the Health Diversion Approach launched by the Government in August 2019 as the approach being adopted following the Working Group's report is not referred to specifically in the document.
- *To legislate against the coercion and use of minors in the sale and supply of drugs*: This is a new policy commitment made by the current Government. A Private Members' Bill on the topic lapsed with the dissolution of the last government.
- *To establish a 24-hour helpline, based on the FRANK helpline in the UK, providing advice and assistance to people who use drugs and their family members*: As outlined in Section T1.2.2, as part of drugs.ie, the HSE currently runs a drug and alcohol helpline for anyone with a question or concern related to drug and alcohol use. The times are limited to office hours Monday to Friday. The commitment to a 24-hour helpline would offer people a more comprehensive service.
- *To examine the potential for an information campaign on the health impacts of steroid use, particularly on young men*: This is a new focus for the Government in relation to the existing action plan. While people who use steroids were mentioned in the existing action plan as a new service user population at needle exchange programmes, steroids were not identified as a specific target for prevention and harm-reduction activities.
- *To continue to resource harm-reduction and education campaigns aimed at increasing awareness of the risks of drug use and the contribution of drugs to criminality*: This is a continuation of existing work, but the focus on the contribution of drugs to criminality is new.
- *To increase and support drug-quality testing services, particularly at festivals*
- *To build on recent initiatives at Junior Cycle and Senior Cycle and support secondary schools in introducing drug and alcohol awareness programmes, particularly in relation to the hazards of casual drug use*
- *To examine approaches to identifying at-risk young people and vulnerable groups to interrupt their potential trajectory into drug and alcohol misuse.*

Overall, the new Programme for Government indicates an ongoing commitment to a health-led approach to meet the needs of people who use drugs, undertaking a similar set of actions to those within the national drugs strategy, and to be delivered under existing structures. The current strategic action plan expires at the end of 2020, but the new Programme for Government would indicate that any new version for 2021 and onwards will be closely aligned with its predecessor.

2. Targeted youth funding scheme, UBU Your Place Your Space

UBU Your Place Your Space is a new, targeted youth funding scheme launched in December 2019. It targets young people who are marginalised, disadvantaged, or vulnerable, and it aims to provide services that support them. These include services that cover health, education, employment, and social connectedness. It combines four pre-existing overlapping schemes, including the Young People's Facilities and Services Fund 1 & 2 and the Local Drug and Alcohol Task Force projects. The scheme explicitly supports the delivery of action 1.2.8 in the national drugs strategy: to improve services for young people at risk of substance misuse in socially and economically disadvantaged communities (Department of Health 2017).

As outlined in Section T1.2.3 above, in 2014, the DCYA published *Value for Money and Policy Review of Youth Programmes* (Department of Children and Youth Affairs 2014b). It reviewed programmes targeting at-risk youth that share similar objectives and target similar groups of young people – including a focus on those living 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 programmes. While recognising the value of the programmes, the review called for their 'significant reform' (p. 10) and made a set of recommendations to this end (Department of Children and Youth Affairs 2014b). Since the review, work has been ongoing at the DCYA to implement its recommendations. The DCYA undertook an extensive programme of work, including reviewing evidence and engaging stakeholders to inform the development of this single funding scheme: UBU Your Place Your Space. The following are the scheme's mission and vision:

Mission: To provide out-of-school supports to young people in their local communities to enable them to overcome adverse circumstances and achieve their full potential by improving their personal and social development outcomes.

Vision: All young people are enabled to realise their maximum potential, by respecting their rights and hearing their voices, while protecting and supporting them as they transition from childhood to adulthood.

The funding scheme's values are:

- Young people are free to participate in a wide range of quality activities.
- Provision is rights based and young person-centred.
- Young people are empowered to reach their full potential.
- Relationship building is key.
- There is clarity of purpose.
- Projects are maximised by promoting efficiency and effectiveness.

It is divided into three streams:

- Strand A provides funding for the direct provision of youth services.
- Strand B provides funding to support the access of young people to existing youth facilities.
- Strand C provides funding for capacity building.

The funding scheme has been launched and the first round of applications has been made by existing providers who would have received funding under the pre-existing schemes.

3. Updates on implementation of the Public Health (Alcohol) Act 2018

As outlined in the Policy workbook, 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. Among the primary policy objectives of the Act are to delay the initiation of alcohol consumption by children and young people and to reduce the harms caused by the misuse of alcohol. It provides for a suite of evidence-based measures to deliver on this aim. There have been some changes since the 2019 National Report in the implementation of key provisions of this Act. They relate to restrictions on alcohol advertising and the introduction of minimum unit pricing.

Alcohol advertising

Three sections of the Act came into operation on 12 November 2019:

- Prohibition on alcohol advertising in or on public service vehicles, at public transport stops or stations and within 200 metres of a school, early years centre or a local authority playground.
- A prohibition on alcohol advertising in a cinema, except around films with an 18 classification or in a licensed premise in a cinema.
- A prohibition on children's clothing that promotes alcohol.

These measures aim to create an environment free from alcohol advertising in areas frequented by children and to reduce their exposure to alcohol advertising. Looking forward, from 12 November 2020, the Act will also separate and reduce the visibility of alcohol products in mixed retail outlets. Additionally, from 12 November 2021, there will be a prohibition on alcohol advertising in or on a sports area during a sporting event that is aimed at children, or during events in which the majority of participants or competitors are children. Alcohol sponsorship of events involving driving or racing motor vehicles will also be prohibited (O'Dowd 2019, 17 December).

Minimum unit pricing

Minimum unit pricing is one of the key provisions of the Act; under the legislation, the minimum price per gram of alcohol would be 10 cents. However, at the time of writing this workbook (September 2020), this provision had yet to be implemented. The Government in the Republic of Ireland wants to coordinate the introduction of this measure with the introduction of a similar measure in Northern Ireland. The Government is concerned that if these measures are only introduced in the Republic of Ireland, then they will not have the desired economic or public health impact, as an increase in the cross-border purchase of alcohol would be likely. However, given the political situation in Northern Ireland, the introduction of such measures is only beginning to be considered. In a written answer to a Dáil question on the matter on 13 May 2020, the Minister for Health stated, "I am willing to wait for simultaneous introduction but I will keep this under constant

review as neither I nor the Government are willing to wait forever to implement this important public health measure” (Shortall 2020, 13 May).

More detail on the legislation is available in the Section T4.2 of the Legal framework workbook.

4. Action plan for drug use and higher education institutions

In June 2019, the Minister of State for Higher Education announced the establishment of a Rapid Response Group (RRG) whose brief was to develop an action plan on drug use and higher education institutions, consistent with the national drugs strategy (2017-2025). In February 2020, the DES published the *Framework for Response to the Use of Illicit Substances within Higher Education*, which is based on the work of the RRG (Rapid Response Group on Use of Illicit Substances within Higher Education 2020).

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

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

- Existing legislation regarding the use and misuse of drugs
- Ireland’s national drugs strategy (2017-2025) (Department of Health 2017)
- The evolving National Healthy Campus Charter and Framework
- Existing activities being carried out in HEIs to address drug and alcohol-related harm, including the REACT programme
- Input and expertise of RRG members.

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

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

The additional 12 actions are divided under four themes: institutional leadership; student engagement; community engagement; and service provision.

Institutional leadership: This theme is focused on each HEI’s ability to adapt in a complex societal, academic, legislative, and policy environment, while also focusing on the ambitions and welfare of its students. In this context, the actions relate to the evaluation of the effectiveness of individual HEI action plans; the provision of designated substance-free student accommodation and social spaces;

and the provision of space for support groups working with those experiencing problematic drug and alcohol use.

Student engagement: The actions under this theme recommend the provision of an online educational, screening, and brief intervention tool; consideration of substance use when planning large-scale student events; and the implementation of a student community support system.

Community engagement: In a context where HEIs consider themselves to have an important role to play in their local communities, the actions are to hold annual meetings with local stakeholders, such as local residents, gardaí, and local businesses; and to develop partnerships with local community groups such as the local authority and local DATFs.

Service provision: The RRG notes the role of HEIs in providing adequate resources and services to meet the needs of their students. In line with this, the drug-related services identified in the actions are: counselling services; visible and accessible referral pathways to treatment; interventions for higher-risk groups, described as “vulnerable individuals or individuals from minority groups or communities” (Rapid Response Group on Use of Illicit Substances within Higher Education 2020) (p. 15) and the provision of training for staff and students in order to deliver brief interventions and advice.

Drug Use in Higher Education in Ireland survey

In its report, the RRG identified a gap in knowledge about the extent and nature of drug use among students in HEIs. The Drug Use in Higher Education in Ireland (DUHEI) survey was commissioned to fill this gap. It is to be managed by a team based in the School of Public Health at University College Cork. It involves a multidisciplinary team of academics, researchers, and clinicians from Public Health, Business Information Systems, Psychology, and the Student Health Service in UCC, in collaboration with the Higher Education Authority and the RRG. The survey aims to provide a comprehensive picture of drug use among the higher education population in Ireland. It will cover six areas:

- Demographics – age, gender, year of study, etc.
- Student life – club/society membership
- Drug use – lifetime, recent and current use, frequency of use and drug types, harms, and experiences of consequences
- Cognitive enhancers – use and motivations for use of cognitive enhancers
- Student well-being – personal and relationships
- Drug use social norms – student perceptions of drug use.

Fieldwork was due to be carried out in 22 HEIs across the country in March 2020 and a preliminary report was due to be published in mid-2020. However, due to the COVID-19 crisis the survey was postponed, and it is unclear when it will proceed.

5. Senior Cycle module – Know the Score

Know the Score is a new Government resource for Senior Cycle teachers to support their delivery of the SPHE programme substance use module (HSE Alcohol Programme 2019). By supporting teachers, the resource aims to guide and support students (aged 15–18 years) to “make conscious and informed decisions about alcohol and drugs” (HSE Alcohol Programme 2019) (p. 4). This

complements the HSE guide for parents on how to communicate with their children about alcohol and drugs which was published in August 2018 and reported on in the 2018 National Report (HSE Alcohol Programme 2018).

As outlined in Section T1.2.2 above, SPHE sets out to provide students with dedicated time to “further develop knowledge and understanding, values and attitudes and the life skills they need to live healthy lives and to contribute positively to the health and wellbeing of others and their communities” (p. 7). National Council for Curriculum and Assessment (NCCA) (2011) *Social, Personal and Health Education: Curriculum Framework. Senior Cycle*. Dublin: NCCA. Available online at: https://www.ncca.ie/media/2688/sphe_framework.pdf. Unlike in primary schools and the Junior Cycle in post-primary schools, SPHE is not a mandatory part of the curriculum for Senior Cycle.

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

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

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

The wide range of objectives is reflected in the resource’s content. It is structured around 14 lesson plans and three short videos, and it uses experiential and interactive teaching methodologies (HSE Alcohol Programme 2019) Links to the videos can be found at:

<https://www.drugsandalcohol.ie/31359/> Each lesson plan comes with a set of learning outcomes and resources for the teachers to draw upon in their delivery. Broadly speaking, Know the Score sets out to teach accurate information about drugs and related issues, as well as developing the skills necessary to make healthy choices and minimise the risk associated with substance use. The resource includes relevant factual information, guides for class discussions, worksheets, and other activities. Based on an examination of the 14 sets of learning outcomes, some of the topics included are:

- Factual information about the range of drugs (both legal and illegal) and their effect on the user’s body and brain as well as their physical and mental well-being
- The prevalence of substance use among young Irish people
- Students’ values, attitudes, and feelings in relation to substance use

- Assertiveness and communication skills in the context of substance use
- Positive strategies for dealing with stress as an alternative to substance use, and personal skills to enhance confidence
- Low-risk drinking guidelines and methods for monitoring alcohol intake
- Building awareness of cultural attitudes towards alcohol in Ireland and the influence of alcohol brands and their advertising and sponsorship activities
- Developing skills to deal with an emergency situation caused by substance misuse
- Understanding cannabis, its legal status, and the myths and realities associated with its use.

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

As with all SPHE modules at Senior Cycle, only pupils whose schools choose to deliver the substance misuse module will have the opportunity to benefit from the Know the Score resource. For schools that choose to deliver the module, it will require a teacher with the capacity and ability to deliver on the potentially sensitive content and the experiential and interactive teaching methodologies. A programme of one-day training sessions on Know the Score is underway and open to teachers nationally. At the time of writing this workbook (September 2020), there are no plans in place to evaluate the resource and its delivery.

6 Strategy and intervention framework for Planet Youth

As mentioned in Section T1.2.2 above, in February 2020 the *Planet Youth strategy and implementation framework: Galway, Mayo and Roscommon* was published (Western Region Drug and Alcohol Task Force 2020). Planet Youth was established in Ireland in 2018 by the Western Region Drug and Alcohol Task Force (WRDATF). In May 2019, the first tranche of survey data was published from pupils in schools across the three participating areas in the region (Galway, Mayo, and Roscommon). (Western Region Drug and Alcohol Task Force 2019a) (Western Region Drug and Alcohol Task Force 2019b) (Western Region Drug and Alcohol Task Force 2019c).

Planet Youth is a programme that involves a wide range of stakeholders from national and local government to public bodies, schools, and community-based organisations. The authors of the strategy and implementation framework argue that “prevention activities are more likely to succeed when they are systematic, evidence-based and collaborative. While the need for prevention is increasingly recognised, it often occurs in an ad hoc manner” (p. 19). It is within this context that the strategic framework has been developed – to encourage stakeholders to prioritise prevention “in an integrated and holistic way” (p. 19) and to support them in adhering to the Planet Youth model. The document outlines the vision, mission, guiding principles, and objectives of the programme in the Western Region (Western Region Drug and Alcohol Task Force 2020) (p. 18–20) . As follows:

Vision: All young people are active, healthy and happy, connected to their families and communities, and achieving their full potential.

Mission: To lead a process of transformative change by embedding primary prevention approaches which enhance young people’s health, relationships, environment, and well-being.

Guiding principles:

1. Apply a primary prevention approach that is designed to enhance the social environment.
2. Emphasise community action and embrace schools as the natural hub of community efforts to support the well-being and development of young people.
3. Engage and empower stakeholders to make practical decisions using local, high-quality accessible data and findings.
4. Integrate researchers, policy-makers, practitioners, and stakeholders into a unified team dedicated to solving complex, real-world problems.
5. Match ambition to the scale of the problem, including emphasising long-term actions, systems changes, and investment.

Objectives

1. Improve outcomes and opportunities for young people across the programme's four domains: parents and family; leisure time and local community; school; and peer group.
2. Deliver a wide range of evidenced-informed prevention activities that address risk and protective factors.
3. At county, regional, and national level, build and maintain a strong, collaborative, well-informed partnership of community, agency, and political stakeholders.
4. Build strong brand recognition and stakeholder involvement throughout the Western Region.
5. Secure sustainable investment for development and coordination of Planet Youth in the Western Region.
6. Capture learning and track activities in order to inform the future development of Planet Youth.
7. Develop a strategy for sustaining Planet Youth linked to relevant national policies, including *Better outcomes, brighter futures: The National Policy Framework for Children & Young People, 2014–2020*, and *Reducing Harm, Supporting Recovery: a health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Children and Youth Affairs 2020) and (Department of Health 2017).

Implementation framework

The authors emphasise the importance of stakeholders maintaining fidelity to the Planet Youth model if the best outcomes for young people are to be achieved. To support them in doing so, Section 3 of the report provides guidance on how best to implement the model by embedding primary prevention approaches into their day-to-day activities. They identify 10 steps that aim to guide the stakeholders through identifying risk and protective factors within their remit or scope and to make changes to their policy, practice, or resources in order to positively impact young people's lives. These steps are outlined in Figure 1 below.



Figure 1: Steps for implementing prevention activities p. 24 (Western Region Drug and Alcohol Task Force 2020)

Next steps and COVID-19

In collaboration with stakeholders, the WRDATF is supporting the delivery of a range of prevention activities within the region. In line with the design of the Planet Youth programme, a second schools survey was due to take place in October 2020. However, the COVID-19 crisis has resulted in a postponement of data collection. Contingency plans have been made to carry out the survey at a later date (possibly December 2020). COVID-19 is recognised by Planet Youth as presenting challenges for young people. The WRDATF worked in collaboration with the Icelandic Centre for Social Research and Analysis, which developed the programme, to include questions on the impact of COVID-19 on young people in a new version of the standardised questionnaire. Additional questions have also been included on drug-related intimidation, racism, sourcing of drugs, sexual health, and a couple of additional negative life event markers (personal communication, WRDATF, September 2020). The North Dublin Regional Drug and Alcohol Task Force was similarly planning to implement the programme in their region, carrying out their initial surveys in schools in October 2020. This also faces delays given the COVID-19 situation.

7. Silent Voices – manifesto on parental alcohol misuse

Silent Voices is an initiative of Alcohol Action Ireland (AAI). As Ireland’s national charity for alcohol-related issues, AAI works in the areas of advocacy and policy change, aiming to reduce levels of

alcohol harm in Ireland and improve public health, safety, and well-being. Silent Voices is focused on the impact of parental alcohol misuse (PAM) on children. It aims to ensure that the right supports are available today to children coping with PAM – and also to those adults who are dealing with the impact of a childhood trauma in later life. The vision and mission of Silent Voices are:

Vision: Its vision is of a society where no person impacted by PAM will be left unsupported.

Mission: It works to achieve this vision by destigmatising the experience of growing up with PAM in Ireland; by increasing a better understanding of the adverse impact of this experience on emotional and mental health; and by working to enhance supports to those who have lived or are now living with PAM.

There are three broad areas of activities outlined for Silent Voices:

Raise awareness of the impact of PAM through advocacy, education, and information. Tools used include personal testimony; sharing experiences; and signposting and listing resources.

Facilitate a better understanding of PAM by providing information and insight to the following groups: health professionals and practitioners; media; parents; policy-makers; people who have contact with children; and volunteers.

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

The *Silent Voices manifesto* was published in advance of Ireland's General Election 2020 (Alcohol Action Ireland 2019). In addition to outlining the research and policy context for the Silent Voices initiative, it contains a set of 13 recommendations across three areas: a whole-of-government approach to the issue; services and supports; and training and awareness raising. The recommendations are aimed at Government and set out to address the harm caused by PAM and its impact across the lifespan. Among the recommendations are:

A designated senior Government official should be appointed with responsibility for advising, developing, and planning appropriate policies and services to meet the needs of those who experience harm caused by PAM, and should have the capacity to work across Government Departments.

Because educators are well placed to identify children experiencing hidden harm, the provision of specific training in relation to adverse childhood experiences should be examined at teacher training level and at all levels of professional development – from teachers to principals to education welfare officers.

In addition to existing services, properly funded and resourced supports should be developed for children experiencing PAM. Innovative evidence-based programmes should become more widely available in communities around the country. It should also be ensured that children, as an individual right, can access services, even where parents are not in treatment.

Awareness of PAM and its impact on young and adult children should be raised through information campaigns and training that target healthcare, social care, early years, child protection, family support, education, and mental health sectors, as well as families and communities. Such campaigns should also reach an adult cohort who perhaps has yet to recognise the underlying cause of its own problems.

Data should be gathered on the lives of children and adult children who have experienced PAM in Ireland in order to inform policy development and service provision.

Public discourse/debate on the right to a childhood free from alcohol harm should take place and children should have their voices heard in relation to the impact of alcohol on their lives.

T4. Additional information

T4.1 Additional studies

1. Government support for evidence-based reporting
2. National Drug Prevention and Education Forum
3. Experiences of teenagers in treatment for cannabis users
4. News media coverage of cancer-related alcohol warning labels.

1. Government support for evidence-based reporting

As reported in Section T1.2.2 above, in December 2019 the Minister for Health wrote to media outlets to ask them to use government-funded sources of information and data on alcohol, rather than those funded by the alcohol industry. Drinkaware is a resource funded by the drinks industry which the Government is concerned the media use to inform their reporting. Instead, the Government has requested that the media only use information provided by the HSE via its site www.askaboutalcohol.ie

2. National Drug Prevention and Education Forum

On 13 June 2019, the National Drug Prevention and Education Forum was held in Dublin. The forum was the first event organised by the Drug and Alcohol Education Workers Forum (DAEWF), a network of prevention and education workers in Ireland. The network was set up to:

- Pursue joint pieces of work in the field
- Promote a more integrated and best practice approach to prevention and education in Ireland.

Rapporteur's report

A rapporteur's report of the forum (O'Reilly 2019) outlines the presentations made at the event and captures the key components of the delegates' discussions. The following presentations were made at the forum:

- 'Drug education and prevention in Ireland: past, present and future?' by Dr Clay Darcy, Drug Education and Prevention Development Officer, Crosscare Youth Service and the Bray Drugs Awareness Forum.
- 'Supporting a professional prevention workforce in Europe' by Gregor Burkhart, Principal Scientific Analyst for Prevention, European Monitoring Centre for Drugs and Drug Addiction.
- 'The School Health and Alcohol Harm Reduction Project (SHAHRP) and Steps Towards Alcohol Misuse Prevention programme (STAMPP) 2004–2019' by Michael McKay, Royal College of Surgeons in Ireland.

- ‘Planet Youth in the west of Ireland’ by Orla Walshe, Project Development Worker, Western Region Drug and Alcohol Task Force.

Key components and recommendations

Based on these presentations and the forum’s discussions, the report makes a set of recommendations for how drug prevention and education should move forward. A selection of key findings from the day and the associated recommendations are outlined below.

Clarifying drug prevention and education: A recurring theme throughout the report was the perception that there is a lack of understanding among stakeholders about prevention and education strategies and how they differ from each other. The report argues that this impacts on policy, practice, monitoring, and evaluation in the field – it results in ‘incoherence regarding prevention and education objectives and outcomes and a lack of evidence showing prevention and education effectiveness’ (p. 5). To improve clarity, the report recommends that when working in this field stakeholders (local and regional DATFs, funders, policy-makers, etc.) should adopt an agreed categorisation² of the differing elements – prevention, education, information provision, and harm reduction (see Table 1) (Darcy 2018).

Table 1: Categorisation of drug information, drug education, drug prevention, and harm reduction, as proposed by Darcy (2018)

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

Source: *National Drug Prevention and Education Forum: Rapporteur’s report*, p. 5

Professionalising the prevention and education sector: The report indicates broad agreement among delegates that the prevention and education sector would benefit from being more professionalised. It was described as a workforce that exhibited diversity in its “skills, knowledge, background, training role definition and description” (p. 13), and that in general there was a lack of information on what training workers possess. The report notes that “the application of evidence-based principles and a trained and accredited prevention workforce like the treatment and rehabilitation sector would result in an improved prevention workforce with competencies and expertise in prevention principles, theories and practice” (p. 13). Two key recommendations for delivering a more professionalised workforce were identified:

- Prevention and education workers should be provided with training, qualifications, and opportunities to upskill. To meet this need, it is recommended that the prevention training syllabus, the European Universal Prevention Curriculum (EUPC), should be explored for adaptation and roll-out in Ireland.

- A professional body should be established that would agree on and have oversight of core competencies in this sector.

Evaluation

Evidencing the impact of prevention and education strategies was identified by the forum as challenging. It was argued that there is a need to challenge the perception that education and prevention do not work. The report suggests that the lack of evidence may be attributed to a shortage of appropriate mechanisms and frameworks available to prevention and education workers to evaluate their work. This is further compounded by a lack of appropriate evaluation skills on the part of the practitioner. The report recommends using the categorisation outlined in Table 1 “to give rise to simpler, more accurate measurement of outcomes” (p. 14). It was also recommended that a national lead or organisation be given responsibility for the monitoring and evaluation of prevention and education initiatives.

Prevention and education on a strategic level

There was a perception at the forum that from a strategic point of view prevention and education has become increasingly undervalued and lacking in recognition over the past decade. Concern was expressed about a “lack of a long-term vision for the effective delivery of prevention and education from the top down” (p. 11). Recommendations in the report therefore included that the sector makes a submission to the mid-term review of the current national drugs strategy (Department of Health 2017) in order to raise the visibility of its work; and more broadly that the sector works in closer collaboration with Government Departments and State agencies. Community mobilisation was identified as a tool that could be used to create opportunities for raising the profile of prevention and education work.

Drug and Alcohol Education Workers Forum

The report cites an “overwhelming consensus” (p. 14) on the positive role of the DAEWF within the substance use field. It is recommended that its mandate be reviewed and further developed. Among the recommendations made for this were:

- Regular DAEWF meetings should be held and its membership expanded.
- Existing collaborations should be built on and new ones developed with relevant agencies and departments.
- The *Manual in quality standards in substance use education*, produced in 2007 by the Drug Education Workers Forum (DEWF), should be reviewed. (Butler, *et al.* 2007).
- Such standards should be used and good practice guidelines in harm reduction, education, information, and prevention should be developed.
- SHAHRP (School Health and Alcohol Harm Reduction Project) delivery in Ireland should be developed, adapted, implemented, and reviewed.

Overall, this report identifies key limitations facing the drug education and prevention sector in Ireland. However, it also indicates a move on the part of the sector to raise its profile and address these limitations. For example, it seeks clarity through an audit of what programmes are being delivered in Ireland and where; it suggests improving the quality of evaluation of interventions; and has a clear focus on the need to address the professionalisation of its labour force.

3. Experiences of teenagers in treatment for cannabis use

In 2018, cannabis continued to be the most common ‘main problem drug’ for new cases accessing treatment in Ireland. It was reported as the main problem drug for 38% of new cases, followed by cocaine (31.1%) and opioids (18.1%) (Health Research Board 2019). A new Irish study explores the experiences of a sample of teenagers (n=8) attending treatment for their cannabis use, entitled ‘*Debt on me head’: a qualitative study of the experience of teenage cannabis users in treatment* (James, et al. 2019). While this paper has a specific focus on treatment, there are also findings that might be of interest in the field of indicated prevention activities.

Sample profile and method

The paper reports on a qualitative study based on interviews with eight young people in Dublin who were in treatment for their cannabis use. They were aged between 15 and 18, with a mean age of 16.75 years. Age at initiation of cannabis use ranged from 11 to 15 years, with the mean age for first use at 13 years. On average, 3.5 years had passed since their first use. Interviews were recorded and transcribed verbatim. They were analysed thematically, and six core themes were identified. Key findings under each theme are outlined below.

The findings of this study should be considered within the context of two main limitations. First, interviews were carried out by a member of staff from one of the treatment centres. This may have impacted on young people’s willingness to disclose certain types of information, in particular when discussing their views and experiences of treatment. Second, the sample was drawn from two Dublin-based centres and these young people’s experiences may therefore not reflect those of teenagers living in other parts of the city or the country.

Early initiation and heavy use: Initial use began with friends in relaxed social situations. However, their use became more regular and seven of the eight respondents progressed to daily use. This more regular use became less associated with feeling ‘giggly and high’ and more linked with ‘feeling normal’. They described feeling psychologically addicted and some experienced cravings and withdrawals when they did not use cannabis. Effects included sleep problems, appetite disturbance, and agitation.

Cannabis ambivalence: Respondents were found to be largely ambivalent about their cannabis use. On the one hand, they valued the high experienced and the opportunities to meet new people that it presented. However, on the other hand, they described in negative terms the costs and other effects such as anxiety and low mood, which they associated with heavy use. Overall, the negative effects were not associated with cannabis as such, rather with the frequency with which it was used. This ambivalence led to a situation whereby respondents continued to want to use cannabis albeit at a reduced level. “All but one were still using cannabis and had no strong desire for abstinence” (p. 214).

Stealing and dealing: Selling cannabis, stealing money and mobile phones, and armed robbery were all identified as ways in which these young people had raised money to buy cannabis. There were also reports of young people getting into debt with dealers and threats being made to them and their families over payment of these debts.

Treatment: Overall, respondents were reported to have spoken favourably about treatment. They valued the opportunity to talk with well-informed, non-judgemental professionals about their

situation. However, as noted above, these findings may have been impacted by the interviews having been carried out by a member of staff from one of the treatment centres.

Damage to relationships: In some cases, cannabis use was perceived to have caused problems for users in their personal relationships with friends and family members. There were tensions within families over drug debts and the associated threats, as well as some parents' concerns about their young person's drug use progressing to 'more harmful' or 'harder' drugs.

Parental cannabis use: The final recurring theme discussed in the paper is that of parental cannabis use – that of either the respondents' own parents or those of their friends. While the study found that some of the young people knew adults who smoked cannabis, it was not found that parents either provided or condoned its use.

Conclusion

Despite the limitations of this study, *Debt on me head* provides insights into the experiences of this cohort of service users in an Irish context. The early onset of use and subsequent problems experienced, alongside their ambivalence to cannabis and resistance to aim for abstinence as a result of treatment, are shown by the authors to reflect findings elsewhere in the literature. Among the authors' conclusions is that despite this ambivalence to the effects of cannabis "the financial cost of cannabis use and the ensuing debts appear to act as a catalyst to change" (p. 217). They argue that the study emphasises "the reality that young people attending treatment for their cannabis use have experienced significant problems because of their cannabis use and cannabis dependency appears common" (p. 217). They highlight the need for other professionals working with young people to understand the negative effects that cannabis use may be having on these young people.

4. News media coverage of cancer-related alcohol warning labels

Media coverage of public health policy measures can influence and inform public debate and views on the topic. A recent study from Canada examines news media coverage of alcohol warning label (AWL) initiatives that include a cancer warning in Canada and Ireland (Vallance, *et al.* 2020). It analyses whether the articles were supportive, opposed, mixed, or neutral (what the authors call the 'topic slant') as to the introduction of these cancer-related AWLs. It also examines the nature of, and the extent to which, the perspectives of the alcohol industry are included in the articles.

Irish context

Section 12 of the Public Health (Alcohol) Act 2018 deals with the labelling of alcohol products and notices in licensed premises. Under the legislation, labelling covers a range of topics, including "a warning that is intended to inform the public of the direct link between alcohol and fatal cancers" (section 12, iii). As with other elements of the Act, there is no Government time frame as to when these orders will be made. The use of labelling to inform consumers of the link between alcohol and cancer received much attention from the media and alcohol industry lobby in the period from 2015, when the Public Health (Alcohol) Bill (PHAB) was first before the Oireachtas, until 2018, when it was enacted following a series of amendments.

Canadian context

An academic study was carried out to test the effectiveness of three AWLs that featured a health message stating that alcohol can cause cancer, including breast and colon cancer; national low-risk drinking guidelines; and standard drink information. The quasi-experimental study involved

intervention and comparison sites. In the intervention site, labels were applied to alcohol containers in the only Government-run alcohol shop in the area for an eight-month period. Usual labelling practices were applied in the comparison site. The findings of this research are beyond the scope of this article.

Methodology

The authors identified and systematically reviewed news articles published between 2017 and 2019 which covered the two initiatives to introduce AWLs that carried a cancer warning: the Canadian academic study and the PHAB in Ireland. In both cases, articles were searched for a period before and after the interventions commenced. A total of 38 articles for Canada and 37 for Ireland met the selection criteria for analysis. The news stories were coded for media type and topic slant, and content analysis was carried out to explore the inclusion and nature of alcohol industry perspectives.

The authors identified a number of limitations to the study. These include:

- While comparisons are made between the Irish and Canadian ‘interventions’, the contexts are quite different. The first was national legislation, while the second was a research study in one region.
- The number of articles analysed is relatively small and limited to a defined period of time.

Key findings

- Of the 37 articles related to the PHAB, only eight were supportive of the labelling provisions in the Bill and the cancer warning. This compared with 25 of the 38 articles on the Canadian intervention.
- Alcohol industry perspectives featured in 32 of the 37 PHAB articles, compared with 25 of the 38 articles for the Canadian study.
- Twenty-nine of the PHAB articles contained direct statements or quotes from alcohol industry representatives or spokespeople, compared with 14 of the Canadian articles.
- Content analysis shows the range of arguments used by the alcohol industry and their representatives in their lobbying against cancer-related AWLs (see Table 2). Vallance *et al.* do not articulate a view as to the veracity of the industry’s arguments but just list them. In the Irish context, the leading arguments were:
 - **Distorting the evidence and cancer denialism:** This was the leading strategy in both jurisdictions. Media articles were found to constantly downplay the evidence linking alcohol and cancer. In fact, across all the articles included in the study that contained a direct statement or quote from an alcohol industry representative, 19 distorted and 14 denied the scientific evidence.
 - **Offering ‘better’ alternatives to AWL initiatives:** Industry representatives described the AWL as harmful to trade and suggested that other more targeted interventions would be more effective.
 - **Putting economic interests and the Irish alcohol industry’s reputation first:** In Ireland, the industry’s arguments focused heavily on economics and what economic trade barriers the AWL would create, particularly in the context of the European

Commission. They also focused on the view that AWLs would damage the reputation of the Irish drinks industry.

Table 2: Industry arguments opposing AWLs and the cancer warning mentioned in news articles

Industry arguments	Canadian study	Public Health (Alcohol) Bill
	Number of mentions	Number of mentions
Stating alcohol can cause cancer is inaccurate/misleading/unproven/ incomplete/overreach	18	25
Alcohol and cancer link is too complex for single label	5	7
AWLs are not effective/there are better/less anti-trade alternative measures that industry supports	7	23
Alcohol has health benefits and AWLs should not just mention risk	5	11
Cancer labels will hurt or disadvantage alcohol industry (and small/craft breweries/distilleries) and will cause stigma/reputational damage	2	38
No legislative authority for applying AWLs and represents trademark infringement	28	3
Industry is being unfairly singled out with AWLs and cancer warning	2	7
Alcohol is not the same as tobacco	4	2
Industry not consulted about AWLs and should have input	4	1
Cancer labels will cause export/trade barriers and impede growth	0	31
Cancer labels are a disproportionate response not required in other countries	0	23
AWLs will be expensive/logistically difficult to implement	0	18
Defamation and damages resulting from applying label stating alcohol can cause cancer	12	0
National drinking guidelines label may increase consumption or encourage impaired driving	7	0
Academic study conducting biased/flawed research	7	0

Source: Vallance *et al.* (2020) p. 279 (Vallance, 2020 #3779)

Conclusion

The authors conclude that while coverage of the Canadian study was largely supportive of AWLs with a cancer message, coverage of the PHAB was mainly opposed to the cancer labels and consistently foregrounded the alcohol industry perspectives. They argue that many of the messaging strategies used by the industry distort or deny the evidence-based cancer message. They further conclude that news and media outlets should be engaged with to increase their awareness of how the alcohol industry uses messaging strategies to oppose public health measures that aim to reduce alcohol harm. This could help public health advocates to generate more critical coverage of industry lobbying and increase public support for such public health measures.

Irish Government advice to media outlets

In December 2019, the Minister for Health Simon Harris TD wrote to media outlets to ask them to use Government-funded sources of information and data on alcohol, rather than those funded by the alcohol industry. Drinkaware is a resource funded by the drinks industry, which the Government

is concerned the media use to inform their reporting. Instead, the Government has requested that the media only use information provided by the HSE via its website: www.askaboutalcohol.ie

T5. Sources, methodology and references

T5.1 Sources

Central Statistics Office: www.cso.ie

Department of Children and Youth Affairs: www.dcyia.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

Health Service Executive: www.HSE.ie

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

HRB National Drugs Library: www.drugsandalcohol.ie

Irish legislation: www.irishstatutebook.ie

UBU Your Place Your Space: www.ubu.gov.ie

Alcohol Action Ireland: <http://alcoholireland.ie/campaigns/silent-voices/>

T5.2 Methodology

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

T5.3 References

- Alcohol Action Ireland (2019). Silent Voices manifesto. Alcohol Action Ireland, Dublin. Available at <https://www.drugsandalcohol.ie/31465/>
- Browne, J. (2018, 8 May) Dáil Éireann Debate. Written answer 346 - child and adolescent mental health services data. Available at <https://www.drugsandalcohol.ie/29300/>
- Butler, E., Smith, S., Rowley, C. and Keane, R. (2007). A manual in quality standards in substance use education. Drug Education Workers Forum, Ireland. Available at <https://www.drugsandalcohol.ie/6339/>
- Daly, A. and Craig, S. (2020). Activities of Irish psychiatric units and hospitals 2019. Health Research Board, Dublin. Available at <https://www.drugsandalcohol.ie/32386/>
- Daly, J. (2019, 15 May) Dail Eireann debate. Written answers - Child and adolescent mental health services data [21089/19]. Available at <https://www.drugsandalcohol.ie/30830/>
- Darcy, C. (2018). The precarious position of drug education workers in Ireland. Economic and Social Review, **49**, (3), 361-372. Available at <https://www.drugsandalcohol.ie/29721/>
- Davenport, J. and Tansey, A. (2009). Outcomes of an incredible years classroom management programme with teachers from multiple schools. National Educational Psychological Service, Dublin. Available at <http://www.drugsandalcohol.ie/25601/>
- Davoren, M. P., Calnan, S., Mulcahy, J., Lynch, E., Perry, I. J. and Byrne, M. (2018). Responding to excessive alcohol consumption in third-level (REACT): a study protocol. BMC Health Services Research, **18**, (1), 364. Available at <https://www.drugsandalcohol.ie/29015/>
- Department of Children and Youth Affairs (2014a). Better outcomes brighter futures. The national policy framework for children & young people 2014 - 2020. Stationery Office, Dublin. Available at <http://www.drugsandalcohol.ie/21773/>

Department of Children and Youth Affairs (2014b). Value for money and policy review of the youth programmes that target disadvantaged young people. Government Publications, Dublin. Available at <http://www.drugsandalcohol.ie/23242/>

Department of Children and Youth Affairs (2015a). National youth strategy 2015-2020. Government Publications, Dublin. Available at <http://www.drugsandalcohol.ie/24606/>

Department of Children and Youth Affairs (2015b). National strategy on children and young people's participation in decision-making, 2015 – 2020. Government Publications, Dublin. Available at <http://www.drugsandalcohol.ie/24612/>

Department of Children and Youth Affairs (2018a). LGBTI+ National youth strategy 2018-2020. Department of Children and Youth Affairs, Dublin. Available at <https://www.drugsandalcohol.ie/29267/>

Department of Children and Youth Affairs (2018b) Request for tenders 27 April 2018 for the development of evidence matrix for the quality and capacity building initiative. Available at <https://www.drugsandalcohol.ie/29299/>

Department of Children and Youth Affairs (2019). UBU Your Place Your Space policy and operating rules. Department of Children and Youth Affairs, Dublin. Available at <https://www.drugsandalcohol.ie/32387/>

Department of Children Youth Affairs (2013). National quality standards for volunteer led youth groups. Department of Children and Youth Affairs, Dublin. Available at <http://www.drugsandalcohol.ie/20356/>

Department of Children and Youth Affairs (2020). Better outcomes brighter futures: the national policy framework for children and young people, 2014-2020. Stationery Office, Dublin. Available at <https://www.drugsandalcohol.ie/31853/>

Department of Community, Rural and Gaeltacht Affairs, (2009). National Drugs Strategy (interim) 2009–2016. Department of Community, Rural and Gaeltacht Affairs, Dublin. Available at <http://www.drugsandalcohol.ie/12388/>

Department of Education and Skills (2017). Action plan for education 2017. Department of Education and Skills, Dublin. Available at <http://www.drugsandalcohol.ie/27255/>

Department of Education and Skills (2017, 9 October) Resilience & wellbeing teacher training programmes being rolled out to all DEIS schools. Available at <https://www.education.ie/en/Press-Events/Press-Releases/2017-Press-Releases/PR2017-10-09.html>

Department of Education and Skills (2017, 24 November) Extra support to DEIS schools for student support teams. Available at <https://www.education.ie/en/Press-Events/Press-Releases/2017-Press-Releases/PR17-11-24.html>

Department of Education and Skills (2019). Cumasu empowering through learning. Statement of strategy 2019-2021. Department of Education and Skills, Dublin. Available at <https://www.drugsandalcohol.ie/30594/>

Department of Education and Skills. (2016). Action plan for education 2016-2019. Department of Education and Skills, Dublin. Available at <http://www.drugsandalcohol.ie/27665/>

Department of Education and Skills. (2017). DEIS plan 2017. Department of Education and Skills, Dublin. Available at <http://www.drugsandalcohol.ie/27682/>

Department of Education and Skills. The Inspectorate (2016). Looking at our school 2016: a quality framework for post-primary schools. Department of Education and Skills, Dublin. Available at <http://www.drugsandalcohol.ie/27664/>

Department of Health (2017). Reducing harm, supporting recovery. A health-led response to drug and alcohol use in Ireland 2017 - 2025. Department of Health, Dublin. Available at <http://www.drugsandalcohol.ie/27603/>

Department of Health (2018). Tobacco Free Ireland annual report 2017. Department of Health, Dublin. Available at <https://www.drugsandalcohol.ie/29369/>

Department of Health (2020). Sharing the vision: a mental health policy for everyone. Government of Ireland, Dublin. Available at <https://www.drugsandalcohol.ie/32228/>

- Evans, D. S., O'Farrell, A. and Hickey, P. (2017). Roll your own cigarettes in Ireland: key patterns and trends. Health Service Executive, Dublin. Available at <http://www.drugsandalcohol.ie/27372/>
- Fianna Fail, Fine Gael and The Green Party (2020). Programme for Government – our shared future. [Final]. n/a, Available at <https://www.drugsandalcohol.ie/32212/>
- Government of Ireland (2016). Programme for Partnership Government. Department of An Taoiseach, Dublin. Available at <http://www.drugsandalcohol.ie/25508/>
- Health Research Board (2019). National Drug Treatment Reporting System 2012-2018 drug data. Health Research Board, Dublin. Available at <https://www.drugsandalcohol.ie/30969/>
- Health Service Executive and Tusla Child and Family Agency (2019). Hidden harm strategic statement. Seeing through Hidden Harm to brighter futures. Health Service Executive and Tusla Child and Family Agency, Dublin. Available at <https://www.drugsandalcohol.ie/30190/>
- Health Service Executive, Child, T. and Family Agency (2019). Hidden harm practice guide. Seeing through Hidden Harm to brighter futures. Health Service Executive and Tusla Child and Family Agency, Dublin. Available at <https://www.drugsandalcohol.ie/30190/>
- Henefer, J. and Rodgers, A. (2013). 'FRIENDS for Life': a school-based positive mental health programme. Research project overview and findings. National Behaviour Support Service, Dublin. Available at <http://www.drugsandalcohol.ie/25603/>
- Hickey P and Evans DS (2014). Smoking in Ireland 2013: synopsis of key patterns and trends. Health Service Executive, Dublin. Available at <http://www.drugsandalcohol.ie/23200/>
- HSE Alcohol Programme (2018). Alcohol and drugs: a parent's guide. Practical advice to help you communicate with your child about alcohol and other drugs. HSE Alcohol Programme, Dublin. Available at <https://www.drugsandalcohol.ie/29435/>
- HSE Alcohol Programme (2019). Know the Score: substance use resource materials for senior cycle SPHE. Health Service Executive, Dublin. Available at <https://www.drugsandalcohol.ie/31359/>
- James, P. D., Comiskey, C. and Smyth, B. P. (2019). "Debt on me head": a qualitative study of the experience of teenage cannabis users in treatment. Journal of Addictions Nursing, **30**, (3), 211-218. Available at <https://www.drugsandalcohol.ie/31042/>
- Kennedy, F. (2019a). Programmatic interventions for children, young people and their parents. Department of Public Expenditure and Reform, Dublin. Available at <https://www.drugsandalcohol.ie/32030/>
- Kennedy, F. (2019b). Family services supporting children and their families. Department of Public Expenditure and Reform, Dublin. Available at <https://www.drugsandalcohol.ie/32018/>
- Li, S., Keogan, S., Taylor, K. and Clancy, L. (2018). Decline of adolescent smoking in Ireland 1995-2015: trend analysis and associated factors. BMJ Open, **8**, (4), e020708. Available at <https://www.drugsandalcohol.ie/28946/>
- McGilloway, S., Hyland, L., NiMhaille, G., Lodge, A., O'Neill, D., Kelly, P., *et al.* (2011). Positive classrooms, positive children. Archways, Dublin. Available at <http://www.drugsandalcohol.ie/25602/>
- Middlequarter Limited (2017). Review of the National Quality Standards Framework for youth work (NQSF): final review report. Department of Children and Youth Affairs, Dublin. Available at <https://www.drugsandalcohol.ie/30553/>
- National Advisory Committee on Drugs and Alcohol (2017). Prevalence of drug use and gambling in Ireland and drug use in Northern Ireland 2014/15: regional drug and alcohol task force (Ireland) and health and social care trust (Northern Ireland) results. Bulletin 2. National Advisory Committee on Drugs and Alcohol, Dublin. Available at <http://www.drugsandalcohol.ie/26901/>
- North South Hidden Harm Group (2019). Opening our Eyes to Hidden Harm: empowering frontline workers to support children and young people affected by parental problem alcohol and other drug use. Health Service Executive and Tusla Child and Family Agency, Dublin. Available at https://www.drugsandalcohol.ie/30190/3/Leaflet_Jan_16th.pdf
- O'Dowd, F. (2019, 17 December) Dáil Éireann Parliamentary Debate. Written answer 356 – public health policy. Available at https://www.oireachtas.ie/en/debates/question/2019-12-17/356/#pq_356

- O'Reilly, L. (2019). National Drug Prevention & Education Forum, 13th June 2019, Dublin. Rapporteur's report. Drug & Alcohol Education Workers Forum, Dublin. Available at <https://www.drugsandalcohol.ie/31425/>
- O'Shea, J., Goff, P. and Armstrong, R. (2017). SAOR screening and brief intervention for problem alcohol and substance use. Health Service Executive, Dublin. Available at <http://www.drugsandalcohol.ie/27443/>
- Office of the Minister for Children and Youth Affairs (2010). National quality standards framework (NQSF) for youth work. Office of the Minister for Children and Youth Affairs, Dublin. Available at <http://www.drugsandalcohol.ie/13490/>
- Public Service Reform Programme Management Office (2018). End year review of Action Plan for Education 2017. Department of Education and Skills, Dublin.
- Rapid Response Group on Use of Illicit Substances within Higher Education (2020). Framework for response to the use of illicit substances within higher education. Based on the report of the Rapid Response Group (RRG) on Use of Illicit Substances within Higher Education. Department of Education and Skills, Dublin. Available at <https://www.drugsandalcohol.ie/31649/>
- Shortall, R. (2020, 13 May) Dáil Éireann Parliamentary Debate. Written answer 522 – alcohol policy. Available at https://www.oireachtas.ie/en/debates/question/2020-05-13/522/#pq_522
- Smyth, B. P., Lyons, S. and Cullen, W. (2017). Decline in new psychoactive substance use disorders following legislation targeting headshops: Evidence from national addiction treatment data. Drug and Alcohol Review, **36**, (5), 609-617. Available at <http://www.drugsandalcohol.ie/27172/>
- Smyth, B. P., Daly, A., Elmusharaf, K., McDonald, C., Clarke, M., Craig, S., *et al.* (2020). Legislation targeting head shops selling new psychoactive substances and changes in drug-related psychiatric admissions: a national database study. Early Intervention in Psychiatry, **14**, (1), 53-60. Available at <https://www.drugsandalcohol.ie/30436/>
- Smyth, E., McCoy, S. and Kingston, G. (2015). Learning from the evaluation of DEIS. Economic and Social Research Institute, Dublin. Available at <http://www.drugsandalcohol.ie/25567/>
- Smyth, E., Banks, J., O'sullivan, J., McCoy, S., Redmond, P. and McGuinness, S. (2019). Evaluation of the national Youthreach programme. ESRI, Dublin. Available at <https://www.drugsandalcohol.ie/30687/>
- Tobacco Policy Review Group (2013). Tobacco free Ireland. Department of Health, Dublin. Available at www.drugsandalcohol.ie/20655
- Vallance, K., Vincent, A., Schoueri-Mychasiw, N., Stockwell, T., Hammond, D., Greenfield, T. K., *et al.* (2020). News media and the influence of the alcohol industry: an analysis of media coverage of alcohol warning labels with a cancer message in Canada and Ireland. Journal of Studies on Alcohol and Drugs, **81**, (2), 273-283. Available at <https://www.drugsandalcohol.ie/32152/>
- Weir, S. and Kavanagh, L. (2018). The evaluation of DEIS at post-primary level: closing the achievement and attainment gaps. Education Research Centre, Dublin. Available at <https://www.drugsandalcohol.ie/31129/>
- Western Region Drug and Alcohol Task Force (2019a). Growing up in the west: county report Galway. WRDATF, Available at <https://www.drugsandalcohol.ie/30528/>
- Western Region Drug and Alcohol Task Force (2019b). Growing up in the west: county report Mayo. WRDATF, Galway. Available at <https://www.drugsandalcohol.ie/30531/>
- Western Region Drug and Alcohol Task Force (2019c). Growing up in the west: county report Roscommon. WRDATF, Galway. Available at <https://www.drugsandalcohol.ie/30532/>
- Western Region Drug and Alcohol Task Force (2020). Planet youth strategy & implementation framework: Galway, Mayo & Roscommon. Western Region Drug and Alcohol Task Force, Galway. Available at <https://www.drugsandalcohol.ie/31961/>
- Youth Advocates Programme (2018). YAP Ireland national profile and outcomes summary 2011 - 2017. Youth Advocates Programme, Dublin. Available at <https://www.drugsandalcohol.ie/28780/>

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 European Union (EU) and its member states with information on the nature, extent, and consequences of, and responses to, illicit drug use. It supplies the evidence base to support policy formation on drugs and addiction in both the EU 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 EMCDDA 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 (HRB). The focal point writes and submits a series of textual reports, data on the five epidemiological indicators, and supply indicators in the form of standard tables and structured questionnaires on response-related issues, such as prevention and social reintegration. The focal point is also responsible for implementing Council Decision 2005/387/JHA on the information exchange, risk assessment and control of new psychoactive substances.

Acknowledgements

Completion of the national focal point's reports to the EMCDDA depends on the support and cooperation of a number of Government Departments and statutory bodies. Among those to whom we would like to express our thanks are the staff of the following:

Customs Drugs Law Enforcement, Revenue

Department of Children and Youth Affairs

Department of Education and Skills

National Drugs and Organised Crime Unit, An Garda Síochána

Drugs Policy Division, Department of Justice and Equality

Drugs Policy and Social Inclusion Unit, Department of Health

Forensic Science Ireland

Health Protection Surveillance Centre, Health Service Executive

Hospital In-Patient Enquiry Scheme, Health Service Executive

Irish Prison Service

National Advisory Committee on Drugs and Alcohol, Department of Health

National Social Inclusion Office, Primary Care Division, Health Service Executive

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

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