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Deaths among people who were homeless at time of death in Ireland, 2019

The retrospective review by Lynn *et al.*¹ sought to investigate mortality in homeless individuals in Ireland during 2019. This was a feasibility study aimed at developing a greater understanding of premature mortality among the homeless using the National Drug-Related Death Index (NDRDI), an epidemiological database. The study was commissioned by the Department of Health and sought to provide more complete and accurate data to help inform policy. It is the first Irish study to examine the number and causes of homeless deaths nationally.

Background

Homelessness is a burgeoning social issue in Ireland. Since 2012, the numbers of those in emergency accommodation or sleeping rough have nearly tripled, with as many as 10,975 individuals accessing emergency accommodation in September 2022.² Homeless people in Ireland tend to be concentrated around the major cities; the 2016 Census revealed that 72.5% of homeless people were recorded in Dublin.³ Young people are also disproportionately represented among the homeless population, with those aged 18–24 years accounting for 16.7% of adults accessing emergency accommodation.⁴ Other vulnerable groups include people with disabilities, young parents, the elderly, members of the Travelling community, and members of the LGBTQI+ community. Homeless people also experience poorer health and higher rates of mortality when compared with the general population, with global estimates of a three-to-four-time higher risk among this cohort.⁵ This increased risk of death can be attributed to several factors, including high prevalence of substance use; high rates of mental illness; increased risk of chronic diseases; disproportionate experience of physical assault; and exposure.⁶

(continued on page 4)

Research. Evidence. Action.

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In brief

The nature of the drug phenomenon is changing rapidly, and recent years have seen a marked increase in the use of stimulants and dissociative substances. Geopolitical changes, the emergence of new trafficking routes, and other supply-related factors add further complexity. The dangers posed by polydrug use and the emergence of new synthetic drugs means that we will need to develop more timely sources of information, linked to risk communication systems, and more responsive harm reduction strategies, particularly in recreational settings. While we need to continue to respond effectively to the current situation, much of our focus must be on developing preparedness and anticipatory capacity in this constantly evolving field.

Policy-focused research is an attempt to identify trends that enable policymakers to respond effectively to what is expected to happen in the future. To be successful, this attempt must have some predictive power. Even in an era of volatility, uncertainty, complexity, and ambiguity (VUCA), we would be much better prepared if the capacity to anticipate changes could be increased even by a small amount.

The catastrophic consequences of rapidly rising global temperatures have focused attention on the need to improve anticipatory governance and have strengthened the challenge to ‘presentist bias’ in policymaking.

Strategic foresight is an approach to planning and policymaking that attempts to manage uncertainty by identifying several possibilities. Foresight is described as ‘a systematic participatory process, creating collective intelligence about the medium to long-term future. It is aimed at informing present day decisions and mobilising joint actions, key features to support policy making’.

Governments, researchers, and civil society can develop anticipatory capacity by making better use of existing knowledge. This involves examining shifts in demographic, environmental, political, economic, and technological currents, and how they interact with and shape each other. Information is gathered through empirical observation, secondary data analysis, and other techniques familiar to the social and health sciences.

Foresight relies heavily on other sources of information, in particular perspectives drawn from actors from a diverse range of disciplines and expertise. The synthesis of these perspectives provides policymakers with a new knowledge resource, a map of future events and the navigational tools to prepare and plan for them by acting in the present. Engagement in foresight brings together the various actors in a policy community to share insights and incentivises them to think about future possibilities.

This can impact the wider policy and political process through recognition of the value of long-term thinking and can facilitate difficult and complex decision-making in the present. There is significant overlap between Ireland’s National Drugs Strategy (2017–2025) and the European Union (EU) Drugs Strategy (2021–2025), and preparations will shortly begin for their successors, starting in 2026.

Both strategies emphasise the importance of research and adopting an evidence-based approach to implementation, with the EU strategy placing foresight alongside research and innovation as one of the strategy’s drivers. It will be interesting to see what reflections emerge from the evaluation of the EU strategy and what insights have been gained from its foresight exercises.

Deaths among people who were homeless

continued

Methods

The study by Lynn *et al.* was a retrospective review of all deaths in persons categorised as homeless at time of death in 2019. Coronial data were used to extract data on homeless deaths on a nationwide basis. Homelessness was defined using the global definition by Busch-Geertsema *et al.*⁷ Cases were defined as homeless if they met one or more of the following criteria:

- 1 Homeless – without accommodation, e.g. rough sleepers
- 2 Homeless – temporary or crisis accommodation
- 3 Homeless – severely substandard or highly insecure accommodation
- 4 Homeless – unknown.

Key findings

A total of 17,822 deaths were reported to the coroner in 2019; 84 of which were among homeless individuals. This is the equivalent of seven deaths per month in 2019. The majority of deaths (81%) were among males. The median age at death for men and women was 40.5 and 39.5 years, respectively. This illustrates the burden of premature mortality among this cohort. The highest proportion of deaths occurred in Leinster (77.4%), with Dublin being the major focal point with almost 60% of deaths. Nationally, the majority of fatalities (40.5%) took place in either public places, public buildings, or derelict buildings. An additional 32.1% of all homeless deaths occurred in emergency homeless accommodation. Almost all of the deceased (93%) had a history of substance use, with a high level of polydrug use. Of the total 84 deaths, 46 were classified as 'poisonings'. Poisoning deaths, also known as overdoses, are deaths due to the toxic effects of recent consumption of one or more drugs. More homeless men than homeless women died from poisoning (80.4% vs 19.6%).

Opioids were the most common drug group implicated in these poisonings, followed by benzodiazepines and Z-drugs. Nearly one-quarter (24.3%) of those who died by opioid poisoning had a documented history of a previous overdose. About 4 in 10 (40.5%) opioid-related deaths occurred in homeless accommodation. There were 38 non-poisonings deaths (31 males vs 7 females). Death by hanging was responsible for 23.7% of all non-poisoning deaths, making it the leading cause of non-poisoning deaths among the sexes. About two-thirds of those who died by hanging had a history of mental health issues (66.7%), while about 16% had a history of drug use. Nearly 40% of cases were in contact with medical services, with 69.7% of these in receipt of substance use treatment within the month preceding death. More women than men (62.5% vs 33.8%) engaged with health services prior to death.

Conclusions

The study reported a higher rate of premature mortality among those classified as homeless in 2019. From these data, it is clear that substance use plays a significant role in these deaths. This, coupled with the high levels of mental health and medical issues among those who died, indicates that this is a vulnerable population with complex needs. This feasibility study also showed that it is possible, cost-effective, and a good use of resources to continue to use the NDRDI to collect these data and disseminate findings through published reports. Future linkage of the NDRDI with other national datasets, including the Pobal HP Deprivation Index for Small Areas and the Pathway Accommodation and Support System (PASS), may prove beneficial to improve data completeness. From a policy perspective, several recommendations for harm reduction strategies were proposed by this study. These strategies include decreasing barriers in accessing treatment services and treatment retention, particularly opioid agonist treatment; increasing specialist training (first aid and naloxone administration) for those who work in homeless accommodation; and strengthening mental health supports.

Deaths among people who were homeless

continued

In conclusion, the study highlights that homelessness is a complex social issue and harm reduction strategies should be implemented to prevent excess mortality among this cohort.

Erica Keegan

- 1 Lynn E, Devin J, Craig S and Lyons S (2023) *Deaths among people who were homeless at time of death in Ireland, 2019: results of the HRB feasibility study*. HRB StatLink Series 11. Dublin: Health Research Board. Available from: <https://www.drugsandalcohol.ie/38793/>
- 2 Department of Housing, Local Government and Heritage (2022) *Homeless Quarterly Progress Report: Quarter 3 2022*. Dublin: Department of Housing, Local Government and Heritage. Available from: <https://www.gov.ie/en/publication/256fc-homeless-quarterly-progress-report-for-q3-2022/#>
- 3 Central Statistics Office (2017) *Census of Population 2016: homeless persons in Ireland*. Cork: Central Statistics Office. Available from: <https://www.cso.ie/en/releasesandpublications/ep/p-cp5hpi/cp5hpi/hpi/>
- 4 Department of Housing, Local Government and Heritage (2022) *Housing for All: Youth Homelessness Strategy 2023–2025*. Dublin: Government of Ireland. Available from: <https://www.drugsandalcohol.ie/37445/>
- 5 Fazel S, Geddes JR and Kushel M (2014) The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations. *Lancet*, 384(9953): 1529–1540.
- 6 O’Connell JJ (2005) *Premature mortality in homeless populations: a review of the literature*. Nashville, TN: National Health Care for the Homeless Council.
- 7 Busch-Geertsema V, Culhane D and Fitzpatrick S (2016) Developing a global framework for conceptualising and measuring homelessness. *Habitat Int*, 55: 124–132.

Policy and legislation

Launch of new drug prevention and education funding scheme

Five projects are to receive funding over the next 3 years under the Department of Health’s National Drug Prevention and Education Funding Programme. The fund aims to increase the delivery in Ireland of prevention programmes that are supported by evidence and adhere to international prevention standards.^{1,2} The five funded organisations and their projects are outlined in Box 1.

They will be delivered in school, third-level, youth work, and community-based settings. To mark the start of the funding programme, representatives of the five projects met with statutory and non-statutory stakeholders working in the field of prevention at an event hosted by the Department of Health on 6 June 2023.

Drug prevention and education funding scheme

continued

European prevention expertise

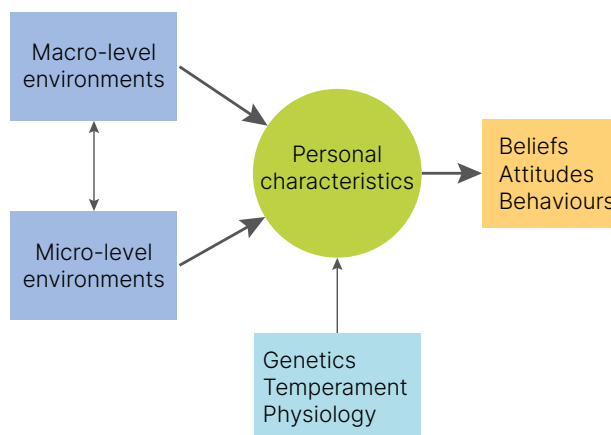
The keynote speaker at the event was Gregor Burkhart, president of the European Society for Prevention Research (EUSPR) as well as principal scientific analyst for prevention at the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). He gave a comprehensive presentation outlining the science behind prevention, common fallacies that exist in Europe about this field, and some of the interventions for which there is evidence of effectiveness.

Aetiology of drug use

To understand how to prevent drug use, it is critical that the aetiology of drug use is understood. Burkhart led the development of the EMCDDA's 2019 *European Prevention Curriculum: a handbook for decision-makers, opinion-makers and policy-makers in science-based prevention of substance use*, which is a valuable and accessible resource containing details of the science of prevention and the evidence base that underpins the field.³ It is grounded in the aetiology model (see Figure 1), which is based on studies of risk behaviours such as substance use.

It shows that initiating substance use involves an interaction between individual personal characteristics, such as genetic predisposition, temperament and personality type, differences in how one actually sees, hears and 'feels' the surrounding environment or persons, and experiences outside the individual. The aetiology model shows these interactions, which are bi-directional at both the micro and macro levels. (p. 32)³

A clear understanding of this model is a prerequisite for successful prevention.



Source: EMCDDA, 2019, p. 32.³

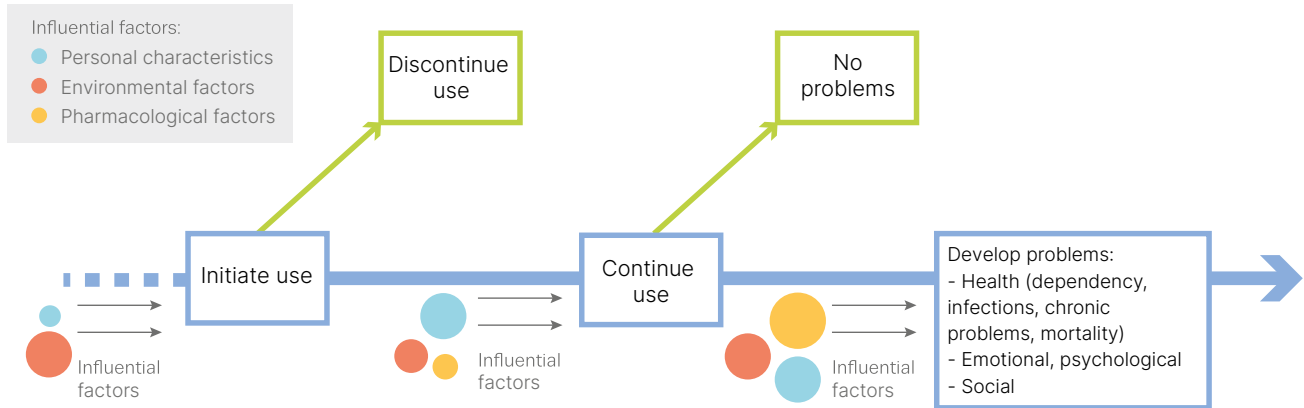
Figure 1: The aetiology model

In the context of explaining why information-based interventions do not work in preventing initiation of substance use, Burkhart presented the graphic in Figure 2 on the pathways of substance use. He emphasised that at initiation environmental factors, such as the perception of normality about substance use, are more important than factors associated with the individual's personality.

However, personality aspects, such as a tendency towards sensation-seeking, become more important in influencing whether someone continues their use, once initiated. Pharmacological aspects of the different drugs, such as how addictive a substance is, only really come into play at the later stage in the pathway to problematic use. Interventions need to be cognisant of these influential factors to have an impact.

Drug prevention and education funding scheme

continued



Source: EMCDDA, 2019, p. 37.³

Figure 2: Pathways of substance use

Key messages

While the findings of research in this field are complex and wide-ranging, some of the key messages conveyed by Burkhart in relation to 'what works' included the following.

- Prevention interventions that focus on providing information on specific drugs to young people have been found to be either ineffective or to increase levels of drug use among young people.
- Parents/carers introducing young people to substances creates problems – for example, parents introducing young people to alcohol through early sipping or tasting has been found to increase their frequency and quantity of alcohol consumption and related problems in late adolescence.
- Talking to young people about alcohol or cannabis at an early age is a message often promoted by industry bodies. This approach has been found to be a risk factor for use as, in its simplest terms, it creates an environment in which use is normalised.
- Higher levels of pocket money have been found to be associated with higher levels of use and the use of different substances. For example, young people with the highest rate of pocket money are the most likely to use cocaine.

- Extended opening hours of licensed premises result in increased alcohol-related harms.

Concluding comment

Prevention science is a fast-evolving field and there is an increasing evidence base for what works and what does not. The selection of prevention interventions can sometimes be more influenced by stakeholders' beliefs about what works rather than the scientific evidence of what has been found to work.

Developments at national and international levels offer support and training for those working in the prevention field.

There are also an increasing number of resources available to Irish stakeholders to draw upon.

For example:

- The European Prevention Curriculum (EUPC) aims to implement a standardised prevention training curriculum in Europe and improve the overall effectiveness of prevention.^{3,4}
- The EMCDDA's Xchange is an online registry of evidence-based prevention interventions that aims to provide stakeholders with access to the evidence needed to make better decisions about which interventions to fund and implement.⁵

Drug prevention and education funding scheme

continued

- While addressing a broader range of outcomes than drug use, the What Works Ireland Evidence Hub of the Department of Children, Equality, Disability, Integration and Youth will support a culture of evidence-based practice in Ireland in the field of prevention. See the article on page 55 in this issue of *Drugnet Ireland* for more details on the launch of the Evidence Hub.

The Prevention and Education Funding Programme and its focus on international quality standards provide a further indication of a more evidence-based approach to prevention in Ireland. In announcing the selection of projects, the Minister for Public Health, Wellbeing and the National Drugs Strategy Hildegard Naughton TD noted that ‘a monitoring and evaluation framework will be developed for the successful projects, and those exhibiting a positive impact will be expanded to reach additional groups’.⁶

Box 1: Five projects funded under the National Drug Prevention and Education Programme

1 Alcohol Forum Ireland (AFI) – Building SAFER Communities through Evidence-Based Environmental Prevention at a Community Level

AFI’s project is a multicomponent environmental community action project focused on alcohol. It aims to develop, implement, and evaluate the approach in 12 communities with a view to standardising a model for Ireland. The project builds on existing work being carried out in seven drug and alcohol task force areas. It is structured on a set of World Health Organization recommendations (SAFER) for cost-effective interventions to reduce the harms associated with alcohol use.

SAFER is an acronym for the five most cost-effective interventions to reduce alcohol-related harm.

- **Strengthen** restrictions on alcohol availability.
- **Advance** and enforce drink-driving measures.
- **Facilitate** access to screening, treatment, and brief intervention.
- **Enforce** bans or comprehensive restrictions on alcohol advertising, sponsorship, and promotion.
- **Raise** prices on alcohol through excise tax and pricing policies.

A set of actions to provide practical interventions at a community level in the Irish context will be designed in line with these SAFER recommendations.

2 Clondalkin Drug and Alcohol Task Force (CDATF) – Clondalkin Prevention LAB

The CDATF project is focused on prevention in a school-based environment. It has developed a pilot initiative called the Education, Prevention and Intervention Team (EPIT), which offers an interagency, agile approach to providing a comprehensive drugs and alcohol response to schools in the CDATF catchment area. It is described as ‘a one-stop-shop for schools seeking support for alcohol and drug prevention’.⁶ With the additional funding, it is planned to expand the reach of EPIT and develop its work further, as a model to deliver prevention in schools more broadly.

3 Cork Sexual Health Centre – DASH Mobile Night-Time Economy Project

The aim of the Cork Sexual Health Centre’s project is to deliver drug, alcohol, and sexual health information and support to the night-time economy in communities across Cork and Kerry.

Drug prevention and education funding scheme

continued

It will build on the existing service DASH, which is a mobile health promotion unit operating in the area. The project will map the area's night-time economy. Based on the findings of the mapping exercise, it will develop and implement a framework of appropriate drug and alcohol outreach activities for young people. Brief interventions will be delivered to young people at a time and place when they may be at a higher risk of experiencing harms from their drug or alcohol use.

4 Health Service Executive (HSE) and Trinity College Dublin – Evaluation of Know the Score

Know the Score is a resource developed by the HSE for Senior Cycle teachers to support their delivery of the Social, Personal and Health Education (SPHE) programme's substance use module. The project team will evaluate it, using the findings to inform future implementation and the scale-up of school-based prevention programmes and resources.

A multi-method approach will be taken, including quantitative, longitudinal, and a comparative study design. A process evaluation will also be carried out using qualitative methods. A national survey will be conducted to map the substance use prevention and education programmes, resources, and initiatives being delivered in post-primary schools.

5 University College Cork (UCC) – E-SHEILD UCC

This project is targeted at students aged 18–25 years in Higher Education Institutes (HEIs). It will focus on the rollout of an existing app – MyUSE – developed at UCC to six HEIs.

The app aims 'to increase mindful decision-making with respect to drug-use, cultivate harm-reduction practices in the Higher Education environment and promote alternatives to drug-use activities'.⁶ The app uses specific evidence-based behaviour-change techniques delivered via a clinical algorithm.

Lucy Dillon

- 1 United Nations Office on Drugs and Crime (UNODC) and World Health Organization (WHO) (2018) *International standards on drug use prevention*. 2nd edn. Vienna: UNODC. Available from: <https://www.drugsandalcohol.ie/30048/>
- 2 European Prevention Standards Partnership (2015) *European Drug Prevention Quality Standards (EDPQS) Toolkits*. Lisbon: EMCDDA. Available from: <https://www.drugsandalcohol.ie/24582/>
- 3 European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) (2019) *European Prevention Curriculum: a handbook for decision-makers, opinion-makers and policy-makers in science-based prevention of substance use*. Luxembourg: Publications Office of the European Union. Available from: <https://www.drugsandalcohol.ie/31119/>
- 4 For further information on the EUPC, visit: https://www.emcdda.europa.eu/best-practice/european-prevention-curriculum-eupc_en
- 5 For further information on the Xchange Registry, visit: https://www.emcdda.europa.eu/best-practice/xchange_en
- 6 Department of Health (2023) *Minister Naughton announces successful projects for €1.5 million drug prevention and education funding scheme* [Press release]. 18 May 2023. Dublin: Department of Health. Available from: <https://www.gov.ie/en/press-release/92172-minister-naughton-announces-successful-projects-for-15-million-drug-prevention-and-education-funding-scheme/>

E-SHEILD: Enabling Students and Higher Education Institutions to Lead the response on Drugs

The MyUSE Research Group in University College Cork (UCC) is to receive funding over the next 3 years under the Department of Health's National Drug Prevention and Education Funding Programme. The funding programme aims to increase the delivery in Ireland of prevention programmes that are supported by evidence and adhere to international prevention standards.^{1,2}

The MyUSE Research Group includes Dr Michael Byrne, head of UCC Student Health; Dr Samantha Dockray and Dr Conor Linehan, senior lecturers in the School of Applied Psychology; Professor Ciara Heavin, professor of business information systems; Dr Seán Millar of the School of Public Health; and Dr Martin Davoren, executive director of the Sexual Health Centre in Cork City.

Funding will be used to enact the Enabling Students and Higher Education Institutions to Lead the response on Drugs (E-SHEILD) programme. This programme will support students and higher education institutions (HEIs) to reduce harms experienced through drug use. It also aims to reduce the overall number of students choosing to take drugs. Each participating Irish HEI will be provided with MyUSE, a mobile app/web-based prevention, education, and behavioural change intervention, which aims to:

- Increase mindful decision-making with respect to drug use
- Cultivate harm reduction practices
- Promote alternatives to drug use activities.

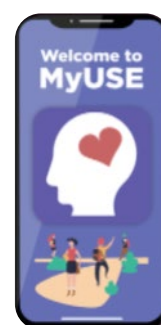


Figure 1: MyUSE evidence-informed mobile app

MyUSE is a new evidence-informed mobile app that has been purpose-developed for students in higher education (see Figure 1). Specific evidence-based behaviour-change techniques are delivered via the clinical algorithm contained within the app.³

Seán Millar

- 1 United Nations Office on Drugs and Crime (UNODC) and World Health Organization (WHO) (2018) *International standards on drug use prevention*. 2nd edn. Vienna: UNODC. Available from: <https://www.drugsandalcohol.ie/30048/>
- 2 European Prevention Standards Partnership (2015) *European Drug Prevention Quality Standards (EDPQS) Toolkits*. Lisbon: EMCDDA. Available from: <https://www.drugsandalcohol.ie/24582/>
- 3 For further information on MyUSE and the E-SHEILD programme, contact Dr Michael Byrne at: m.byrne@ucc.ie

Public Health (Alcohol) (Labelling) Regulations 2023 signed into law

Background

In May 2023, the Minister for Health, Stephen Donnelly TD, signed Section 12 of the Public Health (Alcohol) Act 2018 into law, aligning alcohol products with other food and beverage products that already contain health information and, where appropriate, health warnings.^{1,2} Ireland now leads the world in the introduction of health labelling on alcohol products; no other country in the world has such comprehensive labelling.

Health warning labels

To allow businesses sufficient time to prepare for the change, there is a three-year lead-in time. However, from May 2026, all alcohol products will be legally required to display the following:

- A warning informing the public of the danger of alcohol use
- A warning outlining the danger of alcohol use when pregnant
- A warning informing the public of the direct link between alcohol and fatal cancers
- The quantity in grams of alcohol contained in the container
- The calorie content in the container
- Details of an independent website providing public health information in relation to alcohol use.

The law also requires that similar health information will be available for customers in licensed premises. This landmark legislation marks another milestone with respect to the Public Health (Alcohol) Act 2018, which aims to reduce alcohol use at a population level and thus reduce alcohol-related harm.

Already commenced thus far as part of the Act are the structural separation of alcohol products in mixed retail outlets; minimum unit pricing; restrictions on alcohol advertising and sports sponsorship; and restrictions on the sale and supply of alcohol, particularly price-based promotions – all of which are based on ‘best buy’ practices to reduce harmful alcohol use, as recommended by the World Health Organization (WHO).³

‘Best buy’ practices

The WHO ‘best buy’ practices are evidence-based actions proven to reduce the harmful effects of alcohol and include reducing the affordability and availability of alcohol, restricting alcohol advertising, and providing consumers with information (through labels) to indicate the harm related to alcohol. Many countries worldwide have implemented some elements of the ‘best buy’ practices, and alcohol warning labels are already present in a number of countries, including Australia, Brazil, Canada, Colombia, France, Mexico, Russia, South Africa, South Korea, Taiwan, Thailand, and the United States, but not to the extent of the Irish labelling.

Informing the public

Alcohol was categorised as a Class 1 carcinogen (cancer-causing) in 1988, as its use increases the risk of various cancers: liver, oesophagus, larynx, upper throat, mouth, bowel, and female breast. However, despite the majority of people in Ireland drinking alcohol, many in a hazardous way, awareness of this risk is low,⁴ particularly the risk associated between alcohol use and breast cancer (just 21% of the Irish public is aware).⁵ The evidence clearly indicates a need to raise awareness of the harms that alcohol can cause, as stated by Minister Donnelly when announcing the commencement of the health warning labelling:

Public Health (Alcohol) (Labelling) Regulations

continued

This law is designed to give all of us as consumers a better understanding of the alcohol content and health risks associated with consuming alcohol. With that information, we can make an informed decision about our own alcohol consumption.¹

Opposition to health warning labelling

In the lead-up to the announcement, there had been mounting pressure on the Government to refrain from introducing alcohol labelling, particularly from the alcohol industry. Other jurisdictions had experienced similar resistance. For example, in 2017 in Canada, the Northern Territories Alcohol Labels Study added 'Alcohol can cause cancer' warning labels to alcoholic products at a liquor store in Whitehorse, Yukon next to existing federally mandated warnings (about drinking while pregnant, or drink driving).⁶ The study had planned to run for 8 months but was stopped after only a few weeks following strong alcohol industry lobbying. Spirits Canada, Beer Canada, and the Canadian Vintners Association threatened legal action against the Yukon government, arguing that it had no legislative authority to add the labels and would be liable for defamation, damages for lost sales, and packaging trademark and copyright infringement, because the labels had been added without their consent.

Putting public health first

The introduction of alcohol labelling in Ireland reflects the Irish Government's commitment to putting health and consumer rights before commercial interests.

Anne Doyle

- 1 Department of Health (2023) *Ministers for Health bring into law the world's first comprehensive health labelling of alcohol products* [Press release]. 22 May 2023. Dublin: Department of Health. Available from: <https://www.gov.ie/en/press-release/03997-ministers-for-health-bring-into-law-the-worlds-first-comprehensive-health-labelling-of-alcohol-products/#:~:text=Minister%20Donnelly%20concluded%3A,other%20countries%20following%20our%20example.%22>
- 2 Office of the Attorney General (2018) *Public Health (Alcohol) Act 2018*. Dublin: Irish Statute Book. Available from: <https://www.drugsandalcohol.ie/33698/>
- 3 World Health Organization (WHO) (2017) *Tackling NCDs: 'best buys' and other recommended interventions for the prevention and control of noncommunicable diseases*. Geneva: WHO. Available from: <https://www.drugsandalcohol.ie/37100/>
- 4 O'Dwyer C and Mongan D (2019) Public awareness of alcohol-related health conditions in Ireland: findings from the Healthy Ireland Survey. *Drugnet Ireland*, 70 (Summer): 19–21. Available from: <https://www.drugsandalcohol.ie/31013/>
- 5 Doyle A, O'Dwyer C, Mongan D, et al. (2023) Factors associated with public awareness of the relationship between alcohol use and breast cancer risk. *BMC Public Health*, 23: 577. Available from: <https://www.drugsandalcohol.ie/37780/>
- 6 Vallance K, Stockwell T, Hammond D, et al. (2020) Testing the effectiveness of enhanced alcohol warning labels and modifications resulting from alcohol industry interference in Yukon, Canada: protocol for a quasi-experimental study. *JMIR Res Protoc*, 9(1): e16320.

Young people's consultation for the Citizens' Assembly on Drugs Use

To include the voices of young people at the Citizens' Assembly on Drugs Use, youth consultations were carried out on behalf of the Department of Health.¹ A report on these consultations was published in May 2023 in advance of the second meeting of the Citizens' Assembly.²

Aims and methodology

The consultations aimed to give young people a voice at the Citizens' Assembly. To meet this aim, the views of young people on the impact of drug use on their lives, families, and communities were explored, as well as their suggestions for appropriate responses to address the harms caused by drug use. There were two strands to this work – a group consultation and a survey – which intended to capture the views of young people with differing levels of exposure to drug use.

Face-to-face group consultation – general population

The first strand explored the views of young people nominated by Comhairle na nÓg coordinators, which were described as being from the 'general population' (p. 7).² There were 22 participants in this strand: six males, 13 females, and three non-binary young people. They ranged in age from 14 to 18 years, with a mean age of 16 years. The young people took part in a one-day face-to-face consultation in which a set of qualitative approaches were used to collect data. These were then analysed thematically. The consultation focused on four questions.

- 1 How does drug use impact the young people's lives and that of their families, friends, and communities?

- 2 What is the best approach to deal with the use of drugs?
- 3 What are young people's issues and concerns around the use of drugs?
- 4 How could young people be better informed regarding drug use?

Survey – young people directly impacted by drug use

The second strand explored the views of young people 'directly impacted by drug use' (p. 30)² and was carried out with the support of Hub na nÓg. This is a national centre of excellence for giving children and young people a voice in decision-making, established by the Department of Children, Equality, Disability, Integration and Youth (DCEDIY). Participants in this strand were in contact with one of three services. Two services carried out 'detached street work' (p. 30),² while the third was a youth diversion programme. Service providers invited young people to take part in a written survey, which contained four open-ended questions. Similar to the first strand, the first three questions explored their views on the impacts of drug use on the lives of young people, families, and communities; the fourth was 'in an ideal world, what do you think could be done about the impacts of drug use on young people, their families and communities?' (p. 31).² These data were then analysed thematically.

Limitations/generalisability of consultations

The report presents the findings of a consultation exercise rather than a structured qualitative piece of research. Therefore, the findings and conclusions drawn by the author of the report should be considered within the context of some methodological limitations not recognised in the report.

Citizens' Assembly on Drugs Use

continued

- Given the convenience nature of the consultation's approach to recruitment, it is important to note that these groups were not selected to be either statistically representative of the two populations or reflect the range and diversity of the profile of each population. Therefore, the findings are not generalisable.
- While the report includes frequency analysis of themes found, these cannot be taken to reflect anything beyond the frequency of views within the group of young people engaged in the consultation. Again, figures are not generalisable to any broader population.
- The report includes some 'comparative analysis' between the two groups of young people. Given that the questions asked and the approach to data collection were different for each group, the value of such comparisons is questionable.

Findings

Despite the limitations outlined above, the report provided some useful insights into the views and experiences of these two groups of young people in relation to drug use and the issues facing young people, their families, and communities. While not an exhaustive list of the findings, some of the recurring themes identified and highlighted in the report's final chapter are given below.

Motivations to use drugs

A range of reasons was given for young people choosing to use drugs: drugs are easy to access in a wide variety of settings that they frequent; young people are influenced by their peers to do so; a perception exists that there is nothing else for young people to do in some communities; young people use drugs to self-medicate, as it is believed that drug use can help cope with anxiety and other mental health issues; and that drug use can be enjoyable.

Impact of drug use

In discussing the impact of drug use on individuals, families, and communities, a wide range of issues was identified.

- **Health:** It was perceived to have a negative impact on mental and physical health, including a risk of overdose, suicide, dependency, and addiction.
- **Relationships:** A young person's drug use could have a negative impact on family and peer relationships, resulting in their isolation. Where a parent was using, this ran the risk of child neglect and a child being put into care.
- **Reputation:** Drug use was perceived to have a negative impact on the reputation not only of the person who uses drugs but also communities in which drug use is prevalent and those who live in those communities. Linked to this was the theme of shame, which could be experienced by young people either as a result of their drug use or use within their family.
- **Crime and intimidation:** Using drugs was perceived to run the risk of a young person being coerced into criminal behaviour, such as dealing, including due to having a drug debt. They also spoke of the threats and intimidation that could be experienced as a result of being involved in drug use. The negative impact of the criminalisation of drug use on people who use drugs was also recognised.
- **Community life:** In communities where drug use was a feature of daily life, it was seen as resulting in communities becoming 'filthy and run down as a result of drug use and drug related waste' (p. 52).² It also created an environment in which young people became fearful of going to certain places and expressed concerns about the risk of exposing younger children to drug use.

Citizens' Assembly on Drugs Use

continued

- **School and jobs:** Drug use was perceived to have a negative impact on young people's education and employment, as it could lead to early school leaving, unemployment, and an overall lack of motivation or low energy.
- **Treatment and support:** Concerns were expressed about a perceived absence of accessible treatment and support services for young people who use drugs and those negatively impacted by it in other ways. Barriers to treatment that were identified include the cost of treatment and the mandatory reporting requirements that prevent under 18s from accessing confidential drug treatment services. They described an overall lack of investment in services for young people, including mental health services.
- **Education and awareness:** Young people identified a gap in access to accessible, factual, and accurate information about drugs, drug use, and services. In some cases, young people reported that parents, teachers, youth workers, and other adults who interact with young people professionally were not well-informed about drugs and drug use.

Responses

The report identified four categories of responses to the drug issue from young people during the consultations.

- **Treatment and support:** Alongside investment in mental health services and services more broadly for young people, they would like to see 'non-judgemental treatment for young people who use drugs and support for young people whose parents use drugs' (p. 53).² These services should be free/affordable and young people should be able to access services without the need for parental consent. Other services suggested that could reduce the harms included 'back of house' drug testing and supervised drug use.

- **Legal reform:** The author concludes that young people are calling for consideration to be given to the benefits of legalising the use of some drugs, in particular cannabis, and that they want possession of drugs for personal use to be decriminalised. However, it should also be noted that there was at least one differing view in the report where a young person (who had been impacted by drug use) argued for 'more strict laws on drugs and drug use' (p. 43).² Given the methodology of the consultation, it is important that the range of views be considered.
- **Education and awareness:** Young people identified a need for better education and awareness around drug use by means of accurate and factual information about drugs, as well as better awareness about treatment services. They also want adults, in particular parents, to be better informed and more open to discussing the topic.
- **Things to do and places to go:** The consultation identified a need for better community-based activities for young people. Furthermore, for public areas in neighbourhoods to be better policed and maintained, including the removal of drug-related litter.

Lucy Dillon

- 1 The consultations were conducted between November 2022 and March 2023 and were facilitated by DCEDIY and Hub na nÓg, on behalf of the Department of Health.
- 2 Egan A (2023) *Report on the consultations with young people for the Citizens' Assembly on Drugs Use. November 2022–March 2023*. Dublin: Department of Health. Available from: <https://www.drugsandalcohol.ie/38759/>

New strategic action plan for national drugs strategy

A new strategic action plan for the delivery of the national drugs strategy, *Reducing Harm, Supporting Recovery*, for 2023 through 2024, was published in June 2023.^{1,2}

Context of action plan

The action plan represents the latest phase in the lifetime of the strategy, which at the time of its publication in 2017 was accompanied by a shorter-term action plan (2017–2020).¹ A midterm review of the strategy was undertaken in 2021 and its findings informed the development of six new strategic priorities for the remainder of the strategy.³ Six Strategic Implementation Groups (SIGs) were established to drive delivery of these priorities. The new action plan represents the output of their work in agreeing a set of actions for the six groups and associated deliverables for five of them. (SIG 4 did not list any deliverables.) Overall, the new action plan represents a continuation of earlier commitments and outputs from the national drugs strategy.

Many of the actions cited are already underway. Government Departments with responsibility for implementing various actions in the new plan are: Health; Education; Social Protection; Housing, Local Government and Heritage; Justice; Rural and Community Development; and Transport. Agencies with lead responsibilities include the Health Research Board (HRB), Tusla, the Health Service Executive (HSE), An Garda Síochána, the Irish Prison Service, and the Probation Service. Task forces and some non-governmental organisations are also tasked with responsibilities.

Strategic priorities and actions

1 Strengthen the prevention of drug and alcohol use and the associated harms among children and young people

The strategic priorities and their associated actions are outlined in Table 1.

Table 1: Strategy Priority 1 associated actions

Action	Action description
1.1	Develop an integrated framework to strengthen the prevention of alcohol and other drugs and associated harms among young people
1.2	Build the capacity of services to recognise hidden harm and to support families in the communities affected by substance use, to mitigate the risk, and reduce the impact
1.3	Implement the Prevention and Education Funding Programme
1.4	Develop, implement, and evaluate a multicomponent environmental community action on alcohol project modelled on best practice
1.5	Ensure the development of a national addiction service for under-18s which is cohesive, supported and well-governed
1.6	Mitigate the risk and impact of ‘grooming’ for young people in illicit drug distribution
1.7	Work to mitigate the risk and impact of hidden harm and consider foetal alcohol spectrum disorders as a particular form of hidden harm
1.8	Support the Social, Personal and Health Education (SPHE) Curriculum Programme

New strategic action plan

continued

2 Enhance access to and delivery of drug and alcohol services in the community

The strategic priorities and their associated actions are outlined in Table 2.

Table 2: Strategy Priority 2 associated actions

Action	Action description
2.1	Promote the contribution of drug and alcohol services through the Community Services Enhancement Fund and monitor its implementation
2.2	Maximise and strengthen the provision of evidence-based family services to families affected by drug and alcohol use
2.3	Strengthen the implementation of the National Drugs Rehabilitation Framework
2.4	Support the implementation of the HSE's Mental Health Clinical Programme on dual diagnosis
2.5	Support members of the Travelling community with drug and alcohol issues to access culturally appropriate addiction services by linking in with the Traveller Implementation Group on Action 33 of the Traveller Action Plan

3 Develop integrated care pathways for high-risk drug users to achieve better health outcomes

The strategic priorities and their associated actions are outlined in Table 3.

Table 3: Strategy Priority 3 associated actions

Action	Action description
3.1	Develop an inclusion health approach for people who are homeless and in addiction
3.2	Ensure pathways to access treatment for high-risk groups
3.3	Increase residential treatment and step-down accommodation
3.4	Open medically supervised injection facilities
3.5	Consider the mental health and addiction challenges of those imprisoned
3.6	Improve the process of identifying substances of concern

4 Address the social determinants and consequences of drug use in disadvantaged communities

The strategic priorities and their associated actions are outlined in Table 4.

Table 4: Strategy Priority 4 associated actions

Action	Action description
4.1	Utilise the Social Inclusion and Community Activation Programme (SICAP) to improve the life chances and opportunities of people affected by problematic substance use to build their recovery capital, through community development approaches, targeted supports, and interagency collaboration
4.2	Create a progression path for people in recovery from problematic drug and alcohol use to access education, training, and employment pathways, including job placement, in their local area

New strategic action plan

continued

4.3	Enhance policing and safety in communities impacted by the drugs trade in conjunction with Local Community Safety Partnerships and other relevant structures
4.4	Implement, resource, and draw lessons from the DRIVE model to address drug-related violence and intimidation, in conjunction with Local Community Safety Partnerships
4.5	Target drug and alcohol services at socially excluded groups at risk of drug and alcohol use in disadvantaged areas, through the use of population-based indicators, such as homelessness
4.6	Ensure that drug-related issues are prioritised in Government proposals to build stronger and more integrated responses to local area challenges, drawing on the experiences in Dublin's northeast inner city, Drogheda, and other local initiatives

5 Promote alternatives to coercive sanctions for drug-related offences

The strategic priorities and their associated actions are outlined in Table 5.

Table 5: Strategy Priority 5 associated actions

Action	Action description
5.1	Oversee and support the implementation of the Health Diversion Programme
5.2	Map alcohol/drug treatment service provision nationally, incorporating service availability and referral options for those going through the criminal justice system who use drugs and/or alcohol problematically
5.3	Evaluate the Dublin Drug Treatment Court and recommend the future direction of drug treatment courts nationwide
5.4	Strengthen policy and practice with regard to alternatives to coercive sanctions and share learning with European Union member states

6 Strengthen evidence-informed and outcomes-focused practice, services, policies, and strategy implementation

The strategic priorities and their associated actions are outlined in Table 6.

Table 6: Strategy Priority 6 associated actions

Action	Action description
6.1	Plan for the resourcing of evaluation of drug and alcohol interventions in line with policy priorities
6.2	Design a system for reviewing recommendations and evidence from existing HRB, European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), and Council of Europe publications in relation to policy and practice within the Irish context
6.3	Review the current data monitoring systems to ensure they meet current and future needs in relation to informing practice and policy
6.4	Support a population-based approach to drug and alcohol service delivery
6.5	Provide expertise and guidance on the final evaluation of the implementation of the national drugs strategy

New strategic action plan

continued

Lucy Dillon

- 1 Department of Health (2017) *Reducing Harm, Supporting Recovery: a health-led response to drug and alcohol use in Ireland 2017–2025*. Dublin: Department of Health. Available from: <https://www.drugsandalcohol.ie/27603/>
- 2 Department of Health (2023) *National drugs strategy: strategic action plan 2023–2024*. Dublin: Department of Health. Available from: <https://www.drugsandalcohol.ie/39064/>
- 3 Drugs Policy and Social Inclusion Unit (2021) *Mid-term review of the national drug strategy, Reducing Harm, Supporting Recovery and strategic priorities 2021–2025*. Dublin: Department of Health. Available from: <https://www.drugsandalcohol.ie/35183/>

Recent research

Evaluation of Planet Youth in Western Regional Drug and Alcohol Task Force

A process evaluation of Planet Youth in the Western Regional Drug and Alcohol Task Force (WRDATF) area was published in July 2023.¹ The evaluation documents the outputs from the project to date and explores the views of stakeholders on the project's implementation and structures. This article presents the international and national contexts to Planet Youth and the Icelandic model, as well as an overview of some of the evaluation's findings and a reflection on the implications for Planet Youth in the WRDATF and elsewhere in Ireland. As with the evaluation, it considers the role of Planet Youth in the WRDATF moving forward – whether it continues to focus on generating and promoting data or to shift the focus of its resources to deliver on a broader range of its objectives.²

The Icelandic model and Planet Youth

Planet Youth is a research consultancy that runs a guidance programme to deliver the Icelandic Prevention Model.³

As outlined in earlier issues of *Drugnet Ireland*,^{4,5,6} the model originated in Iceland in the 1990s when a group of Icelandic social scientists, policymakers, and practitioners began collaborating to address the increasing levels of drug and alcohol use among Icelandic young people. The prevention model that emerged 'reflexively and continuously links national-level data collection with local level reflection and action to increase social capital' (p. 19).⁷ The model is predicated on three pillars of success: evidence-based practice; a community-based approach; and creating and maintaining dialogue among research, policy, and practice.

It is 'an environmental approach in which parenting, parental supervision and organised leisure time activities, together with increased normative pressure (curfew hours and encouragement of joint family dinners) play a central role in reducing alcohol and drug consumption among young people'.⁸

Planet Youth

continued

In the Icelandic context, following the mapping of the risk and protective factors, a broad range of prevention interventions was introduced. These involved significant public expenditure and included activities such as the extensive development of structured high-quality recreational activities for young people and support for families to spend more time together. Young people's substance use was monitored on an ongoing basis with a focus on measuring outcomes and identifying changing needs to inform the ongoing development of effective interventions.² A significant decrease in substance use was found among Icelandic adolescents in the period since the model was implemented. However, it should be noted that evaluations have not been carried out that can establish attribution for the changes in drug use to the model or any particular interventions.

Evidence base

On foot of the perceived success of the Icelandic model, other locations internationally became interested in applying the same approach to prevent substance use among their young people. While the model is broadly recognised as containing effective prevention intervention elements, given the gaps in the current evidence base, questions have been raised about the feasibility and desirability of copying the Icelandic model in other locations with different social, legal, policy, and delivery contexts.

As such, the international rollout of the Planet Youth model has been the subject of debate within the prevention scientific community. There has been a call to develop a stronger evidence base, particularly given the commercial nature of Planet Youth and the resources required to run it. It is beyond the scope of this article to outline this debate in more detail, but the position paper of the European Society for Prevention Research (EUSPR) outlines key questions on the topic.⁹ Given the nature of the WRDATF evaluation, it does not answer these broader questions posed by the EUSPR paper.

WRDATF context

In 2018, the WRDATF was the first task force in Ireland to fund the implementation of Planet Youth in parts of the region (Galway, Mayo, and Roscommon). It committed to a five-year pilot programme initiated by itself, with the support of partner agencies in the region. County Committees and a Regional Steering Committee, which include funders and strategic partners, were established. The *Planet Youth strategy and implementation framework: Galway, Mayo and Roscommon* was published in February 2020, which outlined the project's mission, vision, and objectives.² The objectives were to:

- 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 which 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 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 and young people 2014–2020* and *Reducing Harm, Supporting Recovery: a health-led response to drug and alcohol use in Ireland 2017–2025*.^{10,11}

Planet Youth

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Evaluation approach

The evaluation of Planet Youth in the WRDATF aims to explore ‘the process of the implementation, development, delivery, and outputs of the Planet Youth project’ (p. 10).¹ It does not attempt to explore the impact or outcomes of the project on young people in the region. Its objectives were to:

- Ascertain how Planet Youth data are being utilised by partner agencies in the region.
- Examine the effectiveness of the Regional Committee and County Committees as suitable governance and implementation structures for the Planet Youth project.
- Examine the project’s outputs and identify any notable gaps.
- Develop a SWOT analysis of Planet Youth.
- Make recommendations for future Planet Youth initiatives.

To meet these objectives, the views and experiences of stakeholders were sought. Online surveys were carried out with members of the County Committees (24 of the 45 members responded); Regional Committee (three of the 10 members responded to the survey, the other seven had responded to the County Committees survey); parents (103 responded from an estimated 3,000 contacted); and schools (22 of the 91 schools responded). One-to-one interviews were carried out with two of the three County Committee chairs, the Planet Youth and WRDATF coordinators, and project advisers from the University of Galway, and an independent consultant. It should be noted that no analysis of the survey data was included in this evaluation, so the voices of young people are not heard in the report.

Evaluation findings

The overarching message to come from the evaluation report is that, since 2018, Planet Youth has successfully collected survey data on young people in the region and that these data are used by a variety of stakeholders.

The evaluation findings also suggest that, for a variety of reasons, Planet Youth has only had very limited success in supporting the delivery of prevention interventions or actions, and that there have been barriers to establishing primary prevention as a core method of working in the region. Among the findings included in the report are the following.

Data

- Planet Youth is a valuable source of data on young people in the WRDATF, with surveys having been carried out in 2018, 2020, and 2022.
- Among the resources developed through Planet Youth, based on the survey findings, were booklets for parents; workshops and webinars for parents; websites with content for parents and students; and a website aimed at supporting teachers delivering Social, Personal and Health Education (SPHE).
- There is evidence of the secondary use of Planet Youth datasets by organisations and agencies working in the region: in the development of funding applications; to inform the development of services; and for teaching and academic research at local third-level institutions.

Structure of Regional Committee and County Committees

- While the relationship between the Regional Committee and the County Committees tended to be seen as positive, there were suggestions that communication between the two could be improved. Some respondents thought there could be a clearer demarcation of roles between the two groups.

Planet Youth

continued

- The overwhelming strength of Planet Youth was seen as a data source on young people, while the strong links made with parents were also noted. Weaknesses included a lack of resources and challenges in shifting the culture of organisations in prioritising primary prevention work: 'Planet Youth's success in data collection was not matched by implementation actions' (p. 55).¹
- Eighty-seven per cent of respondents thought the focus of the County Committees was aligned with Planet Youth objectives. Of those who did not, some indicated that the 'full implementation of the "Icelandic model" may not be possible in a "West of Ireland" context' (p. 25),¹ which was echoed in the findings from the Regional Committee feedback.

Schools

- The schools that responded (n=22) tended to be positive in their feedback on the experience of having had the survey carried out in their schools.
- Twenty-one of the 22 schools had shared the school-level survey results with school management and staff, 15 with their boards of management, 12 with their parents' association, 5 with all parents, 7 with students who had taken part in the survey, and 3 with all students.
- Some schools used the survey findings to inform their work in the areas of wellbeing, mental health, and SPHE, among others.
- Less than one-half of the schools that responded to the evaluation had organised a meeting with stakeholders to plan how to respond to the school survey's findings.
- Schools noted that ongoing support and engagement from Planet Youth to support implementation of actions would be helpful.

Parents

- Among the main ways that parents engaged with Planet Youth were: 60 of the 103 parents that responded to the survey attended a Planet Youth school presentation; 52 read the *Guidelines for Parents* booklet; 28 read the *Parent Power* booklet; and 19 attended a Planet Youth workshop.
- Seventy-six per cent of parents reported discussing the Planet Youth survey results with their child. Fifty-four per cent said they felt better informed on the issues as a result of engaging with Planet Youth; 38% said they had made some small changes to their parenting approach as a result; and 11% said they had made significant changes. Ten per cent said that it had no impact.
- Follow-on interactions from Planet Youth and more support from schools with follow-up actions were called for by parents.

Key stakeholders

- There was a suggestion that Planet Youth needed to be based in a statutory agency such as the WRDATF; otherwise it would 'not be taken seriously' (p. 50).¹
- Some key stakeholders called for more resources for staffing and outputs from Planet Youth. It was reported that Planet Youth is 'not resourced to deliver outputs/implement changes. In the future Planet Youth could seek funding for their own actions but for now can focus on dissemination of information as well as influencing stakeholders' (p. 50).¹
- Some stakeholders suggested that there is a need to clarify the roles of committees and their members: 'meetings are not harnessing the potential from the members in the room' (p. 51).¹
- A recurring theme in the findings on this strand of the evaluation was the long-term and challenging nature of bringing about and influencing a cultural shift towards primary prevention in relevant organisations.

Planet Youth

continued

Comment on moving forward – the focus of prevention

Some clear and valuable messages for prevention stakeholders in Ireland emanate from this report. Since 2018, Planet Youth in the WRDATF has been a valuable source of data on young people in the region. However, the findings of the evaluation strongly suggest that moving forward there is a need to clarify the role of Planet Youth. Indeed, this is reflected in the recommendations section of the report, where ‘role clarification’ is called for (p. 58).¹ Should the WRDATF continue to focus its resources on generating more data or should it move more towards supporting, developing, and implementing prevention interventions, thereby encouraging a prevention culture among policymakers and service providers in the region?

The findings would suggest that there is an appetite among parents, schools, and other stakeholders for more activity in the region to develop responses to the needs identified in the surveys.

While no analysis of the surveys was included in the evaluation, the findings of the 2018 and 2022 surveys indicate trends of concern affecting young people and their drug use in the region.

For example, while there has been a reduction in the percentage of young people surveyed reporting lifetime-cannabis use between 2018 and 2022 (e.g. 15.4% vs 11.4% in Mayo), there has been an increase in daily vaping (e.g. 6.5% vs 17.2% in Mayo), and an increase in two areas of those reporting drunkenness in the last 30 days (e.g. 26.2% vs 34.1% in Mayo), with no change in the third area. There has also been a decrease between 2018 and 2022 in the percentage of young people saying that their parents would be against it if they got drunk (e.g. 74.3% vs 53.4% in Mayo).

Actions need resources, and while the report includes a section on project resources, it only focuses on those related to staffing.

It does not report on the cost of carrying out the surveys or any reflection on whether, moving forward, the WRDATF and its partners will use those resources to collect more data or move towards a model where resources are used to deliver on prevention activities in the region. A decision which, it could be suggested, might help to deliver on WRDATF’s wider range of objectives, as laid out in its strategic and implementation framework for Planet Youth in 2020.²

The learning from this report provides a valuable opportunity for Irish stakeholders, especially those deciding whether to invest resources in Planet Youth in other regions, to reflect on the best way forward for prevention in the Irish context. It highlights the need for a balance between investing in data collection and interventions.

Lucy Dillon

- 1 Carroll and Daly Consultants (2023) *Evaluation of the Planet Youth Project in Galway, Mayo & Roscommon 2018–2022*. Galway: Western Region Drug and Alcohol Task Force. Available from: <https://www.drugsandalcohol.ie/39178/>
- 2 Western Region Drug and Alcohol Task Force (2020) *Planet Youth strategy and implementation framework: Galway, Mayo and Roscommon*. Galway: Western Region Drug and Alcohol Task Force. Available from: <https://www.drugsandalcohol.ie/31961/>
- 3 For further information on the Icelandic Prevention Model, visit: <https://planetyouth.org/about/>
- 4 Dillon L (2018) Planet Youth. *Drugnet Ireland*, 66 (Summer): 24. Available from: <https://www.drugsandalcohol.ie/29607/>
- 5 Dillon L (2020) Strategy and intervention framework for Planet Youth. *Drugnet Ireland*, 74 (Summer): 21–23. Available from: <https://www.drugsandalcohol.ie/32737/>
- 6 Dillon L (2019) Planet Youth in WRDATF. *Drugnet Ireland*, 71 (Autumn): 9–11. Available from: <https://www.drugsandalcohol.ie/31448/>

Planet Youth

continued

- 7 Sigfúsdóttir ID, Thorlindsson T, Kristjánsson AL, Roe KM and Allegrante JP (2009) Substance use prevention for adolescents: the Icelandic Model. *Health Promot Int*, 24(1): 16–25. Available from: <http://www.drugsandalcohol.ie/28656/>
- 8 Planet Youth is included on the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) Xchange Registry. Its evidence rating is 'Additional studies recommended'. For further information, visit: https://www.emcdda.europa.eu/best-practice/xchange/planet-youth---icelandic-model-application-environmental-prevention-principles-based-systematic-local-assessment-risk-and-protective-factors_en
- 9 For further information on the EUSPR position paper, visit: <https://euspr.org/position-paper-of-the-european-society-for-prevention-research-on-the-icelandic-model/>
- 10 Department of Children and Youth Affairs (2014) *Better Outcomes, Brighter Futures: the national policy framework for children and young people 2014–2020*. Dublin: Stationery Office. Available from: <https://www.drugsandalcohol.ie/21773/>
- 11 Department of Health (2017) *Reducing Harm, Supporting Recovery: a health-led response to drug and alcohol use in Ireland 2017–2025*. Dublin: Department of Health. Available from: <https://www.drugsandalcohol.ie/27603/>

Trends in Irish public attitudes to permitting cannabis for recreational use since 2002

Background

There has been much debate around the liberalisation of cannabis laws both in Ireland and internationally. The recreational use of cannabis has been legalised in 23 states in the United States (US), in Canada, and in Uruguay.

While no national government in Europe supports legalisation of cannabis sale for recreational use, a new coalition government in Germany agreed in late 2021 to regulate the sale of cannabis to adults for recreational purposes, while Luxembourg has also announced that it will legalise the production, sale, and consumption of cannabis.

It has been noted that public opinion can play an important role in cannabis liberalisation.

Given the current debate regarding cannabis legalisation in Ireland, understanding trends in public opinion and the characteristics of supporters may help to inform policy around cannabis regulation. A 2023 study aimed to examine changes in attitudes towards recreational cannabis use in Ireland since 2002.¹

Methods

Data from Ireland's five National Drug Prevalence Surveys (2002/03, 2006/07, 2010/11, 2014/15, 2019/20) were analysed.

Multivariable logistic regression analyses were used to examine factors associated with being in favour of the use of cannabis for recreational purposes.

Public attitudes to permitting cannabis for recreational use

continued

Results

Overall, there was minority support for permitting recreational cannabis use among 15–64-year-olds (see Figure 1), which ranged from 19.1% in 2006/07 to 29.9% in 2019/20.

The factors significantly associated with agreeing with recreational cannabis use were being male and living in Dublin, as well as being either a recent or past cannabis user, knowing cannabis users, perceiving cannabis use as not being a great risk, and not disapproving of cannabis use. Surprisingly, there was a relative lack of support among younger respondents, even though younger people in Ireland are more likely to use cannabis compared with older adults.

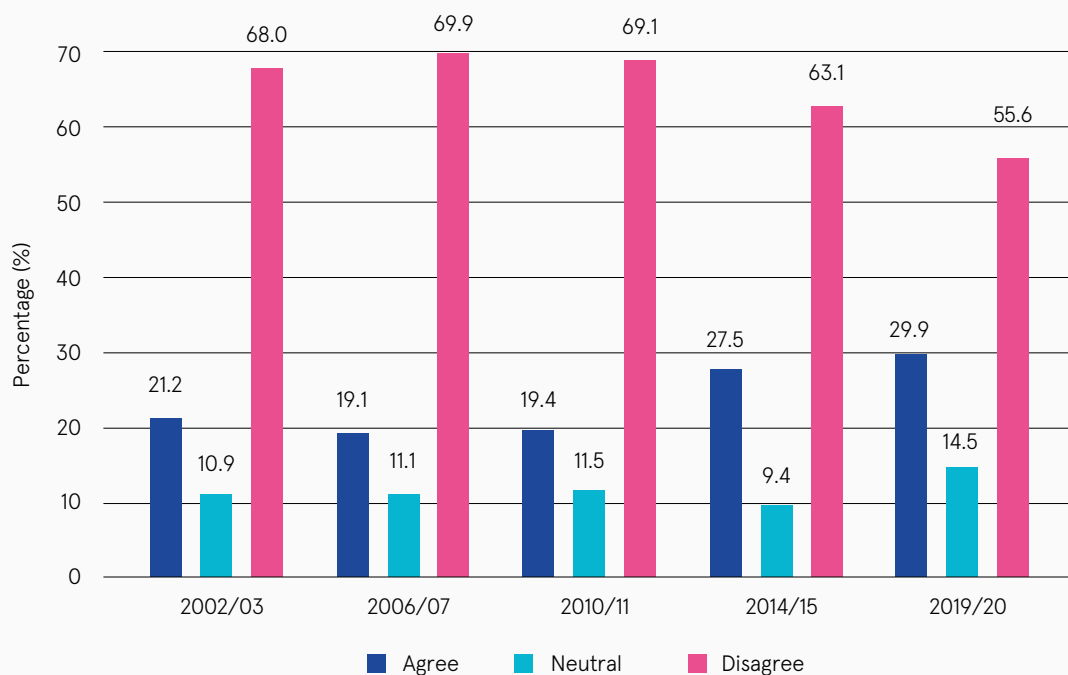


Figure 1: Level of agreement with recreational cannabis use among 15–64-year-olds, 2002/03–2019/20

Conclusion

In conclusion, while there has been majority opposition to permitting recreational cannabis use in Ireland since 2002, support has increased over time. Given the potential public health impact of legalisation, it is imperative that valid and reliable information on cannabis use, cannabis use disorders, and cannabis-related harm is collected, so that the impact of any changes arising from cannabis legalisation can be accurately measured.

Deirdre Mongan

- 1 Mongan D, Millar SR, O'Dwyer C, Galvin B and Smyth BP (2023) Trends in public attitudes to permitting cannabis for recreational use: analysis of Irish survey data since 2002. *Eur J Public Health*, 33(4): 627–632. Available from: <https://www.drugsandalcohol.ie/38555/>

Impact of changes to opioid agonist treatment during the Covid-19 pandemic

A 2023 article by Durand *et al.*¹ examined the impact of changes introduced to the delivery of opioid agonist treatment (OAT) on the number of people accessing treatment and treatment dropout during the Covid-19 pandemic. This is an important Irish study, as it directly examines OAT coverage and access during the pandemic.

Background

Prevalence of opioid usage and access to OAT

Opioid use disorder (OUD) represents a significant public health challenge. Globally, it is estimated that 40.5 million people are dependent on opioids, while current Irish figures suggest that 6.18 per 1,000 population aged 15–64 years are using opioids.^{2,3} In Ireland, methadone is the most-used OAT, with buprenorphine added to the list of approved treatments for OUD in 2017. The Central Treatment List (CTL) is the national treatment register for OAT in Ireland.

Potential impact of pandemic on service use and delivery

With the advent of the Covid-19 pandemic and the implementation of widespread public health measures, access to a variety of health services and health-service delivery were affected. This led to concerns about the potential implications of these Covid-controlling measures on OAT delivery. OAT in Ireland is based on face-to-face contact, which coupled with treatment interruptions, changes to drug availability, and the price and potency of illicit drugs had the potential to increase drug-related harms, including overdose.^{4,5} In response to these challenges, rapid access and/or low-threshold pathways were developed as part of the national contingency guidelines by the Health Service Executive (HSE) in March 2020.

These pathways helped to ensure rapid access and uninterrupted care to those on OAT and new users, mitigating the risk of drug-related harms. E-consultations, electronic prescriptions, and home delivery of medication for those isolating were also some of the measures introduced to further enable continuity of OAT.

Methods

Using interrupted time series (ITS) analyses, monthly CTL data from March 2019 to February 2020 were compared against April 2020 to March 2021. ITS support the collection of anonymised aggregate-level data over consistent periods of time, which in this case allowed for the primary outcomes to be assessed appropriately. The primary outcomes for the study were calculating the total amount of service users, the total number of new service users, and the number of those that dropped out.

Results

In March 2019, a total number of 10,251 service users accessed OAT, featuring: female (30%); male (70%); 44% aged under 40 years; 98% prescribed methadone; 2% prescribed buprenorphine. In March 2021, a total number of 11,441 service users were recorded, featuring: female (29%); male (61%); 49% aged under 40 years; 96% prescribed methadone; 4% prescribed buprenorphine. Analyses displayed an increase in those accessing OAT on the last day of the month between April 2020 to March 2021 compared with March 2019 to February 2020. The study observed a significant immediate and continued increase in people accessing OAT following the introduction of OAT contingency guidelines. Changes in treatment initiation or dropout during these time periods were found not to be significant. However, the rate of dropout of those on buprenorphine was found to be reduced.

Impact of changes to opioid agonist treatment during the Covid-19 pandemic

continued

Discussion

This study suggests that changes to OAT under the national contingency guidelines had a positive impact on coverage in Ireland, which represents an important protective factor for reducing drug-related harm, including mortality.⁶ The study showed that the highest number of service users commenced or recommenced treatment in April 2020. The authors suggest that this can be attributed to a backlog of people on the waiting list, which, once addressed, led to reduced numbers in the following months. The contingency guidelines for OAT recommended multiple changes to the delivery of OAT. Which specific changes or combination of changes that led to these observed effects are unknown.

The rate of OAT dropout was lowest in April 2020 and January 2021, corresponding to 'hard' lockdown measures in Ireland (i.e. closure of all non-essential retail, restriction of movement, police enforcement), which is consistent with published literature on this period.

The limitations of this study include the delays in updating the CTL with exit details for service users. Such information bias could lead to underestimates (delayed reporting) or overestimates (misclassification of deaths as dropouts) of the number of dropouts, and the lack of clarity on which changes to OAT delivery were associated with increased access/uptake. However, the study provides valuable insights into the effect that the HSE contingency guidelines had on OAT service uptake and access.

Conclusion

The findings of the study suggest the OAT contingency guidelines developed during the pandemic increased access to OAT in Ireland. However, it is not yet known if these positive changes were sustained following the easing of pandemic restriction measures.

Erica Keegan

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Association between increased levels of hope and slower rates of relapse in opioid use disorder

A 2023 study by Reddon and Ivers evaluated the association between levels of hope and rates of relapse following discharge from opioid agonist treatment (OAT) and/or detoxification programmes among those with opioid use disorder (OUD).¹ This study adds to the body of evidence on hope levels and recovery, indicating that strategies that cultivate hope and empowerment may be an effective strategy to increase personal recovery capital and decrease relapse rates.

Background

OUD is increasingly recognised as an important public health concern. Global figures estimate that 40.5 million people are dependent on opioids. In the Irish setting, approximately 6.18 per 1,000 population aged 15–64 years are using opioids.^{2,3} OUD is associated with significant harms, including opioid-related overdose mortality.

Successful recovery from OUD is possible with appropriate treatment. OAT and detoxification programmes have been designed to support those with OUD. However, studies have highlighted the persisting propensity to relapse, with reported relapse rates as high as 30% to 70%.^{4,5} Methadone and buprenorphine are efficacious forms of OAT, which are widely employed in various healthcare settings.

Opioid cessation and recovery capital

‘Recovery capital’ has been identified as an important indicator of patient-important outcomes, such as relapse during recovery.⁶ Recovery capital has been defined as the total

resources available to a person to support the initiation and maintenance of substance use cessation. This is inclusive of social and community resources, physical resources, and personal resources.

Definition of hope and in practice

Personal hope is an important aspect of personal recovery capital. Hope has been shown to be pivotal in the recovery process and can be a determinant of overall recovery outcomes.⁶ The term ‘hope’ has been conceptualised as having a positive outlook for the future. It consists of two pathways: pathways thinking and agency thinking. Pathways thinking refers to an individual’s ability to develop routes to goal achievement, whereas agency thinking refers to the level of intention, confidence, and ability to reach the desired outcome. Both these pathways have been linked with improved impulse control among those recovering from OUD.⁷ However, the evaluation of interventions to improve hope in this cohort are limited.

Methods

Participants were recruited through publicly funded residential drug dependency units in Ireland. All participants had previously received a 4–6 week detoxification treatment programme, which included a 10-day methadone detoxification. Following detoxification, patients followed three distinct recovery pathways, including inpatient, outpatient, and self-selected programmes. Those aged 18–65 years were included in the study. A total of 142 participants met the inclusion criteria and consented to take part in the study.

Rates of relapse in opioid use disorder

continued

The study was designed prospectively, with data collection points organised at initial assessment, 3-month, 6-month, and 9-month marks. Participants completed a self-reported questionnaire at each time point that included sociodemographic factors, medical background, and previous engagement with addiction services. A validated measure, the adult Trait Hope Scale⁸ provided a means to assess 'hope'. This scale includes 12 items: four items measuring pathways thinking, four items measuring agency thinking, and four distractor items. The primary outcome objective was the first self-reported opioid lapse, which was either a single-event substance use or relapse return to daily use.

Results

Among the 142 study participants, the mean age was 34.5 years, 30.3% were female, and a high proportion were experiencing homelessness (85.9%). Inpatient rehabilitation, outpatient rehabilitation, and no formal care were received in 59.2%, 19.0%, and 21.8% of study participants, respectively. Average years of reported drug use was 14.3 years and over 50% of individuals engaged previously with addiction services.

The study demonstrated that high levels of hope had a protective effect on the rate of relapse during the 9-month window of the study period. For every five-unit increase in the overall hope score, there was a 23% decrease in the likelihood of relapse. The agency-hope domain was strongly associated with a slower relapse rate, while the association between the pathways aspect and lower relapse rate was not significant. This is in line with current literature, which suggests that hope and the agency-hope domain are strongly associated with treatment adherence, initiation, and completion.^{9,10}

Discussion

The task of improving hope in those with OUD remains challenging due to the wider determinants of drug use, such as socioeconomic status stigmatisation. Peer-based recovery and addiction communities are examples of interventions that could increase levels of hope.¹¹ The high failure rate of standalone interventions indicates that a multifaceted approach is needed for long-term recovery adherence. This also demonstrates the need for the long-term implementation of a more integrated approach to recovery, particularly peer-led addiction services and socialisation.

The limitations of this study include the self-reported nature of the assessment, the lack of information on participants' frequency of opioid use, the non-random sample, and the high occurrence of homelessness among study participants. Nonetheless, the study builds on the literature on hope levels and the addiction recovery process.

Conclusion

Increased measures of hope are associated with slower rates of relapse among those receiving treatment for OUD. Further implementation and examination of interventions that increase hope levels and personal agency will play a key role in addiction recovery.

Erica Keegan

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Rates of relapse in opioid use disorder

continued

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A thematic analysis of alcohol use and culture among elite GAA players

Background

In Ireland, Gaelic football and hurling are the most popular field sports in the country, with in excess of 1.5 million spectators viewing the Championship finals every year. The Gaelic Athletic Association (GAA) manages and promotes all Gaelic games, while the Gaelic Players Association represents almost 4,000 male and female players. A study published in 2022 highlighted that hazardous alcohol use, including binge drinking, and alcohol-related harms are prevalent among elite Gaelic footballers and hurlers.¹ The online survey used in the 2022 study included an optional free text section for the players to make any comments in relation to alcohol; these comments were then examined in a 2023 study.²

Methods

A thematic analysis was completed on the responses provided by the players in the original anonymous web-based questionnaire, where they were asked to provide any additional comments about alcohol in the GAA. The thematic analysis involved creating a word cloud of the most frequently used words and phrases that were mentioned in the free text field provided. This allowed for an in-depth examination of the behaviours and attitudes of the players in relation to alcohol.

Alcohol use among elite GAA players

continued

Results

One in five of the respondents (21%) to the 2022 survey provided additional comments on alcohol in the free text section, representing 111 comments thematically analysed.

As with the 2022 study, regarding the main content of the questionnaire, one theme was consistently emphasised in the free text field. This was of the impact of drinking bans commonly enforced on GAA players during the football and hurling season. The drinking ban was referenced several times, and players spoke of the binge drinking that commonly occurs once the season is over and the drinking ban lifted. The majority of comments in relation to this period of abstinence were negative. One comment reflected what most players felt about it:

Drinking bans are detrimental. They encourage binge drinking insofar as they stop you from drinking for a long period of time and so you feel obliged to get as much out of a drinking session as you can.

A number of comments referred to the pressures of being a GAA player, as opposed to other sports, including the drinking ban and how players are restricted from socialising at all. Others saw alcohol use as an opportunity for team bonding, but that alcohol use is an individual behaviour, and some players choose not to drink as it impacts their performance.

Respondents spoke of how alcohol is used to celebrate and commiserate, but that the culture within the GAA has changed and is less associated with alcohol use now.

However, also mentioned was the very young age that underage GAA players learn to associate alcohol use with sports, and that 'children as young as 11 or 12 [have been witnessed] drinking after county final celebrations'. Also referenced was that hazardous alcohol use is a whole-population issue and that due to the age group of the players, it is not uncommon that such drinking occurs within this cohort and, as such, overinflates the issue as being GAA specific.

Alcohol sponsorship in the GAA had mixed views; some believed the revenue raised from such collaborations made it worthwhile, while others felt that it is a positive move to ban gambling and alcohol sponsorship.

Conclusion

The thematic analysis revealed that most players were cognisant of how long periods of abstinence result in episodes of binge drinking. Initiatives to reduce the association between alcohol use and the GAA should be considered.

Anne Doyle

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Alcohol, drug use and experiences of sexual violence victimisation among first-year college students in Ireland

Background

Emerging adulthood along with starting third-level education is a period of considerable change for young people. Newly independent, it is also a key time for them to experiment with drugs, alcohol, and sexual intimacy, which when combined increases the risk of sexual violence.

Sexual violence in third-level education

Examination of sexual violence in third-level settings has found that it is a common occurrence and potentially on the rise.¹ The evidence strongly indicates the role that alcohol plays in many incidents of sexual violence,² but the involvement of drugs in this is less clear, particularly specific drug types. Given that the majority of students in Ireland report hazardous drinking patterns and that illegal drug use is rising among this population, a 2023 study sought to examine if the risk of sexual violence is increased by alcohol and drug use among a population of third-level students and, if so, which drug types are more likely to be associated with it.³

Methods

A sample of first-year third-level students from 21 higher education institutions (n=1778) aged 18–25 years was surveyed using the Sexual Experiences Survey, a collaborative study carried out by the Active* Consent programme at the University of Galway and the Union of Students in Ireland (USI). A version of the Administrator–Researcher Campus Climate Collaborative (ARC3) questionnaire was used to assess issues of sexual violence among third-level students.⁴

More respondents were female (67%) and almost one-half of the sample were aged 19 years (48%). Students completed information on their gender identity, sexual orientation, ethnicity, relationship status as well as their alcohol and drug use. Alcohol use was categorised using the Alcohol Use Disorders Identification Test – Concise (AUDIT-C), while drug use was ascertained by use of cannabis, cocaine, ecstasy, and/or ketamine in the previous 12 months. Respondents also completed questions on their experience (if any) of types of sexual violence.

Results

Alcohol and cannabis were the most commonly used substances among first-year students. Since starting higher-level education, unwanted sexual touching was the most common form of sexual violence reported by students. Incapacitation (i.e. taking advantage of the victim when they were too drunk or ‘out of it’ to stop what was happening) was the most frequently reported tactic used by the perpetrator.

Unwanted sexual touching

Female and non-binary students were more likely to report experiencing unwanted sexual touching. Controlling for the influence of hazardous alcohol use, the odds of experiencing unwanted sexual touching were:

- 1.3 times higher for female students and 1.8 times higher for male students who reported cannabis use.
- 1.6 times higher for female students and 2 times higher for male students who reported cocaine use.

Sexual violence victimisation among first-year college students

continued

- 1.5 times higher for female students who reported ecstasy use. However, ecstasy use did not increase the risk for males.
- Ketamine use did not significantly increase the odds of experiencing unwanted sexual touching for female or male students.

Female students who reported hazardous alcohol use were 2.3–2.4 times more likely to experience unwanted sexual touching, depending on the drug being controlled for, while males were 1.8–2 times more likely.

Non-consensual attempted penetration

There was no incremental increase in experiences of non-consensual attempted penetration for each drug type above hazardous alcohol use for female students. However, for male students, controlling for the influence of hazardous alcohol use, the odds of experiencing non-consensual attempted penetration were:

- 2.6 times higher for male students who reported cocaine use.
- 1.3 times higher for male students who reported ecstasy use.
- 2.7 times higher for male students who reported ketamine use.

Depending on the drug being controlled for, female students who reported hazardous alcohol use were 2.3–2.4 times more likely to experience non-consensual attempted penetration. However, for males, hazardous alcohol use did not increase the likelihood of experiencing non-consensual attempted penetration.

Non-consensual completed penetration

Controlling for the influence of hazardous alcohol use, the odds of experiencing non-consensual completed penetration were:

- 1.4 times higher for female students and 2.1 times higher for male students who reported cannabis use.
- 2 times higher for female students who reported cocaine use. However, cocaine use did not significantly increase the likelihood of experiencing non-consensual completed penetration for male students.
- 1.6 times higher for female students and 7 times higher for male students who reported ecstasy use.
- 1.9 times higher for female students and 3.3 times higher for male students who reported ketamine use.

Female students who reported hazardous alcohol use were 2–2.1 times more likely to experience non-consensual completed penetration, depending on the drug being controlled for. However, hazardous alcohol use did not increase the likelihood of experiencing non-consensual completed penetration for male students.

Rape

Controlling for the influence of hazardous alcohol use, the likelihood of experiencing rape was:

- 1.4 times higher for female students who reported cannabis use. However, cannabis use did not increase the likelihood of experiencing rape among male students.
- 2.1 times higher for both female and male students who reported cocaine use.
- 1.9 times higher for female students and 2.9 times higher for male students who reported ecstasy use.
- 1.8 times higher for female students and 3.5 times higher for male students who reported ketamine use.

Sexual violence victimisation among first-year college students

continued

Female students who reported hazardous alcohol use were 2.2–2.3 times more likely to experience rape, depending on the drug being controlled for. However, hazardous alcohol use did not increase the likelihood of experiencing rape for male students.

Discussion

Reports of experiencing sexual violence were higher among female and non-binary first-year students, while the tactic most commonly used was incapacitation, where the student was unable to give consent. Substance use was commonly a factor in sexual violence. Hazardous alcohol use was a predictor for all forms of sexual violence among female students; for male students, it increased the likelihood of unwanted sexual touching. Other illegal drugs were also a factor in experiencing sexual violence in the first year of third-level education, emphasising the susceptibility of this group of young people. Sex differences were noted between drug types and sexual violence experienced. For example, for female students, the risk of experiencing rape was associated with all drug types, while for males it was cocaine, ecstasy, and ketamine.

This study provides evidence of the risks associated with each specific type of substance. It highlights the need for education among this population on the risks associated with illegal drug and alcohol use and the urgency of consent communication programmes to be delivered early in the third-level experience, but ideally before.

Anne Doyle

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Self-harm in Irish prisons, 2017–2019

The Self-Harm Assessment and Data Analysis (SADA) Project was set up in Ireland in 2016 to provide robust information relating to the incidence and profile of self-harm within prison settings as well as individual-specific and context-specific risk factors relating to self-harm.

In addition, it examines patterns of repeat self-harm (non-fatal and fatal). Both the Health Service Executive's National Office for Suicide Prevention and the National Suicide Research Foundation assist the Irish Prison Service with data management, data analysis, and reporting.

A 2023 study aimed to identify specific characteristics of self-harming behaviour and to establish a profile of prisoners who engage in self-harm.¹

In the study, published in the *International Journal of Prisoner Health*, data from the SADA Project on self-harm episodes in prisons in the Republic of Ireland during 2017–2019 were used. Annual rates per 1,000 prisoners were calculated by age and sex.

Episodes of self-harm

Between 1 January 2017 and 31 December 2019, there were 696 episodes of self-harm recorded in Irish prisons, involving 397 individuals (328 males vs 69 females). The rate of self-harm between 2017 and 2019 was 31 per 1,000 prisoners for males and six times higher for females, at 184 per 1,000 prisoners. The highest rates of self-harm among sentenced prisoners were observed among 18–29-year-old men (45 per 1,000) and women (125 per 1,000). The rate of self-harm was found to be higher among female prisoners than males in all age groups.

Characteristics of self-harm

The most frequently used method of self-harm for sentenced prisoners was self-cutting or scratching (65%), most prevalent among young people aged 18–29 years (31%). The other common method of self-harm among sentenced prisoners was hanging (20%), most frequently recorded among males aged 18–29 years (9%) and females aged 30–39 years (15%), although this was based on small numbers.

Females were more likely to engage in hanging than males (33% vs 16%; $p < 0.001$); however, a greater proportion of males who engaged in hanging had high levels of intent compared with females (81% vs 20%; $p < 0.001$). Almost one-third (30.5%; $n = 121$) of individuals engaged in self-harm more than once during the study period. Repetition was more pronounced for females (39.1%; $n = 27$) than for males (28.7%; $n = 94$).

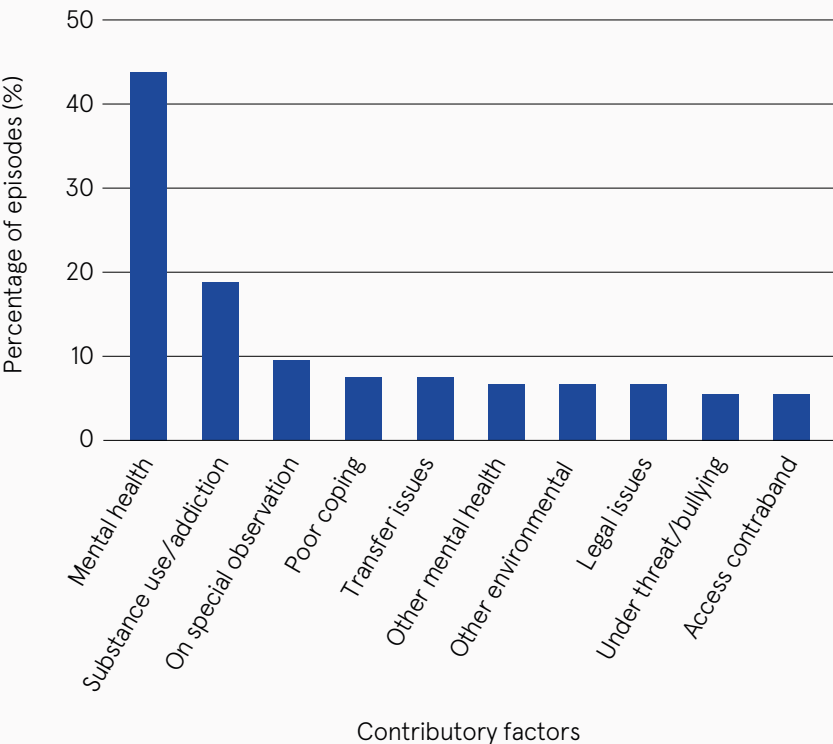
For almost one-third (32%) of self-harm episodes, no medical treatment was required. One-half of all episodes (52%) required minimal medical intervention or minor dressings or local wound management. One in eight required hospital outpatient or emergency department treatment (13%). Severity of self-harm was greater for males than females, with a higher proportion of episodes by men requiring outpatient treatment (15% vs 7%, $p < 0.001$) and hospitalisation/intensive care unit/loss of life (4% vs 1%, $p < 0.001$). One in eight non-fatal episodes (13%) were of high intent. Males were more likely to engage in self-harm of high intent than females (16% vs 6% $p < 0.001$). Three per cent of episodes were deemed to be associated with high severity ($n = 24$).

Self-harm in Irish prisons, 2017–2019

continued

Contributory factors

The most common contributory factors to self-harm are shown in Figure 1. The majority of contributory factors recorded related to mental health issues. Substance use and drug addiction was the second most common factor recorded.



Source: McTernan *et al.* 2023¹

Figure 1: Most common contributory factors to self-harm in prisons, 2017–2019

Conclusions

The authors noted that the Irish Prison Service has progressed to an expert-led and research-based implementation plan for a targeted and bespoke response to self-harm in prisons. However, further population and specific priority-group strategies with multiagency collaboration, incorporating a prison-wide approach with targeted interventions aimed at high-risk prisoners, are required to further reduce the incidence of self-harm in Irish prisons.

Seán Millar

1 McTernan N, Griffin E, Cully G, Kelly E, Hume S and Corcoran P (2023) The incidence and profile of self-harm among prisoners: findings from the Self-Harm Assessment and Data Analysis Project 2017–2019. *Int J Prison Health*, Early online. Available from: <https://www.drugsandalcohol.ie/38716/>

Health needs assessment in Irish prisons, 2022

The Irish Prison Service (IPS) operates according to a multi-year strategic plan that provides guidance and direction to the activities and ambitions of the organisation.

In particular, the IPS strategic plan provides a narrative for the improvement and further development of all facets of healthcare during the prisoner experience. Key areas of focus are prisoner support for improving healthcare, enhancing psychological wellbeing, increasing rehabilitation support, and resettlement and integration.

In 2019, the consultancy firm Crowe Ireland was commissioned to conduct a health needs assessment both for the IPS as a whole and for the 12 individual prisons within the IPS estate.¹ In this assessment, Crowe collected comprehensive data regarding the health needs and services within each prison, with a site visit conducted to each prison. During site visits, Crowe personnel met with representatives and staff of each prison, including governors, medical staff, nursing staff, psychologists, prison officers, and external providers of in-reach services to prisoners. Where possible, the team engaged with prisoners to ensure that their voices were considered. Crowe findings and recommendations for the optimal development of IPS healthcare services with regard to addiction and substance use are discussed below.

Findings

Crowe were informed by senior management and healthcare staff that substance use is a serious issue within prisons, with the notable exceptions of Arbour Hill and the two open prisons, Loughan House and Shelton Abbey. Senior management estimates that approximately one-half of the prison population across the

prison estate may be using, or seeking to use, illicit substances, while in some prisons, the percentage of prisoners with substance use and addiction problems is much higher. The primary source of addiction in prisons was reported to be opioids. In Mountjoy Prison, for example, health staff estimate that over one-fifth of all prisoners are currently prescribed opioid substitution treatment.

Other substances used are alcohol, benzodiazepines, and painkillers. Across the IPS, staff stated that they do not have exact figures for such drug use, as prisoners are reluctant to share this information.

It was reported by IPS staff that the majority of prisoners who have addiction problems also present with significant mental health difficulties. However, there is a lack of reliable data collected within the prison system to identify those prisoners who have both mental health morbidity and substance use and addiction issues.

Recommendations

Key recommendations by Crowe include the following:

- Reports during the site visits regularly highlighted pressures on the addiction counselling services of Merchants Quay Ireland (MQI), which result in lengthy waiting lists for therapeutic interventions. Because it is unclear as to when the MQI contract was last reviewed in terms of demand for services, a review should be completed to address an array of issues, including those associated with resource allocation.
- The role of specialist addiction nurses should be examined in terms of service impact and benefits across closed prisons.

Health needs assessment in Irish prisons, 2022

continued

- A specialist dual diagnosis service should be provided, supporting prisoners presenting with mental health morbidity and substance use challenges across the IPS estate. This service should operate alongside established mental health and addiction services, delivering expertise and interventions to enhance healthcare provision.

- The IPS should engage closely with the Health Service Executive and other stakeholders providing care to ensure that services are more integrated between prison and community, so that people leaving prison can access treatment in the community without interruption.

Seán Millar

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Prevalence and current situation

Drug treatment demand in Ireland, 2022

Published in June 2023, the latest report from the National Drug Treatment Reporting System (NDTRS) presents data on treated problem drug use (excluding alcohol) for the year 2022, followed by trends for the seven-year period from 2016 to 2022.¹

Key findings, 2022

In 2022, some 12,009 cases were treated for problem drug use.² This is the highest annual number of cases recorded by the NDTRS to date. Almost 4 in 10 (37.1%) of those cases were never treated before, while almost 7 in 10 (68.9%) cases were treated in outpatient facilities.

Main problem drug

Cocaine was the most common main problem drug reported in 2022, accounting for one in three (34.0%) treated cases. Opioids were the second most common main problem drug reported in 2022. Heroin accounted for 86.6% of these opioid cases. Cannabis was the third most common reported main problem drug in 2022, while benzodiazepines was the fourth. Among new cases, cocaine (41.3%) was the most common main problem drug reported in 2022. Among previously treated cases, opioids (45.7%) were the most commonly reported main problem drug.

Drug treatment demand, 2022

continued

Main problem drug



34%
cocaine



33%
opioids



19%
cannabis



11%
benzodiazepines



Polydrug

Problem use of more than one drug (polydrug use) was reported in over one-half of cases (56.8%) in 2022. Cannabis (40.3%) was the most common additional substance reported by cases with polydrug use, followed by alcohol (36.2%), cocaine (36.1%), and benzodiazepines (32.2%) (see Figure 1).

Among new cases with polydrug use, alcohol (50.5%) was the most common additional substance, while among previously treated cases with polydrug use, cannabis (40.8%) was the most common additional substance reported in 2022. Among cases with polydrug use, the most common drugs used together were: (i) cocaine plus alcohol, followed by (ii) cocaine plus cannabis, followed by (iii) opioids plus cocaine.

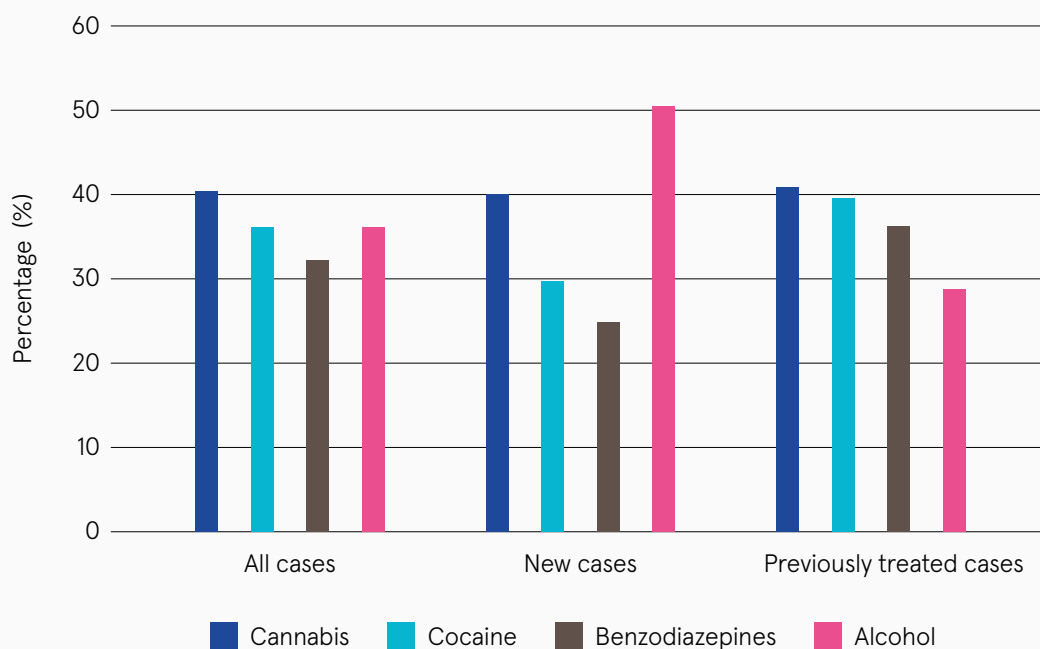


Figure 1: Additional problem substances reported and treatment status, NDTRS, 2022

Drug treatment demand, 2022

continued

Cocaine findings, 2022

In 2022, powder cocaine accounted for almost 8 in 10 treated cocaine cases (78.0%), while 2 in 10 (22.0%) were crack cocaine.

Powder

- For cases with powder cocaine as the main problem drug, nearly 8 in 10 (78.6%) were male and 4 in 10 (41.4%) were employed.
- One-half of cases entering treatment for powder cocaine were 30 years or younger.

Crack

- Where crack cocaine was the main problem drug, 4 in 10 (42.0%) were female, 6 in 10 (58.0%) were male, and less than 1 in 10 (5.6%) were employed.
- One-half of the cases entering treatment for crack cocaine were 39 years or younger.
- Crack cocaine cases resided mostly in Dublin, Kildare, Meath, and Limerick.

Age groups

Among young cases aged 19 years or younger, cannabis was the main drug generating treatment demand. Among those aged 20–34 years, cocaine was the main drug generating treatment demand, while it was opioids among those aged 35 years or older.

Main problem drug by age

age started treatment



20–34 years
cocaine



35 years or older
opioids

Sociodemographic characteristics

- The median age of cases was 33 years.
- One in seven (13.9%) cases were recorded as homeless.
- The proportion of cases with an Irish Traveller ethnicity was 3.0%.³
- Almost three in five (59.1%) cases were recorded as unemployed.
- One in five (22.0%) cases were in paid employment.

- In 2022, rates of homelessness, ceasing education before the age of 16, and unemployment were higher among previously treated cases than among new cases.

Gender

In 2022, almost 3 in 10 (27.9%) cases were female, while 13 cases identified as non-binary or in another way.⁴

Females

- The median age was 34 years, while the median age for new cases was 29 years.
- One in two (51.5%) cases were under 35 years of age.

Drug treatment demand, 2022

continued

- 5.7% were aged 50 years or over.
- 13.6% were homeless.
- For one-half of female cases, the time lag between first use of the main problem drug and seeking treatment was 7 years or longer.
- 55.9% reported polydrug use, most commonly cannabis and cocaine.
- Among females, the most common main problem drugs were opioids (37.0%), followed by cocaine (31.6%) and cannabis (16.1%). The same drugs were also most common among new female cases entering drug treatment for the first time. However, the order was different, with cocaine (34.8%) being the most frequent, followed by cannabis (30.5%) and then opioids (18.5%).

Males

- The median age was 32 years, while the median age for new cases was 27 years.
- The majority (56.7%) were under 35 years of age.
- 5.9% were aged 50 years or over.
- 14.0% were homeless.

- For one-half of male cases, the time lag between first use of the main problem drug and seeking treatment was 8 years or longer.
- Among males, the most common main problem drugs reported were cocaine (35.0%), followed by opioids (31.6%) and cannabis (19.6%). The same drugs were also most common among new male cases entering drug treatment for the first time. However, the order was different, with cocaine (43.5%) being the most frequent, followed by cannabis (33.4%) and then opioids (11.8%).
- 57.1% reported polydrug use, most commonly cannabis and alcohol.

Parental status

In 2022, almost one-half of cases (47.3%) in drug treatment were parents who had children. Where parents were known to have children aged 17 years or younger, 39.6% had at least one child residing with them at the time of treatment entry, while 59.9% had at least one child residing elsewhere (see Table 1).^{5,6} A higher proportion of females entering drug treatment reported having dependent children and living with children, while males were more likely to not be residing with their children.

Table 1: Cases treated for drugs with children aged 17 years or younger, 2022

	All cases		Female		Male	
	n	%	n	%	n	%
Have children	4775		1675		3098	
Median age (range)*	35	(24–48)	35	(24–46)	35	(23–48)
Living with child	1891	39.6	891	53.2	999	32.2
Children live elsewhere	2858	59.9	776	46.3	2081	67.2
In paid employment	1075	22.5	264	15.8	810	26.1
Homeless	553	11.6	213	12.7	340	11.0
New treatment entrant	1581	33.1	474	28.3	1107	35.7
Polydrug use	3467	72.6	1166	69.6	2300	74.2

* Age range presented is 5th percentile to 95th percentile (90% of cases are included within this range).

Drug treatment demand, 2022

continued

Trends over time, 2016–2022

Between 2016 and 2022, a total of 71,567 cases treated for problem drug use (excluding alcohol) were reported to the NDTRS.

Main problem drug, 2016–2022

Over the seven-year period 2016–2022, opioids (mainly heroin) were the most common drug type reported, followed by cocaine and cannabis. Trends have changed over the time period, however, and in 2022 cocaine was the most common main problem drug reported. The proportion of cases treated for cocaine as a main problem increased from 12.3% in 2016 to 34.0% in 2022. Over the period 2016–2022, there was a 258.9% increase in the number of cases where cocaine was the main problem drug. As a proportion of all cases treated, opioids decreased year-on-year, from 47.0% in 2016 to 33.1% in 2022. Heroin accounted for 86.6% of all opioid cases in 2022.

The proportion of cases treated for cannabis as a main problem decreased from 26.4% in 2016 to 18.7% in 2022.

New cases, 2016–2022

Among new cases, cocaine as a main problem increased yearly from 16.1% in 2016 to 41.3% in 2022, a 223.8% increase in the number of cases. The proportion of opioids decreased steadily from 26.9% in 2016 to 12.6% in 2021 and increased to 13.4% in 2022.

Previously treated cases, 2016–2022

Among previously treated cases, the most common main problem drugs reported were opioids, cocaine, and benzodiazepines. Decreasing trends were observed among previously treated cases for opioids and cannabis, while increasing trends were observed for cocaine and benzodiazepines as main problem drugs.

Risk behaviour, 2016–2022

The proportion of all cases that had ever injected decreased year-on-year, from 32.1% in 2016 to 20.8% in 2022. Over the seven-year period, there was a 15.8% decrease in the number of cases reporting that they had ever injected. Among new cases, the proportion that reported ever injecting decreased over the period from 13.5% in 2016 to 4.4% in 2022. The proportion of previously treated cases that reported ever injecting decreased from 44.6% in 2016 to 31.3% in 2022. In 2022, some 42.7% of cases that had ever injected had also shared needles and syringes, an increase on 37.2% in 2019.

Derek O'Neill

- 1 O'Neill D, Lyons S and Carew A (2023) *National Drug Treatment Reporting System: 2022 drug treatment demand*. HRB StatLink Series 12. Dublin: Health Research Board. Available from: <https://www.drugsandalcohol.ie/38794>
- 2 NDTRS data are case-based, which means there is a possibility that individuals appear more than once in the database; for example, where a person receives treatment at more than one centre or at the same centre more than once in a calendar year.
- 3 Based on the 2016 Census from the Central Statistics Office (2022), the proportion of Irish Travellers in the general population is 0.7%. Available from: <https://www.cso.ie/en/releasesandpublications/ep/p-cp8iter/p8iter/p8e/>
- 4 Non-binary describes gender identities outside of the female–male gender binary. Individuals identifying as non-binary may feel neither exclusively male nor female, both male and female, or between or beyond genders.
- 5 Service users currently residing with children refers to the 30 days prior to treatment. This includes children where the service user has a carer or guardianship role; non-related children such as foster children and stepchildren; and the children of a long-term cohabiting partner. Where the service user is a grandparent or other close relative and is the official guardian of a child with whom they are living, they are recorded as living with children.

Drug treatment demand, 2022

continued

- 6 Children who are not residing with the service user refers to children currently living with another parent; children in formal care or informal care; and children living elsewhere who are biological children/adopted children, or children who are under the official guardianship of the service user. It also refers to children who have left home and to children who are living with other family members or friends temporarily, but who are not considered by the service user to be living in care.

Progress in the Penal System: drug treatment

A report from the Irish Penal Reform Trust (IPRT), entitled *Progress in the Penal System (PIPS): a framework for penal reform (2022)*, was published in 2023.¹ PIPS aimed to set out a clear vision for the future of the Irish penal system, taking as its starting point that Ireland, as a small wealthy country, should work towards becoming a leading model of international best penal practice. In total, 28 standards were assessed in 2022, including drug and alcohol treatment.

The report found that there has been no significant change in drug and alcohol treatment in Irish prisons over recent years. Among the key findings was that there is a lack of recent data on the number of prisoners in Ireland with addiction issues and that up-to-date estimates are needed to inform service planning and delivery as well as to demonstrate the interdepartmental response needed. The IPRT strongly welcomed a high-level taskforce recommendation that research be conducted on the prevalence and impact of addiction across the prison estate.

The report noted that the Irish Prison Service drugs policy, *Keeping Drugs out of Prison*, dates back to 2006.² Although a new drugs policy has been planned since 2018, finalisation was delayed due to the Covid-19 pandemic.

A new policy report is expected to be published in late 2023. The report also stated that alternatives to imprisonment involving access to treatment are needed. The integrated community service model, first piloted in 2016 and rolled out nationally on an incremental basis in 2017, allows one-third of a participant's community service hours to be used for programmes such as education, training, or treatment.

The programme was due to be evaluated in 2019, but no specific evaluation has been completed to date. Research in 2022 found that while the model is effective in promoting rehabilitation and desistance, low take-up rates and its inconsistent imposition indicate that an evaluation is needed to assess if the sanction is operating to its full potential.³

Seán Millar

- 1 Irish Penal Reform Trust (2023) *Progress in the Penal System (PIPS): a framework for penal reform (2022)*. Dublin: Irish Penal Reform Trust. Available from: <https://www.drugsandalcohol.ie/38865/>

Progress in the Penal System

continued

2 Irish Prison Service (2006) *Keeping drugs out of prisons: drugs policy and strategy*. Dublin: Irish Prison Service. Available from: <https://www.drugsandalcohol.ie/11662/>

3 Kennefick L and Guilfoyle E (2022) *An evidence review of community service policy, practice and structure*. Dublin: The Probation Service. Available from: <https://www.drugsandalcohol.ie/37670/>

Alcohol and drug use among Irish farmers

Farming is a high-pressure occupation that carries numerous risks for farmers, many of which are beyond their control.¹ In Ireland, this pressure is borne by a shrinking population of farmers, most of them older men, working on a declining number of farms.² As a result of these pressures, some farming populations have a higher prevalence of mental health issues,³ while some populations of farmers are known to drink heavily.⁴

However, alcohol use may vary dramatically and there is little research on farmers' use of substances beyond alcohol. A 2023 study⁵ examined alcohol and substance use among 351 adult Irish farmers and investigated potential risk factors associated with disordered use. In this research, published in the *Journal of Rural Health*, disordered alcohol and substance use were classified using the Alcohol Use Disorders Identification Tool (AUDIT) and the Drug Use Disorders Identification Tool (DUDIT).

The main findings from this study are discussed below.

Alcohol use

In total, 71.8% of study participants used alcohol (n=252) and 29.1% presented with a score of ≥ 8 on the AUDIT, indicating hazardous and harmful alcohol use. In the entire sample, 2.8% of participants reported an alcohol/substance use disorder.

Participants with no children recorded significantly higher alcohol use than participants with children. There was a small negative association between alcohol use and net farm income ($r=-0.13$, $p=0.026$), while participants who were part-time farmers reported higher alcohol use than full-time farmers. Farmers with substance use issues also reported higher alcohol use scores than those without. There was a statistically significant association between alcohol use and off-farm roles; participants who were in full-time off-farm employment ($\chi^2=-35.0$, $p=0.005$) or full-time education ($\chi^2=-76.5$, $p=0.021$) reported higher alcohol use than those with no off-farm role.

Drug use

In total, 5.1% of participants reported drug use in the past year (n=18). Of the participants who indicated drug use, 77.8% were identified as having harmful substance use (n=14), while the prevalence of harmful substance use/abuse in the entire sample was 4.0%. Participants who were farming part-time reported higher drug use than full-time farmers. As with alcohol use, there was a statistically significant association between drug use and off-farm roles, with subjects who were in full-time off-farm employment ($\chi^2=-14.2$, $p=0.003$) reporting higher drug use than those with no off-farm role or those in part-time off-farm employment ($\chi^2=-11.0$, $p=0.046$).

Alcohol and drug use among Irish farmers

continued

In addition, participants in full-time education reported higher drug use than participants with no off-farm role ($\chi^2=-34.3$, $p=0.007$) or those in part-time off-farm employment ($\chi^2=-31.2$, $p=0.017$).

Conclusions

The authors noted that this population of Irish farmers reported broadly healthy alcohol and substance use behaviours. However, 2 of every 5 farmers who used alcohol and 4 of every 5 farmers who used drugs did so to harmful levels, potentially indicative of a substance use disorder. In addition, age was found to be the most important risk factor for disordered alcohol and substance use and correlated with other main risk factors: no children, part-time farmer, and full-time off-farm roles. They suggest that the results confirm the importance of analysing demographic factors and that younger farmers are especially at risk of harmful alcohol and drug use behaviours.

Seán Millar

- 1 Brennan M, Hennessy T, Meredith D and Dillon E (2022) Weather, workload and money: determining and evaluating sources of stress for farmers in Ireland. *J Agromed*, 27(2): 132–142.
- 2 Central Statistics Office (2020) *Census of Agriculture 2020 – preliminary results*. Cork: Central Statistics Office. Available from: <https://www.cso.ie/en/releasesandpublications/ep/p-coa/censusofagriculture2020-preliminaryresults/>
- 3 Hounscome B, Edwards RT, Hounscome N and Edwards-Jones G (2012) Psychological morbidity of farmers and non-farming population: results from a UK survey. *Community Ment Health J*, 48(4): 503–510.
- 4 Jarman DW, Naimi TS, Pickard SP, Daley WWR and De AK (2007) Binge drinking and occupation, North Dakota, 2004–2005. *Prev Chronic Dis*, 4(4): A94.
- 5 O'Connor S, Malone SM, Firnhaber J, O'Shaughnessy BR, McNamara JG and O'Hagan D (2023) Disordered alcohol and substance use in Irish farmers: a cross-sectional survey. *J Rural Health*, Early online. Available from: <https://www.drugsandalcohol.ie/39225/>

Problem gambling in Ireland: Irish health data, 2008–2022

Background

Problem gambling is a considerable burden on society as well as on persons who gamble and those around them. In Ireland, about one-half of the population (49%) gambles in some form, while 0.3% (or 12,000 people) engage in problem gambling and tens of thousands more are deemed at risk.¹

In 2022, legislation was introduced in Ireland to provide for the establishment of a new regulatory body – the Gambling Regulatory Authority of Ireland (GRAI) – with a focus on public safety and wellbeing and including an addiction specialist within its members.²

Coinciding with the establishment of the GRAI, the Economic and Social Research Institute (ESRI) was commissioned to review relevant policy issues.³

Problem gambling in Ireland

continued

Among the report's conclusions was that the societal burden of gambling is substantial and likely due to the large number of people with less problematic gambling behaviour. However, some groups are disproportionately affected by problem gambling, notably males and younger people, as well as those with other addictions and mental health problems.³

Much of what is known about problem gambling comes from population surveys; however, these are likely to underestimate the extent of harm, owing to the secretive and stigmatised nature of problem gambling and difficulties people can have in recognising their own problem gambling behaviour.³ Another source of data is addiction services, which routinely collect information on persons seeking help for their gambling. These kind of data provide important evidence on the demand for treatment and the characteristics of those seeking help, and can be an indicator of trends in the wider population.

In Ireland, data on treatment for problem gambling are collected by the National Drug Treatment Reporting System (NDTRS) hosted by the Health Research Board (HRB).⁴ In 2022, the NDTRS published data profiling cases treated for gambling from 2008 to 2019.⁵ This was the first study using routine surveillance data to characterise cases treated for problem gambling in Ireland. This article extends the analysis by including data for 2020 to 2022.

Methods

A subset of NDTRS data (n=3898) was analysed in order to describe the demographic and treatment characteristics of cases treated for problem gambling from 2008 to 2022. With client consent, gambling treatment data are routinely collected by service providers and voluntarily returned to the NDTRS using a standardised data collection form.⁶ As a unique health identifier number has not yet been implemented in Ireland, the data reported are case-based, representing episodes of treatment rather than individuals.⁷

Included in this study were cases where gambling was the only presenting problem (n=1988) and cases where gambling occurred with another addiction issue (n=1190). Chi-square analyses examined differences between the two groups in key psychosocial and treatment variables.

Key findings

The following findings were based on the 3,988 cases treated for problem gambling:

- Males were in the majority (93.1%).
- The median age entering treatment was 34 years.
- One-half started gambling before the age of 18 years.
- Over one-half (55.2%) had completed upper post-primary (Leaving Certificate) or third-level education.
- Over one-third (36.7%) were in paid employment.
- Most (85.5%) were living in stable accommodation.
- At least 7 in 10 (70.8%) were living with other people.
- One in five (20.8%) were living with children aged 17 years or under.
- Most were treated in inpatient (55.2%) or outpatient (39.1%) settings.
- Almost one-half (48%) self-referred to treatment.
- Fewer than 1 in 10 were referred by general practitioners (GPs) (7.5%) or by mental health professionals (4.4%).

Gambling with and without additional problems

Almost one-half of cases (49%) reported gambling as their only problem. Compared to cases reporting gambling with other addictions, these cases were more likely to be in paid employment (41% vs 32.1%), to have completed third-level education (16.8 vs 10.3%), and to be living with dependent children (24.7% vs 16.6%).

Problem gambling in Ireland

continued

These cases were also more likely to be seen in outpatient settings (45% vs 33%) and to be referred by GPs (8.6% vs 6.4%) or mental health professionals (5.8% vs 4.4%).

Just over one-half of cases (51%) reported gambling plus an additional problem involving drugs and/or alcohol. The most common substances reported were alcohol (83%), cocaine (33.6%), cannabis (32.4%), and benzodiazepines (11.2%). Compared to cases with gambling only, these cases were slightly younger when starting gambling (17 vs 18 years) and entering treatment (33 vs 35 years).

They were also more likely to have left school before the age of 16 years (20.8% vs 14.6%), to be homeless (10.2% vs 5.8%), and to be unemployed (58.3% vs 46%). These cases were more likely to be treated in inpatient settings (60.8% vs 49.7%) and to have been referred through other addiction services (11.2% vs 5%), or the legal system (5% vs 1.5%).

Discussion

This analysis has profiled cases accessing gambling treatment in Ireland, including those whose only problem is gambling and those who have additional addiction issues. About one-half of cases appeared more complex, reporting problems with substances, especially alcohol. Compared to those with gambling only, these cases also had a differing psychosocial profile and pathway to treatment. There was little difference between the groups in the age they started gambling, but notably, one-half of all cases started gambling before the age of 18 years. Issues relevant to children and adolescents have been noted by the ESRI, including the need for further research on loot boxes in video games and social casino games and their association with problem gambling.³

Due to the voluntary nature of reporting gambling data to the NDTRS, the true level of treatment need and demand is likely greater than described. An unmet treatment need in the population is also possible, as some may not be accessing help for reasons including stigma and cost. Nonetheless, these data provide important insights into those accessing treatment for problem gambling in Ireland and can inform policy and planning. They also demonstrate the value and potential of routine monitoring of problem gambling treatment. A unique health identifier would facilitate the understanding of those impacted by problem gambling, their interactions with health services, and outcomes of interventions. This, together with increased routine surveillance, would ensure high-quality evidence to inform the design and delivery of early intervention and prevention programmes at population level and services for those whose gambling has progressed to a problem.

Cathy Kelleher and Tiiana Lynch

- 1 Mongan D, Millar SR, Doyle A, Chakraborty S and Galvin B (2022) *Gambling in the Republic of Ireland: results from the 2019–20 National Drug and Alcohol Survey*. Dublin: Health Research Board. Available from: <https://www.drugsandalcohol.ie/35305/>
- 2 Houses of the Oireachtas (2022) Gambling Regulation Bill 2022 – No. 114 of 2022. Dublin: Houses of the Oireachtas. Available from: <https://www.oireachtas.ie/en/bills/bill/2022/114/>
- 3 Ó Ceallaigh D, Timmons S, Robertson D and Lunn P (2023) *Problem gambling: a narrative review of important policy-relevant issues*. ESRI Survey and Statistical Report Series No. 119. Dublin: Economic and Social Research Institute. Available from: <https://www.drugsandalcohol.ie/39018/>
- 4 The NDTRS is the national public health surveillance system that reports on treated problem drug and alcohol use in Ireland. Established in 1990, the NDTRS is maintained by the HRB on behalf of the Department of Health. While the primary purpose of the NDTRS is to collect data on drugs, it also provides for the collection of data on behavioural addictions such as gambling.

Problem gambling in Ireland

continued

5 Condron I, Lyons S and Carew AM (2022) Gambling in Ireland: profile of treatment episodes from a national treatment reporting system. *Ir J Psychol Med*, Early online. Available from: <https://www.drugsandalcohol.ie/36419/>

6 NDTRS data collection complies with the European Treatment Demand Indicator (TDI) Protocol. Available from: https://www.emcdda.europa.eu/publications/manuals/tdi-protocol-3.0_en

7 Individuals may appear more than once in the dataset if they return to treatment in a treatment service, or if treated in multiple services in a calendar year.



Responses

Evaluation report on Youth Diversion Projects

The *Evaluation report on Youth Diversion Projects* (YDPs) was launched on 13 June 2023 by Minister of State James Browne TD.^{1,2} This was the first evaluation report on YDPs¹ and was carried out by Research Matters Ltd between December 2021 and November 2022. The central aim was to create policy-relevant information relating to the structure, conduct, and impact of YDPs.

Context of report

YDPs target young people aged 12 to 17 years who are part of communities with a detected need or where youths are at risk of continuing to be involved with the criminal justice system.

The projects create an opportunity to divert youths from criminality but also to allow for preventative work within the community and at-risk families.³

This work is aligned with objectives outlined in the Youth Justice Strategy 2021–2027.⁴ There are currently 105 YDPs in Ireland, which are funded by the Irish Government and the European Social Fund (ESF) Plus 2021–2027.⁵

Research questions

There were five research questions to be addressed in the evaluation.

- 1 How are the YDPs structured and what are the key inputs into the projects?
- 2 How are these projects implemented; what are the main processes, actions and activities associated with their implementation?
- 3 What changes for young people, their families, and the broader community because of being involved in the YDPs?
- 4 What works, for whom, in which circumstances; what are the mechanisms that operate; and how does the context influence outcomes?
- 5 What recommendations arise from the evaluation in terms of funding, governance, supports, synergies, coherence, and balance between interventions and wider engagement?

Evaluation report on Youth Diversion Projects

continued

Literature review

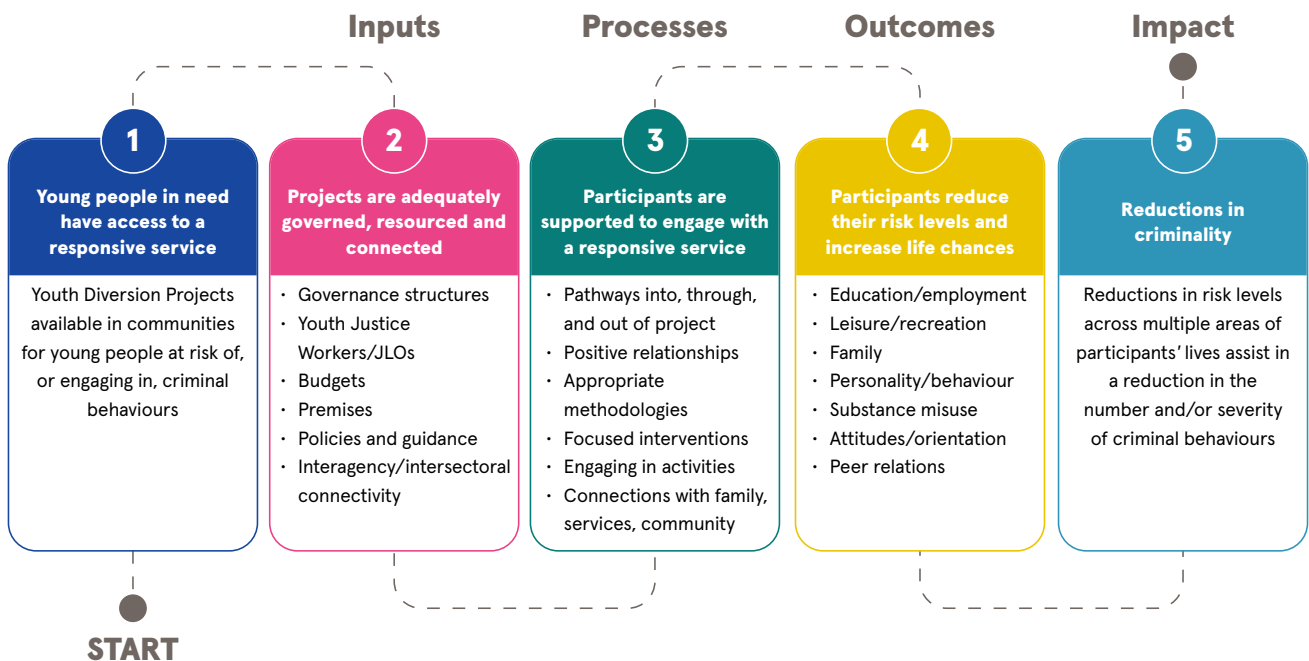
The literature review involved a scoping review of grey and peer-review literature nationally and internationally. It brings together contextual material on YDPs and provides current insights into the type of offending carried out by youths; diversion in response to offending behaviour; protective and risk factors; limitations and effectiveness of diversion; interventions, including risk assessment, youth work, and youth justice work. The importance of relationships between young people and services has been identified as an essential feature to getting youths involved and has contributed to successful outcomes.

Finally, previous YDP studies are outlined along with policy guidelines regarding the purpose and scope of projects and the roles and responsibilities of youth justice workers (YJWs) and juvenile liaison officers (JLOs).

Methodology

Theories applied

Two theories were applied in this evaluation: Weiss's 1997 theory of change and Pawson and Tilly's 1997 realist evaluation.¹ The theory of change developed after key stakeholder interviews is outlined in Figure 1. The realist evaluation described, appraised, and quantified inputs, processes, and outcomes of the projects.



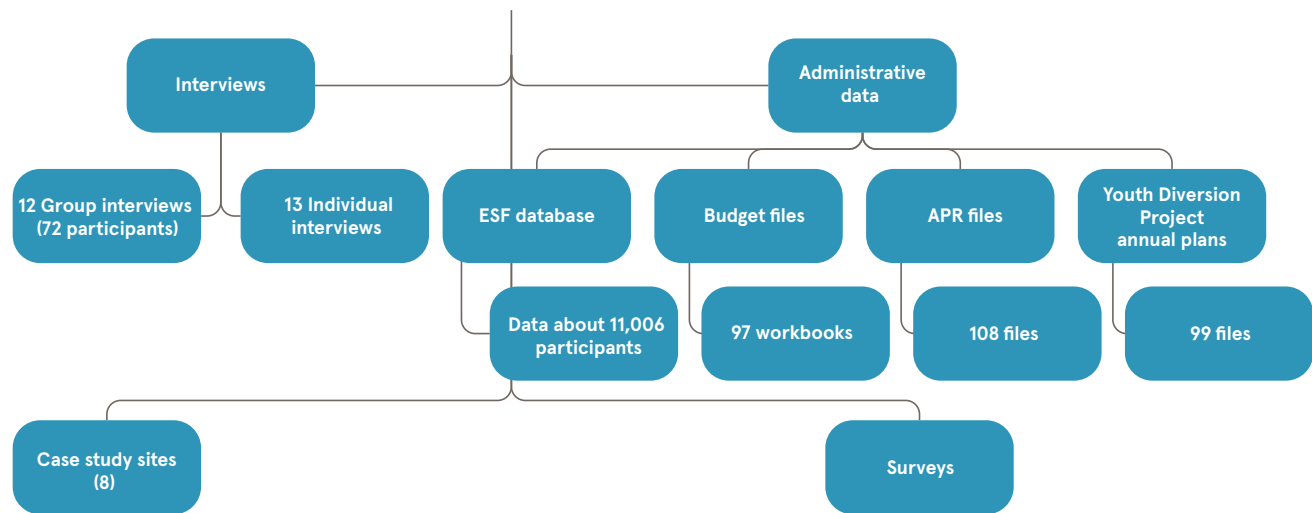
Source: Research Matters, 2023, p. 33¹

Figure 1: Preliminary theory of change

Evaluation report on Youth Diversion Projects

continued

Data sources and methods



Source: Research Matters, 2023, p. 34¹

Figure 2: Data sources and methods

Methods

To address the research questions, a multimethod design was taken to gather data. Figure 2 shows a breakdown of the main data sources along with the number of stakeholders who participated. Case studies and surveys were the main methods used to collect data. Case studies included interviews (12 groups [n=72]; individuals [n=13]), observations, and administration data (ESF database, annual project plans and reports (APR), budget files, and surveys). The surveys involved the project survey (n=64), young people (n=75), JLOs (n=53), YJWs (n=75), managers (n=48), and project committee members (n=54).

Findings

The findings were broken down into two categories: (i) structure, governance, and resource analysis, and (ii) implementation of service analysis.

Structure, governance, and resource analysis

Good coherence was shown between the stakeholders in their understanding of the purpose of YDPs being centred on a belief that crime reduction can be achieved via increased life opportunities for young people.

The support provided by national governance structures was viewed positively, while governance of projects at a local level was deemed to work well in practice.

At the local level, there was a feeling of being supported by national structures. This was evident through good partner cooperation and interaction along with a commitment and willingness to engage. However, at project level, managers had reservations with regards to whether project committees should be involved in overall governance, risk, and financial management.

Evaluation report on Youth Diversion Projects

continued

Budget analysis showed differences in how budgets were allocated, with three-quarters of the budgets being allocated to pay costs. This necessitates further exploration. Additionally, there is no single pay scale in operation across projects. Managers, YJWs, and JLOs were experienced and well-educated; however, less than one-fifth of those employed in this area had achieved a qualification in youth justice. While YJWs reported high job satisfaction in relation to training opportunities, manager support, and quality of service they provided, there were issues around promotion and professional supervision. The MA degree under the Research Evidence into Policy Programmes and Practice (REPPP) programme at the University of Limerick was welcomed.

Implementation of service analysis

A detailed analysis of the interventions implemented in YDPs was presented by the report authors. Interventions that were applied targeted issues that arose in the YDP plan. There was mainly considerable diversity between the interventions. In more than 80% of plans, only one intervention in relation to education or employment was implemented. Only 16 plans implemented interventions related to criminal behaviour. Due to the focus of the projects, this was viewed as a surprising outcome. However, it does lend support to another YDP focus, namely, the building of better life chances in young people to reduce criminality.¹ On a positive note, the analysis of YDP plans indicates that planning and implementation of projects are aligned and show that the nature and structure of projects target specific local needs.

Limitations

As acknowledged by the authors, all approaches used to collect data have their own limitations. For example, using online surveys is efficient and convenient. However, they do not capture the complexity of the contexts in which the YDPs operate. There is also a potential for bias by those that complete them. The response rate for surveys was low; hence, the results should be interpreted with caution. The qualitative interviews overcame the survey limitations; however, participants were only from the eight case study sites. Within each site, young people, family, and project committee members were identified by the site manager or coordinator. Only young people who engaged with the projects were interviewed; those that disengaged were not. How project effectiveness was measured was another limitation due to difficulties accessing relevant crime data. While Youth Level of Service (YLS) data provided some measures of effectiveness, this was based on professional judgements on assessments recorded in the annual performance report file.

However, the multiple methods used in the study mitigated some of these limitations to a certain degree.

Recommendations

Several recommendations (n=52) arose from the evaluation. These focused on:

- Improvements in governance (n=11)
- Resourcing of YDPs (n=5)
- Personnel (n=7)
- Implementation of YDPs (n=7)
- Outcomes and impacts (n=6)
- Further research and data development (n=16).

Evaluation report on Youth Diversion Projects

continued

Conclusion

The authors were unable to determine whether projects were effective in reducing crime; however, they are performing well in several locations, which does impact positively on crime reduction. While recommendations for change have been made, project governance is considered good, cooperation is high, and experience, qualifications, and satisfaction of staff are high. There is evidence of best practice in implementation, while feedback from those participating is positive.

The evaluation report was welcomed by Minister Browne. He believes the report is an opportunity to appreciate the impact that youth diversion has had and that the recommendations and insights provided will inform future progress and direction of YDPs. He thanked all those who participated in the evaluation and stated that the findings of the evaluation illustrate the 'commitment and willingness among all participants to work towards a shared purpose, centred on the needs of vulnerable children and young people' (p. 2).²

Ciara H Guiney

- 1 Research Matters Ltd (2023) *Evaluation of youth diversion projects*. Dublin: Department of Justice. Available from: <https://www.drugsandalcohol.ie/38981/>
- 2 Department of Justice (2023) *Minister of State with responsibility for Youth Justice, James Browne, launches evaluation report on youth diversion projects* [Press release]. 13 June 2023. Dublin: Department of Justice. Available from: <https://www.gov.ie/en/press-release/df76-minister-of-state-with-responsibility-for-youth-justice-james-browne-launches-evaluation-report-on-youth-diversion-projects/#>
- 3 Department of Justice (2022) *Youth justice projects operational requirements 2022*. Dublin: Department of Justice. Available from: <https://assets.gov.ie/240584/95edb188-4889-421b-8555-9d62eaf4780c.pdf>
- 4 Department of Justice (2021) *Youth Justice Strategy 2021–2027*. Dublin: Department of Justice. Available from: <https://www.drugsandalcohol.ie/34061/>
- 5 McEntee H (2022) *Parliamentary Debates Dáil Éireann – Youth Services. Question 6*. 5 July 2022. Vol. 1024, No. 7. Available from: <https://www.oireachtas.ie/en/debates/debate/dail/2022-07-05/22/>



Progress on Youth Justice Strategy implementation statement, 2021

On 16 December 2022, the Department of Justice provided an update on the progress made in addressing the objectives and key actions identified in the Youth Justice Strategy 2021–2027 (YJS).^{1,2,3} The YJS is centred on a developmental framework that aims to target ongoing and emerging challenges in youth justice in Ireland.² A key strength of this strategy is that its development was informed by an expert steering group representing key stakeholders across Ireland. The implementation statement focuses on several strategic objectives identified in Appendix 3 of the strategy.²

Governance, oversight and consultation

In 2021, implementation of the YJS was supported by the establishment or consolidation of governance, oversight, and consultation structures (Strategic Objective 1.1).

For example, meetings were held by the Youth Justice Governance and Strategy Group and the Youth Justice Oversight Group. Subgroups within these groups examined areas in relation to resources for Youth Diversion Project (YDP) development; serious offences; sexual offences; diversion in young adults (aged 18–24 years); and practitioner training.¹ The new Youth Justice Advisory Group met in September and December 2021 to discuss a range of topics, such as approaches to collaborative services and case management.

Research Evidence into Policy Programmes and Practice

To ensure that youth justice programmes continued to be informed by evidence-based practice, ‘an enhanced research partnership’,⁴ between the Department of Justice and the Research Evidence into Policy Programmes and Practice (REPPP) team at the University of Limerick was established (Strategic Objective 1.2).

The REPPP team is also responsible for monitoring and reporting on the implementation of the strategy objectives.¹

Youth Diversion Project development

YDPs (n=105) were expanded in 2021 (Strategic Objectives 2.8 and 2.9). Additional funding of €6.7 million was allocated from the Exchequer to support the development of existing YDPs and several specialised projects and programmes targeting problematic offending for hard-to-reach young people.

Ongoing service development objectives of the strategy

The work of key stakeholders continued in 2021, as outlined below.

Probation Service

In 2020, the Probation Service carried out 519 court referrals, prepared 509 pre-sanction reports for the courts, and supervised 409 young people in the community.

Youth Justice Strategy

continued

In addition, it collaborated with other justice agencies, working closely with juvenile liaison officers and Garda youth crime case managers. An in-reach service at Oberstown Children Detention Campus was provided twice a week, where offence-focused programmes and individual work with children and young people were carried out. Detention and Supervision Orders were given to 21 young people in 2020; probation officers worked with each person while they were detained and after release. Progress made by young people was reviewed throughout their detention with a final review being carried out before release. Reorientation into the community was also planned.

Garda Youth Diversion Bureau

The Garda Youth Diversion Bureau (GYDB) continued to work in a range of new and ongoing initiatives in 2021. For example, new youth mental health first-aid courses were provided for frontline workers along with presentations for internal and external groups on diversion work, restorative justice, and youth crime. Also, Greentown pilot initiatives continued to be supported for children who are under the coercive influence of criminal groups. To increase support and collaboration on the implementation of the strategy, a working group from different areas of An Garda Síochána was established.

Continuing professional development for youth justice workers

To enable youth justice workers to work and support children and young people effectively, continuing professional development (CPD) opportunities continued. The YDP Best Practice Development Team provided training on restorative practice and the risk assessment tool (YLS/CMI 2.0), motivational interviewing, exploring anger workshops, and Together Stronger workshops.

The REPPP Action Research Project co-designed and implemented new guidance on effective practitioner and young person relationships, involving a two-year trial process on 16 YDP sites.

Juvenile detention – DCEDIY and Oberstown

Policy and procedure documents aligned with the Children's Rights Policy Framework of the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) were finalised and essential training by staff was completed. Transitions to prison continued to be part of the placement planning process and involved young people in consultation with their keyworker and an external partner, Solas. Using a multidisciplinary approach drew attention to the young person's journey in Oberstown with the view that this would continue in prison.

Conclusion

The implementation report was commended by the Chief Justice and chairperson of the board of the Courts Service, Mr Justice Donal O'Donnell, who described efforts by the Courts Service in 2021 as one of adaptation and innovation as they dealt with the consequences of the Covid-19 pandemic and how it affected access to and the administration of the service (p. 5).¹

Ciara H Guiney

- 1 Department of Justice (2022) *Youth Justice Strategy 2021–2027: implementation statement 2021*. Dublin: Department of Justice. Available from: <https://www.drugsandalcohol.ie/37773/>
- 2 Department of Justice (2021) *Youth Justice Strategy 2021–2027*. Dublin: Department of Justice. Available from: <https://www.drugsandalcohol.ie/34061/>

Youth Justice Strategy

continued

- 3 Department of Justice (2021) *Minister Browne launches Youth Justice Strategy 2021–2027* [Press release]. 15 April 2021. Dublin: Department of Justice. Available from: <https://www.gov.ie/en/press-release/63721-minister-browne-launches-youth-justice-strategy-2021-2027/?referrer=http://www.justice.ie/en/JELR/Pages/PR21000079>
- 4 Department of Justice (2022) *Minister of State James Browne announces almost €832,000 in once-off funding for 42 Youth Diversion Projects (YDPs) nationwide* [Press release]. 16 December 2022. Dublin: Department of Justice. Available from: <https://www.gov.ie/en/press-release/c0184-minister-of-state-james-browne-td-announces-832000-in-once-off-in-funding-for-42-youth-diversion-projects-ydps-nationwide/>

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Launch of What Works Ireland Evidence Hub

As part of the What Works: Sharing Knowledge, Improving Children's Futures initiative of the Department of Children, Equality, Disability, Integration and Youth (DCEDIY), Minister Roderic O'Gorman TD launched the What Works Ireland Evidence Hub on 31 May 2023.¹

What Works Ireland Evidence Hub

The What Works Ireland Evidence Hub is an online tool that enables users to search for prevention and early intervention (PEI) programmes that have been evaluated and found to improve one or more of a set of specified outcomes in children and young people.

The target audience for the hub includes service commissioners, policymakers, practitioners, and evaluators.

The DCEDIY worked with What Works for Early Intervention and Children's Social Care (WWEICSC),² based in the United Kingdom (UK), to develop the hub. Assessment for inclusion on the hub is based on the existing Early Intervention Foundation (EIF) Guidebook^{3,4,5} in the UK, which provides details of PEI programmes that have been evaluated and show some evidence of improving outcomes for children and young people.

Launch of What Works Ireland Evidence Hub

continued

Table 1: The strength of evidence rating

NL2 Not Level 2	Case studies; qualitative research; lack of validated measures in impact evaluations
Level 2 Preliminary evidence	Pre/post studies showing improved outcomes, but no comparison group used, so lack of confidence regarding causal impact of intervention
Level 3 Efficacy	Rigorous randomised controlled trial or quasi-experimental design demonstrated that the intervention led to an improvement in child outcomes
No effects	As Level 3, but finding no significant intervention effects
Level 4 Effectiveness	Two or more Level 3 studies, demonstrating effects were replicated in more than one site – also demonstrating long-term effects and using independent measures

Note there is no Level 1 as such. The evidence rating is not a rating of the scale of impact but of the degree to which a programme has been shown to have a positive, causal impact on specific child outcomes.

Rather than simply providing a description of each programme, the hub offers the user an assessment of the associated evidence base, along with other critical information on how the programme works and is delivered. Some of the hub's key features are a searchable database, evidence rating, cost rating, and a project summary.

- **Searchable database:** The database can be searched using keywords or filters, including the age of the target group; the nature of the outcomes achieved; delivery setting (school, home, early years, etc.); classification (universal, selective or indicated); and delivery model (group, individual, home visit, online or app); and prior implementation in Ireland.
- **Evidence rating:** Each programme has an evidence rating. This is based on an assessment of the nature and quality of the evaluation evidence for the programme and the outcomes achieved. Table 1 presents a broad overview of the ratings applied.

- **Cost rating:** Programmes have also been allocated a cost rating which reflects the estimated unit cost of delivery. There are five levels, which range from a value of less than €125 per unit to a cost of more than €2,375 per unit.
- **Project summary:** A summary of key information is provided for each project. This includes who the programme is for; how and where it is delivered; implementation requirements; how it works (its theory of change); its intended outcomes; and more information on published evaluations.

Selected programmes

The Irish hub contains information on over 100 PEI programmes included in the EIF Guidebook,⁴ as well as an additional five programmes being delivered in Ireland. At the time of the launch, 56 of the database's 123 programmes were or had been implemented in Ireland. The five programmes added as part of the Irish launch are:

Launch of What Works Ireland Evidence Hub

continued

- **Changing Lives Initiative** is a community-based multicomponent intervention aimed at children (aged 3–7 years) who experience behaviours consistent with a diagnosis of attention deficit hyperactivity disorder. This is being delivered by Clondalkin Behavioural Initiative CLG/Archways in Dublin.
- **Fear-Less Triple P** is an indicated parenting programme for parents of children (aged 6–14 years) who are experiencing anxiety. The programme is delivered by Triple P UK and Ireland.
- **Preparing for Life** is a selective parenting programme for expectant parents living in disadvantaged neighbourhoods or communities. It is delivered in Ireland by the Northside Partnership in Dublin.
- **Family Talk** is an indicated programme for children aged 5–18 years who have a parent with a mental health diagnosis and/or are in contact with mental health services. The lead organisation in Ireland is the Centre for Mental Health and Community Research, Department of Psychology and the Social Sciences Institute at Maynooth University.
- **MindOut** is a universal school-based programme for children aged 15–18 years. The Health Promotion Research Centre at the University of Galway and the Health Service Executive (HSE) are the leads on MindOut.

The evidence base for Preparing for Life, Family Talk and MindOut includes evaluations carried out in the Irish context.

Concluding comment

The launch of the What Works Ireland Evidence Hub indicates a commitment to a more evidence-based approach to work in the prevention sector in Ireland. It offers commissioners and policymakers the opportunity to prioritise funding for programmes that have been proven to work in Ireland and elsewhere. Among the outcomes considered for young people on the hub is substance use; the hub could therefore offer an opportunity for programmes with substance use prevention at their core to be considered for inclusion.

Lucy Dillon

- 1 The DCEDIY Evidence Hub can be found at: <https://whatworks.gov.ie/hub-search/>
- 2 For further information on the WWEICSC, visit: <https://wweicsc.org.uk/>
- 3 For further information on the EIF, visit: <https://www.eif.org.uk/>
- 4 For further information on the EIF Guidebook, which is an online searchable database of PEI programmes, visit: <https://guidebook.eif.org.uk/>
- 5 For more details on the evidence rating system, visit: <https://guidebook.eif.org.uk/eif-evidence-standards>



Model of Care for Dual Diagnosis launched: mental health disorder and substance use disorder

The Model of Care for Dual Diagnosis, approved by the Health Service Executive (HSE) Chief Clinical Officer Forum and endorsed by the College of Psychiatrists of Ireland, was formally launched on 23 May 2023 by Mary Butler TD, Minister of State for Mental Health and Older People, and Hildegard Naughton TD, Minister of State for Public Health, Wellbeing and the National Drugs Strategy.¹

The term 'dual diagnosis' is used to describe a person who presents with a simultaneous mental health disorder and a substance use disorder (SUD). However, dual diagnosis can often be defined in different terms internationally. While dual diagnosis is not unusual, research suggests that up to one-half of those attending HSE Community Mental Health Teams also have a comorbid SUD.

The Model of Care for Dual Diagnosis is the culmination of the efforts of the National Working Group for the HSE Dual Diagnosis National Clinical Programme,² which was established between 2016 and 2018. In 2021, Dr Narayanan Subramanian was appointed national clinical lead, following which a second working group was established to progress the development of the programme. Central to the process of drafting the Model of Care, the working group studied and took account of people with lived experience of dual diagnosis, including both service users and carers.

In the HSE, Dual Diagnosis services will be a tertiary service that provides support to Community Mental Health Teams; Community Child and Adolescent Mental Health Teams; acute inpatient psychiatric units; HSE Addiction Services; and community, voluntary and HSE-

funded organisations, including Section 39 agencies.

As envisioned in the recommendation for dual diagnosis in the Department of Health's mental health policy, *Sharing the Vision*,³ an integrated collaborative approach will be employed by the Dual Diagnosis services. This will involve HSE Addiction Services; Community Mental Health Teams; the HSE National Office for Suicide Prevention; HSE Health and Wellbeing; HSE Mental Health Engagement and Recovery; liaison psychiatry services; maternity services; community and voluntary agencies; and regional universities.

Resources such as staff, training, and premises will be shared between the service partners, primarily under the clinical governance of HSE Mental Health and in some cases under shared clinical governance with HSE Addiction Services.

Vivion McGuire

- 1 National Working Group for Dual Diagnosis (2023) *Dual Diagnosis National Clinical Programme: Model of care for people with mental disorder and co-existing substance use disorder (dual diagnosis)*. Dublin: Health Service Executive. Available from: <https://www.drugsandalcohol.ie/38847/>
- 2 For further information on the HSE Dual Diagnosis National Clinical Programme, visit: <https://www.hse.ie/eng/about/who/cspd/ncps/mental-health/dual-diagnosis-ncp/>
- 3 Department of Health (2020) *Sharing the Vision: a mental health policy for everyone*. Dublin: Government of Ireland. Available from: <https://www.drugsandalcohol.ie/32228/>



National Drugs Library

Updates

Recent publications

Prevalence/current situation

Trends in public attitudes to permitting cannabis for recreational use: analysis of Irish survey data since 2002

Mongan D, Millar SR, O'Dwyer C, *et al.* (2023) *European Journal of Public Health*, 33(4): 627–632.
<https://www.drugsandalcohol.ie/38555/>

An occupation-based lifestyle lecture intervention as part of inpatient addiction recovery treatment: exploring occupational performance, balance and personal recovery

Ryan D, Naughton M, de Faoite M, *et al.* (2023) *Substance Abuse: Research and Treatment*, 17: 11782218231165123.
<https://www.drugsandalcohol.ie/38560/>

Evaluating opioid prescribing patterns following discharge from elective surgical procedures: a worrying trend during the 'opioid crisis' – an audit of elective surgical procedures

Meldon A, Davey MG and Joyce WP (2023) *Irish Journal of Medical Science*. Early online.
<https://www.drugsandalcohol.ie/38630/>

How does the public understand the causes of mental disorders? An analysis of Irish news media before and during the COVID-19 pandemic

Huggard L and O'Connor C (2023) *PLoS ONE*, 18(4): e0284095.
<https://www.drugsandalcohol.ie/38557/>

Public attitudes to implementing financial incentives in stopsmoking services in Ireland

Cosgrave E, Sheridan A, Murphy E, *et al.* (2023) *Tobacco Prevention and Cessation*, 9: 9.
<https://www.drugsandalcohol.ie/38556/>

Barriers and facilitators of naloxone and safe injection facility interventions to reduce opioid drug-related deaths: a qualitative analysis

Miller NM, Campbell C and Shorter GW (2023) *International Journal of Drug Policy*, 117: 104049.
<https://www.drugsandalcohol.ie/38896/>

Recent publications

continued

Women over 50 who use alcohol and their engagement with primary and preventative health services: a narrative review using a systematic approach

Clarke G, Hyland P and Comiskey C (2023) *Journal of Addictive Diseases*, Early online. <https://www.drugsandalcohol.ie/38755/>

A thematic analysis of alcohol use and culture amongst elite (intercounty) Gaelic Athletic Association (GAA) players

Mac Gearailt C, Murphy C, McCaffrey J *et al.* (2023) *Irish Journal of Medical Science*, Early online. <https://www.drugsandalcohol.ie/38729/>

Adolescent binge drinking in the West of Ireland: associated risk and protective factors

Kelly C, Major E, Durcan M *et al.* (2023) *BMC Public Health*, 23(1): 1064. <https://www.drugsandalcohol.ie/38943/>

Why do people use drugs? A neglected question

McLoughlin A (2023) *Irish Journal of Medical Science*, Early online. <https://www.drugsandalcohol.ie/38993/>

Tobacco-free campuses – a pipe dream? A survey of current smoking cessation practice in mental health units in Ireland

Harrington C and Walsh E (2023) *BJPsych Bulletin*, Early online. <https://www.drugsandalcohol.ie/39027/>

Alcohol, drug use and experiences of sexual violence victimisation among first-year college students in Ireland

Burke L, Dawson K, Flack WF *et al.* (2023) *Journal of Sexual Aggression*, Early online. <https://www.drugsandalcohol.ie/38997/>

Homelessness and health-related outcomes in the Republic of Ireland: a systematic review, meta-analysis and evidence map

Ingram C, Buggy C, Elabbasy D *et al.* (2023) *Journal of Public Health*, Early online. <https://www.drugsandalcohol.ie/38926/>

Nurse prescribing practices across the globe for medication-assisted treatment of the opioid use disorder (MOUD): a scoping review

Banka-Cullen SP, Comiskey C, Kelly P *et al.* (2023) *Harm Reduction Journal*, 20(1): 78. <https://www.drugsandalcohol.ie/39046/>

Revisiting the profile of patients with no fixed abode admitted to psychiatric inpatient units, 2017–2021

Guilfoyle S, Daly A, Craig S *et al.* (2023) *Irish Medical Journal*, 116(6): 786. <https://www.drugsandalcohol.ie/39083/>

Hepatitis B related hepatocellular carcinoma: screening, screening and more screening

Sopena-Falco J, McCormick A, MacNicholas R *et al.* (2023) *Irish Medical Journal*, 116(4): 756. <https://www.drugsandalcohol.ie/38706/>

Recent publications

continued

The mediating effect of food choice upon associations between adolescent health-related quality of life and physical activity, social media use and abstinence from alcohol

Davison J, Bunting B and Stewart-Knox B (2023) *Health and Quality of Life Outcomes*, 21: 46.

Is perinatal substance abuse falling through the cracks?

Mitchell JM, Keenan O, Fakhoury A *et al.* (2023) *Irish Journal of Psychological Medicine*, Early online.
<https://www.drugsandalcohol.ie/38861/>

The incidence and profile of self-harm among prisoners: findings from the Self-Harm Assessment and Data Analysis Project 2017–2019

McTernan N, Griffin E, Cully G *et al.* (2023) *International Journal of Prisoner Health*, Early online.
<https://www.drugsandalcohol.ie/38716/>

Responses

Impact of changes to the delivery of opioid agonist treatment, introduced during the COVID-19 pandemic, on treatment access and dropout in Ireland: an interrupted time series analysis

Durand L, Boland F, Harnedy N *et al.* (2023) *Journal of Substance Use and Addiction Treatment*, 149: 209029.
<https://www.drugsandalcohol.ie/38527/>

Social connectedness and smoking among adolescents in Ireland: an analysis of the health behaviour in schoolchildren study

Evans DS, O'Farrell A, Sheridan A *et al.* (2023) *International Journal of Environmental Research and Public Health*, 20(9): 5667.
<https://www.drugsandalcohol.ie/38774/>

Hookah smoking – an overlooked aspect of tobacco control in Ireland

Al Kalbani SR and Kavanagh PM (2023) *Irish Medical Journal*, 116(5): 774.
<https://www.drugsandalcohol.ie/38868/>

A needs assessment for suicide prevention training within community pharmacies

O'Driscoll M, Carpenter DM, Foley A *et al.* (2023) *Exploratory Research in Clinical and Social Pharmacy*, 10: 100285.
<https://www.drugsandalcohol.ie/38994/>

John Bennett – an appreciation

We were deeply saddened to learn of the sudden death of John Bennett, Coordinator of the Finglas Cabra Local Drug and Alcohol Task Force (LDATF). John was a good friend to the HRB. In 2014, he presented the findings of the first two reports in the HRB's Drug and Alcohol Review series and was involved in several other research and knowledge transfer projects. John was very respectful of the scientific aspect of drug response work but brought an extraordinarily broad frame of learning to his understanding of the topic. He was intellectually voracious and was as likely to refer to a work of literature, art or music as a journal article or report. He was serious, determined and committed to the interests of those who needed the services he managed. He also was very good fun, great company, and a curious and cultured man.



We asked some colleagues from the LDATF Coordinators' Network to share their memories of him. They kindly prepared the tribute below.

John was a longstanding stalwart of the LDATF Coordinators' Network and chaired it for the past four years. We remember the full and enthusiastic vigour he brought to our many discussions. We were never in doubt that he liked a debate! We knew that he would represent us at the various national bodies he sat on with 100 per cent commitment and bravery. We remember his generosity to new members, and the follow-up phone calls he made to each of us to check in with us after different events or discussions. John never took the easy conversations or allowed things to slide. He was always willing to explore conversations and put his point or the opposing point across.

We were all amazed by John's breadth of knowledge on a range of subjects and the fact that this was based on his own experiences. So, for example, if you mentioned that it must be tricky at the top of Mont Blanc, he would tell you the snow was up to his waist when he was up there. If you mused on what it must have been like to see the Clash in their early gigs, he would tell you about the time he saw them in Dublin in 1978. If you raved about Liverpool's win in the Champion's League final in Istanbul in 2005, he would tell you about the atmosphere in the stadium that night.

John spoke at the Citizens' Assembly on Drugs Use in June of this year and shared how the drugs issue had affected his own family. None of us were in any doubt that the empathy he brought to his role and the respect he showed people who use drugs and their families and the communities of Finglas/Cabra were deeply felt and rich.

Most recently, John's commitment to the development of our network and that of the LDATF Chairperson's network could be seen through his diligent coordination of the LDATF Conference, held in the Department of Health in May. Following on from that, he made a crucial contribution to the development of the LDATF Pre-Budget Submission 2024. There will be a large and unfillable hole in our network from now on. We will miss John terribly, but somehow we will always feel his presence with us.

John's colleagues from the Regional DATF Network remember him as a passionate man who was not afraid to challenge the system for the greater good. He cared deeply about disadvantaged communities and was a great advocate and voice for those who sometimes don't get heard. He was a great storyteller and although he never shied away from a good debate, he would be the first to go for a cuppa and a laugh straight afterwards. He was a brave and vibrant man who will be sadly missed by us all.

We join with his colleagues in these networks and the wider drug and alcohol task force in extending our deepest condolences to John's children, Ailbhe and Sam, and the entire Bennett family.

National Drugs Forum 2023

Building Bridges for Evidence
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16 November 2023



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Drugnet Ireland is the quarterly newsletter of Ireland's focal point for the EMCDDA and is produced in collaboration with the HRB National Drugs Library. *Drugnet Ireland* is published by the Health Research Board.

Managing editor: Brian Galvin
Copyediting: O'Hanlon Media

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