

# **Focal Point Ireland: national report for 2022 – Prevention**

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

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# Table of Contents

Table of Contents .....	3
T0. Overview.....	4
T1. National profile.....	7
T1.1 Policy and organization.....	7
T1.2 Prevention interventions .....	14
<b>T1.2.3 Selective prevention interventions</b> .....	29
<b>T1.2.4 Indicated interventions</b> .....	36
T1.3 Quality assurance of prevention interventions .....	43
T2. Trends .....	46
T3. New developments.....	47
T4. Additional information .....	52
T5. Sources and methodology .....	56

## T0. Overview

Please provide an abstract of this workbook (target: 500 words) under the following headings:

- National profile
- Summary of T1.1 on Policy and organization
  - Overview of how prevention is addressed in your national drug strategy or other relevant drug policy document;
  - Highlight the organisations and structures responsible for developing and implementing prevention interventions in your country.
- Summary of T1.2 on prevention interventions:
  - Provide a succinct overview of prevention interventions in your country categorised by environmental, universal, selective and indicated prevention activities (focus on evaluated and evidence-based activities, with examples of most important programmes implemented).
- Summary of T1.3 on quality assurance of prevention interventions: E.g. training and accreditation of professionals and certification of evidence-based programmes, registries of interventions, conditional funding.
- Trends
- New developments

### Summary:

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

Ireland's national drugs strategy, entitled Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025, is structured around five goals {Department of Health 2017}. Goal 1 focuses on prevention: "To promote and protect health and well-being". Through this, the strategy "aims to protect the public from threats to health and well-being related to substance misuse by preventing early use of alcohol and other drugs among young people, influencing behaviour and challenging social norms and attitudes and providing targeted interventions aimed at minimising harm for those who have already started to use substances", {Department of Health 2017} (p. 17). The agencies identified as either the 'lead' or 'partners' for the delivery of specific actions under this goal are: the Department of Health; the Health Service Executive (HSE); the Department of Education; the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) (previously the Department of Children and Youth Affairs (DCYA)); Child and Adolescent Mental Health Services (CAMHS); Tusla – the Child and Family Agency; Drug and Alcohol Task Forces (DATFs); and the Health Research Board (HRB).

A midterm review of Ireland's national drugs strategy was published in late 2021. A main outcome of the review is the identification of six new strategic priorities for the strategy from 2022-25, one of which is: To strengthen the prevention of drug and alcohol use and the associated harms among children and young people.

The review has also led to changes to the delivery structure of the national strategy. Included is the establishment of a new Strategic Implementation Group (SIG) for the delivery of the prevention priority. The agencies involved with this SIG are: the Department of Health; the Health Service Executive (HSE); the Department of Education; the Department of Children, Equality, Disability, Integration and Youth (DCEDIY); Tusla – the Child and Family Agency; and the Drug and Alcohol Task Forces (DATFs). Community representatives are also included on the group. Funding for prevention in Ireland is overwhelmingly from the statutory sector.

### **T1.2 Summary of T1.2 on prevention interventions**

Environmental prevention interventions in Ireland are focused around increasingly restrictive alcohol and tobacco controls, although programmes focusing on the environment rather than just on the user per se are starting to emerge. The controls around alcohol include relatively high taxes on alcohol; drink-driving restrictions; local authority by-laws prohibiting the consumption of alcohol in public spaces; and age restrictions on the purchase and sale of alcohol. There are similar restrictions on tobacco use. The Public Health (Alcohol) Act 2018 provides for a set of evidence-based measures that are designed to reduce alcohol consumption at a population level. Not all measures in the Act have been commenced, although minimum unit pricing was introduced in January 2022. There are other illustrations of policy and legislative changes that have contributed to the landscape of environmental prevention in Ireland, including laws implemented in relation to new psychoactive substances (NPS) and, moving forward, how Ireland is planning to deal with the possession of small amounts of drugs for personal use (Health Diversion Programme).

A range of universal prevention programmes is run at both local and national levels. At a national level these include online resources (e.g. <http://www.drugs.ie/>, <http://www.askaboutalcohol.ie/>), substance misuse awareness campaigns and whole-school prevention programmes (e.g. Social, Personal and Health Education (SPHE), Wellbeing Programme). Community programmes continue to take the form of alternative leisure-time activities, including youth cafés, and recreational arts and sports activities. Internationally recognised family interventions also continue to be delivered; for example, the Strengthening Families Programme (SFP).

A range of selective interventions is delivered by DATFs that have organised, for example, local and regional awareness and educational initiatives and community action on alcohol in socially and economically disadvantaged communities. A major source of funding for these projects is the UBU Your Place Your Space scheme, which aims to prevent drug misuse through the development of youth facilities, including sport and recreational facilities. There is also ongoing work in tackling educational disadvantage under programmes such as the Delivering Equality of Opportunity in Schools (DEIS) and Youthreach programmes.

Evidence on indicated programmes is limited. CAMHS teams are the first line of specialist mental health services for children and young people. The service is provided by multidisciplinary teams, including psychiatrists, psychologists, nurses, social workers, speech and language therapists, and occupational therapists. There is also a focus on providing brief interventions across an increasingly wide range of settings that deal with both alcohol and drug use. In addition, there is political commitment to legislate against the coercion and use of minors in the sale and supply of drugs.

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

Ireland's national drugs strategy {Department of Health 2017} recognises the importance of quality standards in prevention. However, no reference is made in the strategy to adopting or maintaining European standards in this area {European Monitoring Centre for Drugs and Drug Addiction 2015} {Uchtenhagen and Schaub 2011} {European Monitoring Centre for Drugs and Drug Addiction 2011} {United Nations Office on Drugs and Crime and World Health Organization 2018}. However, under the

new strategic priorities for the national drugs strategy prevention activity will be informed by the European Prevention Curriculum (EUPC) and the International Standards on Drug Use Prevention.

There are also national quality standards that apply to various government areas that would impact on prevention programmes. For example, the youth work sector is underpinned by the National Quality Standards Framework (NQS) for Youth Work {Office of the Minister for Children and Youth Affairs 2010}. The NQS is the standard to which providers are to work under the single funding scheme, UBU Your Place Your Space {Department of Children and Youth Affairs 2019}. The HSE implements its own quality standards 'National Standards for Safer, Better Healthcare' and it expects funded agencies who have a service level agreement (SLA) with the HSE to implement these as part of the SLA. This includes some agencies that provide prevention interventions. The quality standards framework was developed in 2012, and the quality standards apply to all healthcare services (excluding mental health) provided or funded by the HSE, including, but not limited to, addiction services.

### **T2.1 Summary of T2.1 Trends**

The national drugs strategy continues with the common prevention threads that ran through previous strategies {Department of Health 2017}. These threads include delaying the onset of use, increasing awareness and improving understanding among the general population of the dangers and problems related to using drugs, as well as promoting positive health choices. The objectives also recognise that certain groups and communities may be at a higher risk of misusing drugs than the general population, and therefore may require additional resources and supports. The types of interventions delivered as part of drug prevention have remained much the same over the past 10 years.

Where change can be seen is in terms of a growing focus on environmental prevention. This is reflected in the increasingly restrictive controls on alcohol – enforced by the Public Health (Alcohol) Act 2018. Emerging at a slower pace are programmes that focus on changing the environment rather than focusing on the individual user per se.

A midterm review of Ireland's national drugs strategy was published in late 2021. One of the six new strategic priorities for the remainder of the strategy's lifetime (to 2025) is prevention. A Strategic Implementation Group (SIG) has been established to deal with prevention over the period. Based on this new priority, prevention will continue to be delivered using similar kinds of interventions as in previous years.

### **Summary of T3.1 New developments**

Key new developments reported on in Section T3.1 of this workbook are:

1. New strategic priorities for national drugs strategy
2. Review of alcohol licensing legislation
3. Department of Health Prevention and Education Strategic Initiatives and Funding Programme
4. The alcohol industry and school prevention
5. i-mark initiative – supporting independence from alcohol industry influence

### **Summary of T4.1 Additional Studies**

Other outputs on topics of interest are covered in Section T4.1 of this workbook:

1. Alcohol marketing during the 2020 Six Nations (Rugby) Championship: a frequency analysis.
2. Report of the Night-Time Economy Taskforce
3. Consumer protection messages in alcohol marketing on Twitter in Ireland: a content analysis

# T1. National profile

## T1.1 Policy and organization

The purpose of this section is to

- Provide an overview of how prevention is addressed in your national drug strategy or other relevant drug policy document
- Describe the organisation and structure responsible for developing and implementing prevention interventions in your country
- Provide contextual information useful to understand the data from the questionnaires on Universal and Environmental Prevention and on Selective and Indicated Prevention, which are collected every three years.

**Please structure your answers around the following questions.**

**T1.1.1 Please summarise the main prevention-related objectives of your national drug strategy or other key drug policy document (Cross-reference with the Policy workbook).**

- **National drugs strategy prevention objectives**

Ireland's national drugs strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025*, is structured around five goals {Department of Health 2017}. While similar in content, this was a move away from the structure of the previous strategy, which ran from 2009 to 2016, in which prevention was one of five pillars {Department of Community 2009}. Goal 1 of the current strategy focuses on prevention: "To promote and protect health and well-being". Through this goal, the strategy "aims to protect the public from threats to health and well-being related to substance misuse by preventing early use of alcohol and other drugs among young people, influencing behaviour and challenging social norms and attitudes, and providing targeted interventions aimed at minimising harm for those who have already started to use substances" {Department of Health 2017} (p. 17). The goal is underpinned by three objectives.

### **Objective 1.1: Promote healthier lifestyles within society**

This objective makes a set of general statements about effective prevention strategies and their benefits. It emphasises the importance of delivering programmes that focus not only on building awareness but also on developing life skills. In addition, it promotes an integrated approach to Government policies and strategies that target the risk factors of substance misuse. Overall, it recommends a coordinated approach to prevention and education interventions that are evidence based and meet quality standards.

### **Objective 1.2: Prevent use of drugs and alcohol at a young age**

This objective is grounded in the existing Government commitment to support children and young people to achieve good physical, mental, social and emotional health and well-being, to make positive choices, to be safe and protected from harm, and to realise their potential. It focuses on prevention from the perspective of school-based interventions, out-of-school interventions, and those focused on preventing early school leaving (ESL).

### **Objective 1.3: Develop harm-reduction interventions targeting at-risk groups**

This objective focuses on prevention and harm-reduction interventions targeting particular at-risk groups, including children who live with parents who misuse substances; children leaving care; lesbian, gay, bisexual, transgender and intersex (LGBTI) young people; users of image- and performance-enhancing drugs; and new psychoactive substance users.

When the strategy was published in 2017 it was accompanied by an action plan covering the first four years of the eight-year strategy. Each objective had a set of actions that were to be carried out during that period. An action plan for the remainder of the strategy (to 2025) has yet to be published and is being developed in line with new strategic priorities.

- **New strategic priorities for national drugs strategy (to 2025)**

A midterm review of Ireland's national drugs strategy was published on 17 November 2021, entitled *Mid-term review of the national drugs strategy, Reducing Harm, Supporting Recovery and strategic priorities 2021–2025* {Drugs Policy and Social Inclusion Unit 2021}. It draws on a range of evidence sources to inform the selection of a new set of six strategic priorities and a slightly amended delivery structure, for the remainder of the strategy's lifetime. The findings of the mid-term review are summarised in section T3.1 of the Policy Workbook.

Prevention is one of the six new strategic priorities. As with the other priorities, it will be delivered through specific actions, and progress will be measured through outcome indicators. These actions and indicators have yet to be decided at the time of writing (May 2022). The priority is:

- **To strengthen the prevention of drug and alcohol use and the associated harms among children and young people:** This will cover a variety of settings (school, community, and family) and will focus on increasing resilience and strengthening life skills and healthy life choices. Activity under this priority will be informed by the European Prevention Curriculum (EUPC) and the International Standards on Drug Use Prevention {United Nations Office on Drugs and Crime and World Health Organization 2018} {European Monitoring Centre for Drugs and Drug Addiction 2019}.

In line with this strategic priority, in 2022 the government approved a prevention and education strategic initiative and funding programme, which aims to increase the focused delivery of evidence-based prevention programmes among the school-aged population. The plans for this funding are discussed further in section T3.1 of this workbook.

- **Ireland's broader youth policy context**

While the current national drugs strategy is the central policy tool for prevention in Ireland, there are a number of youth strategy documents that complement it and inform the broader policy context for the delivery of prevention interventions in Ireland. Other than the Youth Justice Strategy for 2021-2027 outlined below, these strategies were due to expire in 2020. However, there have been delays to their review due to the COVID-19 pandemic. Relevant youth strategies are:

- *Better Outcomes, Brighter Futures: The National Policy Framework for Children & Young People, 2014–2020* {Department of Children and Youth Affairs 2014a} was Ireland's first national policy framework for children and young people aged 0–24 years. This policy framework captures all children and youth policy commitments across all Government Departments and state agencies. A consultation process was announced in January 2022 to inform the development of new national strategy for children, young people and their families to cover the period 2023 to 2028. In the meantime, the DCEDIY is implementing the European Child Guarantee and it is also



developing Ireland's adherence to the United Nations Convention on the Rights of the Child. It is envisaged that both of these initiatives, and the impacts of the COVID-19 pandemic, will also inform the new strategy {O'Gorman}.

- *The National Youth Strategy 2015–2020* {Department of Children and Youth Affairs 2015b} was launched in October 2015. It was Ireland's first-ever national youth strategy and it sets out the Government's aims and objectives for young people aged 10–24 years. The strategy focuses particularly on young people who are experiencing, or who are at risk of experiencing, the poorest outcomes. The strategy's time frame continues to be extended.
- *The National Strategy on Children and Young People's Participation in Decision-making, 2015–2020* {Department of Children and Youth Affairs 2015a} aimed for young people to become directly involved in the design, development, implementation and evaluation of services that affect them, including some of those that are delivered under the actions of *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* {Department of Health 2017}. Following on from this strategy, the *National framework for children and young people's participation in decision-making* (2021) {Department of Children Equality Disability Integration and Youth 2021} was published.
- *The LGBTI+ National Youth Strategy 2018-2020* {Department of Children and Youth Affairs 2018a} was the world's first LGBTI+ youth strategy. It is structured around three goals, including one that sets out to improve the mental, physical and sexual health and well-being of the entire LGBTI+ community. Actions within the strategy cover a wide variety of areas, including schools, higher education institutions, health and social services, workplaces, youth services and the wider community. The strategy time frame was extended through to the end of 2021. The Strategy officially came to an end at the end of 2021. A progress report on the strategy and a process review of its implementation, will both feed into a final report on the implementation of the strategy. Publication of this final report will be formally launched at an implementation forum late in 2022, where stakeholders can share lessons learned and feed into future strategic direction.
- The *Youth Justice Strategy 2021-2027* {Department of Justice 2021b} is designed to provide a developmental framework to address key ongoing challenges as well as new and emerging issues in the youth justice area. This includes preventing offending behaviour from occurring and diverting children and young adults who commit a crime away from further offending and involvement with the criminal justice system. A priority within the new Strategy is to enhance engagement with children and young people who are most at risk of involvement in criminal activity. This will be done principally by strengthening the services available through the existing network of Garda Youth Diversion Projects (GYDPs) across the State, with the aim of achieving full national coverage by 2023. The Strategy will be supported by an Action Research Project led by the Research Evidence into Policy Programmes and Practice (REPPP) research partnership with the University of Limerick {Department of Justice 2021a}.

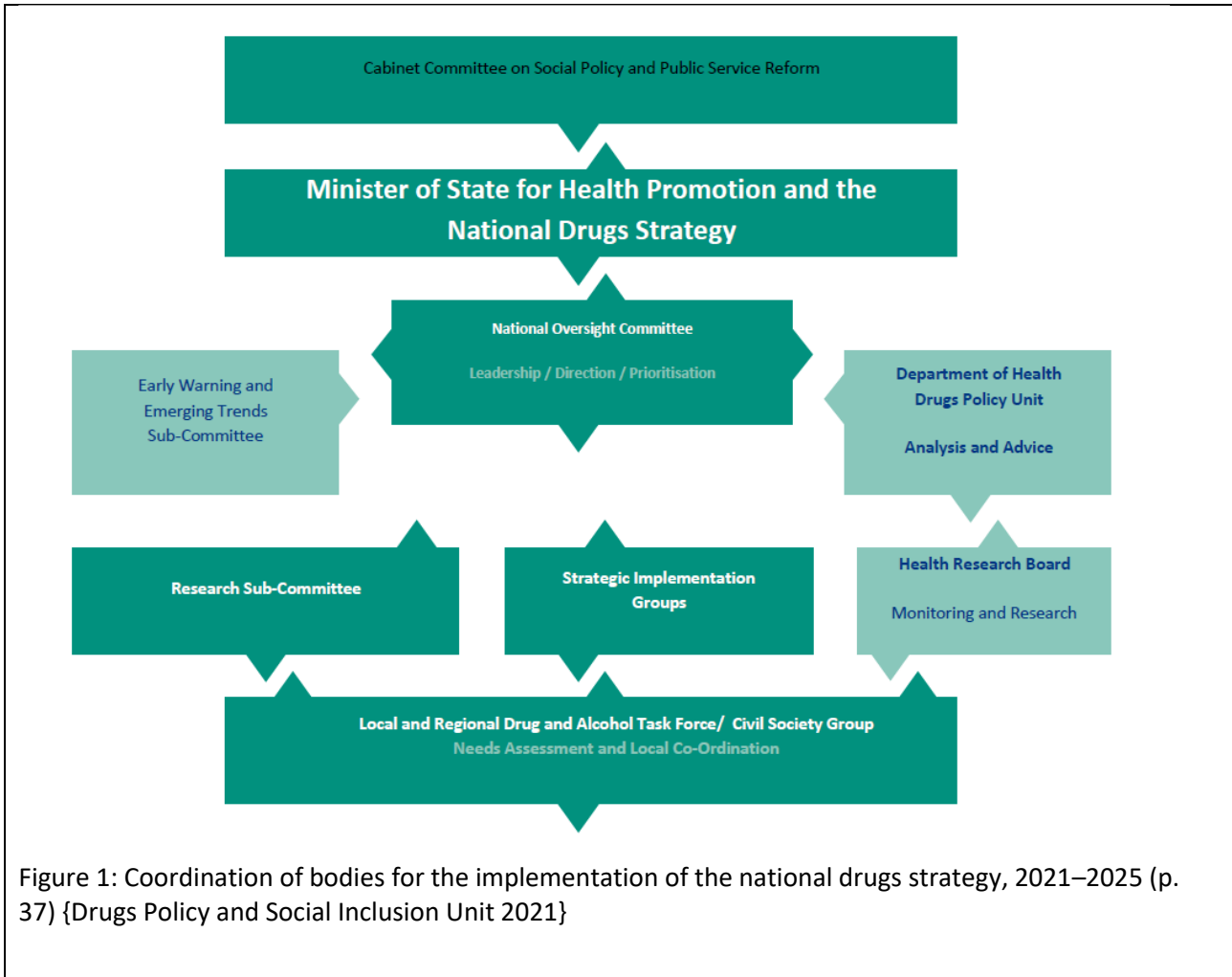
As noted in previous National Reports, the policy landscape around young people in Ireland is well equipped with strategies and action plans, but lacks thorough and detailed evaluation of such policy mechanisms. While the DCEDIY is a key stakeholder in the national drugs strategy, neither the *National Strategy on Children and Young People's Participation in Decision-making, 2015–2020* {Department of Children and Youth Affairs 2015a} nor the *National Youth Strategy 2015–2020* {Department of Children and Youth Affairs 2015b} are referenced in *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* {Department of Health 2017}. However, *Better Outcomes,*

*Brighter Futures: The National Policy Framework for Children & Young People, 2014–2020* {Department of Children and Youth Affairs 2014a} is referenced throughout the national drugs strategy, and links with the national drugs strategy are made in the *LGBTI+ National Youth Strategy 2018-2020* {Department of Children and Youth Affairs 2018a}. The *Youth Justice Strategy 2021-2027* {Department of Justice 2021b} also includes the reference to the national drugs strategy in relation to the oversight structure for youth justice oversight and its links with other strategic forums.

**T1.1.2 Please describe the organisational structure responsible for the development and implementation of prevention interventions.**

**Organisation**

At which level are strategic decisions (contents, priorities) predominantly made?	National (if other ↓)
<p>The lead agencies for developing and delivering prevention-related actions under the national drugs strategy <i>Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025</i> {Department of Health 2017} include: the Department of Health, with support from the HSE, the Department of Education, the DCEDIY, An Garda Síochána (AGS), DATFs, and service providers. The last category includes non-governmental organisations (NGOs).</p> <p>The findings of a mid-term review of the strategy have led to some changes being made to the structures supporting the implementation of the strategy for the remainder of its lifetime (up to 2025) (see Figure 1) {Drugs Policy and Social Inclusion Unit 2021}. The standing subcommittee and other subcommittees in place up until this midpoint in the strategy have been replaced by a strategic implementation group (SIG) for each of the priorities, and a research subcommittee. There is a SIG that specifically focuses on prevention. See section T1.3 of the Drug Policy workbook for a full description of the national drugs strategy’s implementation structure.</p> <p>However, it should be noted that strategic decisions are also made at the local and regional levels by the task forces who identify local or regional needs and plan strategically to meet these needs.</p>	



**Note:** Regional (provinces, federal units); Local (counties, municipalities)

At which level are prevention funds predominantly located and spent?	Multi-level (Only use if it is not possible to set a predominant level) (if other ↓)
<p>Funding for prevention continues to be located and spent by the statutory sector at the national level, through a variety of government Departments including Health, Justice and Education. Much of this spend is then passed on to the regional and local level to the DATFs who deliver and commission interventions.</p> <p>The Minister for Health has overall responsibility for the national drugs strategy, while a wide range of Government Departments and State agencies, as well as the community and voluntary sector, have responsibility for delivering on its actions, for example through the Regional and Local Drug and Alcohol Task Forces. There is no centrally held or ring-fenced budget allocated to the national drugs strategy. Instead, delivery of the strategy is funded by each Government Department securing the budget for the activities for which it is responsible and has committed to deliver. Government Departments negotiate their budgets as part of Ireland’s annual national budgetary process. More detail on this process is described in sections T1.3.1 and T1.4.1 of the Policy Workbook.</p>	

In 2022 the Department of Health approved a prevention and education strategic initiative and funding programme, it is expected that this will increase the focused delivery of evidence-based prevention programmes among the school-aged population.

In addition to spend linked to the national drugs strategy there are other more general prevention activities funded at the national level. For example, the DCEDIY provides funding for the provision of national and local youth services through three different funding schemes: the UBU Your Place Your Space scheme, the Youth Services Grant Scheme, and the Local Youth Service Grant Scheme.

**Note:** Regional (provinces, federal units); Local (counties, municipalities)

<b>Factual cooperation of the different policy sectors ministries at national level (real: not on paper):</b>	<b>High</b>
<p>As outlined above (see section on strategic decision making) the infrastructure for the delivery of the national drugs strategy has a strong emphasis on cross-agency/departmental working. This is reflected in the structures running from 2017 to 2021 and will continue to be a characteristic of the new prevention SIG from 2022 to the end of the strategy in 2025. The aim is for the SIG to reinforce cross-agency working, it has an independent chair who is a member of and will report back to the National Oversight Committee. The SIG is made up of stakeholders from the Departments of Health, Education, Justice and Children. Other members are from the HSE, TUSLA, An Garda Siochana, the RDATFs, and youth and community representatives.</p> <p>In his appearance at the Joint Oireachtas Committee on Health in January 2022, the Minister of State for Public Health, Wellbeing and the National Drugs Strategy emphasised the importance of cross-departmental working in the delivery of the national drugs strategy. However, some committee members commented that experience to date on national and local bodies responsible for the delivery of the strategy (including DATFs) would suggest that some departments and State bodies are not fully engaged or committed to the process. In this context, the Department of Education was singled out as being difficult to engage {Dillon 2022}.</p> <p>See section T1.3 of the Drug Policy workbook for a full description of the national drugs strategy’s implementation structure.</p>	

**Note:** **High** = almost all sectors / ministries involved and engaged; **Medium** = some are not or less involved; **Low** = most sectors / ministries are not engaged / not facilitating access. Rate always **medium** if either Education, Interior (police) or Economy (Taxation) are not collaborating. Rate **low** or if more than one of these don’t.

**Needs assessment:**

<b>How common is it that the local level (municipalities / districts) is consulted in order to define the need and content of different interventions or strategies at regional or local level?</b>	<b>Often</b>
<b>Explanations, if applicable describe:</b>	

<p>The structure of drug policy coordination and the implementation of the national drug strategy is outlined in the section above on strategic level decisions (and in more detail in section T1.3 of the Policy Workbook). Of particular relevance to the question of local level consultation in Ireland is the role of the Regional and Local Drug and Alcohol Task Forces (DATFs). DATFs were set up in 1997 to facilitate a more effective response to the drug problem. They represent a partnership between the statutory, voluntary and community sectors. DATFs focus on assessing the extent and nature of the drug and alcohol problem in their areas, and on coordinating action at local level, so that there is a targeted response to the drug problem in local communities. The DATFs are represented on the national committees. As mentioned previously, the SIGs will reinforce cross-agency working and have representation from the DATFs.</p>	
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<p><b>Diagnosis of risk/protective factors at local level: do (some) municipalities / districts have a system of establishing risk profiles of certain geographic areas or of population segments? (Please, tick 2 most relevant)</b></p>	<p><input checked="" type="checkbox"/> By youth surveys (e.g. <a href="#">CTC</a><sup>1</sup>, <a href="#">Planet Youth</a><sup>2</sup>)</p> <p><input checked="" type="checkbox"/> By rapid qualitative assessment methods (stakeholder meetings, key informants)</p> <p><input checked="" type="checkbox"/> By having access to the sub-datasets of national surveys</p> <p><input type="checkbox"/> Other, please specify:</p> <p><input type="checkbox"/> Does not apply</p>
<p><b>Explanations, if applicable describe:</b></p>	
<p>As explained above the DATFs represent a partnership between the statutory, voluntary and community sectors and focus on assessing the extent and nature of the drug and alcohol problem in their areas, and on coordinating action at local level, so that there is a targeted response to the drug problem in local communities. Assessments would be made using sub-sets of national data and qualitative evidence of the issues faced in the area.</p> <p>In addition, Planet Youth has commenced in sites in four RDATEF regions. The first surveys were carried out in the Western Region Drug and Alcohol Task Force (WRDATEF) in 2018 in Galway, Roscommon and Mayo. The North Dublin Regional Drug and Alcohol Task Force (NRDATEF) carried out its initial surveys in schools in Fingal in October 2021. Cavan and Monaghan are the latest regions to commit to Planet Youth for a five year period, starting in 2022.</p>	

**T1.1.3 (Optional) Please provide a commentary on the funding system underlying prevention interventions.**

<p>See 1.1.2 above</p>
------------------------

**Note:** Information relevant to this answer includes:

- alcohol and gambling taxes, confiscated assets
- quality criteria linked to funding

<sup>1</sup> The CTC Youth Survey is a tool to provide community-based partnerships with reliable information about the prevalence of youth behaviour problems as well as the prevalence of underlying factors risk and protective factors.

<sup>2</sup> Planet Youth questionnaire: This comprehensive survey examines the lives and lifestyles of young people (15-16 year olds) in the target community and asks questions about the risk and protective factors that influence their behaviours.

<b>How important are non-public sources of funding (health insurance, charities, foundations, industry)? Choose an item.</b>	<b>Negligible, barely relevant</b>
<b>Explanations, if applicable describe:</b>	
See T1.1.2 above	

## T1.2 Prevention interventions

The purpose of this section is to provide an overview of prevention interventions in your country.

Please structure your answers around the following questions.

### T.1.2.0 Overview on intervention types

<b>Prevention culture, interventions and discourse are rather dominated by</b> (select not more than 2)	informational <sup>3</sup> approaches <input checked="" type="checkbox"/> developmental <sup>4</sup> approaches <input checked="" type="checkbox"/> environmental <sup>5</sup> approaches <input type="checkbox"/>
<b>Explanations, if applicable describe:</b>	
Prevention in Ireland has historically been dominated by informational and developmental approaches. However, there environmental approaches are gaining traction, although primarily at a national level in the form of laws and regulations.	

<b>Are there registries (online) or catalogues?</b>	of all kind of interventions <input type="checkbox"/> of manualised prevention programmes <input type="checkbox"/> of evidence-based manualised programmes only <input type="checkbox"/> of officially recommended programmes (other criteria than evidence) <input type="checkbox"/> no <input checked="" type="checkbox"/>
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<b>Is there a certification system for programmes (i.e. only such programmes can be used)?</b>	<b>No</b>
<b>If yes, based on which criteria?</b>	
Click here to enter text.	

<sup>3</sup> Information, persuasion, awareness, education

<sup>4</sup> Skills and competence training, capacitation (making people capable of, e.g. self-control, goal setting, etc. <http://www.behaviourchangewheel.com/>); i.e. intervention fostering healthy social and personal development of youth

<sup>5</sup> Strategies targeting the contexts for behaviour through changing the prompts and cues that guide behaviour, such as regulatory, physical and economic measures applied to prompt more adaptive, healthier, behaviours

What behavioural domains beyond substance use (e.g. violence, mental health) do the existing manualised prevention programmes <sup>6</sup> address, if applicable?	
<p>Manualised programmes exist for a wide variety of behaviours. Some of these are delivered under the Social, Personal and Health Education (SPHE) programme which is the main vehicle through which substance use prevention is delivered in both primary and post-primary schools. The programme is a mandatory part of the primary and post-primary (Junior Cycle) school curriculum, and it supports the personal and social development, health and well-being of students through 10 modules, including a module on substance use (see section T1.2.2 below).</p> <p>Manualised programmes are also delivered to parents/families and in community settings. The RDATFs and state agencies have a key role in this area.</p>	
In which settings are they predominantly applied?	Primary Schools <input checked="" type="checkbox"/> Secondary schools <input checked="" type="checkbox"/> Technical/vocational schools <input type="checkbox"/> Universities <input type="checkbox"/> Parents/Families <input checked="" type="checkbox"/> Community <input checked="" type="checkbox"/> Other settings (specify below)
<a href="#">Click here to enter text.</a>	

**Manualised programmes** are taken to refer to programmes that are based on a written manual, and have a fixed number of sessions with defined content.

At which scale are these manualised programmes mostly implemented?	Other (please specify) (if other ↓)
Mixed	

**Note:** Rather large implementation (e.g. at regional level, e.g. by regional school or social agencies); Small local implementations by individual schools or municipalities.

### T.1.2.1 Please provide an overview of Environmental prevention interventions and policies.

<p>T1.2.1</p> <p>Environmental prevention interventions in Ireland include increasingly restrictive alcohol and tobacco controls, as illustrated by the passing of the Public Health (Alcohol) Act in October 2018. There is also activity around developing strategies to change the environment in which substance use takes place, rather than just focusing on the people who use drugs. Programmes and legislative changes that contribute to the field of environmental prevention include, the move towards a more health-led approach to dealing with the issue of possession of drugs for personal use, and legislative changes related to NPS. Elements outlined below are:</p> <ul style="list-style-type: none"> <li>• Alcohol controls</li> <li>• Tobacco controls</li> <li>• Environmental prevention in third level institutions</li> </ul>
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<sup>6</sup> **Manualised programmes** are taken to refer to programmes that are based on a written manual, and have a fixed number of sessions with defined content.

- Other environmental prevention related policies

- **Alcohol controls**

Measures are in place in Ireland to control alcohol use. In summary:

- Tax on alcohol, including excise duty and value-added tax (VAT), remains high.
- It is illegal to drive with a blood alcohol concentration higher than 50 mg for all drivers, or 20 mg for learner, newly qualified, or professional drivers. More stringent penalties for those who are caught driving over these limits were passed by the legislature in 2018.
- While there is no national legislation prohibiting drinking in public spaces, each local authority is entitled to pass by-laws prohibiting the consumption of alcohol in public spaces within its jurisdiction.
- It is an offence to:
  - o Buy alcohol if you are under the age of 18 years
  - o Pretend to be 18 or older in order to buy or consume alcohol
  - o Sell alcohol to anyone under the age of 18 years
  - o Buy alcohol for anyone under the age of 18 years
  - o Have children (anyone under the age of 18 years) on licensed premises between 10.30 am and 9.00 pm, although 15–17-year-olds may remain after 9.00 pm if they are at a private function.

The Public Health (Alcohol) Act 2018 was signed into law in October 2018. It is the first piece of legislation in Ireland to identify alcohol use as a public health issue. The aim of the Act is to reduce alcohol consumption in Ireland, and the harms it causes at a population level, and it provides for a suite of evidence-based measures to deliver on this aim. These include: minimum unit pricing (MUP); health warning labels; structural separation of alcohol from other products in mixed retail outlets; advertising restrictions; restrictions on sports sponsorship aimed at children; and other restrictions on the sale and supply of alcohol products. While some measures have been implemented, others have not.

Since the 2021 National Report, progress has been made on implementing another provision of the Act. On 4<sup>th</sup> January 2022 MUP on retail alcohol sales came into force in Ireland. A minimum unit price of 10c per gram of alcohol is provided for in section 11 of the Public Health (Alcohol) Act 2018. This is a major provision of the Act which is designed to reduce the harms caused by the misuse of alcohol and to delay the initiation of alcohol consumption by children and young people. Based on the findings of an overview of alcohol consumption, harm and policy in Ireland, Table 1.2.1.1 summarises the provisions of the Act and whether or not they have been commenced {O’Dwyer et al. 2021}. More detail on this legislation is available in Section T4.2 of the *Legal framework workbook*.

**Table 1.2.1.1 Summary of the provisions of the Public (Health) Act 2018**

**Minimum unit pricing (MUP)**

An MUP for all products containing alcohol will be introduced and set at 10 cent per gram of alcohol in the product. Unlike a tax increase where a retailer can choose to absorb the increase in price, the MUP will be compulsory

Research conducted by the HRB and the Royal College of Surgeons in Ireland (RCSI) prior to the introduction of the MUP indicated that the heaviest

Commenced from 1 January 2022.



across all alcohol products. Under the new legislation:

- A 750 ml bottle of wine with an ABV of 12% will cost a minimum of €7.10.
- A 700 ml bottle of vodka with an ABV of 35% will cost a minimum of €20.71.
- A 500 ml can of beer with an ABV of 5% will cost a minimum of €1.97.

drinkers and those with lower incomes, such as students, buy the cheapest alcohol and are likely to be most affected by an MUP {Cousins et al. 2016}. Currently, it is possible for a man to consume his weekly low-risk guideline limit for €7.48, whereas a woman can consume hers for just €4.84 {Alcohol Action Ireland 2018}. Increasing the price of alcohol products reduces their affordability and is one of the most effective ways of reducing alcohol consumption and related harm {Anderson et al. 2009}.

### Health warning labels

Section 12 of the Act stipulates that all alcohol products to be sold in Ireland will be required to display:

- A warning informing the public of the danger of alcohol consumption
- A warning outlining the danger of alcohol consumption 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 concerned
- The calorie content in the container concerned, and
- Details of a website, to be established and maintained by the HSE, providing public health information in relation to alcohol consumption.

Health warning labels ensure that the public has accurate information regarding the calorie content and the strength of alcohol products and that individuals are informed of the health risks associated with alcohol consumption. Findings from the Healthy Ireland Survey demonstrate that current public knowledge of the link between cancer and alcohol in Ireland is low. Just one-quarter of Irish women are aware of the direct link between alcohol and breast cancer, despite this being the most common type of cancer among women in Ireland.

This provision has yet to be commenced. Health warning labels on alcohol products are subject to approval at European Union (EU) level.

### Structural separation

Section 22 of the Act provides for the structural separation of alcohol products in mixed retail outlets (e.g. supermarkets and grocery stores). Retailers must choose from one of three options:

- Storing alcohol products in an area of the store that is separated by a physical barrier
- Storing alcohol products in one or more closed storage units or cabinets, or
- Storing alcohol products in no more than three open storage units in the premises.

Limiting the physical availability of alcohol is an important population-based measure to reduce alcohol consumption. Interventions targeting the availability of alcohol at a population level are effective in reducing alcohol-related harm and consumption {Babor et al. 2010}.

Structural separation was commenced on 12 November 2018. Since 12 November 2020, all mixed-trade retailers are obliged by law to physically separate alcohol products from other grocery items.

### Advertising

<p>A range of restrictions will apply to the advertisement of alcohol products, with a particular emphasis on protecting children and young people. The main restrictions include the following:</p> <ul style="list-style-type: none"> <li>The content of advertisements will be restricted to specific information about the nature of the product.</li> <li>Advertisements must contain health warnings regarding alcohol consumption, including during pregnancy, and a link to a public health website.</li> <li>Advertisements in cinemas will be limited to films classified as suitable for people aged over 18 years.</li> <li>There will be a 9.00 pm broadcast watershed for advertisements on television and radio.</li> <li>The marketing and advertising of alcohol in print media will be restricted in relation to volume and type of publication.</li> </ul> <p>There will be a ban on advertising alcohol products:</p> <ul style="list-style-type: none"> <li>In or near a school</li> <li>In or near an early years service (e.g. crèche)</li> <li>In a park, open space, or playground owned or maintained by a local authority</li> <li>On public transport, and</li> <li>In a train or bus station, and at a bus or Luas stop.</li> </ul> <p>The Act will also restrict the sale of children’s clothing which promotes alcohol consumption or bears the brand name or emblem, the corporate name or emblem, or the trademark or logo, of an alcohol brand or product.</p>	<p>Advertising is related to initiation of alcohol consumption, especially among children and adolescents, who are particularly vulnerable to advertising and marketing campaigns {Jernigan et al. 2017}. Reducing children’s and young people’s exposure to alcohol advertising may delay initiation and reduce alcohol consumption among young people. Early initiation of alcohol use has been associated with a number of negative consequences later in life {Hall et al. 2016}.</p>	<p>Some of these measures have recently become law, including measures around advertising in the vicinity of children (Sections 14, 17, and 20). Important measures yet to be commenced are: Section 13 on the restriction of the content of alcohol advertisements; Section 18 regarding limitations of advertising in print media; and Section 19 regarding the broadcast watershed on alcohol advertising.</p>
<p><b>Sports sponsorship and sponsorship of other events aimed at children</b></p> <p>With the exception of motorsport, the Act does not ban alcohol sponsorship of sport. However, Section 15 of the Act prohibits advertising in sports grounds for events where the majority of competitors or participants are children, or directly on a sports area for all events (e.g. on the actual pitch, the race track, tennis court, etc.). Alcohol sponsorship of other events aimed at children, or where most of the participants are children, will also be prohibited under Section 16 of the Act.</p>	<p>As noted above, exposure to alcohol advertising and media has been associated with earlier initiation of drinking among adolescents and an increase in the volume of consumption among adolescents who already drink {Jernigan et al. 2017}.</p> <p>Prohibiting advertising at events aimed at children will further limit young people’s exposure to alcohol advertising.</p>	<p>Both Section 15 and Section 16 were commenced in November 2018, with a three-year transition period.</p>

## Restrictions on the sale and supply of alcohol products

Section 23 outlines a number of restrictions regarding the sale and availability of alcohol products. Several measures regarding limiting the sale and availability of alcohol products are outlined in the Act. One of the most important of these is the restriction of price-based promotions, to which young people may be particularly sensitive.

Under Section 23, the Minister for Health will have the power to make regulations around:

The sale or supply of alcohol at a reduced price or free of charge to a certain target group

The sale or supply of alcohol at a reduced price to someone because they have already purchased a certain quantity of alcohol or another service

The sale or supply of alcohol during a limited time period (three days or fewer) that was less than the price charged for the same product the day before the offer was introduced, and

The promotion of a business or event in a way that is likely to encourage people to drink alcohol in a harmful manner.

Restricting the sale and supply of alcohol products, particularly restricting price-based promotions, will reduce the affordability and availability of alcohol. Reducing the affordability and availability of alcohol products is the most effective way to reduce alcohol consumption at a population level {World Health Organization 2014}.

Section 23 was commenced in November 2018.

Source: Updated from {O'Dwyer et al. 2021}

### • Tobacco controls

The Irish Government continues to be committed to making Ireland tobacco free by 2025 {Government of Ireland 2016}; in other words, reducing the prevalence of smokers to less than 5%. The national policy on tobacco control is guided by the 2013 report *Tobacco Free Ireland* {Tobacco Policy Review Group 2013}. The report has two key themes: protecting children and de-normalising smoking.

In a study that found smoking prevalence in Ireland among adolescents aged 15–16 to have dropped from 41% in 1995 to 13% in 2015 {Li et al. 2018}, the authors attributed the change, at least in part, to the implementation of Ireland's various tobacco control policies. However, the publication of the most recent European School Survey Project on Alcohol and Other Drugs (ESPAD) raises some concerns. It found that the decline in smoking among Irish teenagers has stopped for the first time in 25 years – 14% smoked in the last 30 days, including 5% who smoked daily. Trend analyses showed that despite a reduction of over two-thirds since 1995, more students reported smoking in the last 30 days in 2019 (14%) than in 2015 (13%), and this was pronounced for boys {ESPAD Group 2020}.

Key tobacco control measures in Ireland are as follows:

- In line with the 2014 European Tobacco Products Directive (2014/40/EU) that prohibits 'tobacco products with a characterising flavour' (Article 7.1), Ireland banned the sale of menthol-flavoured cigarettes in May 2020.

- Smoking is illegal in all enclosed workplaces, for example, offices, shops, bars, restaurants, and factories.
- Smoking in motor vehicles in which a person under the age of 18 years is present is banned.
- The sale of cigarettes in packs of fewer than 20 is banned.
- All point-of-sale advertising of tobacco products is banned.
- At all points of sale, tobacco products must be stored out of sight of the customer.
- Tax on tobacco tends to increase on an annual basis. As in previous Budgets, the excise duty on a packet of 20 cigarettes was increased by 50 cent (including VAT) in Budget 2022, with a pro rata increase on other tobacco products. In effect, this brings the price of cigarettes in the most popular price category in Ireland to approximately €14.50/€15 for 20.
- All tobacco packs manufactured for sale in Ireland have been in standardised retail packaging.
- The sale of tobacco products to anyone under the age of 18 years is illegal.
- A Public Health (Tobacco and Nicotine Inhaling Products) Bill is currently being developed and was subject to pre-legislative scrutiny by the Joint Committee on Health in Q1 2022. The Bill will prohibit the sale of nicotine inhaling products including e-cigarettes to persons aged under 18 years. It will also introduce a licensing system for the retail sale of both tobacco and nicotine inhaling products {Department of Health 2020}.
- **Environmental prevention in third-level institutions**

#### ***Rapid Response Group on drug use and higher education institutions***

A Rapid Response Group (RRG) was set up by the Minister of State for Higher Education in 2019 to develop an action plan on drug use and higher education institutions, consistent with Ireland's national drugs strategy (2017–2025) {Department of Health 2017}. The *Framework for Response to the Use of Illicit Substances within Higher Education* was published in 2020 {Rapid Response Group (RRG) on Use of Illicit Substances within Higher Education 2020}.

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

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

- Existing legislation regarding the use and misuse of drugs
- Ireland's national drugs strategy (2017–2025) {Department of Health 2017}
- The evolving National Healthy Campus Charter and Framework
- Existing activities being carried out in HEIs to address drug and alcohol-related harm, including the REACT programme (which has since ceased operating due to a lack of funding)
- Input and expertise of RRG members.

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

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

The additional 12 actions are divided under four themes: institutional leadership; student engagement; community engagement; and service provision. It can be expected that action taken will fit under the range of prevention types, but initial reports would suggest that the focus will be on environmental prevention interventions.

In its report, the RRG identified a gap in knowledge about the extent and nature of drug use among students in HEIs. The Drug Use in Higher Education in Ireland (DUHEI) survey was commissioned to fill this gap. The findings of this survey are reported on in section T1.1.3 of the Drugs workbook.

### **REACT**

The REACT programme is no longer being delivered due to a lack of funding. It was developed with the aim of strategically tackling harms associated with alcohol consumption among third-level students. In 2014, the HSE commissioned a research team to develop a public health intervention to address alcohol use among third-level students. The programme was an environmental rather than an educational initiative. It was an award and accreditation scheme that recognises and rewards the third-level institution's efforts to reduce alcohol-related harm among its students. The programme "seeks to establish a specially tailored accreditation and award system for third-level institutions (colleges/universities/institutes of technology) that make significant changes within their campuses to tackle the growing issue of excessive alcohol consumption among students" {Davoren et al. 2018} (p. 2). It is unclear if funding to re-establish the programme will be forthcoming now that students have largely returned to campuses nationally post-COVID.

- **Other environmental prevention-related policies**

Other examples of policy and legislative changes that have contributed to the landscape of environmental prevention in Ireland include the area of NPS and how Ireland proposes to deal with the possession of small amounts of drugs for personal use.

### ***New psychoactive substances legislation***

In 2010, NPS were the subject of two pieces of legislation in Ireland. The first (enacted in May 2010) expanded the list of substances controlled under the Misuse of Drugs Act, 1977 and the Misuse of Drugs Act, 1984 to include more than 100 NPS Misuse of Drugs (Amendment) Regulations 2010 (available online at <http://www.irishstatutebook.ie/eli/2010/si/200/made/en/pdf>). The second, the Criminal Justice (Psychoactive Substances) Act 2010 (Commencement) Order 2010 (available online at <http://www.irishstatutebook.ie/eli/2010/si/401/made/en/pdf>), differed from the established approach to drug control under Ireland's Misuse of Drugs Acts, 1977 and Misuse of Drugs Act, 1984, in that it covered the sale of substances by virtue of their psychoactive properties, rather than the identity of the drug or its chemical structure. It was aimed at vendors of NPS and effectively made it an offence to sell a psychoactive substance. This two-pronged legislative approach was largely in response to an increase in the number of so-called headshops selling NPS from late 2009 to a peak of 102 premises in May 2010. By October 2010, only 10 headshops were still open, and by late 2010, AGS indicated that none of the remaining shops were selling NPS.

Research reported on in previous National Reports explored the relationship between these changes in Ireland’s legislation on NPS and their problematic use by looking at national drug treatment data {Smyth et al. 2017} and drug-related psychiatric admissions data {Smyth et al. 2020}. The authors of these studies argue that the timing of the changes in treatment and admissions data coincides with the advent of the ‘headshop era’ and the subsequent introduction of legislation that essentially banned the sale of NPS in Ireland. In their discussion, the authors present these findings alongside the reduction in NPS-related treatment episodes found in their earlier paper, and an 80% decline in youth using NPS over the four years 2010 to 2014 {National Advisory Committee on Drugs and Alcohol 2017}. They use this to argue that while they recognise that correlation does not prove causation, their “findings lend weight to the view that the steps taken in Ireland to address NPS were associated with a positive public health impact” {Smyth et al. 2020} (p. 7).

### ***Health Diversion Approach to possession for personal use***

As reported in previous workbooks, in 2019 the Irish Government announced the launch of a Health Diversion Programme for the possession of drugs for personal use. At the time of writing (July 2022) it has yet to be implemented. Taking into consideration the findings of a report by a working group responsible for exploring alternative approaches to the possession of drugs for personal use {Working group to consider alternative approaches to the possession of drugs for personal use 2019} {Irish government economic and evaluation service 2019}, and stakeholder views, the Department of Health and the Department of Justice and Equality agreed to adopt a more health-led approach to the possession of drugs for personal use. Once established, the Health Diversion Programme will offer alternatives to criminal prosecution for the first two instances in which people are found in possession of drugs for their personal use. Essentially, the action taken by AGS will depend on the number of times an individual has been caught in possession of drugs:

- On the first occasion, AGS will refer them, on a mandatory basis, to the HSE for a health screening and brief intervention.
- On the second occasion, AGS will have the discretion to issue an Adult Caution (see Section T2.2 of the Legal framework workbook for a description of the Adult Caution Scheme).
- On the third or any subsequent occasion, AGS will revert to dealing with the person in line with Section 3 of the Misuse of Drugs Act, 1977, under which the individual could receive a criminal conviction and custodial sentence.

The health screening and brief intervention will be carried out by trained HSE staff using SAOR: Screening and Brief Intervention for Problem Alcohol and Substance Use. New posts will be created across the HSE’s Community Healthcare Organisation Areas for staff trained in SAOR to carry out the brief intervention.

An implementation, monitoring, and evaluation group was established in late 2019 to examine the need for legislative change, the operational details, and the phasing of the implementation. The group is chaired by the Department of Health and its membership includes, but is not limited to, the HSE, AGS, and the Department of Justice. The group has met regularly since it was established and is currently examining the legislative amendments required to support the programme, as well as the operational requirements ahead of the nationwide rollout.

Detailed discussions have taken place between the Department of Health, the HSE, and AGS to explore solutions for an information communication technology (ICT) to enable AGS to make SAOR appointments for programme participants through AGS information management system (PULSE). Issues regarding the General Data Protection Regulation (GDPR) are under consideration, as any data that are to be shared will have to be shared in a compliant manner.

The tender for a detailed monitoring and evaluation of the Health Diversion Programme has also been developed to assess the effectiveness and the impact of the programme. The monitoring and evaluation will be carried out by an independent third party. It will include a monitoring framework for the programme as well as an interim and final evaluation following the first full year of implementation. The evaluation report will be published and will inform a review of the programme to determine whether it is meeting all of its aims.

- Note:** Information relevant to this answer includes:
- Alcohol and tobacco policies/initiatives (including at local level, where possible)
  - Delinquency and crime prevention strategies
  - Environmental restructuring, e.g. of neighbourhoods and of nightlife settings

**Examples of strategies (environmental) at local level**

How often have you heard of or read about the following initiatives at local level:

<b>Creating and supporting protective school policies/environments</b>	Choose an item.
<b>Regulations on alcohol use in public (outside establishments/in public view)</b>	Choose an item.
<b>Regulations on cannabis use in public (outside establishments/in public view)</b>	Choose an item.
<b>Regulating nightlife settings (e.g. access, opening hours, limiting promotions, physical conditions)</b>	Choose an item.
<b>Integration with violence prevention and security strategies</b>	Choose an item.
<b>Attention to neighbourhood environments, e.g. self-organisation, safety, illumination and cleanliness</b>	Choose an item.

<b>Other kinds of objectives or targets:</b>
<a href="#">Click here to enter text.</a>

**T.1.2.2 Please comment on universal prevention interventions as reported to the EMCDDA in the Intervention Mapping Questionnaire or complement with information on new initiatives (activities/programmes currently implemented) or interventions (particularly their contents and outcomes).**

**T.1.2.2**  
 A range of universal prevention programmes is run at both local and national levels, and the profile provided below is the same as in previous workbooks. Interventions include:

- National telephone line and online resources and substance misuse awareness campaigns
- Nationally run whole-school prevention programmes
- Community programmes. These take the form of alternative leisure-time activities, including youth cafés, recreational arts, and sports activities. There are no new programme evaluations in this area. However, implementation of the community-based universal prevention programme Planet Youth has started in more of Ireland’s regions.
- Internationally recognised family interventions also continue to be delivered, e.g. the Strengthening Families Programme (SFP), and Parents Under Pressure (PuP).

The community and family programmes tend to be focused in areas of most need, and therefore are also covered in Section T1.2.3 of this workbook on selective prevention. The others are described in the following sections

- **Universal prevention telephone advice line and online awareness**

**HSE helpline:** <https://www.hse.ie/eng/services/list/5/addiction/drugshivhelpline/>

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

The Helpline, dealt with a total of 4402 drug/ alcohol/ gambling/ addiction contacts in 2021. This compares with 4401 in 2020; 4588 in 2019 and 3515 in 2018. There were 50 contacts where gambling was mentioned in 2021, of these 37 also had substance use issues along with gambling issues. Most of the contacts were in relation to the individual's own use, not that of another person. In 2021, alcohol continued to be the most common substance referred to. Cocaine and cannabis were the next most frequently cited substances (personal communication, Drugs/HIV Helpline, HSE, 2022).

**Askaboutalcohol.ie** [www.askaboutalcohol.ie](http://www.askaboutalcohol.ie)

Since March 2017, the HSE has operated a public information website on alcohol: askaboutalcohol.ie. It aims to be an evidence-based information source on alcohol risk that can enable people to better manage their own health. Its content has been designed to complement public health legislation and planned regulatory changes on alcohol labelling, availability, and pricing, many of which form part of the Public Health (Alcohol) Act 2018 (see Section T1.2.1 of this workbook). The website provides information on the physical and mental health effects of alcohol; tools to help users assess their drinking, including a 'drinks calculator'; and links to service providers.

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

### **drugs.ie**

drugs.ie is a government-funded website. Its mission is to help individuals, families and communities prevent and/or address problems arising from drug and alcohol use. It is the main delivery mechanism for substance use information for the general public. It provides information on drugs and alcohol, elements of which include:

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

Website analytics show that the total number of people accessing the website and its services in Ireland increased in 2021 when compared to 2020, and exceeding pre-pandemic figures. In 2021, there were 377,818 sessions, 321,722 visitors, and 531,835 page views. In 2020, there were 261,829 sessions, had 215,800 visitors, and 430,705 page views. In 2019, there were 289,993 sessions, 233,425 visitors, and 497,144 page views.



Besides the page with details for the national helpline, among the top viewed pages by national users in 2021 were those that provided information on: how long drugs stay in a person's system, AGS roadside drug testing, and different types of drugs.

Drugs.ie has an on-going social media campaign to maintain their reach across Facebook and Twitter in collaboration with the HSE Social Team. In 2021, Drugs.ie had:

- 21,659 Facebook followers
- 11.1k Twitter followers

Monthly schedules were developed throughout 2021 for Facebook paid advertisements which meant that selected content was promoted online each week. This work has seen the Drugs.ie Facebook community grow.

## **Universal prevention in education**

### ***SPHE***

The Social, Personal and Health Education (SPHE) programme continues to be the main vehicle through which substance use prevention is delivered in both primary and post-primary schools. The programme is a mandatory part of the primary and post-primary (Junior Cycle) school curriculum, and it supports the personal and social development, health and well-being of students through 10 modules, including a module on substance use. The themes and content of modules are built around helping students to understand the nature of social influences that impact on their development and decision-making, and around helping them to develop adequate life skills to improve their self-esteem, develop resilience, and build meaningful and trusting relationships. The Walk Tall and the On My Own Two Feet programmes, which are substance misuse prevention programmes, have been integrated into the SPHE curriculum for primary and post-primary schools, respectively. There have been no new reports published on the implementation of the SPHE programme in primary or post-primary schools since the 2020 National Report.

### *Know the Score – Senior Cycle module*

Know the Score is a resource for Senior Cycle teachers to support their delivery of the SPHE programme substance use module {HSE Alcohol Programme 2019}. Unlike in primary schools and the Junior Cycle in post-primary schools, SPHE is not a mandatory part of the curriculum for Senior Cycle. By supporting teachers, the resource aims to guide and support students (aged 15–18 years) to “make conscious and informed decisions about alcohol and drugs” {HSE Alcohol Programme 2019} (p. 4). This complements the HSE guide for parents on how to communicate with their children about alcohol and drugs which was reported on in the 2018 National Report {HSE Alcohol Programme 2019}.

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

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

- To enhance students' knowledge and understanding about substance use and misuse
- To develop awareness of personal experiences, values, attitudes, and feelings which influence lifestyle choices about substance use

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

The wide range of objectives is reflected in the resource's content. It is structured around 14 lesson plans and three short videos, and it uses experiential and interactive teaching methodologies {HSE Alcohol Programme 2019}. Each lesson plan comes with a set of learning outcomes and resources for the teachers to draw upon in their delivery. Broadly speaking, Know the Score sets out to teach accurate information about drugs and related issues, as well as developing the skills necessary to make healthy choices and minimise the risks associated with substance use. The resource includes relevant factual information, guides for class discussions, worksheets, and other activities. Based on an examination of the 14 sets of learning outcomes, some of the topics included are:

- Factual information about the range of drugs (both legal and illegal) and their effect on the user's body and brain as well as their physical and mental well-being
- The prevalence of substance use among young Irish people
- Students' values, attitudes, and feelings in relation to substance use
- Assertiveness and communication skills in the context of substance use
- Positive strategies for dealing with stress as an alternative to substance use, and personal skills to enhance confidence
- Low-risk drinking guidelines and methods for monitoring alcohol intake
- Building awareness of cultural attitudes towards alcohol in Ireland and the influence of alcohol brands and their advertising and sponsorship activities
- Developing skills to deal with an emergency situation caused by substance misuse
- Understanding cannabis, its legal status, and the myths and realities associated with its use.

As mentioned above, Know the Score also includes supporting digital content – three short videos – which aims to facilitate informed discussions about alcohol and drugs in the classroom. The topics covered are drugs, the brain and dependency, cannabis, and risks of adolescent substance use. Links to the videos can be found at: <https://www.drugsandalcohol.ie/31359/>

On-going disruption caused by the COVID-19 pandemic has impacted on teacher training in Know the Score. No training took place in 2021. A two hour online training workshop was developed and sessions were planned starting in January 2022. No information is available on the number of teachers taking part (personal communication, Healthcare Strategy, HSE, June 2022).

As with all SPHE modules at Senior Cycle, only pupils whose schools choose to deliver the substance misuse module will have access to the Know the Score resource. For schools that choose to deliver the module, it will require a teacher with the capacity and ability to deliver on the potentially sensitive content and the experiential and interactive teaching methodologies. To date, there are no plans in place to evaluate the resource or its delivery.

### **Wellbeing Programme**

There is no new information available on the Wellbeing Programme which, since September 2017, has incorporated SPHE into a new area of learning for Junior Cycle secondary school pupils. The Wellbeing Programme is a compulsory element of the curriculum, and its development and implementation formed a key part of the *Action Plan for Education 2016-2019* {Department of Education and Skills. 2016}.

Government commitment to the Wellbeing programme is reiterated under Goal 2 of the Department of Education's *Statement of Strategy 2021-2023* {Department of Education 2021} as one element of the strategic action to "support the mental health and wellbeing of students through implementation of the Wellbeing Policy Statement and Framework for Practice and ensuring that wellbeing supports recognise the impact of COVID-19 on students" (p. 20)

The Wellbeing Programme was introduced "to actively support and develop wellbeing initiatives to promote the development of mental resilience and personal wellbeing in schools" {Public Service Reform Programme Management Office 2018} (p. 12). The Junior Cycle Wellbeing Programme consists of SPHE; physical education; civic, social and political education; and guidance education. Schools can be flexible in the development of their programme and can include other subjects, short courses, and units of learning they consider appropriate for their students. For the purpose of this strand of learning, well-being is described as being broader than mental and physical health; it also encompasses social, emotional, spiritual, intellectual and environmental aspects.

The Wellbeing Programme has identified six indicators that describe what is important for young people's well-being. It is noted that these indicators are not goals or targets to be reached; rather, they are to be used to facilitate discussion about the purpose of the Wellbeing Programme and to identify pupils' needs. The indicators of well-being are: active, responsible, collective, resilient, respected, and aware. A set of Wellbeing guidelines has been developed to provide schools with support for planning their programme. They cover:

- Background and rationale for the Wellbeing Programme
- Wellbeing Programme and the framework for Junior Cycle
- Wellbeing Programme – a whole-school approach to well-being
- Wellbeing Programme and the curriculum
- Assessment and reporting, and
- Tools for getting started.

Evaluation of the Wellbeing Programme will be at the broader level of school self-evaluation, a process in which all schools are already involved and for which a quality framework was produced in 2016 {Department of Education and Skills. The Inspectorate 2016}. Schools have been asked to include comment on the development, implementation and review of wellbeing promotion in their schools, including tracking impact (<https://www.gov.ie/en/campaigns/851a8e-wellbeing-in-education/>).

### ***Garda Schools Programme***

The Garda Schools Programme forms part of the remit of the Garda National Community Engagement Bureau. In 2021, the Garda Schools Programme Office was going through a transition period, which was to see the recruitment of new staff and the updating of schools' programme material, including the module for post-primary and secondary schools on the topic of substance use. AGS works with the Department of Education in developing age-appropriate material, that is in line with the SPHE syllabus. Substance use is addressed as part of a much broader programme focusing on educating young people about the role of the gardaí and promoting responsible behaviour. The programme currently consists of a series of presentations given to schoolchildren by their local gardaí on the role of AGS, road/cycle safety, bullying, vandalism, personal safety, drugs, crime prevention, and respectful online communication. Coordination of the programme's delivery is handled locally, with local gardaí undergoing two days' training on how to deliver it. While the programme aims to achieve national coverage, the current level of coverage is unknown. In addition, while the number of schools in which

the programme has been delivered is monitored centrally by the Garda Schools Programme Office, this number is not publicly available.

### ***The National Educational Psychological Service (NEPS)***

As outlined in previous workbooks, the National Educational Psychological Service (NEPS) works with primary and secondary schools to support the development of academic, social, and emotional competence and well-being of all children {Department of Education and Skills. 2016}. Its stated mission is “to work with others to support the personal, social and educational development of all children through the application of psychological theory and practice in education, having particular regard for children with special educational needs”. Links are made in *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* {Department of Health 2017} to the NEPS through actions linked to the *DEIS Plan 2017* {Department of Education and Skills. 2017} and the *Action Plan for Education 2017* {Department of Education and Skills 2017a}.

The NEPS delivers “a consultative, tiered service delivery model to schools, in line with international best practice for the effective and efficient delivery of educational psychological services” {Department of Education and Skills. 2016} (p. 245). At a whole-school level, the NEPS aims to build schools’ capacity to meet the needs of their pupils through universal, evidence-based approaches and early intervention to promote academic competence as well as social and emotional competence and well-being for all. At the individual pupil level, the NEPS works with teachers and parents to enable them to intervene effectively to meet the pupil’s needs. The NEPS also works directly with pupils where necessary.

While the NEPS is particularly focused on children with special educational needs, it also works with groups of children who are at risk of marginalisation (for example, socioeconomically disadvantaged groups, immigrant/migrant populations, and Traveller populations) and children and young people with social, emotional or behavioural difficulties. There is no further detail available on the numbers of young people from these groups that the NEPS works with, or the outcomes of the work carried out with the young people in contact with the service. However, the NEPS provides limited universal prevention interventions, including the Incredible Years and FRIENDS programmes.

### ***NEPS Incredible Years and FRIENDS programmes***

Of relevance to universal prevention in schools is the NEPS training that psychologists provide for teachers to implement evidence-based programmes and practices that promote resilience as well as social and emotional competence in children and young people. NEPS has prioritised the delivery of two programmes in particular: the Incredible Years Teacher Classroom Management (IYTCM) programme and the FRIENDS programmes. Evaluations carried out in Ireland produced positive findings for both the NEPS Incredible Years and FRIENDS programmes {Davenport and Tansey 2009}; {Henefer and Rodgers 2013}, {McGilloway et al. 2011}.

- The IYTCM programme is a classroom-based prevention and early intervention programme designed to reduce conduct problems and promote children’s prosocial behaviour. Up to March 2020, 6,805 teachers in primary schools have received the 6-day IYTCM programme training; 2,305 of these teachers had received the training since October 2017. FRIENDS moved to an online format during the COVID pandemic and 1,162 teachers were trained using the online platform (personal communication, Social Inclusion Unit, Department of Education, July 2022).
- The FRIENDS programmes are school-based anxiety prevention and resilience building programmes that enable children to learn effective strategies to cope with and manage all kinds of emotional distress, such as worry, stress, change, and anxiety. As of March 2020, 7,489 teachers in primary and post-primary schools have been trained to deliver the programme in their classrooms; 3,430 of these teachers had received the training since October 2017. The

provision of this training was paused as a result of the COVID pandemic (personal communication, Social Inclusion Unit, Department of Education, July 2022).

While these are universal programmes, since 2017 it has been Government policy to prioritise and extend their availability to all DEIS schools, i.e. schools that are selected to address educational disadvantage (see Section T1.2.3 of this workbook) {Department of Health 2017}.

- **Universal prevention in the community**

#### ***Planet Youth in Ireland***

An increasing number of regions in Ireland have committed to implementing Planet Youth. There are currently six Planet Youth pilot sites in Ireland in various stages of implementation: Galway, Mayo, Roscommon, Fingal, Cavan and Monaghan.

In 2018, the Western Region Drug and Alcohol Task Force (WRDATF) was the first task force in Ireland to commit to supporting the implementation of Planet Youth in parts of the region (Galway, Roscommon and Mayo). Each site committed to a five-year pilot programme initiated by the WRDATF, with the support of partner agencies in the region. Local steering committees, which include funders and strategic partners, continue to function. Published outputs from Planet Youth in the western region have to date related to its strategic approach, implementation framework, and survey data results, rather than information related to the impact of initiatives under the programme or outcomes achieved. In February 2020, Planet Youth in the western region published its *Strategy and Implementation Framework: Galway, Mayo and Roscommon*, which was reported on in detail in the 2020 National Report {Western Region Drug and Alcohol Task Force 2020}.

In line with the design of the Planet Youth programme, school surveys took place in 2018 and 2020. The findings of the surveys have been reported on in previous workbooks. They are available on [www.planetyouth.ie](http://www.planetyouth.ie). Other activities in the region in 2021 included:

- The launch of a website aimed at teachers who deliver the SPHE programme: <https://thefacts.planetyouth.ie/>
- A new website and booklet called Parent Power were developed. The booklets will be distributed to parents in the region whose children are starting primary school, along with parent information sessions. <https://parentpower.planetyouth.ie/>
- Delivery of parent information sessions on, for example, sleep webinars and those associated with the transition to secondary school: <https://stepup.ie/>

The North Dublin Regional Drug and Alcohol Task Force carried out its initial surveys in Fingal in October 2021, the findings of which have yet to be published. Planet Youth in Cavan and Monaghan have also carried out their first round of surveys.

**T.1.2.3 Please comment on Selective prevention interventions as reported to the EMCDDA in the Intervention Mapping Questionnaire or complement with information on new initiatives (activities/programmes currently implemented) or interventions (including their contents and outcomes).**

#### **T1.2.3 Selective prevention interventions**

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

- The DATFs

- UBU Your Place Your Space
- Selective prevention interventions targeting educational disadvantage
- Selective prevention targeting families and at-risk young people.

- **The DATFs**

The DATFs deliver a range of selective interventions that reflect the nature of the drug problem in their areas – areas which have been identified as socially and economically disadvantaged communities that face a range of challenges, including high levels of drug use. Interventions are delivered in a range of local settings and include local and regional awareness initiatives, family programmes, programmes targeted at specific risk behaviours particular to the locality, and community action on alcohol, among many more.

- **UBU Your Place Your Space**

The UBU Your Place Your Space scheme was established in response to the findings of the 2014 DCYA report entitled *Value for Money and Policy Review of Youth Programmes* {Department of Children and Youth Affairs 2014b} which looked at three key funding programmes that targeted young people in areas characterised by problem drug use, educational disadvantage, criminal activity, unemployment, and homelessness. The DCYA (now the DCEDIY) undertook an extensive programme of work, including reviewing evidence and engaging stakeholders to inform the development of this single funding scheme (<https://ubu.gov.ie/home>). UBU Your Place Your Space targets young people who are marginalised, disadvantaged, or vulnerable and it aims to provide services that support them, including those that cover health, education, employment, and social connectedness. The scheme explicitly supports the delivery of action 1.2.8 in the national drugs strategy for 2017-2021: to improve services for young people in socially and economically disadvantaged neighbourhoods who are at risk of substance misuse {Department of Health 2017}. It continues to be aligned with the new strategic priorities for the remainder of the strategy's lifetime.

- **Interventions targeting educational disadvantage**

***Delivering Equality of Opportunity in Schools (DEIS)***

As outlined in previous workbooks, *DEIS (Delivering Equality of Opportunity in Schools) – An Action Plan for Educational Inclusion* is the Department of Education's policy instrument to address educational disadvantage. It aims to improve attendance, participation and retention in designated schools located in disadvantaged areas. Overall young people in these schools have been found to face more challenges than those in non-DEIS schools. For example a report published in 2021 found that principals of about one in five students in DEIS schools identified student use of alcohol and drugs, students lacking respect for teachers, and bullying as hindrances to learning. These problems were much less common in non-DEIS schools where principals of just one-in-twenty students identified these as hindrances to learning {Nelis et al. 2021}. In the 2021/2022 school year, 884 schools were involved in the programme. These comprised 687 primary schools (331 urban and 356 rural) and 197 post-primary schools.

Under DEIS, a range of supports is provided to help address ESL and the retention of students in schools. These include:

- A lower pupil-teacher ratio in DEIS Band 1 schools
- Appointment of an administrative principal on a lower enrolment threshold
- Additional funding based on level of disadvantage
- Access to the Home School Community Liaison Scheme and the School Completion Programme (SCP)

- Access to the School Meals Programme, and
- Access to literacy and numeracy supports.

The findings of a review of existing evaluations of the programme, as well as other relevant Irish and international research, were published in 2015 {Smyth et al. 2015} and were outlined in detail in the 2016 Prevention workbook. The review provided an overview of the impact of DEIS and it identified the lessons that could be learned for future policy development. Following on from this, the DES undertook a review of the DEIS programme, focusing on its structures and methods of delivering the programme rather than focusing on programme outcomes. This resulted in a new action plan for the programme {Department of Education and Skills. 2017}, which was reported on in the 2017 Prevention workbook. Under the Department of Education’s *Statement of Strategy 2021-2023* {Department of Education 2021} there is a further commitment to delivering on the *DEIS Plan 2017* {Department of Education and Skills. 2017}. Goal 2 of the *Statement of Strategy 2021-2023* {Department of Education, 2021 #3912} states that the Department of Education will “ensure equity of opportunity in education and that all students are supported to fulfil their potential” (p. 20) {Department of Education 2021}. And in order to achieve that goal, the Department will implement a number of strategic actions, including: “Address the retention and achievement gap between Delivering Equality of Opportunity in Schools (DEIS) and non-DEIS schools through the DEIS programme” (p. 20) {Department of Education 2021}.

The *Statement of Strategy 2021-2023* {Department of Education 2021} identifies a range of educational strategies that “underpin our work and drive the significant changes that are being planned and implemented across the continuum of education” (p. 24). This includes the *DEIS Plan 2017*, the vision of which is “for education to more fully become a proven pathway to better opportunities for those in communities at risk of disadvantage and social exclusion” {Department of Education and Skills. 2017} (p. 6). In order to deliver on this, the plan has five goals:

1. To implement a more robust and responsive assessment framework for identification of schools and effective resource allocation
2. To improve the learning experience and outcomes of pupils in DEIS schools
3. To improve the capacity of school leaders and teachers to engage, plan and deploy resources to their best advantage
4. To support and foster best practice in schools through interagency collaboration, and
5. To support the work of schools by providing the research, information, evaluation and feedback to achieve the goals of the plan.

The *DEIS Plan 2017* recognises that despite progress being made, these schools continue to perform below the national average, indicating the need for ongoing support. A set of 108 actions was identified to deliver on the goals of the *DEIS Plan 2017*, and progress towards these and associated performance targets were to be reported on an annual basis {Department of Education and Skills. 2017}. No such reports have been published at the time of writing (July 2022).

As mentioned above, DEIS has been the subject of a number of reports. *The evaluation of DEIS at post-primary level: Closing the achievement and attainment gaps* {Weir and Kavanagh 2018} report looked at achievement and retention in DEIS and non-DEIS schools at post-primary level. The report is descriptive of changes over time and it illustrates a narrowing of the gap between DEIS and non-DEIS schools. The findings in relation to medical cards and the social context effect suggest support for policies that target resources at schools with higher concentrations of students from socioeconomically disadvantaged backgrounds. However, the report is limited in being able to make any conclusions about whether the changes found are attributable to the DEIS programme. As with previous DEIS reports, a key limitation is that a control group is not used; therefore, it cannot be established with any certainty whether

improvements are due to the programme or whether the improvements would have happened anyway. The findings of the report were described in more detail in the 2019 National Report.

### *Schools Completion Programme*

The School Completion Programme (SCP) is a support under DEIS. It targets those most at risk of ESL and school-aged children who are not currently attending school. It aims to retain a young person in school to completion of the Leaving Certificate, equivalent qualification, or suitable level of educational attainment that enables them to transition into further education, training, or employment.

SCP projects provide three levels of interventions to children and young people:

- Universal interventions that are evidence based and are delivered to whole class/whole school groups
- Brief interventions for 8 weeks or less, targeting students identified as needing an immediate short-term SCP-led intervention
- Targeted interventions to children and young people with significant support needs who have been identified through the SCP Intake Framework.

Based on the figures on TUSLA's website, there are 122 SCP projects covering 467 primary and 222 post-primary schools (<https://www.tusla.ie/services/educational-welfare-services/scp/>) (accessed July 2022).

### *Home School Community Liaison Scheme*

The Home School Community Liaison Scheme (HSCL) is another support under DEIS. It is a school-based intervention provided to address the needs of "pupils/families in disadvantaged areas through acknowledging and developing the role of the parent as prime educator" {*Drugs Policy and Social Inclusion Unit 2020*} (p. 8). The role of the HSCL Coordinator is to work primarily with the salient adults in the child's life, to empower them, so that they can better support their children to attend school, participate in education and develop positive attitudes to lifelong learning.

### *Wellbeing Programme and the NEPS in DEIS schools*

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

### *The NEPS student support team*

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

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



- Advise school management on the development and review of effective student support policies and structures.

The programme is led by the NEPS. Teams are made up of the school's guidance counsellor, a representative from the school's management team, the special needs coordinator, year heads/class tutors, and the SPHE coordinator. In addition, the team may also include other key members of staff as needed, such as a Home School Community Liaison teacher, parents or students, staff members with specialist roles, and outside professionals who may also attend meetings.

The NEPS student support team programme was piloted in 17 DEIS post-primary schools between 2014 and 2017. While an evaluation of the pilot was not published, the DES reported a set of key outcomes:

- A student support team best practice guide was developed and was shown to greatly help schools in setting up highly effective student support teams.
- Communication with parents was enhanced.
- Schools reported being better able to support student well-being at system and individual levels.
- Schools reported being better able to support students with specific needs.
- Schools reported being better informed and able to seek help appropriately from external support services and agencies, such as CAMHS or other HSE services.

{Department of Education and Skills 2017b}

#### ***Other programmes aimed at targeting educational disadvantage***

As outlined in the Policy workbook, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* {Department of Health 2017} draws on strategies from across Government to support delivery of its goals. As well as the DEIS programme, the strategy identifies other existing initiatives and programmes that aim to address ESL, as well as the needs of those who are not in employment, education or training (NEET), and to improve school retention rates. These initiatives and programmes are:

- Meitheal, Tusla – the Child and Family Agency's national practice model. It is a standardised approach to assessing the needs of children and families who have come to the attention of practitioners and community members due to a child welfare or safety concern. It is an interagency model of work designed to ensure the effective delivery of services for at-risk young people. See [www.tusla.ie](http://www.tusla.ie)
- The Department of Rural and Community Development's Social Inclusion and Community Activation Programme (SICAP) provides supports to children and young people from target groups who are at risk of ESL, and/or to children and young people aged 15–24 years who are not in employment, education or training. It is a social inclusion programme that assists both individuals and groups through a two-pronged approach: supporting communities and supporting individuals. SICAP was established in 2015 as part of the Youth Employment Initiative. The first phase of the programme finished at the end of 2017 and the current phase will run until the end of 2022. The types of activity supported through SICAP and delivered in collaboration with community and statutory bodies include: personal development and educational courses; family supports; suicide awareness and prevention initiatives; guidance; promotion of health and well-being; youth work; and supporting men's sheds and women's groups.

#### ***Selective prevention interventions in education centres outside mainstream schooling***

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

*Youth Encounter Projects*

Youth Encounter Projects provide non-residential educational facilities for children who have either become involved in, or are at risk of becoming involved in, minor delinquency. The projects provide young people with a lower pupil-teacher ratio than mainstream schooling, and a personalised education plan. SPHE (see Section T1.2.2 of this workbook) is included in the range of subjects offered by these projects.

#### *Youthreach*

Youthreach is the Irish Government's primary response to ESL (see Section T1.2.3 of this workbook). It aims "to provide early school leavers (16–20 years) with the knowledge, skills and confidence required to participate fully in society and progress to further education, training, and employment" {Smyth et al. 2019} (p xi). It is described as not only having a focus on progression to education and training, but also as playing a role in facilitating social inclusion. It is delivered in two settings which have their own distinct governance and funding structures: Youthreach centres, of which there are 112 nationally, and Community Training Centres, of which there are 35 nationally. There are almost 6,000 places available nationwide under the Youthreach umbrella. The centres vary in what they offer learners. While Quality and Qualifications Ireland (QQI) Levels 3 and 4 are the most common courses offered, some centres provide Level 2 courses and the Leaving Certificate Applied programme. A small number offer Junior and Leaving Certificate courses.

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

- ***Selective prevention targeting families and at-risk young people***

#### *Family programmes*

A range of selective prevention programmes targeting families and at-risk young people continues to be delivered. The national drugs strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025*, identifies three family support programmes that it states should receive continued support: the Strengthening Families Programme; Parenting under Pressure (PuP) Programme; and the 5-Step Method (the Stress-Strain-Coping-Support Model) {Department of Health 2017}. Children leaving care are also targeted by the national drugs strategy, although specific programmes were not identified. Findings of studies on these types of programmes have been reported on in previous workbooks, for example, the Strengthening Families Programme (National Strengthening Families Council of Ireland 2018) and the Youth Advocate Programmes Ireland {Youth Advocates Programme 2018}.

#### *Hidden Harm*

The needs of children living with, and affected by, parental alcohol and other drug use continue to be the target of the National Hidden Harm Project. The project was established by the HSE and Tusla to inform

service planning and to improve services for these children. In 2019, a suite of activities and outputs came from this joint working, the components of which include a strategic statement, practice guide, information leaflet and training programme.

The Hidden Harm Strategic Statement *Seeing Through Hidden Harm to Brighter Futures* {Health Service Executive and Tusla Child and Family Agency 2019} outlines how the HSE and Tusla will work together to bridge the gap between adults' and children's services in favour of a more family-focused approach to the identification, assessment and treatment of alcohol and substance use, which will improve the well-being of, and minimise the risk of hidden harm to, children and families affected by alcohol and drug use. The Strategic Statement is seen by its authors as laying out "the national standard upon which Hidden Harm work should be measured" {Health Service Executive and Tusla Child and Family Agency 2019} (p. 15). It applies not only to staff of the HSE and Tusla but also to all voluntary and community groups in receipt of funding from both State agencies, including the DATFs and their funded projects.

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

As mentioned above, the Strategic Statement was published as part of a suite of activities and outputs coming from this joint working. Other components are:

- The *Hidden Harm Practice Guide*, an "educational resource to enhance knowledge and skills in identifying and responding effectively to parental problem alcohol and other drug use in terms of its impact on children and to support the continuing professional development of health and social care practitioners" {Health Service Executive et al. 2019} (p. 2).
- An information leaflet for practitioners called *Opening our Eyes to Hidden Harm*, which aims to help frontline workers to support children and young people affected by parental alcohol and other drug use. It includes key messages on the nature of hidden harm and how to find and offer support {North South Hidden Harm Group 2019}.
- A national interagency training programme for staff groups working within the HSE and Tusla, based on the *Hidden Harm Practice Guide* and encompassing areas such as: alcohol and drug theoretical frameworks and practice; child development and the impact of problem alcohol and other drug use; and attendant difficulties of mental health and domestic violence on parenting ability. The e-learning programme was completed in September 2019 and is available on HSE LanD for HSE, Tusla, and community and voluntary sector staff. Between the launch of the e-learning programme in September 2019 and the end of 2020, a total of 1,838 participants successfully completed the e-learning programme. In 2021, 793 participants successfully completed the eLearning, despite several pandemic related lockdowns and a well-documented cyber-attack on the HSE IT systems in May 2021 which resulted in the eLearning platform being offline for several months. A one-day skills-based training day to complement the e-learning programme has also been developed and will be piloted in November 2022. but its roll-out has been delayed due to the COVID-19 pandemic. The pilot training, which it was agreed needs to be delivered in-person rather than online, was delayed due to public health advice related to the COVID pandemic. The training will be co-facilitated by both the HSE and TUSLA and will be open to HSE, TUSLA and funded agencies. (Personal communication, HSE National Social Inclusion Office, June 2022)

#### *Silent Voices*

Silent Voices is an Alcohol Action Ireland campaign that focuses on the impact of parental alcohol misuse (PAM) on children. Alcohol Action Ireland's principal funder is the HSE. Silent Voices aims to ensure that the right supports are available to children coping with PAM – and also to those adults who are dealing

with the impact of a childhood trauma in later life. There are three broad areas of activities outlined for Silent Voices:

- Raise awareness of the impact of PAM through advocacy, education, and information. Tools used include personal testimony; sharing experiences; and signposting and listing resources.
- Facilitate a better understanding of PAM by providing information and insight to the following groups: health professionals and practitioners; media; parents; policy-makers; people who have contact with children; and volunteers
- Enhance services for children and adults who have experienced PAM, by working in partnership to initiate, develop, or contribute to research; fundraising; and the development of online information and literature supports.

#### **T.1.2.4 Please provide an overview of Indicated prevention interventions (activities/programmes currently implemented).**

##### **T1.2.4 Indicated interventions**

Indicated prevention in Ireland tends to take the form of mental health services and brief interventions. The Health Diversion Programme for dealing with people found in possession of drugs for personal use is under development and will draw on existing services, including these brief interventions (see Section T1.2.1 of this workbook for more detail). Indicated prevention interventions described in this section are:

- Child and Adolescent Mental Health Services (CAMHS)
- Brief interventions
- Community based outreach projects
- Diversion projects in the criminal justice system
  
- Child and Adolescent Mental Health Services (CAMHS)

As outlined in previous National Reports, CAMHS are the first line of specialist mental health services for children and young people in Ireland. CAMHS are provided by multidisciplinary teams, including psychiatrists, psychologists, nurses, social workers, speech and language therapists, and occupational therapists. CAMHS continue to struggle to meet demand.

- Waiting lists: The 2018 Prevention workbook reported that in March 2018 there were 2,691 children on the CAMHS waiting list. Of those, 386 had been waiting longer than 12 months to be seen {Browne}. In November 2021, there were 3,357 children on the waiting list, 221 of whom had been waiting for 12 months or more <https://www.hse.ie/eng/about/personalpq/pq/2022-pq-responses/january-2022/pq-2123-22-cian-o-callaghan.pdf>
- Admission of children to child and adolescent acute inpatient units versus adult units: In 2019, there were 497 admissions of children aged under 18 years to psychiatric units and hospitals; of these admissions, 443 were to dedicated child and adolescent units. The remaining 54 children were admitted to an adult unit {Daly and Craig 2020}. In 2020, a higher proportion of such admissions were to dedicated child and adolescent units. Of 486 admissions, 459 were to these units, and 27 were to an adult unit {Daly, 2021 #3948}. In 2021, of 504 child and adolescent admissions 32 were to adult units {Mental Health Commission 2022}.

- **Brief interventions**

There are two main brief intervention programmes that address substance use: Making Every Contact Count (MECC) and Screening and Brief Intervention for Problem Alcohol and Substance Use (SAOR). The drugs.ie website also runs a self-assessment and brief intervention resource, DUDIT.

*Making Every Contact Count (MECC)*

Under Healthy Ireland, there are three policy priority programmes covering the following issues: healthy eating and physical activity; alcohol use; and smoking. Each of these has key objectives for the population and the health service. The three policy priority programmes are complemented by a suite of six online health behaviour change modules. Health and social care staff are encouraged to undertake the modules and to engage patients in a conversation and a possible brief intervention on whatever lifestyle issue is the most important for that patient. This way of working is referred to as Making Every Contact Count (MECC). The alcohol and drugs module is a 30-minute interactive module providing up-to-date alcohol and drug information to healthcare staff, as well as demonstrating examples of brief interventions in a variety of settings.

A two-year study of MECC is underway, entitled 'Implementation of Making Every Contact Count (MECC): developing a collaborative strategy to optimise and scale up MECC'. It is divided into three work packages (WPs), the first of which is complete:

- WP 1 examined health professional-level and organisational-level barriers to, and enablers of, the implementation of MECC using a mixed-methods approach to include:
  - A national survey of healthcare professionals (n=357) who had completed MECC elearning.
  - A qualitative study (n=36) with health care professionals, Health Promotion and Improvement staff and managers which sought to understand staff and organisational factors related to successful implementation.
- WP2 will examine patient attitudes towards, and experiences of, MECC using qualitative interviews with patients (n=24). Subject to ethical approval this will be carried out by end of Q1 2023.
- WP3 will:
  - Develop testable implementation strategies for the improved implementation of MECC in practice, through the use of the Behaviour Change Wheel approach (underway); and
  - Engage key stakeholders, through a consensus process, to develop a collaborative implementation blueprint to optimise and scale up MECC (underway).

(personal communication, MECC, HSE, June 2022).

*Screening and Brief Intervention for Problem Alcohol and Substance Use (SAOR)*

Since 2009, the HSE has delivered training on a screening and brief intervention for problem alcohol use in emergency departments and acute care settings. The programme is called Screening and Brief Intervention for Problem Alcohol Use (SAOR). In 2017, the model was revised (SAOR II) and it now provides an evidence-based framework for screening and brief intervention for all problem substance use – not just alcohol – and it is applied in a broader range of health, social care, social, and recreational settings, and for all levels of need. It supports workers from their first point of contact with a service user, in order to enable them to deliver brief interventions and to help those presenting with more complex needs to access treatment programmes. A guidance document on SAOR II was published for service providers and was reported on in the 2017 National Report {O'Shea et al. 2017}.

As outlined in more detail in Section T1.2.1 of this workbook, Ireland is adopting the Health Diversion Programme for the possession of drugs for personal use. On the first occasion, AGS will refer those

caught with drugs for personal use, on a mandatory basis, to the HSE for a health screening and brief intervention using the SAOR programme. See section T3.1 of the Policy Workbook for a detailed update on the implementation of the Health Diversion Programme.

#### *Drug Use Disorders Identification Test (DUDIT) online*

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

- **Community-based outreach projects**

Young people's involvement in the drug economy is an ongoing issue in Ireland. The current Government has made a commitment to legislate against the coercion and use of minors in the sale and supply of drugs. In January 2021, the General Scheme of the Criminal Justice (Exploitation of Children in the Commission of Offences) Bill was announced. It underwent pre-legislative scrutiny in July 2021 and is now being drafted by the Office of Parliamentary Counsel. In October 2021 it was the subject of a report by the Irish Human Rights and Equality Commission (IHREC) (established under the Irish Human Rights and Equality Act 2014). These developments are discussed in section T3.1 of the Drug Policy workbook. If enacted, the Bill will outlaw the grooming of children into crime by creating specific offences where an adult compels, coerces, induces or invites a child to engage in criminal activity.

There are projects that deliver services which aim to address the needs of these young people. These are community based and include projects such as the Easy Street Project in Ballymun (<http://www.bryr.ie/>), and Targeted Response to Youth (TRY) project (<https://www.donorecdat.ie/>). Both projects take an outreach and bridging approach in which youth workers make contact at street level, build trust, and then act as a 'connecting node' or 'host' in order to enable young people to extend their social networks beyond those associated with the drug economy, and to build on positive traits. The youth workers engage with individual young people and broader networks of young people in the community. They also support young people in accessing education or work pathways, with the aim of either preventing them from engaging in, or enabling them to desist from, the drug economy. Particular challenges these projects face include securing adequate funding to meet the level of demand for their work and having access to viable education and employment opportunities for the young people they work with. Since the 2021 workbook the TRY project has been taken over by a youth organisation (SOLAS), to ensure its sustainability.

- **Diversion programmes in the criminal justice system**

Ireland has diversion programmes which aim to provide an opportunity to divert young offenders from criminal activity. For example, the Garda Juvenile Diversion Programme and the Garda Youth Diversion Projects (GYDPs). They avail of restorative justice and restorative practices to try and target offending behaviour in young people aged under 18 years. GYDPs engage with young people through a range of supports, including education, training and employment support, social enterprise initiatives, as well as personal development and supports such as mentoring, and personal development activities. The findings of a review and evaluation of two Garda Youth Diversion Programmes (GYDPs) were published in September 2020 {Egan and Sandra Roe Research 2020}. The aim of the evaluation was to examine the effectiveness of two pilot youth justice intervention programmes. More detail is available in Section T2.2

of the Legal framework workbook. Similarly, the Irish Probation Service has a Young Persons Probation (YPP) division of trained staff who work specifically with children and young people aged 12–18 years who come before the courts, or those who are in children detention schools or centres. YPP projects support and motivate young people to address the cause of their offending behaviour and to make positive changes in their lives so as to avoid further offending. Some of the areas of work include educational needs, self-care living skills, drug and alcohol misuse, and emotional and mental health. These and other projects are described in more detail in Section T2.2 of the *Legal framework* workbook.

**Note:** Information relevant to this answer includes: interventions for children at risk with individually attributable risk factors e.g. children with Attention Deficit (Hyperactivity) Disorder, children with externalising or internalising disorders, low-responders to alcohol, etc. Brief Interventions in school and street work settings, and in Emergency Rooms

**T1.2.5 Warning campaigns:** If available in your country, describe the contents (i.e. key message), coverage, target population and possible evaluations of mass media (including social media) campaigns that aim to **increase awareness about the risks and harms of psychoactive substances**

#### T1.2.5 Information and awareness campaigns

National awareness campaigns tend to be grounded in a public health approach, although there have been some examples of those that have been grounded in a less evidence-based approach.

#### **Public health led campaigns**

The Health Service Executive's team behind the government funded drugs.ie website have developed information and awareness campaigns. They have been developed with different stakeholders based on emerging trends over recent years. These have included:

- **'Slow Down After Lockdown':** Raising awareness of our current concerns as nightlife returns.
- **Overdose campaign:** HSE and USI 'Knowing the Signs' overdose awareness campaign with booklets available on request. Find out more here.
- **HSE Festival Campaign:** Harm reduction information for festival providers and people use use at festivals Find out more
- **'Safer Student Nights':** The HSE and Union of Students in Ireland (USI) ask students to think about drug safety measures when using club drugs in nightlife settings.
- **When is Ecstasy not ecstasy, when it's PMA/PMMA:** PMA and PMMA are stimulants with hallucinogenic effects similar to MDMA. However, they are toxic at lower doses than MDMA and can also take longer to take effect.
- **What's in the Pill?:** The 'What's in the Pill?' campaign is the result of a collaboration between three Dublin Universities and the Ana Liffey Drug Project.
- **What's in the Powder?:** The 'What's in the Powder?' campaign is the result of a collaboration between three Dublin Universities and the Ana Liffey Drug Project.
- **Snow Blow & HIV:** The ASK campaign is a harm reduction and HIV prevention campaign developed by Ana Liffey Drug Project & HIV Ireland.
- **G,GHB or GBL:** To help address the increasing use of the drug G in Ireland.
- **Pregabalin:** The pregabalin campaign addresses misuse that has been reported among individuals attending addiction services and recreational drug users.

- **Butane Gas:** Butane is commonly misused by being inhaled directly through the mouth either from cigarette lighter refills, canisters or aerosol sprays.
- **USI MDMA and Ketamine:** A new information campaign aimed at students which was developed by the Union of Students of Ireland in partnership with Drugs.ie and the HSE.
- **Cannabinoids and Mephedrone:** USI 2017 information campaign aimed at students, developed by the Union of Students of Ireland in partnership with Drugs.ie and the HSE.
- **Cocaine - Reduce the harms:** In response to an increase in the use of cocaine powder and crack in Ireland, the Ana Liffey have partnered with the HSE Office of Social Inclusion to produce information and harm reduction resources for people who use drugs and healthcare professionals

For more information see: [http://www.drugs.ie/drugs\\_info/campaign/](http://www.drugs.ie/drugs_info/campaign/)

### Other campaigns

An example of a campaign led by a non-public health entity includes a 2021 campaign led by the Irish police. In September 2021 Ireland's police force (An Garda Siochana) launched a drug awareness campaign aimed at third level students. #riseabovetheinfluence is part of a broader programme called Campus Watch which aims to improve safety on third level campuses, along the same lines as the neighbourhood watch model. In its press release AGS describe the aim of the campaign as 'to encourage students to seek out positive influences and avoid the harmful consequences of drugs misuse' {An Garda Siochana 2021}. <https://www.garda.ie/en/crime-prevention/crime-prevention/campus-watch/>

The press release for #riseabovetheinfluence reflects the narrative of campaign materials. The following come directly from the press release:

- If you use drugs such as cannabis, cocaine, ketamine and MDMA, you are committing a criminal offence and also risking addiction, loss of career opportunities, under-achievement, and international travel restrictions.
- Taking unprescribed 'study' drugs or sleeping pills can lead to anxiety, addiction and psychosis. Multiple or polydrug use is extremely dangerous and increases your risk of overdose or death.
- Our "Rise above the influence" message is simple. Your future is in your hands. Seek out positive influences on campus. Choose the influences which will enhance your future career. Make responsible decisions for yourself and be aware of those around you. Don't become another victim of the drug trade.
- Drug use can lead to addiction, debt, prison and the destruction of your physical and mental health. You don't know what you're taking. You don't know where it will take you.

**T1.2.6 Advocacy campaigns:** If available in your country, describe the contents (i.e. key message), coverage, target population and possible evaluations of mass media (including social media) campaigns that aim to increase the awareness about effective preventive interventions, behavioural/educational strategies and policies (e.g. the [ListenFirst Campaign](#)).

### T1.2.6 Advocacy campaigns

There have been some not national advocacy/mass media campaigns targeted at parents/other adults but this is not a large body of work. At a more local level, activities targeted at parents/carers include those linked to Planet Youth in the WRDATF. <https://parentpower.planetyouth.ie/>



**T1.2.7 (Optional) Please provide any additional information you feel is important to understand prevention activities within your country.**

- **What Works initiative**

The DCEDIY's What Works: Sharing Knowledge, Improving Children's Futures (What Works) initiative was launched in June 2019. It seeks to embed and enhance knowledge and quality in prevention and early intervention in children and young people's policy, service provision, and practice. There are four core strands to this work, including a data working strand, an evidence working strand, a professional development and capacity building working strand, and a quality working strand.

**The data working strand** aims to improve access to and use of data and information relating to children, young people, and their families by aligning and developing what currently exists in this area. The main tool for delivering on this is the Outcomes for Children National Data & Information Hub (<https://outcomes4children.tusla.ie/>). It aims to provide a sustainable, standardised technical solution for mapping outcomes and indicators for children and young people, in order to aid in service planning, design and delivery. It has been developed by Tusla in conjunction with the DCEDIY. It is publicly accessible and provides a web-based platform to visualise published datasets.

**The evidence working strand** aims to harness the learning from prevention and early intervention initiatives and research, and to actively support the use of this learning as a resource to inform planning, delivery, evaluation, and continuous improvements. The main tool for delivering on this is a dedicated website launched in 2019 ([www.whatworks.gov.ie](http://www.whatworks.gov.ie)), which sets out to be a 'go-to' source on what works best in prevention and early intervention in improving outcomes for children, young people, and their families. It is planned as a knowledge exchange platform through which information on practice approaches, toolkits, practice guides, professional learning opportunities, and interventions and programmes can be accessed. However, there are ongoing delays to the delivery of an evidence matrix at the core of this resource – this will involve the design of an "easily accessible online guide/clearinghouse which will provide details and rated assessment of the costs and standards of evidence of the impact of prevention and early intervention evidence-based programmes globally and in Ireland" {Department of Children and Youth Affairs 2018b} (p. 3). It is unclear when this will be delivered but it is still a planned piece of this work programme (personal communication DCEDIY, June 2022).

**The professional development and capacity building working strand** sets out to enhance the capacity and skills development of policymakers, providers, and practitioners in the appraisal and application of evidence-informed approaches to prevention and early intervention for children and young people through capacity building and development. This is being delivered through a broad range of supports aimed at professional groupings in areas of need. Several activities related to the What Works Learning Strategy have been undertaken since the 2021 National Report, including:

- The What Works Sharing Knowledge fund was launched in April 2022. The fund is open to practitioners and service providers working in not-for-profit organisations, multi-disciplinary networks, Children and Young People's Services Committees, Child and Family Support Networks and communities of practice working with children, young people and their families and who have a strong emphasis on prevention and early intervention.
- In November 2021, What Works ran a Festival of Learning. The theme of the Festival was 'Fairer Futures', with events focusing on disadvantage, its impact on children, families and communities and how policy and services can address it.

**The quality working strand** sets out to align, enhance, and sustain quality in prevention and early intervention as it relates to the development and delivery of policy, provision, and practice for children and young people. Pilot projects are being funded under this strand in partnership with Tusla, Ireland's Child and Family Agency, focusing on parenting programmes, fostering, and educational disadvantage.

What Works also encourages innovation in service delivery to improve the reach and accessibility of services, and it has provided grant funding to Rethink Ireland for the Children and Youth Digital Solutions Fund.

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

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

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

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

The PEIU has undertaken a series of Focussed Policy Assessments (FPAs) on key PEIs supported by public resources. The purpose of these FPAs is to set out the rationale for the policy intervention; the public resources provided to support the delivery of the intervention; the outputs and services that are provided; and the achievements of the intervention relative to its stated goals. (These FPAs are available at: <https://igees.gov.ie/peiu-focussed-policy-assessments/>). This series of descriptive reports provides the evidential basis for a thematic consideration of PEI in Ireland. Previous ones included those on: *Family Services Supporting Children and their Parents* {Kennedy 2019a} and *Programmatic interventions for children, young people and their parents* {Kennedy 2019b}. While not specifically focused on drug prevention interventions, substance use is identified regularly as presenting problems and challenges for children, young people, and their parents. The reports outline the range of government-funded programmes in prevention more broadly, and any evidence of the goals and achievements of expenditure in this area.

An FPA that focuses specifically on the national drugs strategy through an analysis of expenditure and effectiveness in line with the strategy's performance indicators was published in August 2021 {Bruton et al. 2021}. It was prepared by staff of the Irish Government Economic and Evaluation Service (IGEES) based in the Department of Health and the Department of Public Expenditure and Reform. There are two main elements to it:

- Drug-related public expenditure (labelled and unlabelled) – the paper profiles labelled expenditure and presents the findings of the first effort to estimate unlabelled expenditure in an Irish context. This estimate is based on medical and judicial costs, as well as lost productivity.
- RHSR performance against its performance indicators (PIs) – the paper maps the availability of data for the strategy's 29 PIs and analyses those that are available (for 12 PIs), to assess the performance of RHSR under its five strategic goals.

The findings of the FPA paper are discussed in section T1.2.2 of the Policy Workbook. Despite its limitations, it represents a valuable step toward generating the economic evidence base upon which

public policy on drug use can be evaluated. Overall, it highlights the need to improve the data collection process, to adopt performance indicators that are measurable for the remainder of the strategy's lifetime, and to agree the optimal methodological approach to analysing expenditure and performance indicator-related data.

## T1.3 Quality assurance of prevention interventions

The purpose of this section is to provide information on quality assurance systems **such as training and accreditation of professionals, knowledge transfer, and on conditional funding for interventions or service providers depending on quality criteria.**

### Who (which office, ministry) controls the quality of prevention interventions, if applicable?

Ireland's national drugs strategy {Department of Health 2017} recognises the importance of quality standards in prevention:

"Prevention is a collaborative effort, which involves a range of stakeholders, including parents and families, those working in education, DATFs, family support networks, youth services, student unions, sporting organisations and networks of people who use drugs. Prevention programmes should be evidence-based, adhere to quality standards and involve participants in programme design and implementation" {Department of Health 2017} (p. 21).

No reference was made in the original strategy document to adopting or maintaining European standards in this area {European Monitoring Centre for Drugs and Drug Addiction 2015} {Uchtenhagen and Schaub 2011} {European Monitoring Centre for Drugs and Drug Addiction 2011} {United Nations Office on Drugs and Crime and World Health Organization 2018}. However, following a mid-term review of the strategy, six new strategic priorities were identified for the strategy (2022-25), including one on prevention. Included in this priority is a commitment to carry out activities informed by the European Prevention Curriculum (EUPC) and the International Standards on Drug Use Prevention. (See T3.1). Indeed, moving forward, the interventions and framework to be developed and implemented as part of a new prevention and education programme will need to adhere to international prevention standards - European drug prevention quality standards (EDPQS), the UNODC/WHO International Standards on Drug Use Prevention and the European Prevention Curriculum (EUPC).

Throughout the lifetime of the strategy, broader national quality standards have underpinned prevention interventions in Ireland. These include quality standards in health services and youth work.

- **National Standards for Safer Better Healthcare**

The HSE implements its own quality standards 'National Standards for Safer, Better Healthcare' and it expects funded agencies who have a service level agreement (SLA) with the HSE to implement these as part of the SLA. This includes some agencies that provide prevention interventions. The quality standards framework was developed in 2012, and the quality standards apply to all healthcare services (excluding mental health) provided or funded by the HSE, including, but not limited to, addiction services.

They are divided into eight themes: person-centred care and support, effective care and support, safe care and support, better health and well-being, leadership, governance and management, workforce, use of resources, and use of information. HSE Primary Care division developed quality improvement and

assessment workbooks for each of the National Standards for Safer Better Healthcare themes. These workbooks have now been adapted for HSE and HSE-funded addiction services.

- **National Quality Standards Framework for Youth Work**

Standards in the overall youth work sector are underpinned by the *National Quality Standards Framework (NQSF) for Youth Work* {Office of the Minister for Children and Youth Affairs 2010}. The related initiatives continue to be implemented and are an element of the *National Youth Strategy 2015–2020* {Department of Children and Youth Affairs 2015b}, which continues to guide policy and practice in this area in 2022.

From 2017, the quality standards for volunteer-led youth groups have been incorporated into the Local Youth Club Grant Scheme. The standards are based on three core principles: young person-centred; the safety and well-being of young people; and a focus on developmental and educational services for young people {Department of Children Youth Affairs 2013}.

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

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

As described in Section T1.2.3 of this workbook, the funding of youth programmes has transitioned to a single funding scheme, UBU Your Place Your Space. While it had been planned to have a revised quality system as part of this new scheme, changes have yet to be made, and projects applying under the new scheme continue to be required to implement the NQSF {Department of Children and Youth Affairs 2019}. Planning for a revised system is in part being informed by the findings of a strategic review of the NQSF's implementation, which was outlined in the 2019 National Report {Middlequarter Limited 2017}.

- **Drug Education Workers Forum (DEWF)**

In 2007 a Manual in Quality Standards in Substance Use Education was published by the Drug Education Workers Forum (DEWF) {Butler et al. 2007}. The manual looks at different areas of substance use education, such as schools, youth work and community settings, and provides clear information on the best practice for delivering such education. Anecdotal evidence suggests that these are used by some prevention workers, including some of those linked to the DATFs, but they are not a requirement and it is unknown the extent to which they are applied.

- **European Prevention Curriculum in Ireland**

While data are not available on the number of relevant stakeholders who have undertaken the European Prevention Curriculum in Ireland, the Department of Health is actively supporting its staff to take part in the European Prevention Curriculum (EUPC) training courses (personal communication, Drugs Policy and Social Inclusion Unit), Department of Health, July 2022).

<b>Is there scientific guidance and methodological advice to those who implement prevention at local level?</b>	<b>No</b>
<b>If yes, how is this organised (and by which centres/organisations)?</b>	
See section above	

<b>How and to what degree are available national or EU prevention standards applied, if applicable?</b>
See first section above

<b>Is there conditional funding (i.e. preferential funding for certified interventions, accredited providers, according to other criteria)?</b>	<b>Doesn't really exist</b>
<b>Additional information, if applicable:</b>	
Click here to enter text.	

<b>Is there funding for research and development for Prevention.</b>	(if yes ↓)
<b>If yes, please provide examples.</b>	
There is research going on in the area of prevention but it is broader than drug prevention. For example, the work of the Child and Family Research Centre in the National University of Ireland, Galway.	
<b>In the past three years, has there been a change in the funding for research and development for prevention.</b>	(if yes ↓)
<b>If yes, please provide examples.</b>	
None to date	
<b>Please give examples of the evaluation of interventions resulting from Research &amp; Development funding.</b>	
None to date	
<b>Are there regular, national stakeholders meetings on prevention?</b>	<b>Yes</b>
<b>If yes, specify the stakeholders</b>	
The SIG on prevention is made up of stakeholders from the Departments of Health, Education, Justice and Children. Other members are from TUSLA, An Garda Síochána, the RDATFs, and youth and community representatives.	
<b>If YES, is the alcohol industry statutory part of these meetings?</b>	<b>No</b>
<b>Which of the other industries are statutory part of these meetings (e.g. tobacco, gambling, gaming, cannabis lobby, etc.)?</b>	
None	

<b>Do non-governmental prevention agencies (NGOs, Associations) need an accreditation in order to be allowed to carry out prevention?</b>	<b>No</b>
<b>If yes, which are the criteria?</b>	
Click here to enter text.	
<b>Are they audited or controlled periodically?</b>	<b>No</b>

<b>What kind of credentials/qualifications prevention workers typically need to have?</b>
No specific requirements

<b>What training background do prevention workers typically have (psychology, social work, sociology, etc.)?</b>
No homogenous training background.

## T2. Trends

The purpose of this section is to provide a commentary on the context and possible explanations of trends in prevention within your country.

**Please structure your answers around the following questions.**

**T.2.1 Please comment on the main changes in prevention interventions in the last 10 years and if possible discuss the possible reasons for change.**

Since the 2021 National Report, with the introduction of the strategic implementation groups, there have been some changes made to the implementation structure for prevention. However, overall the aims and objectives of prevention activity remains the same under the national drugs strategy.

When reflecting on trends over the past ten years, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* {Department of Health 2017} continues with the common threads in the area of prevention that ran through Ireland’s previous strategy. In the *National Drugs Strategy (interim) 2009–2016* {Department of Community 2009}, the objectives of the ‘prevention’ pillar were to:

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

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

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

The common threads running through these two strategies and their objectives include increasing awareness and improving understanding in the general population of the dangers and problems related to using drugs, as well as promoting positive health choices. This objective is closer to the universal public health model, which targets human agency and rationality as the primary mechanism of change.

The objectives also contain continuing recognition that certain groups and communities may be at higher risk than the general population, and therefore may require additional resources and supports. This type of thinking resonates more with selective prevention, which prioritises groups and communities according to certain at-risk criteria.

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

Where change can be seen is in terms of an increased focus on environmental prevention and, more recently, quality standards and professional training. Environmental prevention is reflected in the increasingly restrictive controls on alcohol and tobacco. Ireland is also witnessing the emergence of some programmes that specifically focus on changing the environment rather than on the user per se. For quality standards, the most recent strategic priorities for the strategy (2022-25) make reference explicitly to quality standards and the EUPC for the first time.

Overall, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* {Department of Health 2017} the current Programme for Government and the new strategic priorities for the remainder of the lifetime of the national drugs strategy, indicate that prevention will continue to be delivered using a similar range of interventions to those used in previous years.

**Note:** For example, changes in demography, in patterns of drug use, in policy and methodology, in target groups or in types of interventions.

## T3. New developments

The purpose of this section is to provide information on any notable or topical developments observed in prevention since your last report.

T1 is used to establish the baseline of the topic in your country. Please focus on any new developments here.

If information on recent notable developments have been included as part of the baseline information for your country, please make reference to that section here. It is not necessary to repeat the information.

**Please structure your answers around the following questions.**

**T.3.1 Please report on any notable new or innovative developments observed in prevention in your country since your last report.**

### **T3.1 New developments**

1. New strategic priorities for national drugs strategy
2. Review of alcohol licensing legislation
3. Department of Health Prevention and Education Strategic Initiatives and Funding Programme

4. The alcohol industry and school prevention
5. i-mark initiative – supporting independence from alcohol industry influence

### **1. New strategic priorities for national drugs strategy**

A midterm review of Ireland’s national drugs strategy was published on 17 November 2021, entitled *Mid-term review of the national drugs strategy, Reducing Harm, Supporting Recovery and strategic priorities 2021–2025* {Drugs Policy and Social Inclusion Unit 2021}. It draws on a range of evidence sources to inform the selection of a new set of six strategic priorities and a slightly amended delivery structure, for the remainder of the strategy’s lifetime. The findings of the mid-term review are summarised in section T3.1 of the policy workbook.

Prevention is one of the six new strategic priorities. As with the other priorities, it will be delivered through specific actions, and progress will be measured through outcome indicators. These actions and indicators have yet to be decided at the time of writing (August 2022). The priority is defined as follows:

*To strengthen the prevention of drug and alcohol use and the associated harms among children and young people: This will cover a variety of settings (school, community, and family) and will focus on increasing resilience and strengthening life skills and healthy life choices. Activity under this priority will be informed by the European Prevention Curriculum (EUPC) and the International Standards on Drug Use Prevention.*

To support the delivery of this priority a Strategic Implementation Group (SIG) on prevention has been established. This group is responsible for driving the implementation of this priority and is developing an action plan to guide this work. For more detail on the other new strategic priorities and the implementation structure see section T3.1 of the policy workbook.

### **2. Review of alcohol licensing legislation**

The Irish Government has committed to modernise Ireland’s alcohol licensing laws and application processes through a Sale of Alcohol Bill. The Department of Justice is the lead on this Bill and it has committed to having a reform process underpinned by principles of “transparent regulation and administration of licensing, the importance of public health and the maintenance of public order” (<https://www.justice.ie/en/JELR/Pages/open-consultation-sale-of-alcohol>). As it stands, the legislation governing the sale, supply and consumption of alcohol in licensed premises in Ireland are set out in various acts dating from between 1833 to 2018. The objective of the new legislation is to repeal these older Acts and to replace them with updated and streamlined provisions.

As part of the process of drafting the Bill, the Department of Justice undertook a public consultation between November 2021 and January 2022. Its aims were to determine public opinion on current alcohol licensing laws, seek views on the changes required, and elicit suggested solutions to ensure Ireland has a modern and streamlined licensing framework to respond appropriately to changing expectations and lifestyles (<https://www.justice.ie/en/JELR/Pages/open-consultation-sale-of-alcohol>). Members of the public, academics, sectoral groups, and representative organisations were invited to complete an online survey and/or make a written submission to the Department of Justice. The department received in excess of 5,000 responses to the consultation {McEntee}.

The alcohol industry will be a strong lobby in this process. However, there are also those advocating for the Bill to be underpinned by a public health agenda. Alcohol Action Ireland (AAI) is a national charity that acts as a national independent voice for advocacy and policy change, campaigning to reduce levels of alcohol-related harm in Ireland (see <https://alcoholireland.ie/>). They published their submission to the



Department of Justice {Alcohol Action Ireland 2022}. Some of the key points made in their submission are:

- **Streamlining licenses:** In relation to streamlining the categories of licenses that exist, they argue that any proposed extension of alcohol licensing into everyday normal lifestyle events, whether in established non-alcoholic businesses such as cinemas and sports venues, or notional 'pop-up' events, should not be considered (p.5).
- **Alcohol and culture:** It is AAI's view that alcohol licensing has nothing to offer the improvement of cultural offerings throughout the country. In their submission to the Night Time Economy taskforce (see section T4.1) they note that many cultural and creative activities happen at night and there is a perceived norm in Ireland that none can be enjoyed, or sustained, without the accompaniment of alcohol {Alcohol Action Ireland 2020; Night-Time Economy Taskforce 2021}. They argue that the continuing visible presence of alcohol in most cultural experience is detrimental to developing a new environment in which children are not regularly exposed to alcohol promotion (as is one of the aims of the Public Health (Alcohol) Act 2018). They want any expansion of the night-time economy and the review of licencing legislation to discourage "a fabricated concept that alcohol use is central to our cultural experience" and for changes not to be associated with easier and greater access to alcohol {Alcohol Action Ireland 2022} (p 6).
- **Public health approach to reform:** AAI advocate that a public health approach can only inform a reform of alcohol licensing laws if equal purpose is given to sustain the objectives of public health alcohol policy. They propose that a formal consideration is established for public health in assessing an application for an alcohol license, and that if the applicant cannot demonstrate adherence to such objectives, then their application be refused.
- **Extension of opening hours:** In response to proposals to make changes that would make alcohol more readily available in the early hours, they argue that these changes would prove problematic for both law and order and public health.
- **On and off site trade:** They argue that there should be no consideration given to equalising opening hours for both on and off-trade retail operators. Such a change "to further relax availability of alcohol products from the off-trade would be a deeply regressive step" (p.11).
- **Consistency in policy:** Overall, they make the case that Irish policy (through the Public Health (Alcohol) Act 2018) seeks to reduce the harm caused by alcohol through measures to tackle the drivers of consumption, including: price, promotion and availability and the provision of accurate information to the public of the risk of alcohol use. Any changes to the licensing regulations need to be compatible and supportive of this tranche of regulations.

It is expected that this legislation will make progress through the legislative process over the next twelve months and will be the subject of much debate.

### 3. Department of Health Prevention and Education fund

In Q3 of 2022 the Department of Health launched a new Prevention and Education Strategic Initiatives and Funding Programme. The aim of this work-stream is to increase the focussed delivery of prevention programmes, supported by the best possible evidence, amongst the school age population. As part of this initiative, the Department made a call for applications to a new funding programme which aims to strengthen the prevention of drug, alcohol and tobacco use and the associated harms among children and young people. This funding programme is open to DATFs, Community Healthcare Organisations (CHOs), the community and voluntary sector, and academic bodies. To encourage 'cooperative working', applications must be made by more than one DATF across at least two CHO areas.

The key elements that will be funded under this programme are:

- **Guidance document:** A guidance framework will be developed which will standardise the approach taken when delivering prevention and education initiatives, providing a means to ensure those delivering interventions will be suited to this work.
- **Open call funding programme:** This funding programme will support up to five prevention initiatives, up to €100,000 a year, for a period of three years. There will be 4 funding streams within the programme: school based; general youth; family based; and environmental prevention.
- **Research and foresight:** Research on new trends and insights into drug use in Ireland, particularly among the younger population will be considered under this initiative.
- **Monitoring and evaluation:** To ensure this programme meets its goals, adheres to evidence and best practice, and to ascertain any learnings, a monitoring and evaluation element will be developed for tender.
- **Technical group:** A technical group will be established to maintain oversight of this work over its three-year lifespan.

The new fund is aligned to the priorities of both national and EU policy in prevention. In a progressive step, the work funded under the programme will be required to adhere to international prevention standards, including the European drug prevention quality standards (EDPQS), the UNODC/WHO International Standards on Drug Use Prevention and the European Prevention Curriculum (EUPC) {European Monitoring Centre for Drugs and Drug Addiction 2011} {United Nations Office on Drugs and Crime and World Health Organization 2018} {European Monitoring Centre for Drugs and Drug Addiction 2018}. These standards compile the latest scientific evidence regarding prevention and will ensure that all work under the remit of this programme will promote evidence-based prevention and training.

#### **4. Alcohol-industry funded programmes in schools**

Drinkaware is involved in the provision of alcohol education in schools in Ireland. Their Alcohol Education Programme (AEP) has been delivered by over 313 trained teachers to over 15,000 secondary school pupils across 25 counties in Ireland (<https://drinkaware.ie/about/our-strategy-in-summary/>). As part of their strategic focus for 2022-2024 they aim “to maintain our relevancy, reach and reputation and to be the lead alcohol education and awareness charity in Ireland” (<https://drinkaware.ie/about/mission-vision-values/>). In March 2021, Alcohol Action Ireland (AAI) (which has the HSE as its main funder and does not accept funding from the alcohol industry) issued a press release out of concern that “schools-based alcohol education has become the target ground for the corporate interests of industry players” (<https://alcoholireland.ie/alcohol-education-schools-cannot-sourced-alcohol-industry-funded-organisation/#>). With teacher trainings planned for Autumn 2022 by Drinkaware, community based initiatives are also calling for government support in challenging its involvement in Irish schools. Indeed, in the Know the Score materials (see section T1.2.2) schools are advised that the HSE, Department of Health and Department of Education and Skills recommend that they do not use alcohol industry-funded initiatives in health education- “teaching resources which have been developed by or funded by the alcohol industry are inappropriate for use in schools.” {HSE Alcohol Programme 2019} (p.4).

#### **5. i-mark initiative – supporting independence from alcohol industry influence**

The i-mark initiative of supporting independence from alcohol industry influence was developed by the Irish Community Action on Alcohol Network (ICAAN). ICAAN is encouraging organisations to sign up to the initiative, join the movement, and use the i-mark logo in their work. In doing so, organisations can demonstrate their independence from alcohol industry influence and funding.



### **Rationale for initiative**

The i-mark was developed in response to concerns about the conflict between the motives of the alcohol industry and the health and wellbeing of the population as well as the growing influence of the alcohol industry in the areas of partnership, policy and school-based education in Ireland. These connections allow the alcohol industry to gain access to Government and non-governmental organisations and provide an opportunity to promote solutions to alcohol-related harms and to undermine proven effective measures. Corporate philanthropy and sponsorship have also been used as a way of gaining support from the charity, community, and voluntary sectors while also building trust among the public.

### **i-mark toolkit**

The accompanying i-mark toolkit has been developed as a resource aiming to empower and support organisations by informing them of the impact the alcohol industry has in influencing alcohol policies and actions. Through the toolkit, ICAAN supports those organisations that sign up to the i-mark to be independent from the alcohol industry by means of:

- Education – about the conflict of interest in working with the alcohol industry
- Measures – that they can take to reduce the influence of the alcohol industry
- Connections – how organisations can work together to reduce alcohol harm.

The toolkit includes a checklist of questions for organisations contemplating using alcohol industry-funded educational resources or accepting funding from the alcohol industry. These questions aim to build awareness and encourage organisations to think about the potential consequences and impact of accepting funding or using their resources.

The toolkit also includes examples of alcohol industry misinformation and confusion regarding alcohol harms. Examples in the toolkit include research reviewing an alcohol industry-funded campaign, intended to highlight alcohol-related harm, which found that the campaign was focused on public opinion rather than scientific evidence {Petticrew et al. 2018}. International evidence reveals how the alcohol industry provides misleading information about the cancer risks relating to alcohol and of the risks of alcohol consumption during pregnancy (Lim et al., 2019).

In Ireland, the alcohol industry's campaign against the Public Health (Alcohol) Act 2018 is evident from the lobbying register record of the number of meetings between drinks industry lobbyists and Government ministers, senior officials, and Oireachtas (Ireland's parliament) members during the year in which the Act was passed.

### **Work of ICAAN**

ICAAN is convened and supported by the Alcohol Forum since 2017 and their mission is to 'create and inspire change by working with individuals, families and communities to prevent and reduce the harm caused by alcohol (see <https://www.alcoholforum.org>). ICAAN is part of a growing global movement working to reduce the influence of the alcohol industry on people's lives and the lives of their children. In promoting the i-mark, ICAAN is engaging the charity, community, voluntary, statutory and education sectors in why it is needed.

### **Support for i-mark**

The initiative was launched by Professor Thomas Babor, alcohol policy adviser to the World Health Organization (WHO) and editor of *Journal of Studies on Alcohol and Drugs*. i-mark is also supported and promoted globally by Movendi International, an independent global movement that aims to strengthen and empower civil society to tackle alcohol and other drugs as serious obstacles to development on personal, community, societal and global level (<https://movendi.ngo/>). Further information on the i-mark is available at <https://alcoholforum.org/i-mark>

## T4. Additional information

The purpose of this section is to provide additional information important to prevention in your country that has not been provided elsewhere.

**Please structure your answers around the following questions.**

**T.4.1 (Optional) Please describe any additional important sources of information, specific studies or data on prevention, information on work place prevention. Where possible, please provide references and/or links.**

1. Alcohol marketing during the 2020 Six Nations (Rugby) Championship: a frequency analysis.
2. Report of the Night-Time Economy Taskforce
3. Consumer protection messages in alcohol marketing on Twitter in Ireland: a content analysis

### **1. Alcohol marketing during the 2020 Six Nations (Rugby) Championship: a frequency analysis.**

In November 2021 Section 15 of the Public Health (Alcohol) Act 2018 was implemented in Ireland. This section of the Act prohibits alcohol advertising in or on a sporting area in Ireland. This component of the Act along with other measures yet to commence at the time of writing (July 2022), including content of advertising and a broadcast watershed, are intended to limit the exposure of alcohol marketing to children and young people in order to reduce the promotion of alcohol. This forms part of Ireland's commitment to reduce overall alcohol use and to protect children from alcohol marketing.

### **Study objectives**

To highlight the extent of alcohol marketing during popular sporting events prior to the implementation of Section 15, Alcohol Action Ireland, in partnership with the Institute of Alcohol Studies (IAS) in London and the Scottish Health Action on Alcohol Problems (SHAAP), have published a report examining the frequency and nature of alcohol marketing (verbal and visual references to alcohol) during televised broadcasts of the 2020 Six Nations Championship, an international rugby union tournament - *Alcohol marketing during the 2020 Six Nations Championship: a frequency analysis* {Purves and Critchlow 2021}. The tournament is currently broadcast in more than 180 countries worldwide, reaching a combined audience of over 125 million.

The authors sought to examine how Section 15 of the Public Health (Alcohol) Act 2018 might influence alcohol marketing practice during televised sport and also to examine how France's Évin Law impacts on the frequency and nature of marketing during the tournament. The Évin Law prohibits alcohol

advertising in France in sporting events since 1991. In the United Kingdom (UK), there is no legislative restrictions on alcohol sport sponsorship and activities are self-regulated by the alcohol industry instead.

### Methods

Content analysis of four matches was undertaken. These involved two played in Ireland (vs Scotland and vs Wales); one in Scotland (UK) (vs England); and one in France (vs England).

### Findings

The authors found that in the match played in the UK, alcohol marketing was most frequent, with an average of five alcohol references per broadcast minute (961 alcohol references or one every 12 seconds). The two matches played in Ireland closely followed with an average of four alcohol references per minute (754 [vs Wales] and 690 [vs Scotland] or one alcohol reference every 16 seconds and every 15 seconds, respectively), while in France, there was an alcohol reference every one minute (193 alcohol references). There were no age restriction warnings in any of the broadcasts and a minority had clearly visible, responsible drinking messages.

The majority of alcohol references were observed within the sporting area, during game time and in high-profile locations, such as static logos on the pitch and logos on the ball and goalposts. In Ireland and Scotland, alcohol references contained explicit branding; however, in France, 'alibi' marketing was used in order to adhere to the Évin Law. Examples of this are using the word 'Greatness' as opposed to the brand name Guinness in the familiar fonts and colours.

### Conclusions

The findings suggest that for Ireland, implementation of Section 15 has the potential to reduce alcohol marketing during sporting events. It prohibits some frequently used marketing activities, for example, the highly visible static logo in the middle of the pitch that was commonly shown. However, the report also indicates that alcohol marketing already appears in a variety of other locations that are not restricted by Section 15 controls, for example, pitch-side advertising and advertising placed around the stadium structure. These places, which fall outside the sporting area stipulated by Section 15 of the Public Health (Alcohol) Act, allow for alcohol advertising to be displayed in prominent areas, meaning that alcohol marketing is still very visible during sporting events.

The results also highlight how the Évin Law in France was evaded through the use of alibi marketing. Questions therefore remain over the monitoring and enforcement of the French law, a finding which has implications for the changing context in Ireland and any consideration of controls in the UK. For policymakers and regulators in Ireland overseeing the restrictions, the report highlights important matters, specifically whether alibi marketing will also be restricted under the wording of the legislation and what arrangements are in place to monitor and enforce the restrictions.

## 2. Report of the Night-Time Economy Taskforce

The *Report of the Night-Time Economy Taskforce* was published in September 2021 in response to a sector of the Irish economy badly impacted by the Covid-19 pandemic {Night-Time Economy Taskforce 2021}. Pubs, clubs, and other businesses dependent on the night-time economy closed for long periods of time in response to Ireland's national and regional lockdowns. This report is a result of collaboration from a range of Government Departments and agencies whose remit covers aspects of the night-time economy. These include the Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media; the Lord Mayors of Dublin and Cork; the Department of Justice; the Department of the Environment, Climate and Communications; the Department of Transport; the Department of Rural and Community Development; the Department of Housing, Local Government and Heritage; the Department of Enterprise, Trade and

Employment; the National Transport Authority; An Garda Síochána; Fáilte Ireland, and more. An intensive stakeholder engagement process with relevant sectors and interested parties with a role in the sector also contributed to the contents of the report.

### **Recommendations to revive the sector**

In the report, a range of actions (36 in total) are recommended in order to revive the sector, defined as “the diverse social, cultural and economic activity occurring during specified evening and night-time hours” (6 pm to 6 am) {Night-Time Economy Taskforce 2021} (p. 8). The recommendations include encouraging diversity and inclusivity, modernising licensing laws, creating a strong sense of safety, creating new and dynamic structures to develop vibrant and tailor-made local night-time economies, among others, but ultimately to maintain supports for the night-time economy as it makes the journey out of Covid-19 restrictions.

Key challenges and recommendations from the report were to extend opening hours in the national cultural institutions, to use more existing venues for late night use, and to encourage more outdoor activities. Existing licensing arrangements are referred to several times in the report as a key challenge for the sector, and recommendations are made to modernise and streamline licensing arrangements and application processes to help businesses selling alcohol to grow and potentially diversify. By reforming liquor licensing, the taskforce believes that it will make it easier for cultural venues such as theatres, galleries, and exhibition spaces to get licences. Thus, the range of night-time and cultural offerings can be broadened and diversified.

### **Sale of Alcohol Bill**

The taskforce welcomed the proposed Sale of Alcohol Bill governing Ireland’s licensing laws that was published after the Task Force’s report). The Bill intends to modernise and update Ireland’s licensing laws, thereby supporting the night-time economy. See section T3.1 for an outline of this Bill and associated challenges. The taskforce expected that the proposed amendments in the Bill would encourage diversity and new economic opportunities in the night-time economy. In the interim, the taskforce proposes the abolition of the special exemption orders process.

### **Alcohol-free venues**

The taskforce highlights that in its endeavour to revive the sector it should not mean an increase in antisocial behaviour or misuse of alcohol and/or misuse of drugs. The consultation process raised the importance of the provision of alcohol-free venues; recommendations are therefore made for more venues and cultural activities that do not involve the sale of alcohol to be encouraged and supported, particularly café culture.

### **Other recommendations**

Other challenges and recommendations in the taskforce report include:

- There should be enhancement and use of the public realm, that is, innovative use of public open spaces, including supporting and incentivising businesses to open late.
- Noise regulation, an inevitable knock-on effect of a vibrant night-time economy, should be considered. A noise regulatory review should be undertaken to consider the most effective approach to addressing this issue.
- The public event permit application process should be standardised for events involving less than 5,000 people that falls outside the realm of the Planning Acts.
- A pilot project of night-time economy advisors and night-time economy committees in six cities/towns across Ireland should be established.

- The issue of safety at night was also raised throughout the consultation process. Safeguards should be put in place to protect women and other vulnerable people engaged in night-time economy activities. Community safety partnerships and joint policing committees should include night-time economy issues in their operations, and best practice safety campaigns should be implemented for promoting across businesses operating in the night-time economy throughout the country.
- Public transport also features as an essential support for the sector. New 24-hour routes in Dublin City and additional transport services in rural areas should be established.
- Short and longer (post Covid-19) actions should support the night-time economy sector, including funding to support extended hours of opening of cultural institutions in the short term and longer term, recognising the importance of solutions and ideas coming from the ground up with interventions to stimulate night-time economy activity being based on the needs of the town/city area identified.

## **Conclusion**

Further consultations with key stakeholders, Government Departments, and agencies are required to address the wide range of challenges and opportunities associated with the night-time economy. A representative implementation group will be established to review progress on the recommendations contained in the report.

### **3. Consumer protection messages in alcohol marketing on Twitter in Ireland: a content analysis**

#### **Background**

The prevalence of alcohol use disorder among the general population in Ireland is estimated at 14.8% (Mongan et al., 2021). In an attempt to reduce alcohol consumption in Ireland and consequently the rate of alcohol-related harms, the Public Health (Alcohol) Act was enacted in 2018 (Office of the Attorney General Ireland (2018) Public Health (Alcohol) Act 2018. Dublin: Irish Statute Book. <https://www.drugsandalcohol.ie/33698/>.) Several components of the Act have been commenced but a number remain outstanding, such as Section 13. Section 13 of the Act will restrict the content of alcohol advertisements, requiring the marketing of alcohol products to contain facts about the dangers associated with alcohol consumption; how its use is linked to some cancers; how unsafe it is to consume during pregnancy; and will include a link to an independent website containing public health information about alcohol.

Pending commencement of Section 13, alcohol advertising is currently controlled through self-regulation by the alcohol industry and other media bodies and through a non-statutory code of conduct administered by the Advertising Standards Authority for Ireland. The latter stipulates that alcohol products should include responsible messaging ('responsible drinking') but explicit health warnings are not mandatory.

A new study sought to examine the presence of consumer protection messaging in alcohol advertising on the social media platform Twitter in Ireland {Critchlow and Moodie 2022}. It specifically aimed to observe the presence of voluntary and self-regulated messages and also to examine if the Twitter posts or their related accounts provide the consumer with warnings about alcohol use and/or signposts to public health information about alcohol.

#### **Methods**

Content analysis of 554 tweets from 13 alcohol companies based in Ireland, or where their marketing was directed at consumers in Ireland, was carried out. Analysis included coding the content of the

Twitter posts according to the presence of warnings related to alcohol consumption (including warnings related to drinking during pregnancy and the link between alcohol use and cancers); the presence of voluntary and self-regulated consumer protection messages; and whether there was information available that referenced websites with public health information about alcohol.

### Results

- **Warnings relating to alcohol consumption, drinking during pregnancy, and fatal cancers:** The analysis indicated that none (0%) of the 554 tweets or their associated Twitter accounts provided information about the link between alcohol consumption and fatal cancers. Just three tweets (0.5%) provided a warning relating to drinking during pregnancy (via a logo) but none of the related Twitter accounts had pregnancy warnings.
- **Voluntary and self-regulated consumer protection messages:** Voluntary and self-regulated consumer protection messages were observed in 36.3% of the tweets. The most common messages were 'Get the facts. Be DRINKAWARE' (20%) or 'drink responsibly' (10.3%).
- **Websites with public health information about alcohol:** The majority of tweets (72.9%) had no link to a public health website, while 20.6% provided a link to Drinkaware.ie (an alcohol-industry-funded site).

### Discussion

The findings from this study highlight the shortcomings of the current self-regulatory approach to consumer protection messaging in Ireland. This was evident through the lack of consumer warning messaging as stipulated by the Advertising Standards Authority for Ireland. It, as the authors note, is 'an opportunity missed by alcohol companies to demonstrate adherence to simple, self-imposed rules' {Critchlow and Moodie 2022} (p. 5). Where such messaging was present, it indirectly encouraged consumption (e.g. 'drink responsibly') but independent health information was not present.

The findings also indicate a near complete absence of health warning messages, specifically referring to the dangers associated with alcohol use, the links between alcohol use and fatal cancers, or the dangers of drinking during pregnancy. However, a small number of tweets inadvertently showed brief symbols of packaging that warned that alcohol should not be consumed during pregnancy.

### Conclusion

Commencement of Section 13 of the Public Health (Alcohol) Act 2018 will require that alcohol-industry marketing must inform consumers about alcohol and alcohol-related harms with impartial information on Twitter.

**T.4.2 (Optional) Please describe any other important aspect of prevention that has not been covered in the specific questions above. This may be additional information or new areas of specific importance for your country.**

[Click here to enter text.](#)

## T5. Sources and methodology



The purpose of this section is to collect sources and bibliography for the information provided above, including brief descriptions of studies and their methodology where appropriate.

**Please structure your answers around the following questions.**

**T.5.1 Please list notable sources for the information provided above:**

Central Statistics Office: [www.cso.ie](http://www.cso.ie)  
Department of Children, Equality, Disability, Integration and Youth: <https://www.gov.ie/en/organisation/department-of-children-equality-disability-integration-and-youth/>  
Department of Education and Skills: [www.des.ie](http://www.des.ie)  
Department of Health (including the Drugs Policy and Social Inclusion Unit and the Tobacco and Alcohol Control Unit): [www.health.gov.ie](http://www.health.gov.ie)  
Health Service Executive: [www.HSE.ie](http://www.HSE.ie)  
Houses of the Oireachtas (Parliament): [www.oireachtas.ie](http://www.oireachtas.ie)  
HRB National Drugs Library: [www.drugsandalcohol.ie](http://www.drugsandalcohol.ie)  
Irish legislation: [www.irishstatutebook.ie](http://www.irishstatutebook.ie)  
UBU Your Place Your Space: [www.ubu.gov.ie](http://www.ubu.gov.ie)  
Alcohol Action Ireland: <http://alcoholireland.ie/campaigns/silent-voices/>

**T.5.2 Where studies or surveys have been used please list them and where appropriate describe the methodology?**

Where appropriate, methodologies are outlined in Section T3.1 and Section T4.1 of this workbook.

- Alcohol Action Ireland, 2022. A response to the Department of Justice open consultation on the review of alcohol licensing. Alcohol Action Ireland, Dublin. <https://www.drugsandalcohol.ie/35561>
- Alcohol Action Ireland, 2020. Submission to NightTime Economy Taskforce Consultation. Alcohol Action Ireland, Dublin. <https://www.drugsandalcohol.ie/33381/>
- Alcohol Action Ireland, 2018. Alcohol Action Ireland release its annual Alcohol Market Review and Price Survey 2018. <http://alcoholireland.ie/alcohol-action-ireland-release-annual-alcohol-market-review-price-survey-2018/>
- An Garda Siochana, 2021. Garda Drugs Plea to Students Ahead of Freshers' Week Tuesday - 21st September 2021 [WWW Document]. URL <https://www.garda.ie/en/about-us/our-departments/office-of-corporate-communications/press-releases/2021/september/garda-drugs-plea-to-students-ahead-of-freshers-week-tuesday-21st-september-2021.html>
- Anderson, P., Chisholm, D., Fuhr, D.C., 2009. Effectiveness and cost-effectiveness of policies and programmes to reduce the harm caused by alcohol. *Lancet* (London, England) 373, 2234–46. [https://doi.org/10.1016/s0140-6736\(09\)60744-3](https://doi.org/10.1016/s0140-6736(09)60744-3)
- Babor, T., Caetano, R., Casswell, S., Edwards, G., Giesbrecht, N., Graham, K., Grube, J., Hill, L., Holder, H., Homel, R., Livingston, M., Österberg, E., Rehm, J., Room, R., Rossow, I., 2010. *Alcohol: no ordinary commodity. Research and public policy*, 2nd ed. Oxford University Press, New York.
- Bruton, L., Gibney, S., Hynes, T., Collins, D., Moran, P., 2021. Spending review 2021. Focused policy assessment of Reducing Harm, Supporting Recovery: an analysis of expenditure and performance in the area of drug

- and alcohol misuse (Government Publication). Government of Ireland, Dublin.  
<https://www.drugsandalcohol.ie/34729/>
- Butler, E., Keane, R., Rowley, C., Smith, S., 2007. A manual in quality standards in substance use education. Drug Education Workers Forum, Dublin. <https://www.drugsandalcohol.ie/6339/>
- Cousins, G., Mongan, D., Barry, J., Smyth, B., Rackard, M., Long, J., 2016. Potential impact of minimum unit pricing for alcohol in Ireland: evidence from the National Alcohol Diary Survey. *Alcohol and Alcoholism* 51, 734–740. <https://www.drugsandalcohol.ie/26346/>
- Critchlow, N., Moodie, C., 2022. Consumer protection messages in alcohol marketing on Twitter in Ireland: a content analysis. *Drugs: Education Prevention and Policy* Early online.  
<https://www.drugsandalcohol.ie/35588/>
- Dail Eireann debate. Departmental strategies., 2021.
- Dail Eireann debate. Written answer 259. Alcohol sales, 2022. <https://www.drugsandalcohol.ie/36208/>
- Dáil Éireann Debate. Written answer 346 - child and adolescent mental health services data., 2018.  
<https://www.drugsandalcohol.ie/29300/>
- Daly, A., Craig, S., 2020. Activities of Irish psychiatric units and hospitals 2019. Health Research Board, Dublin.  
<https://www.drugsandalcohol.ie/32386/>
- Davenport, J., Tansey, A., 2009. Outcomes of an incredible years classroom management programme with teachers from multiple schools. National Educational Psychological Service, Dublin.  
<https://www.drugsandalcohol.ie/25601/>
- Davoren, M.P., Calnan, S., Mulcahy, J., Lynch, E., Perry, I.J., Byrne, M., 2018. Responding to excessive alcohol consumption in third-level (REACT): a study protocol. *BMC Health Services Research* 18, 364.  
<https://www.drugsandalcohol.ie/35830/>
- Department of Children and Youth Affairs, 2019. UBU Your Place Your Space policy and operating rules. Department of Children and Youth Affairs, Dublin. <https://www.drugsandalcohol.ie/32387/>
- Department of Children and Youth Affairs, 2018a. LGBTI+ National youth strategy 2018-2020. Department of Children and Youth Affairs, Dublin. <https://www.drugsandalcohol.ie/29267/>
- Department of Children and Youth Affairs, 2018b. Request for tenders 27 April 2018 for the development of evidence matrix for the quality and capacity building initiative. <https://www.drugsandalcohol.ie/29299/>
- Department of Children and Youth Affairs, 2015a. National youth strategy 2015-2020 (Government Publication). Government Publications, Dublin. <https://www.drugsandalcohol.ie/24606/>
- Department of Children and Youth Affairs, 2015b. National strategy on children and young people’s participation in decision-making, 2015 – 2020 (Government Publication). Government Publications, Dublin.  
<https://www.drugsandalcohol.ie/24612/>
- Department of Children and Youth Affairs, 2014a. Better outcomes brighter futures. The national policy framework for children & young people 2014 - 2020 (Other). Stationery Office, Dublin.  
<https://www.drugsandalcohol.ie/21773/>
- Department of Children and Youth Affairs, 2014b. Value for money and policy review of the youth programmes that target disadvantaged young people (Government Publication). Government Publications, Dublin.  
<https://www.drugsandalcohol.ie/23242/>
- Department of Children Equality Disability Integration and Youth, 2021. National framework for children and young people’s participation in decision-making. Government of Ireland, Dublin.  
<https://www.drugsandalcohol.ie/34379/>
- Department of Children Youth Affairs, 2013. National quality standards for volunteer led youth groups (Other). Department of Children and Youth Affairs, Dublin. <https://www.drugsandalcohol.ie/20356/>
- Department of Community, Rural and Gaeltacht Affairs, 2009. National Drugs Strategy (interim) 2009–2016. Department of Community, Rural and Gaeltacht Affairs, Dublin. <https://www.drugsandalcohol.ie/12388/>
- Department of Education, 2021. Department of Education statement of strategy 2021-2023. Government of Ireland, Dublin. <https://www.drugsandalcohol.ie/34467/>
- Department of Education and Skills., 2017. DEIS plan 2017. Department of Education and Skills, Dublin.
- Department of Education and Skills, 2017a. Action plan for education 2017 (Other). Department of Education and Skills, Dublin. <https://www.drugsandalcohol.ie/27255/>

- Department of Education and Skills, 2017b. Extra support to DEIS schools for student support teams.
- Department of Education and Skills., 2016. Action plan for education 2016-2019. Department of Education and Skills, Dublin. <https://www.drugsandalcohol.ie/27665/>
- Department of Education and Skills. The Inspectorate, 2016. Looking at our school 2016: a quality framework for post-primary schools (Government Publication). Department of Education and Skills, Dublin. <https://www.gov.ie/en/publication/743565-looking-at-our-school-2016/>
- Department of Health, 2020. Minister Frank Feighan urges teenagers to say no to smoking as he launches new report on alcohol, tobacco and drugs use among 15-16 year olds. <https://www.drugsandalcohol.ie/33365/>
- Department of Health, 2017. Reducing harm, supporting recovery. A health-led response to drug and alcohol use in Ireland 2017 - 2025 (Government Publication). Department of Health, Dublin. <https://www.drugsandalcohol.ie/27603/>
- Department of Justice, 2021a. Youth justice strategy 2021 - 2027. Department of Justice, Dublin. <https://www.drugsandalcohol.ie/34061/>
- Department of Justice, 2021b. Minister Browne launches Youth Justice Strategy 2021-2027.
- Dillon, L., 2022. Joint Committee on Health and the national drugs strategy. Drugnet Ireland Issue 81, Spring 2022, 6–7. <https://www.drugsandalcohol.ie/36178/>
- Drugs Policy and Social Inclusion Unit, 2021. Mid term review of the national drug strategy, Reducing Harm, Supporting Recovery and strategic priorities 2021-2025. Department of Health, Dublin. <https://www.drugsandalcohol.ie/35183/>
- Drugs Policy and Social Inclusion Unit, 2020. Reducing harm, supporting recovery progress report 2019. Department of Health, Dublin. <https://www.drugsandalcohol.ie/34530/>
- Egan, A., Sandra Roe Research, 2020. Review and evaluation of Garda youth diversion programmes 2019. Department of Justice and Equality, Dublin. <https://www.drugsandalcohol.ie/33043/>
- ESPAD Group, 2020. ESPAD report 2019 results from the European School Survey Project on Alcohol and Other Drugs. EMCDDA Joint Publications, Publications Office of the European Union, Luxembourg. <https://www.drugsandalcohol.ie/33331/>
- European Monitoring Centre for Drugs and Drug Addiction, 2019. European prevention curriculum: a handbook for decision-makers, opinion-makers and policy-makers in science-based prevention of substance use. Publications Office of the European Union, Luxembourg. <https://www.drugsandalcohol.ie/31119/>
- European Monitoring Centre for Drugs and Drug Addiction, 2018. Trendspotter manual: a handbook for the rapid assessment of emerging drug-related trends. Publications Office of the European Union, Luxembourg. <https://www.drugsandalcohol.ie/30080/>
- European Monitoring Centre for Drugs and Drug Addiction, 2015. Minimum quality standards for drug demand reduction interventions in the EU. EMCDDA, Lisbon. <https://www.drugsandalcohol.ie/24562/>
- European Monitoring Centre for Drugs and Drug Addiction, 2011. European Drug Prevention Quality Standards. EMCDDA, Lisbon. <https://www.drugsandalcohol.ie/16505/>
- Government of Ireland, 2016. Programme for Partnership Government. Department of An Taoiseach, Dublin.
- Hall, W.D., Patton, G., Stockings, E., Weier, M., Lynskey, M., Morley, K.I., Degenhardt, L., 2016. Why young people’s substance use matters for global health. The lancet. Psychiatry 3, 265–79. [https://doi.org/10.1016/s2215-0366\(16\)00013-4](https://doi.org/10.1016/s2215-0366(16)00013-4)
- Health Service Executive, Child, T., Family Agency, 2019. Hidden harm practice guide. Seeing through Hidden Harm to brighter futures. Health Service Executive and Tusla Child and Family Agency, Dublin. <https://www.drugsandalcohol.ie/30190/>
- Health Service Executive, Tusla Child and Family Agency, 2019. Hidden harm strategic statement. Seeing through Hidden Harm to brighter futures. Health Service Executive and Tusla Child and Family Agency, Dublin. <https://www.drugsandalcohol.ie/38617/>
- Henefer, J., Rodgers, A., 2013. ‘FRIENDS for Life’: a school-based positive mental health programme. Research project overview and findings. National Behaviour Support Service, Dublin. <https://www.drugsandalcohol.ie/25603/>

- HSE Alcohol Programme, 2019. Know the Score: substance use resource materials for senior cycle SPHE. Health Service Executive, Dublin. <https://www.drugsandalcohol.ie/31359/>
- Irish government economic and evaluation service, 2019. Costings of an alternative approach to personal drug possession. <https://www.drugsandalcohol.ie/30887/>
- Jernigan, D., Noel, J., Landon, J., Thornton, N., Lobstein, T., 2017. Alcohol marketing and youth alcohol consumption: a systematic review of longitudinal studies published since 2008. *Addiction* (Abingdon, England) 112 Suppl 1, 7–20. <https://doi.org/10.1111/add.13591>
- Kennedy, F., 2019a. Family services supporting children and their families (Government Publication). Department of Public Expenditure and Reform, Dublin. <https://www.drugsandalcohol.ie/32018/>
- Kennedy, F., 2019b. Programmatic interventions for children, young people and their parents (Government Publication). Department of Public Expenditure and Reform, Dublin. <https://www.drugsandalcohol.ie/32030/>
- Li, S., Keogan, S., Taylor, K., Clancy, L., 2018. Decline of adolescent smoking in Ireland 1995-2015: trend analysis and associated factors. *BMJ Open* 8, e020708. <https://www.drugsandalcohol.ie/28946/>
- Lim, A.W., van Schalkwyk, M.C., Hessari, N.M., Petticrew, M.P., 2019. Pregnancy, fertility, breastfeeding, and alcohol consumption: an analysis of framing and completeness of information disseminated by alcohol industry? funded organizations. *Journal of Studies on Alcohol and Drugs* 80, 524–533. <https://www.drugsandalcohol.ie/31220/>
- McGilloway, S., Hyland, L., NiMhaille, G., Lodge, A., O’Neill, D., Kelly, P., Leckey, Y., Bywater, T., Comiskey, C., Donnelly, M., 2011. Positive classrooms, positive children. Archways, Dublin. <https://www.drugsandalcohol.ie/25602/>
- Mental Health Commission, 2022. Mental Health Commission annual report 2021. Mental Health Commission, Dublin. <https://www.drugsandalcohol.ie/36546/>
- Middlequarter Limited, 2017. Review of the National Quality Standards Framework for youth work (NQS): final review report. Department of Children and Youth Affairs, Dublin. <https://www.drugsandalcohol.ie/30553/>
- Mongan, D., Millar, S., Galvin, B., 2021. The 2019–20 Irish National Drug and Alcohol Survey: main findings. Health Research Board, Dublin. <https://www.drugsandalcohol.ie/34287/>
- National Advisory Committee on Drugs and Alcohol, 2017. Prevalence of drug use and gambling in Ireland and drug use in Northern Ireland 2014/15: regional drug and alcohol task force (Ireland) and health and social care trust (Northern Ireland) results. Bulletin 2. National Advisory Committee on Drugs and Alcohol, Dublin. <https://www.drugsandalcohol.ie/26901/>
- Nelis, S.M., Gilleece, L., Fitzgerald, C., Cosgrove, J., 2021. Beyond Achievement: home, school and wellbeing findings from PISA 2018 for students in DEIS and non-DEIS schools. Educational Research Centre, Dublin. <https://www.drugsandalcohol.ie/34499/>
- Night-Time Economy Taskforce, 2021. Report of the Night-Time Economy Taskforce. Department of Tourism, Culture, Arts, Gaeltacht, Sport and Media, Dublin. <https://www.drugsandalcohol.ie/34846/>
- North South Hidden Harm Group, 2019. Opening our Eyes to Hidden Harm: empowering frontline workers to support children and young people affected by parental problem alcohol and other drug use. Health Service Executive and Tusla Child and Family Agency, Dublin.
- O’Dwyer, C., Mongan, D., Doyle, A., Galvin, B., 2021. Alcohol consumption, alcohol-related harm and alcohol policy in Ireland (No. HRB Overview Series 11). Health Research Board, Dublin. <https://www.drugsandalcohol.ie/33909/>
- Office of the Minister for Children and Youth Affairs, 2010. National quality standards framework (NQS) for youth work. Office of the Minister for Children and Youth Affairs, Dublin. <https://www.drugsandalcohol.ie/13490/>
- O’Shea, J., Goff, P., Armstrong, R., 2017. SAOR screening and brief intervention for problem alcohol and substance use (No. (2nd ed)). Health Service Executive, Dublin. <https://www.drugsandalcohol.ie/27443/>
- Petticrew, M., Maani Hessari, N., Knai, C., Weiderpass, E., 2018. How alcohol industry organisations mislead the public about alcohol and cancer. *Drug and Alcohol Review* 37.

- Public Service Reform Programme Management Office, 2018. End year review of Action Plan for Education 2017. Department of Education and Skills, Dublin. <https://www.drugsandalcohol.ie/29040/>
- Purves, R.I., Critchlow, N., 2021. Alcohol marketing during the 2020 Six Nations Championship: a frequency analysis. Scottish Health Action on Alcohol Problems; Institute of Alcohol Studies; and Alcohol Action Ireland, Stirling. <https://www.drugsandalcohol.ie/34911/>
- Rapid Response Group (RRG) on Use of Illicit Substances within Higher Education, 2020. The Report of the Rapid Response Group (RRG) on Use of Illicit Substances within Higher Education. Department of Education and Skills, Dublin. <https://www.drugsandalcohol.ie/31649/>
- Smyth, B.P., Daly, A., Elmusharaf, K., McDonald, C., Clarke, M., Craig, S., Cullen, W., 2020. Legislation targeting head shops selling new psychoactive substances and changes in drug-related psychiatric admissions: a national database study. *Early Intervention in Psychiatry* 14, 53–60. <https://www.drugsandalcohol.ie/30436/>
- Smyth, B.P., Lyons, S., Cullen, W., 2017. Decline in new psychoactive substance use disorders following legislation targeting headshops: Evidence from national addiction treatment data. *Drug and Alcohol Review* 36, 609–617. <https://www.drugsandalcohol.ie/27172/>
- Smyth, E., Banks, J., O’sullivan, J., McCoy, S., Redmond, P., McGuinness, S., 2019. Evaluation of the national Youthreach programme. ESRI, Dublin. <https://www.drugsandalcohol.ie/30687/>
- Smyth, E., McCoy, S., Kingston, G., 2015. Learning from the evaluation of DEIS. Economic and Social Research Institute, Dublin. <https://www.drugsandalcohol.ie/25567/>
- Tobacco Policy Review Group, 2013. Tobacco free Ireland. Department of Health, Dublin. <https://www.drugsandalcohol.ie/20655/>
- Uchtenhagen, A., Schaub, M.P., 2011. Minimum quality standards in drug demand reduction EQUUS. Research Institute for Public Health and Addiction, Zurich. <https://www.drugsandalcohol.ie/28908/>
- United Nations Office on Drugs and Crime, World Health Organization, 2018. International standards on drug use prevention. Second updated edition. United Nations Office on Drugs and Crime, Vienna. <https://www.drugsandalcohol.ie/30048/>
- Weir, S., Kavanagh, L., 2018. The evaluation of DEIS at post-primary level: closing the achievement and attainment gaps. Education Research Centre, Dublin. <https://www.drugsandalcohol.ie/31129/>
- Western Region Drug and Alcohol Task Force, 2020. Planet youth strategy & implementation framework: Galway, Mayo & Roscommon. Western Region Drug and Alcohol Task Force, Galway. <https://www.drugsandalcohol.ie/31961/>
- Working group to consider alternative approaches to the possession of drugs for personal use, 2019. Report of the working group to consider alternative approaches to the possession of drugs for personal use. Department of Health and Department of Justice and Equality, Dublin. <https://www.drugsandalcohol.ie/30887/>
- World Health Organization, 2014. Global status report on alcohol and health 2014 (Other). World Health Organization, Geneva. <https://www.drugsandalcohol.ie/21884/>
- Youth Advocates Programme, 2018. YAP Ireland national profile and outcomes summary 2011 - 2017. Youth Advocates Programme, Dublin. <https://www.drugsandalcohol.ie/28780/>

## **European Monitoring Centre for Drugs and Drug Addiction**

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

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

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

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