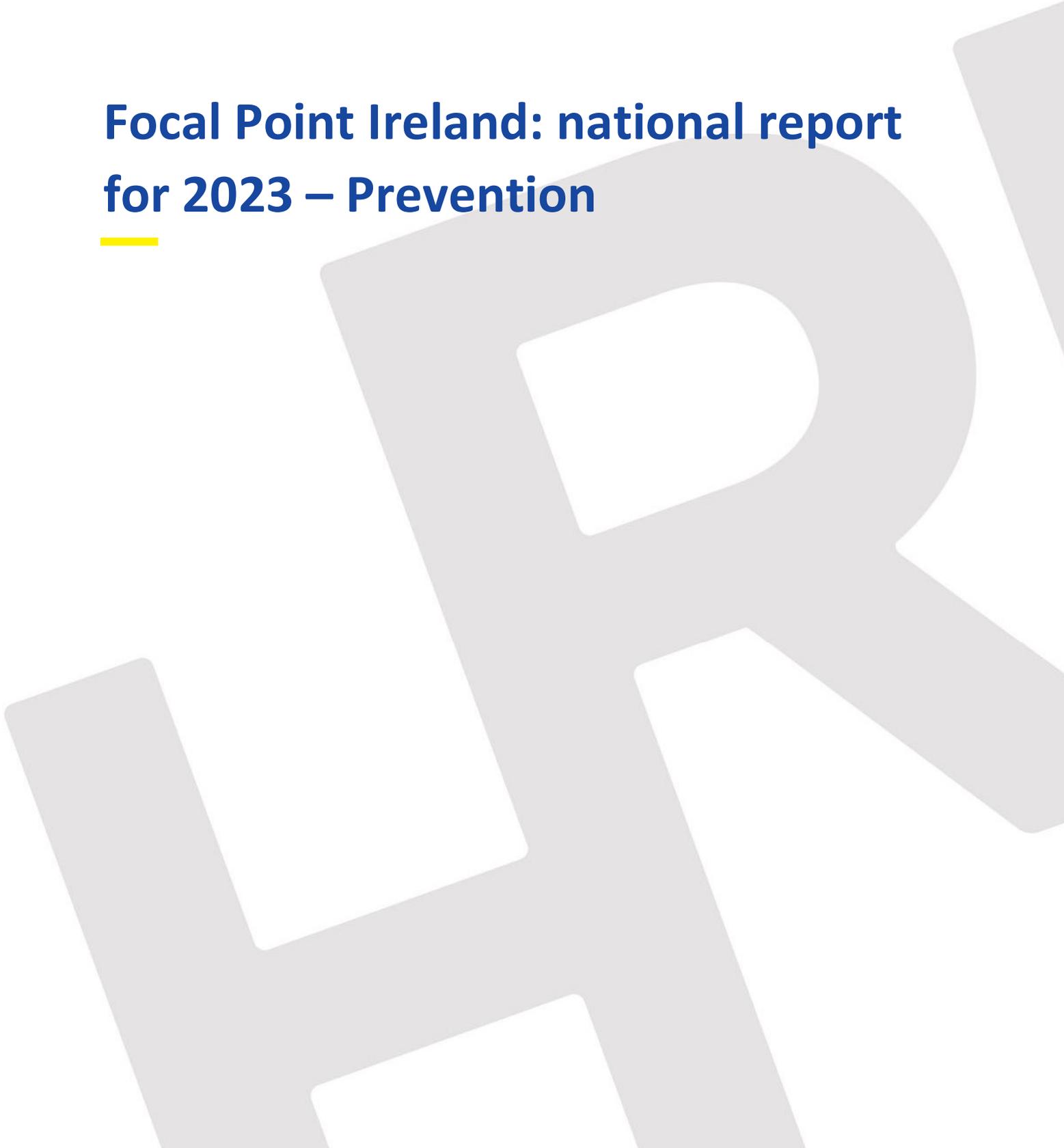


# **Focal Point Ireland: national report for 2023 – Prevention**

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## 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, titled *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 'leads' 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 – Child and Family Agency; Drug and Alcohol Task Forces (DATFs); and the Health Research Board (HRB).

A mid-term review of Ireland's national drugs strategy, 2022–2025, was published in late 2021 (Drugs Policy and Social Inclusion Unit, 2021). One main outcome of the review was the

identification of six new strategic priorities for the strategy, one of which is: To strengthen the prevention of drug and alcohol use and the associated harms among children and young people. Actions to accompany this priority for 2023–2024 have been published (Department of Health, 2023a).

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 HSE; the Department of Education; DCEDIY; Tusla – Child and Family Agency; and the DATFs. Community representatives are also included in the SIG. Funding for prevention in Ireland comes overwhelmingly from the statutory sector.

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

Environmental prevention interventions in Ireland are focused on 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 (MUP) 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, in the future, how Ireland plans to deal with the possession of small amounts of drugs for personal use through the Health Diversion Programme.

A range of universal prevention interventions is run at both the local and national level. At the national level, these include online resources (for more information, visit: <http://www.drugs.ie/>, <http://www.askaboutalcohol.ie/>), substance misuse awareness campaigns, and whole-school prevention interventions (e.g. Social, Personal and Health Education (SPHE); and Wellbeing Programme). At the local level, 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, as well as 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, which include 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 (2021–2025) (Department of Health, 2017) recognises the importance of quality standards in prevention. However, the strategy makes no reference 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 strategic priorities for the national drugs strategy for 2023 through to the end of the strategy (until 2025), prevention activity will be informed by the European Prevention Curriculum (EUPC) and the United Nations Office on Drugs and Crime (UNODC)/World Health Organization (WHO) International Standards on Drug Use Prevention.

National quality standards that apply to various government areas would also impact on prevention programmes. For example, the youth work sector is underpinned by the *National Quality Standards Framework (NQSF) for Youth Work* (Office of the Minister for Children and Youth Affairs, 2010). The NQSF is the standard to which providers must adhere under the single funding scheme, UBU Your Place Your Space (Department of Children and Youth Affairs, 2019). The HSE implements its own quality standards, the *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, improving understanding among the general population of the dangers and problems related to using drugs, and promoting positive health choices. The objectives also recognise that certain groups and communities may be at higher risk of misusing drugs than the general population, and therefore may require additional resources and supports. A mid-term

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

The types of interventions delivered as part of drug prevention have remained much the same throughout the 2000s. However, change can be seen in a growing focus on environmental prevention. This is reflected in the increasingly restrictive controls on alcohol – enforced by the Public Health (Alcohol) Act 2018. Change can also be seen in an increased focus on quality standards in prevention and supporting skills development and knowledge among prevention stakeholders.

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

1. *National Drugs Strategy Strategic Action Plan 2023-2024: Prevention*
2. Citizens' Assembly and prevention
3. Department of Health Prevention and Education Funding Programme (update)
4. The alcohol industry and school prevention activities (update)
5. Planet Youth process evaluation
6. Public Health (Tobacco and Nicotine Inhaling Products) Bill
7. Sale of Alcohol Bill 2022 (update)
8. Public Health (Alcohol) (Labelling) Regulations 2023 signed into law
9. Impact of Public Health (Alcohol) Act 2018 on alcohol branding in sports
10. Gambling Regulation Bill 2022 and
11. What Works Evidence Hub of prevention and early intervention programmes

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

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

1. Support for evidence-based alcohol policy in Ireland: a national survey (written by Seán Millar, HRB)
2. Alcohol consumption and attitudes to evidenced-based alcohol policy in Donegal (written by Anne Doyle, HRB), and
3. Planet Youth survey data (Fingal, Cavan, and Monaghan)

## 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 represented 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, Rural and Gaeltacht Affairs, 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). Goal 1 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 in achieving good physical, mental, social, and emotional health and well-being; in making positive choices; in being safe and protected from harm; and in realising their potential. It focuses on substance misuse 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 substance misuse 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 NPS users.

- **Strategic priorities for national drugs strategy (2022–2025)**

When Ireland’s national drugs strategy was published in 2017, it was accompanied by an action plan covering the first 4 years of the 8-year strategy. Each objective outlined above had a set of actions that were to be carried out during that period. A mid-term review of Ireland’s national drugs strategy was published in November 2021, titled *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 drew 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 T1.2.2 of the *Drug policy workbook*.

Prevention is one of the six strategic priorities for the remainder of the strategy to 2025. 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 EUPC and the UNODC/WHO 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).

An action plan for this strategy for 2024 has been published and is outlined in Section T3.1 in this workbook, as it pertains to prevention, and more broadly in Section T3.1 of the *Drug policy workbook* (Department of Health, 2023a). Furthermore, in line with this strategic priority, in 2022 the Government approved a Prevention and Education Funding Programme, which aims to increase the focused delivery of evidence-based prevention programmes. An update on this programme is presented 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 of substance misuse 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. 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. Work continues on the development of a new national strategy for children, young people, and their families to cover the period to 2028. In the meantime, the DCEDIY is implementing the European Child Guarantee as well as developing Ireland's adherence to the United Nations Convention on the Rights of the Child. It is envisaged that both of these initiatives, as well as the impacts of the COVID-19 pandemic, will also inform the new strategy ("Dail Eireann debate. Departmental strategies.," 2021).
- The *National Youth Strategy 2015–2020* (Department of Children and Youth Affairs, 2015a) was launched in October 2015. It was Ireland's first-ever national youth strategy, and 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 Framework for Children and Young People's Participation in Decision-making* (2021) aims to support Government Departments, agencies, and organisations in order to improve their practice in listening to children and young people and giving them a voice in decision-making (Department of Children Equality Disability Integration and Youth, 2021). A review of the *National Strategy on Children and Young People's Participation in Decision-Making, 2015 – 2020* was published in Q1 2023 (Department of Children, Equality, Disability, Integration and Youth, 2023), and a public consultation on the next government policy on the topic was carried out.
- The *LGBTI+ National Youth Strategy 2018-2020* (Department of Children and Youth Affairs, 2018) 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 officially came to an end at the end of 2021A progress report on the strategy and a process review of its implementation will feed into a final report on the implementation of the strategy. This final report will be published in late 2023 and will feed into the wider review of the LGBTI+ Inclusion Strategy.
- The *Youth Justice Strategy 2021 – 2027* (Department of Justice, 2021a) 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, as well as diverting children and young adults who have committed a crime away from further offending and involvement with the criminal justice system. A priority within this 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. An evaluation of the GYDPs is covered in Section T4.1 of the Legal workbook. The Youth Justice Strategy is 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, 2021b).

As noted in previous national reports, the policy landscape around young people in Ireland is well equipped with strategies and action plans, but it 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, 2015b) nor the *National Youth Strategy 2015–2020* (Department of Children and Youth Affairs, 2015a) was 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 also made in the *LGBTI+ National Youth Strategy 2018-2020* (Department of Children and Youth Affairs, 2018). The *Youth Justice Strategy 2021 – 2027* (Department of Justice, 2021a) also includes the reference to the national drugs strategy in relation to the 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**

<b>At which level are strategic decisions (contents, priorities) <u>predominantly</u> made?</b>	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; 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 national drugs strategy led to some changes in the structures supporting the implementation of the strategy for the remainder of its lifetime (up to 2025) (see Figure T1.1.2.1) (Drugs Policy and Social Inclusion Unit, 2021). The standing subcommittee and other subcommittees previously in place have been replaced by a SIG for each of the priorities, as well as a research subcommittee. There is also a SIG that focuses specifically on substance misuse prevention. See Section T1.3 of the <i>Drug policy workbook</i> 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 DATFs which identify local or regional needs and plan strategically to meet these needs.</p>	



**Figure T1.2.2.1: Coordination of bodies for the implementation of the national drugs strategy, 2021–2025 (Drugs Policy and Social Inclusion Unit, 2021) (p. 37).**

**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 ↓)

Funding for prevention continues to be located and spent by the statutory sector at the national level, through a variety of Government Departments, including those of Health, Justice, and Education. Much of this funding is then passed on to the DATFs, which deliver and commission interventions at the regional and local level.

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 *Drug policy workbook*.

In 2022, the Department of Health approved a Prevention and Education Funding Programme, with a focus on the delivery of evidence-based substance misuse prevention programmes. It was launched in 2023, and a summary of the first tranche of funded projects is outlined in Section T3.1 of this workbook.

In addition to funding 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 Club Grant Scheme. Work is under way to reform the Youth Services Grant Scheme, with key changes expected to be in place in Q1 2024.

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

<p><b>Factual cooperation of the different policy sectors ministries at national level (real: not on paper):</b></p>	<p>High</p>
<p>As outlined in the section headed ‘At which level are strategic decisions (contents, priorities) predominantly made?’, the infrastructure for the delivery of the national drugs strategy has a strong emphasis on cross-agency/departmental cooperation. This is reflected in the structures that ran from 2017 to 2021, and it continues to be a characteristic of the prevention SIG that began to function in 2022 to the end of the strategy in 2025. The aim is that this SIG will reinforce cross-agency working. It has an independent Chairperson who is a member of and reports back to the National Oversight Committee. The SIG is composed of stakeholders from the Departments of Health, Education, and Justice, as well as the DCEDIY. Other members of the prevention SIG are from the HSE, Tusla, AGS, the Regional Drug and Alcohol Task Forces (RDATFs), and youth and community representatives.</p> <p>In his appearance at a meeting of the Joint Committee on Health in January 2022, the then Minister of State for Public Health, Wellbeing and the National Drugs Strategy emphasised the importance of cross-Departmental collaboration 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 Government Departments and State bodies are not fully engaged or committed to the process. The Department of Education</p>	

[Title]

was singled out as being one of those difficult to engage with in this context (Dillon, 2022).

See Section T1.3 of the *Drug policy workbook* for a full description of the national drugs strategy's implementation structure.

**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>	Often
<b>Explanations, if applicable describe:</b>	
The structure of drug policy coordination and the implementation of the national drugs strategy is outlined in the section titled 'At which level are strategic decisions (contents, priorities) predominantly made?', and in more detail in Section T1.3 of the <i>Drug policy workbook</i> ). Of particular relevance to the question of local-level consultation in Ireland is the role of the regional and local DATFs, which were set up in 1997 in order to facilitate a more effective response to Ireland's drug problem. The DATFs represent a partnership between the statutory, voluntary, and community sectors. They 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 reinforce cross-agency cooperation and also have representation from the DATFs. However, anecdotal evidence would suggest that task forces may not see these structures as functioning as effectively as other methods of consultation and shared decision-making.	

<b>Diagnosis of risk/protective factors at local level: do (some) municipalities /</b>	<input checked="" type="checkbox"/> <b>By youth surveys (e.g. <u>CTC</u>,<sup>1</sup> <u>Planet Youth</u>)<sup>2</sup></b>
--	--

<sup>1</sup> The CTC (Communities That Care) Youth Survey is a tool that is used to provide community-based partnerships with reliable information about the prevalence of youth behaviour problems as well as 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.

<p><b>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"/> <b>By rapid qualitative assessment methods (stakeholder meetings, key informants)</b></p> <p><input checked="" type="checkbox"/> <b>By having access to the sub-datasets of national surveys</b></p> <p><input type="checkbox"/> <b>Other, please specify:</b></p> <p><input type="checkbox"/> <b>Does not apply</b></p>
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**Explanations, if applicable describe:**

As explained in the section headed ‘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?’, 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. They also focus on coordinating action at the local level, so that there is a targeted response to the drug problem in local communities. Assessments would be made using subsets of national data and qualitative evidence of the issues faced in the area.

In addition, Planet Youth has commenced in sites in four RDATEF regions. The first Planet Youth surveys were carried out by the Western Region Drug and Alcohol Task Force (WRDATEF) in 2018 in schools in Galway, Roscommon, and Mayo, with follow-ups in these areas in 2020 and 2022. 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 were the latest regions to commit to Planet Youth for a 5-year period, and their first surveys were completed in 2022 (see Section T4.1) of this workbook.

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

**See T1.1.2.**

**Note:** Information relevant to this answer includes:  
 - Alcohol and gambling taxes, confiscated assets, and  
 - Quality criteria linked to funding.

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

See T1.1.2.

**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 of intervention types**

<p><b>Prevention culture, interventions and discourse are rather dominated by (select not more than 2)</b></p>	<p><b>informational<sup>3</sup> approaches</b></p>	<input checked="" type="checkbox"/>
	<p><b>developmental<sup>4</sup> approaches</b></p>	<input checked="" type="checkbox"/>
	<p><b>environmental<sup>5</sup> approaches</b></p>	<input type="checkbox"/>

**Explanations, if applicable describe:**

Prevention in Ireland has historically been dominated by informational and developmental approaches. However, environmental approaches feature increasingly on the prevention landscape, primarily at a national level, in the form of laws and regulations.

<p><b>Are there registries (online) or catalogues?</b></p>	<p><b>of all kind of interventions</b></p>	<input checked="" type="checkbox"/>
	<p><b>of manualised prevention programmes</b></p>	<input type="checkbox"/>
	<p><b>of evidence-based manualised programmes only</b></p>	<input type="checkbox"/>
	<p><b>of officially recommended programmes (other criteria than evidence)</b></p>	<input type="checkbox"/>
	<p><b>no</b></p>	<input type="checkbox"/>

**Is there a certification system for programmes (i.e. only such programmes can be used)?**

No

**If yes, based on which criteria?**

Click here to enter text.

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

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

<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 being applied in order 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?**

Manualised programmes exist for a wide variety of behaviours. Some of these can be delivered under the SPHE curriculum, which is the main vehicle through which substance use prevention education is delivered in both primary and post-primary schools. While SPHE is a mandatory part of the primary and post-primary (Junior Cycle) school curriculum that supports the personal and social development, health, and well-being of students, there is no evidence for the extent to which it (including the substance use modules) is actually delivered in Irish schools (see Section T1.2.2) of this workbook.

Manualised programmes are also delivered to parents/families and in community settings. The RDATFs and State agencies have a key role in this area.

<b>In which settings are they predominantly applied?</b>	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)
--	---

[Click here to enter text.](#)

**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.

<b>At which scale are these manualised programmes mostly implemented?</b>	Other (please specify) <b>(if other ↓)</b>
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.**

**T1.2.1 Environmental prevention**

Environmental prevention interventions in Ireland include increasingly restrictive alcohol and tobacco controls, as illustrated in the Public Health (Alcohol) Act 2018. However, there is the possibility of new legislation being passed (the Sale of Alcohol Bill, 2022) which would contradict some of the public health priorities supported in the earlier legislation (see Section T3.1 of this workbook for more information). There is also activity around developing strategies to change the

<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.

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 possession of drugs for personal use, as well as legislative changes related to NPS. The following areas are outlined in Section T1.2.1 of this workbook:

- Alcohol controls
- Tobacco controls
- Environmental prevention in third-level institutions, and
- Other environmental prevention-related policies.

- Alcohol controls

Measures are in place in Ireland to control alcohol use. These can be summarised as follows:

- 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. In 2018, the legislature passed more stringent penalties for those who are caught driving over these limits.
- 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 aged 18 years or over 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, and
  - o Have children (aged under 15 years) on licensed premises outside the hours of 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 where food is being served.

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: 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 2022 national report, progress has been made on implementing a key provision of the Public Health (Alcohol) Act 2018. In May 2023, the Public Health (Alcohol) (Labelling) Regulations 2023 were signed into law, alongside the remaining provisions of Section 12 of the Public Health (Alcohol) Act 2018. This means that from May 2026 Irish law will require comprehensive health labelling of alcohol products sold in Ireland, and for similar health information to be made

available for customers in licensed premises. Labels will be required to list the calorie content and grams of alcohol in the product, as well as the risk of consuming alcohol when pregnant, and will also be required to flag the risk of liver disease and fatal cancers that can result from alcohol consumption (see Section T3.1 of this workbook for more information). Based on the findings of an overview of alcohol consumption, harm, and policy in Ireland, Table T1.2.1.1 summarises the provisions of the Public Health (Alcohol) Act 2018 and whether or not they have been commenced (O'Dwyer et al., 2021), with updates to reflect more recent changes. More detail on this legislation is available in Section T4.2 of the *Legal framework workbook*.

**Table T1.2.1.1 Summary of the provisions of the Public Health (Alcohol) Act 2018**

Measure	Rationale	Commenced
<b>MUP</b>		
<p>MUP for all products containing alcohol to 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 across all alcohol products. Under the new legislation:</p> <ul style="list-style-type: none"> <li>• A 750 ml bottle of wine with alcohol by volume (ABV) of 12% will cost a minimum of €7.10.</li> <li>• A 700 ml bottle of vodka with an ABV of 35% will cost a minimum of €20.71.</li> <li>• A 500 ml can of beer with an ABV of 5% will cost a minimum of €1.97.</li> </ul>	<p>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 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).</p>	<p>Commenced from 1 January 2022</p>
<b>Health warning labels</b>		
<p>Section 12 of the Public Health (Alcohol) Act 2018 stipulates that all alcohol products to be sold in Ireland will be required to display:</p> <ul style="list-style-type: none"> <li>• A warning informing the public of the danger of alcohol consumption</li> <li>• A warning outlining the danger of alcohol consumption when pregnant</li> <li>• A warning informing the public of the direct link between alcohol and fatal cancers</li> <li>• The quantity in grams of alcohol contained in the container concerned</li> </ul>	<p>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</p>	<p>Signed into law in May 2023, with a lead-in phase to May 2026.</p>

- 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.

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.

### Structural separation

Section 22 of the Public Health (Alcohol) Act 2018 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 have been obliged by law to physically separate alcohol products from other grocery items.

### Advertising

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:

- The content of advertisements will be restricted to specific information about the nature of the product.
- Advertisements must contain health warnings regarding alcohol consumption, including during pregnancy, and a link to a public health website.
- Advertisements in cinemas will be limited to films classified as suitable for people aged over 18 years.
- There will be a 9.00 pm broadcast watershed for advertisements on television and radio.
- The marketing and advertising of alcohol in print media will be restricted in relation to volume and type of publication.

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).

Some of these measures have become law, including measures around advertising in the vicinity of children (Sections 14, 17, and 20). Important measures that have 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.

There will be a ban on advertising alcohol products:

- In or near a school
- In or near an early years service (e.g. a crèche)

- In a park, open space, or playground owned or maintained by a local authority
- On public transport, and
- In a train or bus station, and at a bus or Luas stop.

The Public Health (Alcohol) Act 2018 will also restrict the sale of children's clothing that 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.

### **Sports sponsorship and sponsorship of other events aimed at children**

With the exception of motorsport, the Public Health (Alcohol) Act 2018 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, 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.

As previously noted, 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).

Prohibiting advertising at events aimed at children will further limit young people's exposure to alcohol advertising.

Both Section 15 and Section 16 were commenced in November 2018, with a 3-year transition period.

### **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 Public Health (Alcohol) Act 2018. 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 (3 days or fewer)

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.

- 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.

**Source: Updated July 2023 by workbook author, from (O'Dwyer et al., 2021).**

Research has been carried out to explore the effectiveness of some of the changes in the Public Health (Alcohol) Act 2018 in delivering on its environmental prevention objectives. This raises some concerns about the drinks industry availing of loopholes in the law to reduce the impact of the provisions in the Public Health (Alcohol) Act 2018 on public health. See Section T3.1 of this workbook for the findings of such a study.

### **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). This 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 years 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% of Irish teenagers smoked in the last 30 days, including 5% who smoked daily. Trend analyses showed that, despite a reduction of more than two-thirds since 1995, more students reported smoking in the last 30 days in 2019 (14%) than in 2015 (13%), and this was more pronounced for boys (ESPAD Group, 2020). Some commentators suggest that this increase could in part be attributed to the lack of any mandatory age restriction in Ireland on the sale and marketing of e-cigarettes. Legislation is due to be passed before the end of 2023 to address this issue (see Section T3.1 of this workbook).

Key tobacco control measures in Ireland are as follows:

- In line with the 2014 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, such as offices, shops, bars, restaurants, and factories.
- Smoking in motor vehicles in which a person aged under 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 continues 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 2023, 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 €15/€15.50 for 20.
- All tobacco packs manufactured for sale in Ireland have been in standardised retail packaging.
- The sale of tobacco products to anyone aged under 18 years is illegal.

#### E-cigarette controls in Ireland:

- The Public Health (Tobacco and Nicotine Inhaling Products) Bill 2023 is passing through the legislative process, with the purpose of introducing a licensing system for the sale of tobacco and nicotine inhaling products (including e-cigarettes), as well as a prohibition on the sale of nicotine inhaling products such as e-cigarettes to those aged under 18 years. For more detail, see Section T3.1 of this workbook.

### **Environmental prevention in third-level institutions**

#### ***Rapid Response Group on drug use in 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 in higher education institutions (HEIs), 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), but its implementation has yet to commence. As it currently stands (September 2023), there is no prevention and education programme on drug use delivered across HEIs in Ireland.

The RRG group included academics, members of AGS, students, and first responders within 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 (Responding to Excessive Alcohol Consumption in Third-level Institutions) project (which has since ceased operating due to a lack of funding), and
- Input and expertise of RRG members.

The RRG identified 4 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, and
- Facilitate student engagement with the collection of national-level data on drug use in HEIs.

The additional 12 actions are divided under 4 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*. One of the projects funded under Ireland's Department of Health's Prevention and Education Funding Programme, the University of Cork's E-SHIELD, aims to deliver a substance misuse prevention intervention in a selection of Irish HEIs. More detail on E-SHIELD is outlined in Section T3.1 of this workbook.

### **REACT**

The REACT project 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 recognised and rewarded third-level institutions' efforts to reduce alcohol-related harm among students. The programme sought "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-19 pandemic-related restrictions.

### **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.

### **NPS 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 given 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 head shops selling NPS from late 2009, which peaked at 102 premises in May 2010. By October 2010, only 10 head shops 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 'head shop era' and the subsequent introduction of legislation that essentially banned the sale of NPS in Ireland. In their discussion, the authors present these findings alongside the reduction in NPS-related treatment episodes found in a previous study and an 80% decline in youth using NPS over the years 2010–2014 (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 Programme***

As reported in previous workbooks, in 2019 the Irish Government announced the launch of the Health Diversion Programme, aimed at addressing the possession of drugs for personal use. The implementation of this programme requires a collaboration between the Departments of Health and Justice. The process of implementation has been somewhat problematic: while the Department of Health reports that the delivery infrastructure staffing on the health service side are in place, it continues to await changes to the necessary legislation, which is the responsibility of the Department of Justice. Therefore, at the time of writing (September 2023), people were not being referred through the programme.

The background to the Health Diversion Programme is that, taking into consideration the findings of a report by a working group responsible for exploring alternative approaches to responding 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), as well as stakeholder views, the Department of Health and the Department of Justice and Equality agreed to adopt a more health-led approach to responding 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 personal use. Essentially, the action taken by AGS will depend on the number of times an individual has been caught in possession of drugs, as outlined here:

- 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 Cautioning 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.

In October 2019 an interdepartmental group was established to implement the health diversion programme. The group is chaired by the Department of Health and membership includes the Department of Justice, An Garda Síochána and the Health Service Executive. The group is tasked with examining the need for legislative change, the operationalisation of the programme, and to look in more detail at the costs involved. The legislation required to enable the programme is under discussion.

An operational sub-group has been established to advise on the operation of the HSE SAOR intervention in the context of the health diversion programme. This sub-group is examining a number of issues including the development of operational procedures, supporting the recruitment of the SAOR practitioners, training requirements, and the development of an IT system for SAOR practitioners to record and report on the intervention, based on an outcome framework. Membership of this sub-group includes HSE National Social Inclusion Office, An Garda Síochána, Drug and Alcohol Task Force and HSE Operations.

Following a mid-term review of the national drugs strategy, a strategic priority to promote alternatives to coercive sanctions for drug related offences was adopted. This strategic priority aligns with the EU Drugs Strategy and Action Plan. A Strategic Implementation Group (SIG 5), with an independent Chair, has been established with cross sectoral stakeholders to reinforce the health-led, rather than criminal justice-led, approach to people who use of drugs and who commit drug-related crimes. The focus of the group will be on the rollout of the health diversion programme. At the time of writing this programme had yet to be implemented.

**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>	<b>Choose an item.</b>
<b>Regulations on alcohol use in public (outside establishments/in public view)</b>	Choose an item.

[Title]

<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.

**Other kinds of objectives or targets:**

Click here to enter text.

**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).**

#### **T1.2.2**

**A range of universal prevention interventions is run at both the local and national level, and the profile provided in this section is the same as in previous workbooks. Interventions include:**

- **A national telephone helpline and online resources and substance misuse awareness campaigns**
- **Nationally run whole-school prevention as elements of the curriculum (although not necessarily delivered in every school)**
- **Community programmes, which 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, and**
- **Internationally recognised family interventions also continue to be delivered, e.g. the 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***

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 HSE helpline <https://www.hse.ie/eng/services/list/5/addiction/drugshivhelpline/> dealt with a total of 4,795 drug/alcohol/gambling/addiction contacts in 2022, compared with 4,402 in 2021,

4,410 in 2020, and 4,588 in 2019. Most of the contacts were in relation to the individual's own use, not that of another person. Of the 4,795 contacts in 2022, 376 disclosed experiencing combined substance use and mental health issues. In 2022, alcohol continued to be the most common substance referred to by callers to the helpline accounting for 2,431 contacts, with cocaine (987 contacts) and cannabis (596 contacts) as the next-most frequently cited substances. There were 46 contacts who mentioned gambling in 2022, 28 of whom also had substance use issues. The same service also provides the HSE HIV and Sexual Health Helpline, which provided assistance to 188 contacts in 2022 (Drugs and Alcohol Helpline/HIV and Sexual Health Helpline, HSE, personal communication, 2023).

### ***Askaboutalcohol.ie***

Since March 2017, the HSE has operated a public information website on alcohol (for more information, visit: [www.askaboutalcohol.ie](http://www.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 effects of alcohol on physical and mental health; 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. For example, Drinkaware is a resource funded by the alcohol industry, which the Government is concerned the media use to inform their reporting. The Government has requested that the media only use information provided by the HSE via its website. Despite this request, media outlets continue to cite Drinkaware (see Section T3.1 of this workbook for an update on the involvement of Drinkaware in the provision of prevention education programmes in schools).

### ***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 information on substance use 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.

In addition to the page with details for the national helpline, among the top-viewed pages by national users in 2022, as in previous years, 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 ongoing social media campaign to maintain its reach across Facebook and Twitter in collaboration with the HSE Social Team. In 2022, Drugs.ie had 24,464 Facebook followers and 12,300 Twitter followers.

Monthly schedules continued to be 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.

The most successful Drugs.ie social media posts in 2022 covered:

- Synthetic cannabinoids
- Harm reduction, i.e. how to reduce the harm caused by using drugs if you are a person who uses drugs
- 'View From the Booth' video series for the 'If You Go, Go Slow' campaign
- Cannabis edibles, and
- 'What does poly drug use mean' video

The HSE worked with TikTok in 2022 to review content and to signpost the Drugs.ie website to Irish user groups should they need information and support. (For more information, visit: [https://www.drugs.ie/drug\\_information\\_on\\_tiktok/](https://www.drugs.ie/drug_information_on_tiktok/)).

## **Universal prevention in education**

### ***SPHE***

The SPHE curriculum continues to be the main vehicle through which substance use prevention is delivered in both primary and post-primary schools. SPHE is a mandatory part of the primary and post-primary (Junior Cycle) school curriculum, and it supports the personal and social development and health and well-being of students across a set of modules, including one on substance use. The themes and content of modules are built around helping students understand the nature of the social influences that impact on their development and decision-making, as well as develop adequate life skills to improve their self-esteem, develop resilience, and build meaningful and trusting relationships. A new Junior Cycle SPHE course (Healthy Choices) is in place from September 2023, and its key strands are outlined below.

It should be noted that, while SPHE is part of the curriculum in Irish schools, there is flexibility for schools and individual teachers as to how it is delivered. As SPHE is not an examined part of the curriculum, there are no data available on the extent to which it is actually delivered in schools or whether all topics (including substance use) are covered across the national school population.

### **SPHE resources**

Resources containing teaching content and activities have been developed to support teachers in delivering the various strands of SPHE, including those that focus specifically on substance use prevention. The Department of Education refers to these as resources rather than programmes. The Walk Tall and the On My Own Two Feet resources, which focus specifically on substance misuse prevention, have been integrated into the SPHE curriculum for primary and post-primary schools, respectively. More recently, Healthy Choices and Know the Score have been developed as

resources for Junior and Senior Cycle teachers to draw upon in their delivery of the substance use prevention elements of SPHE. None of these resources have been subject to evaluation to date and there is no information on the extent to which they are used in Irish schools or what outcomes have resulted from their use. It should be noted that an evaluation of Know the Score has been funded for 2023–2026 (see Section T3.1 of this workbook for more information on the new Prevention and Education Funding Programme).

### **Healthy Choices**

Healthy Choices is a new unit of learning within SPHE for the Junior Cycle. It was developed by HSE Addiction Services and HSE Health and Wellbeing (the HSE Alcohol Programme, HSE Education Programme, and HSE Tobacco Free Ireland Programme) and is supported by the Department of Education and the National Council for Curriculum and Assessment. Healthy Choices supports teachers of Junior Cycle SPHE in addressing issues of alcohol, tobacco, and drug use. The approach Healthy Choices takes is based on the premise that: “It is beneficial to equip students with the knowledge, attitudes, and skills they need prior to the situation arising where they may decide to experiment, or may feel curiosity or pressure to try tobacco, alcohol or other drugs. Engaging in discussions about substance use in school can have a valuable influence when it takes place before the peer group starts to experiment” (Daly and Craig, 2021) (Department of Education, 2022a) (p.1).

Activities cover tobacco/nicotine use, alcohol use, and substance use more broadly – including medication and legal and illegal substances – and they describe the substances, what they are made of, and their effects. Activities also include information such as what a ‘standard drink’ is and the adult low-risk drinking guidelines. The final activity is a life skills activity which focuses on managing pressure to conform to group behaviours. Throughout the activity, it is noted that in all discussions about substance use it is important to focus on the act or behaviour, and to avoid moralising about the person and using stigmatising language. Life skills activity also includes an element through which young people are encouraged to discuss the topics with their parents/carers.

It is important to note that the Healthy Choices resource has not been subject to independent evaluation, and as of September 2023 there are no current plans to evaluate its implementation or outcomes.

### **Know the Score**

Know the Score is a resource that supports Senior Cycle teachers in their delivery of the SPHE curriculum 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, this 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 composed 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 *Senior Cycle Social, Personal and Health Education Curriculum Framework* (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 that 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 external influences on an individual's substance use, including the media, peers, and community, and
- To remind students that deciding not to drink or use drugs is always a legitimate choice.

This wide range of objectives is reflected in the resource's content. Know the Score is structured around 14 lesson plans and 3 short videos, and 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 helping young people develop the skills necessary to make healthy choices and minimise the risks associated with substance use. Know the Score 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 effects on the user's body and brain as well as on 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, and
- Understanding cannabis, its legal status, and the myths and realities associated with its use.

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

Training is available to teachers on delivery of Know the Score. No information is collected on the teachers taking part in the training or whether they use the resource in school.

As with all SPHE modules at the Senior Cycle, only pupils whose schools choose to deliver the substance misuse module will have access to the Know the Score resource. Schools that choose to deliver the module will require a teacher with the capacity and ability to deliver on its potentially sensitive content and the experiential and interactive teaching methodologies. Neither the HSE nor the Department of Education collect any information on the number of schools that use the Know the Score resource, or any associated outcomes. However, a 3-year evaluation of Know the Score has received funding under a Department of Health Prevention and Education Funding Programme. For more information, see Section T3.1 of this workbook.

### **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, encompassing social, emotional, spiritual, intellectual, and environmental aspects as well.

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, but rather 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: being active, responsible, collective, resilient, respected, and aware. A set of guidelines has been developed to provide schools with support for planning their programme. These guidelines cover the:

- 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 well-being promotion in their schools, including tracking its impact (for more information, visit: <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 was revised, new staff were recruited, and schools' programme material was updated. The new programme has been extended to all school ages to cover preschool (early years), primary and post-primary education. 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 AGS and promoting responsible behaviour. The objectives of the Garda Schools Programme are to:

- Increase accessibility of AGS to children, teachers, and the community
- Improve relationships between AGS and the community
- Give children an understanding of the consequences of criminal behaviour
- Reduce the level of offending behaviour through early engagement and intervention
- Increase the well-being of children through crime prevention awareness and advice, and
- Promote recruitment to AGS, including the Garda Reserve.

The following breakdown, provided by the AGS Community Engagement Bureau, outlines the number of school visits made during the academic year 2021–22 (figures for previous years are not available):

- Total 175,310 students
- 4,446 visits to different year groups in total
- 679 visits to early years institutions (188 preschools and 611 schools that had Playschool, Junior Infants and Senior Infants year groups)
- 3,093 visits to primary school level year groups (1<sup>st</sup> to 6<sup>th</sup> Class), and
- 674 visits to secondary schools.

These figures were provided in response to a parliamentary question on 5<sup>th</sup> July 2023, PQ 151:

[https://www.oireachtas.ie/en/debates/question/2023-07-05/151/#pq\\_151](https://www.oireachtas.ie/en/debates/question/2023-07-05/151/#pq_151)

### **National Educational Psychological Service**

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”. In *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health, 2017), links are made to the NEPS through actions linked to the *DEIS Plan 2017: Delivering Equality of Opportunity in Schools* (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 pupils’ 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 Teacher Classroom Management (IYTCM) 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 IYTCM programme and the FRIENDS programme. Evaluations carried out in Ireland produced positive findings for both the NEPS IYTCM 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 (PEI) programme designed to reduce problems in conduct and promote children’s prosocial behaviour. As of March 2020, 6,805 teachers in primary schools had received the 6-day IYTCM programme training; 2,305 of these teachers had received the training since October 2017. The FRIENDS programme moved to an online format during the COVID-19 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 for coping with and

managing 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 due to the COVID-19 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***

There are currently six Planet Youth sites across three RDATEF areas in Ireland: Galway, Mayo, Roscommon, or Western Region Drug and Alcohol Task Force (WRDATEF); Fingal (North Dublin Regional Drug and Alcohol Task Force); and Cavan and Monaghan, in the North East Regional Drug and Alcohol Task Force (NERDATEF). The sites are at different stages of implementation and do not operate under one umbrella group, with two different websites in operation: [www.planetyouth.ie](http://www.planetyouth.ie) for the WRDATEF, and <https://planetyouthpartner.ie> for the North Dublin, Cavan, and Monaghan Drug and Alcohol Task Forces.

The WRDATEF was the first task force in Ireland to commit to supporting the implementation of Planet Youth in parts of the region in 2018. Each site committed to a 5-year pilot programme initiated by the WRDATEF, 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 related to its strategic approach, implementation framework (Western Region Drug and Alcohol Task Force, 2020), and survey data results (2018, 2020 and 2022). In July 2023, Planet Youth published a process evaluation which raised interesting questions about its future in the region and elsewhere in Ireland (see Section T3.1 of this workbook). The findings of the surveys in the WRDATEF are available on [www.planetyouth.ie](http://www.planetyouth.ie) Initial surveys have also been carried out in Fingal, Cavan, and Monaghan, the findings of which have been published. See Section T4.1 of this workbook for a brief overview of the findings.

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**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, and
- 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 others.

### **UBU Your Place Your Space**

The UBU Your Place Your Space scheme was established in response to the findings of the 2014 DCYA report titled *Value for Money and Policy Review of Youth Programmes* (Department of Children and Youth Affairs, 2014b), which examined three key funding programmes targeting 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 (for more information, visit: <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 strategic priorities for the remainder of the strategy's lifetime.

### **Interventions targeting educational disadvantage**

#### ***Delivering Equality of Opportunity in Schools***

As outlined in prevention workbooks in previous years, *DEIS (Delivering Equality of Opportunity in Schools) – An Action Plan for Educational Inclusion* is the Department of Education's policy instrument for addressing 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 who attend non-DEIS schools. For example, a report published in 2021 found that the principals of DEIS schools identified students' use of alcohol and drugs, lack of respect for teachers, and bullying as hindrances to learning for about one in five students in their schools. These problems were much less common in non-DEIS schools, where principals identified them to be a hindrance to learning for just one-in-twenty students (Nelis et al., 2021). In the 2022–23 school year, the DEIS programme was expanded to include more than 300 additional schools. A total of 1,194 schools are now involved in the

programme, compared with 884 schools in 2021–22. These comprised primary and 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 (HSCL) 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 DEIS, 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 identified the lessons that could be learned for future policy development. Following on from this, the Department of Education and Skills (now the Department of Education) undertook a review of the DEIS programme, focusing on its structures and methods of delivering the programme rather than 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) states that the Department of Education will “ensure equity of opportunity in education and that all students are supported to fulfil their potential” (Department of Education, 2021) (p. 20). And in order to achieve that goal, the Department of Education will implement a number of strategic actions, including to “Address the retention and achievement gap between Delivering Equality of Opportunity in Schools (DEIS) and non-DEIS schools through the DEIS programme” (Department of Education, 2021) (p. 20).

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 necessary research, information, evaluation, and feedback to achieve the goals of the plan.

The *DEIS Plan 2017* recognises that, despite the progress being made, DEIS 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, as well as associated performance targets, was to be reported annually (Department of Education and Skills, 2017).

As previously mentioned, 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) examined achievement and retention in DEIS and non-DEIS schools at post-primary level. The report describes changes over time and illustrates a narrowing of the gap between DEIS and non-DEIS schools. The findings in relation to Medical Cards and the social context effect suggest that there is a need for more support for policies that target resources at schools with higher concentrations of students from socioeconomically disadvantaged backgrounds. However, the report is limited in its ability 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.

### ***School Completion Programme***

The 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 young people in school to completion of the Leaving Certificate, an equivalent qualification, or a 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, and
- Targeted interventions for 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 (for more information, visit: <https://www.tusla.ie/services/educational-welfare-services/scp/>) (accessed July 2022, and the same figures when accessed July 2023).

### ***Home School Community Liaison Scheme***

The 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 in order 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 to receive 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 in order 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 composed 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 an HSCL 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 Department of Education and Skills (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 better able to seek help appropriately from external support services and agencies, such as Child and Adolescent Mental Health Services (CAMHS) or other HSE services (Department of Education and Skills, 2017b)

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

As outlined in the *Drug 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. Along with 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 is the national practice model of Tusla – Child and Family Agency. This 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. (For more information, visit: [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 was due to expire at the end of 2022 but was extended to the end of 2023. 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 prevention 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. These projects provide young people with a lower pupil-teacher ratio than mainstream schooling, as well as 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). 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). Youthreach 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 by Youthreach centres, some centres provide Level 2 courses and the Leaving Certificate Applied programme. A small number offer Junior and Leaving Certificate courses.

The Youthreach 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 a 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 substance misuse 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 SFP; the 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 prevention workbooks: for example, the SFP (National Strengthening Families Council of Ireland, 2018) 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 in order to inform service planning and 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 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, in order to improve the well-being of, and minimise the risk of hidden harm to, children and families affected by alcohol and drug use. The *Hidden Harm 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 *Hidden Harm 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 *Hidden Harm Strategic Statement* outlines sets of strategic objectives, shared principles for partners, and common practice standards to guide practitioners.

As previously mentioned, the *Hidden Harm Strategic Statement* was published as part of a suite of activities and outputs coming from this joint working. Other components include:

- 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 titled *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.

### **Silent Voices**

Silent Voices is an Alcohol Action Ireland (AAI) campaign that focuses on the impact of parental alcohol misuse (PAM) on children. AAI’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 childhood trauma in later life. There are three broad areas of activities outlined for Silent Voices:

1. Raising awareness of the impact of PAM through advocacy, education, and information. Tools used include personal testimony, sharing experiences, and signposting and listing resources.
2. Facilitating 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, and
3. Enhancing 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 Section T1.2.4 of this workbook are:

- CAMHS
- Brief interventions
- Community-based outreach projects, and
- Diversion projects in the criminal justice system.

##### ***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 as illustrated by their ongoing waiting lists and lack of capacity for all the adolescents in need of admission.

- **Waiting lists:** The 2018 *Prevention workbook* reported that in March 2018 there were 2,691 children on the CAMHS waiting list. In November 2021, there were 3,357 children on the waiting list. (For more information, visit: <https://www.hse.ie/eng/about/personalpq/pq/2022-pq-responses/january-2022/pq-2123-22-cian-o-callaghan.pdf>) This has increased to 4,434 as of February 2023. (For more information, visit: <https://www.oireachtas.ie/en/debates/question/2023-04-20/21/>)
- **Admission of children to child and adolescent acute inpatient units versus adult units:** In 2022, there were 366 admissions for patients aged under 18 years, 20 of which were to adult units (Daly and Lynn, 2023). In 2021, of 504 child and adolescent admissions, 32 were to adult units (Mental Health Commission, 2022). In 2020, of 486 child and adolescent admissions, 27 were to adult units (Daly and Craig, 2021). In 2019, of 497 child and adolescent admissions, 54 were admitted to adult units (Daly and Craig, 2020).

##### ***Brief interventions***

There are two main brief intervention programmes that address substance use: Making Every Contact Count (MECC) and the SAOR Screening and Brief Intervention for Alcohol and Substance Use. The Drugs.ie website also runs a drug self-assessment and brief intervention resource using the Drug Use Disorders Identification Test (DUDIT).

##### ***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. 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. 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 most important for that patient. This way of working is referred to as Making Every Contact Count (MECC).

A 2-year study of MECC is currently under way. Titled '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):

- WP1 examined health professional-level and organisational-level barriers to, and enablers of, the implementation of MECC by using a mixed-methods approach which included:
  - A national survey of healthcare professionals (n=357) who had completed MECC E-learning, and
  - A qualitative study (n=36) with healthcare professionals and HSE Health Promotion and Improvement Officers and managers, which sought to understand staff and organisational factors related to successful implementation.
- WP2 examined patient attitudes towards, and experiences of, MECC by using qualitative interviews with patients (n=24).
- WP3 will:
  - Develop testable implementation strategies for the improved implementation of MECC in practice, through the use of the Behaviour Change Wheel approach (under way), and
  - Engage key stakeholders through a consensus process to develop a collaborative implementation blueprint, in order to optimise and scale up MECC (under way).

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

#### *SAOR Screening and Brief Intervention for Alcohol and Substance Use*

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 SAOR Screening and Brief Intervention for Alcohol and Substance Use. In 2017, the model was revised (SAOR II), and it now provides an evidence-based framework for screening and brief intervention for all problem substance use – not just alcohol – and is applied in a broader range of health, social care, social, and recreational settings, and for all levels of need. SAOR II supports workers from their first point of contact with a service user, in order to enable them to deliver brief interventions and help those presenting with more complex needs to access treatment programmes. 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 in its response to the possession of drugs for personal use. AGS will refer first offenders who are 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 *Drug policy workbook* for an 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. This resource enables individuals aged 18 years and over 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 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 (AUDIT-C) 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 May 2023, the Criminal Justice (Engagement of Children in Criminal Activity) Bill 2023 passed the second stage in the legislative process. These developments are discussed in Section T3.1 of the *Drug policy workbook*. Once enacted, the Bill will outlaw the grooming of children into crime by making it a specific offence for an adult to compel, coerce, induce, or invite a child to engage in criminal activity.

There are community-based projects which deliver services that aim to address the needs of these young people, such as the Easy Street project in Ballymun (for more information, visit: <http://www.bryr.ie/>) and Targeted Response with Youth (TRY) project. 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.

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

Ireland has diversion programmes that 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). These 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; and supports such as mentoring and personal development activities. The findings of a review and evaluation of two GYDPs were published in September 2020 (Egan and

Sandra Roe Research, 2020), and a further review was published in 2023 (see section T4.1 of the Legal workbook). The aim of the earlier 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 who are in children detention schools or centres. YPP projects support and motivate young people in order to address the cause of their offending behaviour and help them 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 (ADHD), 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 campaigns that were grounded in a less evidence-based approach.

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

The HSE team behind the Government-funded Drugs.ie website has developed a number of information and awareness campaigns. These have been developed with different stakeholders based on emerging trends over recent years, and they include:

- The HSE Safer Nightlife programme: This is a multi-component campaign that involved a media campaign, the development of resources, recruiting and training volunteers, and coordinating outreach teams at the Life, Indiependence (Indie), and Electric Picnic festivals. The aim of this programme was to engage with and support festival attendees in a non-judgemental on the topic of substance use and related issues that emerge in nightlife spaces. The Safer Nightlife programme was based on a harm reduction ethos in order to support people in implementing practical steps to reduce drug-related harms.
- Drug trends of concern: Content was added and promoted through social media advertisements in order to raise awareness of drug trends of concern. Advertisements dealt with themes such as MDMA (3,4-methylenedioxymethamphetamine) potency, synthetic cannabinoids, and synthetic cathinones.
- Fact sheets on emerging drug trends: Based on increases in availability on the drug market of cannabis edibles and nitrous oxide, two fact sheets were developed on these topics. One fact sheet was based on providing education and harm reduction

for people who are using these substances, and the second was for parents who were concerned about a young person using these substances. These fact sheets were shared with drug services, DATFs, and Student Unions, and as part of online advertisements by the HSE. The fact sheets are available at:  
<https://www.drugs.ie/resources/factsheets/>

For more information, visit: [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 is the 2021 drug awareness campaign aimed at third-level students that was launched by AGS in September 2021. This campaign, #riseabovetheinfluence, is part of a broader programme called Campus Watch, which aims to improve safety on third-level campuses and works along the same lines as the Neighbourhood Watch model. In its press release, AGS described the aim of the campaign as being “to encourage students to seek out positive influences and avoid the harmful consequences of drugs misuse” (An Garda Siochana, 2021). (For more information, visit: <https://www.garda.ie/en/crime-prevention/crime-prevention/campus-watch/>)

The press release for #riseabovetheinfluence reflects the narrative of campaign materials, which took an approach that used fear tactics – an approach that is not recommended in the field of international best practice with regard to substance misuse prevention. The press release includes the following points:

- 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.

Source: <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>

**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 awareness about effective preventive interventions, behavioural/educational strategies and policies (e.g. the Listen First Campaign).

### T1.2.6 Advocacy campaigns

There have been some advocacy/mass media campaigns targeted at parents/other adults, but this is not a large body of work and they have not been national campaigns. At a more local level, activities targeted at parents/carers include those linked to Planet Youth in the WRDATF. (For more information, visit: <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**

The Department of Children, Equality, Disability, Integration and Youth (DCEDIY) (formerly the Department of Children and Youth Affairs) 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 PEI in children and young people's policy, service provision, and practice. There are four core strands to this project, 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 (for more information, visit: <https://outcomes4children.tusla.ie/>). This strand aims to provide a sustainable, standardised technical solution for mapping outcomes and indicators for children and young people, in order to assist 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 for viewing a selection of published datasets.

*The evidence working strand* aims to harness the learning from PEI 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 (<https://whatworks.gov.ie/>), which sets out to be a 'go-to' source for 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. The What Works Ireland Evidence Hub is at the centre of this resource. It was launched in May 2023 and is an online tool that enables users to search for PEI programmes that have been evaluated and found to improve one or more of a set of specified outcomes in children and young people. More detail on the What Works Ireland Evidence Hub is provided in Section T3.1 of this workbook.

*The professional development and capacity building working strand* sets out to enhance the capacity and skills development of policy-makers, providers, and practitioners in the appraisal and application of evidence-informed approaches to PEI 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. Activities related to the What Works Learning Strategy that have progressed since the 2022 national report include funding allocation and project work under the What Works Sharing Knowledge Fund, which was launched in April 2022. The fund is open to practitioners and service providers working in not-for-profit organisations,

multidisciplinary 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 which have a strong emphasis on PEI. In November 2022, What Works ran a Festival of Learning. The aim of the festival was to raise awareness about PEI in policy and services for children and young people and their families through presentations from national and international experts working in the area. The theme for the 2022 festival was 'Partners in Prevention', with a focus on partnership and collaboration in PEI. For more information on this event, including presentations, visit: <https://whatworks.gov.ie/festival-of-learning-2022/>

*The quality working strand* sets out to align, enhance, and sustain quality in PEI 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, focusing on parenting programmes, fostering, and educational disadvantage. What Works also encourages innovation in service delivery in order 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, 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 and concluded its work in 2020. The aim of the PEIU was to support the development of a sustainable and cross-sectoral approach to PEI in public policy. The focus of the PEIU's work was 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 was no specific focus on drug-related prevention within the PEIU, its establishment suggested an interest among Irish policy-makers in providing a framework to deliver high-quality PEI programmes, with consideration of the costs involved. The work of the unit was used to inform work in this field across the Government, including that of the What Works initiative outlined above.

In carrying out its work, the PEIU 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, particularly those of 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 acknowledged 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 undertook a series of Focused Policy Assessments (FPAs) on key PEIs supported by public resources. The purpose of these FPAs was 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://www.gov.ie/en/collection/a3f0b-igees-publications/>) This series of descriptive reports provides the evidential basis for a thematic consideration of PEI in Ireland.

These include *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. These reports outline the range of Government-funded programmes in prevention more broadly, along with any evidence of the goals and achievements of expenditure in this area.

An FPA paper focusing 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 and comprised two main elements:

- Drug-related public expenditure— the paper profiled labelled expenditure and presented the findings of the first effort to estimate unlabelled expenditure in an Irish context. This estimate was based on medical and judicial costs, as well as lost productivity.
- The strategy's performance against its performance indicators (PIs) – the FPA paper mapped the availability of data for the strategy's 29 PIs and analysed those that were available (for 12 PIs), in order to assess the performance of RHSR under its 5 strategic goals.

The findings of the FPA paper are discussed in Section T1.2.2 of the *Drug policy workbook*. Despite its limitations, it represents a valuable step towards 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 PIs that are measurable for the remainder of the strategy's lifetime, and to agree the optimal methodological approach to analysing expenditure and PI-related data.

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### 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?**

Responsibility for the quality of prevention interventions does not sit with a particular Government Department in Ireland, but the issue is attracting more attention, particularly through the work of the DCEDIY (as outlined in Section T1.2.7) and the Department of Health. In relation to specific quality standards, 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, as mentioned previously, following a mid-term review of the strategy titled *Mid-term review of the national drugs strategy, Reducing Harm, Supporting Recovery and strategic priorities 2021-2025* (Drugs Policy and Social Inclusion Unit, 2021), six new strategic priorities were identified for the strategy for the period 2022 to 2025, including one on prevention. The findings of the mid-term review are summarised in Section T1.2.2 of the *Drug policy workbook*. The prevention priority includes a commitment to carry out activities informed by the European Prevention Curriculum (EUPC) and the UNODC/WHO International Standards on Drug Use Prevention, and 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, an SIG on prevention has been established. This group is responsible for driving the implementation of this priority and the development of an action plan to guide this work. It should be noted that the action plan from this group for 2023–24 does not make reference to quality standards in substance misuse prevention (Department of Health, 2023a). However, the projects funded under the Department of Health Prevention and Education Funding Programme are required to adhere to international prevention standards, such as the European drug prevention quality standards (EDPQS), the UNODC/WHO International Standards on Drug Use Prevention, and the EUPC. See Section T3.1 of this workbook for more information on this fund.

Throughout the lifetime of the strategy, broader national quality standards have underpinned substance misuse 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, the ‘National Standards for Safer Better Healthcare’, and it expects funded agencies who have a service level agreement (SLA) with the HSE

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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.

The National Standards for Safer Better Healthcare are divided into nine 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. The 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, 2015a), which continues to guide policy and practice in this area in 2023.

Since 2017, the quality standards for volunteer-led youth groups have been incorporated into the Local Youth Club Grant Scheme. These standards are based on three core principles: being young person-centred; being concerned with the safety and well-being of young people; and having 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 its main purpose being to support youth work services in order 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 the following five core principles or essential qualities found in good youth work practice:

1. Being young person-centred, i.e. recognising the rights of young people and holding as central their active and voluntary participation
2. Being committed to ensuring and promoting the safety and well-being of young people
3. Providing opportunities that are educational and developmental
4. Being committed to ensuring and promoting equality and inclusiveness in all its dealings with young people and adults, and
5. Being 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 comes under a single funding scheme, UBU Your Place Your Space. While a revised quality system had been planned as part of this new scheme, changes have yet to be made, and it continues to be a requirement for projects applying under the new scheme to implement the *NQSF* (Department of Children and Youth Affairs, 2019).

### **Drug and Alcohol Education Workers Forum**

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[Title]

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 explores 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 the standards are used by some substance misuse prevention workers, including some of those linked to the DATFs, but they are not a requirement, and the extent to which they are applied is unknown.

### **EUPC in Ireland**

While data are not available on the number of relevant stakeholders that have undertaken the EUPC, the Department of Health is actively supporting staff to take part in the EUPC training courses, and it plans to deliver its first EUPC course, run by trained Department of Health representatives, in Ireland before the end of 2023 (personal communication, Drugs Policy and Social Inclusion Unit, Department of Health, July 2023).

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<b>Is there scientific guidance and methodological advice to those who implement prevention at local level?</b>	No
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<b>If yes, how is this organised (and by which centres/organisations)?</b>
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See section "Who (which office, ministry) controls the quality of prevention interventions, if applicable?" above.
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<b>How and to what degree are available national or EU prevention standards applied, if applicable?</b>
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Very limited. See section "Who (which office, ministry) controls the quality of prevention interventions, if applicable?" above.
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<b>Is there conditional funding (i.e. preferential funding for certified interventions, accredited providers, according to other criteria)?</b>	Doesn't really exist
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<b>Additional information, if applicable:</b>
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<b>Is there funding for research and development for Prevention.</b>	<b>(if yes ↓)</b>
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<b>If yes, please provide examples.</b>
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There is a new Department of Health Prevention and Education Funding Programme that focuses on drug and alcohol use (see Section T3.1 of this workbook). There is other ongoing research in the
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[Title]

area of prevention, but it is broader than substance misuse prevention, for example, the work of the Child and Family Research Centre in the University of Galway.

**In the past three years, has there been a change in the funding for research and development for prevention.**

(if yes ↓)

**If yes, please provide examples.**

The establishment by the Department of Health of a Drug Prevention and Education Funding Programme (see Section T3.1 of this workbook).

**Please give examples of the evaluation of interventions resulting from Research & Development funding.**

None to date.

**Are there regular, national stakeholders meetings on prevention?**

**Yes**

**If yes, specify the stakeholders**

The SIG on prevention is composed of stakeholders from the Departments of Health, Education, and Justice, as well as the DCEDIY. Other members are from Tusla, AGS, the DATFs, and youth and community representatives.

**If YES, is the alcohol industry statutory part of these meetings?**

**No**

**Which of the other industries are statutory part of these meetings (e.g. tobacco, gambling, gaming, cannabis lobby, etc.)?**

None.

**Do non-governmental prevention agencies (NGOs, Associations) need an accreditation in order to be allowed to carry out prevention?**

**No**

**If yes, which are the criteria?**

Click here to enter text.

**Are they audited or controlled periodically?**

**No**

**What kind of credentials/qualifications prevention workers typically need to have?**

No specific requirements.

**What training background do prevention workers typically have (psychology, social work, sociology, etc.)?**

Prevention workers in Ireland do not have any particular 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.

Overall, the aims and objectives of prevention activity in Ireland has remained consistent over the last 10 years. The introduction of the six strategic priorities and the strategic implementation groups in 2022 brought some minor changes to the implementation structure for prevention, but the focus is consistent with the national drugs strategy that has been in place since 2017.

When reflecting on trends over the past 10 years, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health, 2017) continues with the common threads in the area of prevention that informed Ireland's previous strategy. In the *National Drugs Strategy (interim) 2009-2016* (Department of Community, Rural and Gaeltacht Affairs, 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 throughout the 2000s. 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 as well as diversionary initiatives (youth work, youth cafés, outdoor sport and recreation, and measures targeting ESL).

Change can be seen 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 focus specifically on changing the environment rather than on the user per se. For quality standards, the most recent strategic priorities for the strategy (2022–2025) make explicit reference 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 applied in previous years.

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**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 2023**

- 1. *National Drugs Strategy Strategic Action Plan 2023-2024: Prevention***
- 2. Citizens' Assembly and prevention**
- 3. Department of Health Prevention and Education Funding Programme (update)**
- 4. The alcohol industry and school prevention activities (update)**
- 5. Planet Youth process evaluation**
- 6. Public Health (Tobacco and Nicotine Inhaling Products) Bill**
- 7. Sale of Alcohol Bill 2022 (update)**
- 8. Public Health (Alcohol) (Labelling) Regulations 2023 signed into law**
- 9. Impact of Public Health (Alcohol) Act 2018 on alcohol branding in sports**
- 10. Gambling Regulation Bill 2022, and**
- 11. What Works Evidence Hub of prevention and early intervention programmes**

#### **1. *National Drugs Strategy Strategic Action Plan 2023-2024: Prevention***

As discussed in Section T1.1.1 of this workbook, prevention is one of the six strategic priorities for the delivery of Ireland's national drugs strategy until 2025 (Drugs Policy and Social Inclusion Unit, 2021).

As with the other priorities, a set of actions for 2023–24 has been agreed within the strategy's implementation structure. 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.

Its actions for 2023–24 are to:

- Develop an integrated framework in order to strengthen the prevention of alcohol and other drugs and associated harms among young people
- Build the capacity of services in order to recognise hidden harm, to support families in the communities affected by substance use, and to mitigate the risk and reduce the impact of substance use
- Implement the Department of Health’s Prevention and Education Funding Programme
- Develop, implement, and evaluate a multi-component environmental community action on alcohol project modelled on best practice
- Ensure the development of a national addiction service for young people aged under 18 years that is cohesive, supported, and well governed
- Mitigate the risk and impact of ‘grooming’ for young people in illicit drug distribution.
- Work to mitigate the risk and impact of hidden harm and consider foetal alcohol spectrum disorders as a particular form of hidden harm, and
- Support the SPHE programme in schools.

While these actions were accompanied by a set of deliverables, clarity will be needed on what the indicators for successful delivery will look like. Clarity will also be required around the inclusion of a treatment service in Action 5 of the prevention priority.

## **2. Citizens’ Assembly and Prevention**

A Citizens’ Assembly is a democratic structure in which people living in Ireland are brought together to discuss and consider important and often complex legal and policy issues, independent of the Government and Oireachtas (Ireland’s parliament). Based on submissions from stakeholders and discussions, the Assembly makes recommendations on the topic at hand and reports to the Oireachtas. In February 2023, the Government gave its approval for the Citizens’ Assembly on Drugs Use to be established. The Assembly’s work runs from April to December 2023. The establishment of the Assembly was overwhelmingly welcomed by stakeholders across the sector and the political spectrum. One of the five core sessions at the Assembly covered prevention and education.

After being presented with evidence on a wide range of related topics, in October 2023 the assembly made a set of recommendations. They call for a significant increase in the financial and political commitment by Ireland’s government to addressing the needs of people who use drugs. There is a heavy emphasis on a health-led approach to the issue. Recommendations are made that would improve the structures and resources to effectively support the delivery of interventions from prevention through treatment and recovery services. Overall the recommendations are in line with Ireland’s current national drugs strategy but the recommendations would suggest that after considering the evidence presented to them, members of the Citizens’ Assembly consider that there is much more to do to deliver on a properly resourced health-led approach. It should be noted that while the Irish Government is obliged to respond to each recommendation, they are

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not obliged to take action on them. A full list of the recommendations is available at <https://citizensassembly.ie/assembly-on-drugs-use/recommendations/> Some of the recommendations deal with prevention specifically and include:

- The (new) National Drugs Strategy should include a detailed action plan to enhance Ireland’s approach to prevention of drugs use.
- The Department of Health should develop a strategy to enhance resilience, mental health, well-being and prevention capital across the population, including a focus on providing therapeutic supports for children and young people, and for people dealing with trauma and adverse childhood experiences and dual diagnosis.
- The Departments of Health and Education, in conjunction with the HSE, should design and implement a comprehensive, age-appropriate school-based drug prevention strategy for primary school children, junior and senior cycle secondary students, and wider community settings, as well as their parents/guardians and teachers. Prevention programmes should utilise external experts to deliver to classrooms, supporting teachers, with regular updating by the experts to the schools.
- The Department of Health should roll out regular national public health information campaigns, focusing on reducing shame and stigmatisation of people who use drugs, prevention, risk mitigation and advertising services.

A detailed description of the Assembly’s role and responsibilities, as well as its work to date, is given in Section T3.1 of the *Drug policy workbook*.

### **3. Department of Health Prevention and Education Funding Programme (update)**

Five projects are to receive funding over the period 2023–2026 under the Department of Health National Drug Prevention and Education Funding Programme. This funding programme aims to increase the delivery in Ireland of prevention programmes that are supported by evidence and adhere to international prevention standards (United Nations Office on Drugs and Crime and World Health Organization, 2018) (European Drug Prevention Quality Standards, 2015). This provides an indication of a more evidence-based approach to prevention in Ireland. In announcing the selection of projects, the Minister for Public Health, Wellbeing and the National Drugs Strategy, Hildegard Naughton, noted that “a monitoring and evaluation framework will be developed for the successful projects, and those exhibiting a positive impact will be expanded to reach additional groups” (Department of Health, 2023b). The five funded organisations and their projects will be delivered in school, third-level, youth work, and community-based settings.

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

AFI’s project is a multi-component environmental community action project focused on alcohol. It aims to develop, implement, and evaluate the approach in 12 communities with a view to implementing a standardised model for Ireland. This project builds on existing work being carried out in seven DATF areas. It is structured around SAFER, a set of WHO recommendations for cost-effective interventions to reduce the harms associated with alcohol use. SAFER is an acronym that stands for the five most cost-effective interventions for reducing alcohol-related harm:

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

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

### **Clondalkin Drug and Alcohol Task Force (CDATF) – Clondalkin Prevention Lab**

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

### **Cork Sexual Health Centre – DASH mobile night-time economy project**

The aim of the Cork Sexual Health Centre’s mobile night-time economy project is to deliver drugs, alcohol, and sexual health (DASH) information and support to the night-time economy in communities across Cork and Kerry. It will build on the existing service – the DASH mobile health promotion unit, which operates in the area – and will map the area’s night-time economy. Based on the findings of the mapping exercise, the project will then develop and implement a framework of appropriate drug and alcohol outreach activities for young people. Brief interventions will be delivered to young people at a time and place when they may be at a higher risk of experiencing harms from their drug or alcohol use.

### **HSE and Trinity College Dublin – Evaluation of Know the Score**

Know the Score is a resource developed by the HSE for Senior Cycle teachers to support their delivery of the SPHE programme’s substance use module (see Section T1.2.2 of this workbook). The project team will evaluate the resource and use the findings to inform future implementation and the scale-up of school-based prevention programmes and resources. A multi-method approach will be taken, including quantitative, longitudinal, and a comparative study design. A process evaluation will also be carried out using qualitative methods. A national survey will be conducted to map the substance use prevention and education programmes, resources, and initiatives being delivered in post-primary schools.

### **University College Cork – E-SHIELD UCC**

The E-SHIELD project is targeted at students (aged 18–25 years) of higher education institutions (HEIs) and will focus on the roll-out of an existing app – MyUSE – developed at University College Cork to six HEIs. The app aims “to increase mindful decision-making with respect to drug-use, cultivate harm-reduction practices in the Higher Education environment and promote alternatives to drug-use activities...The app uses specific evidence-based behaviour-change techniques delivered via a clinical algorithm”.

All quotations and project descriptions are taken from the press release from the Department of Health about the successful projects: (Department of Health, 2023b).

#### **4. The alcohol industry and school prevention activities**

It was reported under Section T3.1 of the 2022 *Prevention workbook* that the alcohol industry (under the guise of the organisation Drinkaware) was becoming increasingly involved in the provision of alcohol education in schools in Ireland and the associated training for teachers. As part of its strategic focus for 2022–2024, Drinkaware aimed “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/>).

The involvement of Drinkaware in school-based programmes has come under increasing criticism from stakeholders, including politicians, public health practitioners, and advocates. In 2022, the Department of Education issued a letter to schools titled ‘External Resources – Alcohol Resources’, which states that it is:

not appropriate to use resources or materials produced or funded by the alcohol industry for education and awareness on alcohol in schools, or for teachers to attend, in their professional capacity, associated training which may be offered by organisations funded by the alcohol industry...There is no place for the alcohol industry in schools” (Department of Education, 2022b).

Instead, it asks schools to use the resources provided through the SPHE curriculum, Know the Score, and Making Healthy Choices. The letter reiterates the Department of Education’s position that “programmes delivered by visitors or external agencies must use appropriate evidence-based methodologies with clear educational outcomes” (Department of Education, 2022b). The use of resources from Drinkaware in schools also received ongoing criticism from organisations such as AAI (which has the HSE as its main funder and does not accept funding from the alcohol industry) and other community-based initiatives. As reported in the 2022 national report, AAI 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/#>). Indeed, in the Know the Score resource (see Section T1.2.2 of this workbook), schools are advised that the HSE, Department of Health, and Department of Education recommend that schools do not use initiatives funded by the alcohol industry in health education, and that “teaching resources which have been developed by or

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funded by the alcohol industry are inappropriate for use in schools” (HSE Alcohol Programme, 2019) (p. 4).

In March 2023, Drinkaware issued a statement announcing that it would cease roll-out of its Junior Cycle alcohol education programme in schools (Drinkaware, 2023). No reason is given for this decision. Drinkaware will, however, continue to work with parents and in 2023 will provide new and updated resources, including booklets, campaigns, and a programme of webinars/workshops.

## 5. Planet Youth process evaluation

A process evaluation of Planet Youth in the Western Region Drug and Alcohol Task Force (WRDATF) area was published in July 2023 (Carroll & Daly Consultants, 2023). The evaluation documents the outputs from the project to date and explores stakeholders’ views on the project’s implementation and structures.

This section is based on an article for *Drugnet Ireland* Issue 86 by Lucy Dillon (<https://hrb.newsweaver.ie/drugnet/1xilo92o6e1?lang=en&a=1&p=63428270&t=29019320>) that presents the international and national contexts to Planet Youth and the Icelandic model, as well as an overview of some of the evaluation’s findings and a reflection on the implications for Planet Youth in the WRDATF and elsewhere in Ireland. As with the evaluation, the article considers Planet Youth’s role in the WRDATF in the future – whether it will continue to focus on generating and promoting data, or whether it will shift the focus of its resources in order to deliver on a broader range of its objectives (Western Region Drug and Alcohol Task Force, 2020).

Planet Youth and the Icelandic model Planet Youth is a research consultancy that runs a guidance programme to deliver the Icelandic Prevention Model (for more information, visit: <https://planetyouth.org/about/>). The model originated in Iceland in the 1990s, when a group of Icelandic social scientists, policy-makers, and practitioners began collaborating to address the increasing levels of drug and alcohol use among Icelandic young people. The prevention model that emerged “reflexively and continuously links national-level data collection with local level reflection and action to increase social capital” (Sigfúsdóttir et al., 2009) (p. 19). The model is predicated on three pillars of success: evidence-based practice; a community-based approach; and creating and maintaining dialogue among research, policy, and practice. According to the description on the EMCDDA’s Xchange prevention registry, it is “an environmental approach in which parenting, parental supervision and organised leisure time activities, together with increased normative pressure (curfew hours and encouragement of joint family dinners) play a central role in reducing alcohol and drug consumption among young people”. (Sigfúsdóttir et al., 2009). In the Icelandic context, following the mapping of the risk and protective factors, a broad range of prevention interventions was introduced. These involved significant public expenditure and included activities such as the extensive development of structured high-quality recreational activities for young people and support for families to spend more time together. Young people’s substance use was monitored on an ongoing basis, with a focus on measuring outcomes and identifying changing needs in order to inform the ongoing development of effective interventions. A significant decrease in substance use was found among Icelandic adolescents in the period since

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the model was implemented. However, it should be noted that evaluations have not been carried out that can attribute the changes in drug use to the model.

### **Evidence base**

Following the perceived success of the Icelandic model, other locations internationally became interested in applying the same approach to preventing substance use among their young people. While the Icelandic model is broadly recognised as containing effective prevention intervention elements, the gaps in the current evidence base have raised questions about the feasibility and desirability of copying the Icelandic model in other locations that have different social, legal, policy, and delivery contexts. As such, the international roll-out of the Planet Youth model has been the subject of debate within the prevention scientific community. There has been a call to develop a stronger evidence base, particularly given the commercial nature of Planet Youth and the resources required to run it. It is beyond the scope of this article to outline this debate in more detail, but the position paper of the European Society for Prevention Research (EUSPR) outlines key questions on the topic (European Society for Prevention Research, 2020). Given the nature of the WRDATF's evaluation, it does not answer these broader questions posed by the EUSPR's paper.

### **WRDATF context**

In 2018, the WRDATF was the first task force in Ireland to fund the implementation of Planet Youth in parts of the region (Galway, Mayo, and Roscommon). It committed to a 5-year pilot programme, which it initiated with the support of partner agencies in the region. County Committees and a Regional Steering Committee, which include funders and strategic partners, were established. In February 2020, the *Planet Youth strategy & implementation framework: Galway, Mayo & Roscommon* was published; it outlined the project's mission, vision, and objectives (Western Region Drug and Alcohol Task Force, 2020). The objectives were to:

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

### **Evaluation approach**

The evaluation of Planet Youth in the WRDATF aims to explore "the process of the implementation, development, delivery, and outputs of the Planet Youth project" (Carroll & Daly

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Consultants, 2023) (p. 10). It does not attempt to explore the impact or outcomes of the project on young people in the region. The objectives of the evaluation were to:

- Ascertain how the Planet Youth data are being utilised by partner agencies in the region
- Examine the effectiveness of the Regional Steering Committee and County Committees in putting in place suitable governance and implementation structures for the Planet Youth project
- Examine the project's outputs and identify any notable gaps
- Develop a SWOT (strengths, weaknesses, opportunities, and threats) analysis of Planet Youth, and
- Make recommendations for future Planet Youth initiatives.

To meet these objectives, the views and experiences of stakeholders were sought. Online surveys were carried out with members of the County Committees (24 of the 45 members responded); Regional Steering Committee (3 of the 10 members responded to the survey, the other 7 had already responded to the County Committee survey); parents (103 responded out of an estimated 3,000 contacted); and schools (22 of the 91 schools responded). One-to-one interviews were carried out with two of the three County Committee Chairs, the Planet Youth and WRDATF coordinators, project advisers from the University of Galway, and an independent consultant. It should be noted that this evaluation did not include analysis of the survey data, so the voices of young people are not heard in the report.

### **Evaluation findings**

The overarching message to come from the evaluation report is that, since 2018, Planet Youth has successfully collected survey data on young people in the region, and that these data are used by a variety of stakeholders. The evaluation findings also suggest that, for a variety of reasons, Planet Youth has only had very limited success in supporting the delivery of prevention interventions or actions, and that there have been barriers to establishing primary prevention as a core method of working in the region.

Among the findings included in the report are the following:

### **Data**

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

### **Structure of Regional Steering Committee and County Committees**

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- While survey respondents tended to view the relationship between the Regional Steering Committee and the County Committees as positive, some suggested that communication between the two could be improved. Some respondents also thought there could be a clearer demarcation of roles between the two groups.
- Survey respondents described the overwhelming strength of Planet Youth as being a data source on young people, while respondents also noted the strong links the project made with parents. Weaknesses included a lack of resources as well as challenges in shifting the culture among organisations of prioritising primary prevention work: “Planet Youth’s success in data collection was not matched by implementation actions” (Carroll & Daly Consultants, 2023) (p. 55).
- When asked whether Planet Youth objectives were aligned with the focus of the County Committees, 87% of respondents thought that they did; of those who did not, some indicated that the “full implementation of the Icelandic model may not be possible in a West of Ireland context” (Carroll & Daly Consultants, 2023) (p. 25), which was echoed in the findings from the Regional Steering Committee feedback.

### **Schools**

- The schools that responded (n=22) tended to be positive in their feedback on the experience of responding to the surveys.
- Of the 22 schools that responded, 21 had shared the school-level survey results with school management and staff, 15 with their boards of management, 12 with their parents’ associations, 5 with all parents, 7 with students who had taken part in the survey, and 3 with all students.
- Some schools used the survey findings to inform their work in the areas of well-being, mental health, and SPHE, among others.
- Less than one-half of the schools that responded to the evaluation had organised a meeting with stakeholders in order to plan how to respond to the school survey’s findings.
- Schools noted that it would be helpful for Planet Youth to provide ongoing support and engagement in implementing its actions.

### **Parents**

- Parents engaged with Planet Youth in the following ways: 60 of the 103 parents who responded to the survey attended a Planet Youth school presentation; 52 read the booklet *Guidelines for Parents*; 28 read the booklet *Parent Power: Transforming the health & wellbeing of our children*; and 19 attended a Planet Youth workshop.
- A total of 67% of parents reported discussing the Planet Youth survey results with their child. A total of 54% said they felt better informed on the issues as a result of engaging with Planet Youth; 38% said they had made some small change to their parenting approach as a result; and 11% said that they had made significant changes. Ten per cent said that engaging with Planet Youth had no impact on their parenting approach.
- Parents called for follow-up interactions from Planet Youth and more support from schools.

### **Key stakeholders**

- There was a suggestion that Planet Youth needed to be based in a statutory agency such as the WRDATF; otherwise it would “not be taken seriously” (Carroll & Daly Consultants, 2023) (p. 50).
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- Some key stakeholders called for more outputs and resources for staffing from Planet Youth. They reported that Planet Youth is “not resourced to deliver outputs/implement changes. In the future Planet Youth could seek funding for their own actions but for now can focus on dissemination of information as well as influencing stakeholders” (Carroll & Daly Consultants, 2023) (p. 50).
- Some stakeholders suggested that there is a need to clarify the roles of committees and their members: “meetings are not harnessing the potential from the members in the room” (Carroll & Daly Consultants, 2023) (p. 51).
- A recurring theme in the findings from this strand of the evaluation was the long-term challenge of bringing about and influencing a cultural shift towards primary substance misuse prevention in relevant organisations.

### **Comment on moving forward – the focus of prevention**

Some clear and valuable messages for prevention stakeholders in Ireland emanate from this report. Since 2018, Planet Youth in the WRDATF has been a valuable source of data on young people in the region. However, the findings of the evaluation report strongly suggest that moving forward there is a need to clarify Planet Youth’s role in bringing prevention interventions into effect. Indeed, this is reflected in the recommendations section of the report where ‘role clarification’ is called for (Carroll & Daly Consultants, 2023) (p. 58). Should the WRDATF continue to focus its resources on generating more data, or should it move more towards a focus on supporting, developing, and implementing prevention interventions, thereby encouraging a prevention culture among policy-makers and service providers in the region?

The findings of the report would suggest that there is an appetite among parents, schools, and other stakeholders in the region for more activity to develop responses to the needs identified in the surveys. While no analysis of the surveys was included in the evaluation report, the findings of the 2018 and 2022 surveys indicate trends of concern affecting young people and their drug use in the region. For example, while there has been a reduction in the percentage of young people surveyed reporting lifetime cannabis use between 2018 and 2022 (e.g. 15.4% versus 11.4% in Mayo), there has been an increase in daily vaping (e.g. 6.5% in 2018 to 17.2% in 2022 in Mayo) and an increase in two areas of those reporting drunkenness in the last 30 days (e.g. 26.2% in 2018 to 34.1% in Mayo), with no change in the third area. There has also been a drop in the percentage of young people saying that their parents would be against it if they got drunk (e.g. 74.3% in 2018 to 53.4% in 2022 in Mayo).

Actions need resources, and while the report includes a section on project resources, it only focuses on those related to staffing. It does not report on the cost of carrying out the surveys, nor does it include any reflection on whether, in the future, the WRDATF will use those resources to collect more data or move towards a model where resources are used to deliver prevention activities in the region – a decision which, it could be suggested, might help to deliver on WRDATF’s wider range of objectives, as set out in its strategic and implementation framework in 2020 (Western Region Drug and Alcohol Task Force, 2020).

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

## **6. Public Health (Tobacco and Nicotine Inhaling Products) Bill**

The Irish Government recognises the addictive nature of nicotine and has committed to taking a more restrictive approach to vaping and other routes of nicotine use. To this end, the Public Health (Tobacco and Nicotine Inhaling Products) Bill is passing through the legislative process, with the purpose of introducing a licensing system for the sale of tobacco and nicotine inhaling products (including e-cigarettes) as well as a prohibition on the sale of nicotine inhaling products such as e-cigarettes to those aged under 18 years. It also allows for other additional enforcement tools. The Bill has been approved by the relevant government bodies and has undergone pre-legislative scrutiny. As of April 2023, the Bill is being drafted by the Office of the Parliamentary Counsel, and it is expected to be published during the summer legislative session.

Some of the key features of the legislation are that it will:

1. Regulate any product that can be used for the consumption of nicotine-containing vapour or any component of that product
2. Ban the sale of nicotine inhaling products to those aged under 18 years
3. Prohibit the sale of e-cigarettes (and related nicotine inhaling products) from self-service vending machines, temporary or mobile premises, and at places or events for children
4. Prohibit advertisements for e-cigarettes on public transport, in cinemas, and near schools
5. Introduce minimum suspension periods for retailers convicted of offences, and
6. Introduce fixed penalty notices for offences.

7. *The Sale of Alcohol Bill (2022): an analysis of costs and benefits* this section is a copy article written by Anne Doyle, Health Research Board, *Drugnet Ireland*, Issue 87

### **Background**

When the General Scheme of the Sale of Alcohol Bill 2022 was published by the Department of Justice on 25 October 2022, concern was raised about the potential health impact of increased alcohol availability (Department of Justice, 2022). While two of the three main aims of the Sale of Alcohol Bill 2022 are without doubt needed (i.e. streamlining of Ireland's licensing system and updating and consolidating the legislation to regulate the sale of alcohol), the third aim, which is to support the hospitality sector, prompted Professor Thomas F. Babor to examine the potential risks for public health.

Professor Babor is Editor-in-Chief of the *Journal of Studies on Alcohol and Drugs* and worked with the WHO on the development of the AUDIT-c and the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) (WHO Assist Working Group, 2002). He is the co-author of the book *Alcohol: no ordinary commodity: research and public policy* (Babor et al., 2022). Although based in the United States, Professor Babor has a keen interest in alcohol policy in Ireland.

### **Alcohol use in Ireland**

The harms associated with alcohol are outlined in the Health Research Board (HRB) alcohol overview detailing the consequences of our alcohol use (O'Dwyer et al., 2021). This report considers these harms in the context of the proposed measures in the Sale of Alcohol Bill 2022: extending opening hours for licensed premises, increasing the density of alcohol outlets, removing the limit on the number of on-licences, and the lack of regulation on drink deliveries (Babor, 2023).

### **Extended opening hours**

Professor Babor provides a sample of the literature that highlights the ensuing harms caused by increased trading hours in other jurisdictions. For example, a 1-hour extension in opening hours of alcohol outlets in Amsterdam resulted in a 34% increase in alcohol-related ambulance call-outs (de Goei et al., 2015). Furthermore, violent crime increased by 16% in Norway with each additional hour that alcohol outlets were permitted to remain open (Rosso and Norström, 2012). Although the Sale of Alcohol Bill 2022 proposes that extended opening hours will stimulate the economy, the evidence indicates that alcohol-related harms are likely to increase with such action (Babor et al., 2022).

### **More venues selling alcohol**

The Sale of Alcohol Bill 2022 proposes to remove the extinguishment requirement that caps the number of liquor licences. Professor Babor's report summarises the rise of alcohol-related harm that has occurred in other jurisdictions as a result of increasing the availability of alcohol. The literature points to increased domestic violence, road traffic collisions, and hospital presentations that result from increases in outlet density.

Alcohol delivery services have dramatically increased alcohol availability, and Professor Babor expresses his concern that, although the Sale of Alcohol Bill 2022 requires the carrier to check the age of the recipient, there is no obligation for the carrier to check the age of the actual drinker and there are no robust age check procedure for online sales. Furthermore, there is no provision in the Bill to fund or mandate for training and licencing of security personnel and other bar staff despite evidence indicating their effectiveness (Babor et al., 2022).

Moreover, the abolishment of the Groceries Order in 2006 resulted in a significant price difference between on- and off-licence sales. More people chose to drink at home, and an increase in off-licence premises and a decrease in traditional and independently owned pubs was noted (Martin, 2016). The Sale of Alcohol Bill 2022 could lead to a further decline in such premises.

### **Night-time economy**

The publishing of the Sale of Alcohol Bill 2022 was in part motivated by the 2021 *Report of the Night-Time Economy Taskforce* (Night-Time Economy Taskforce, 2021). This report recommends promoting venues for "cultural activity, entertainment, hospitality, festivals, sport and retail activity, with the aim of providing a safe and secure space to work and/or socialise" (p. 8), but also that "there is also a role for events and activities that do not involve or centre on the sale of alcohol" (p. 12). However, the Sale of Alcohol Bill 2022 does not reflect these suggestions, and the report features a number of case studies of night-time economy experiments globally and their consequences. For example, in Manchester, later opening hours of licensed premises resulted in changes to patterns of violence in the early morning, although there was no evidence of an

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increase in the volume of violence (Humphreys et al., 2013). The apprehension with regard to the enactment of the Sale of Alcohol Bill 2022 is that it will “facilitate epidemics of binge drinking that have major implications for public health and social well-being” (Babor, 2023) (p. 8).

### **Recommendations**

Fourteen recommendations are listed in the report, including limiting opening hours, especially after midnight; efficiently regulating off-licence sales; engaging and empowering communities in order to increase their understanding of the licensing system and be involved in controlling outlet density; prioritising public health; avoiding partnering with the alcohol industry; monitoring changes in liquor licensing, including outlet density and opening hours; collecting data in order to monitor policy changes; and including a provision to abolish the legislation if it is unsuccessful in producing economic benefits and/or if it increases alcohol-related harms.

### **Conclusion**

This report summarises the evidence indicating that increasing alcohol availability commonly results in increasing alcohol use and associated harms. Professor Babor suggests that the Sale of Alcohol Bill 2022 be revised to consider further the potential impact on public health.

## **8. Public Health (Alcohol) (Labelling) Regulations 2023 signed into law**

### **Background**

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

### **Health warning labels**

To allow businesses sufficient time to prepare for the change, there is a 3-year lead-in time, but, from May 2026, all alcohol products will be legally required to display:

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

The law also requires that similar health information be available for customers in licensed premises.

This landmark legislation marks another milestone with respect to the Public Health (Alcohol) Act 2018, which aims to reduce alcohol use at a population level and thus reduce alcohol-related harm. Already commenced to date as part of the Public Health (Alcohol) Act 2018 are the

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structural separation of alcohol products in mixed retail outlets; minimum unit pricing (MUP); restrictions on alcohol advertising and sports sponsorship; and restrictions on the sale and supply of alcohol, particularly price-based promotions, all of which are based on ‘best buy’ practices to reduce harmful alcohol use as recommended by the WHO (World Health Organization, 2017).

### **‘Best buy’ practices**

The WHO ‘best buy’ practices are evidence-based actions proven to reduce the harmful effects of alcohol, which include reducing the affordability and availability of alcohol, restricting alcohol advertising, and providing consumers with information (through labels) to indicate the harm related to alcohol use.

Many countries worldwide have implemented some elements of the ‘best buy’ practices, and alcohol warning labels are already present in a number of countries – including Australia, Brazil, Canada, Colombia, France, Mexico, Russia, South Africa, South Korea, Taiwan, Thailand, and the United States of America – but not to the extent of the Irish labelling.

### **Informing the public**

Alcohol was categorised as a Class 1 carcinogen (cancer causing) in 1988, as its use increases the risk of various cancers: liver, oesophagus, larynx, upper throat, mouth, bowel, and female breast. However, despite the fact that the majority of people in Ireland drink alcohol, many in a hazardous way, few are aware of this risk (O’Dwyer and Mongan, 2019), particularly the links between alcohol consumption and breast cancer (just 21% of the Irish public are aware (Doyle, et al., 2023)). The evidence clearly indicates a need to raise awareness of the harms that alcohol can cause, and as Minister for Health Stephen Donnelly stated in the press release announcing the commencement of health warning labelling: “This law is designed to give all of us as consumers a better understanding of the alcohol content and health risks associated with consuming alcohol. With that information, we can make an informed decision about our own alcohol consumption”.

### **Opposition to health warning labelling**

In the lead up to the issuing of the press release, there had been mounting pressure on the Government to refrain from introducing alcohol labelling, particularly from the alcohol industry. Other jurisdictions had experienced similar resistance. For example, in 2017, the Northern Territories Alcohol Labels Study added “Alcohol can cause cancer” warning labels to alcoholic products at a liquor store in Yellowknife, Canada next to existing federally mandated warnings (about drinking while pregnant or drink-driving) (Vallance et al., 2020).

The study planned to run for 8 months but was stopped after only a few weeks following strong lobbying from the alcohol industry. Spirits Canada, Beer Canada, and the Canadian Vintners Association threatened legal action against the Yukon Government, arguing that it had no legislative authority to add the labels and would be liable for defamation, damages for lost sales, and packaging trademark and copyright infringement because the labels had been added without their consent.

### **Putting public health first**

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

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## **9. Impact of Public Health (Alcohol) Act 2018 on alcohol branding in sports**

Ireland's Public Health (Alcohol) Act 2018 provides for a set of evidence-based measures that are designed to reduce alcohol consumption at a population level. Section 15 of the Act was commenced in November 2021. Under this Act, Ireland banned alcohol advertising in sports grounds and at events where the majority of competitors or participants are children, or which take place directly on a sports area (e.g. on the pitch/court). Branded clothing for players or officials was not banned. Critchlow and Purves carried out a frequency analysis exploring alcohol branding during Rugby Union matches in Ireland after the commencement of this section of the Public Health (Alcohol) Act 2018 (Critchlow and Purves, 2023), following on from similar analysis the authors had done previously (Purves and Critchlow, 2021).

### **Aim and methods**

The aim of Critchlow and Purves' study was to examine the frequency and nature of alcohol brand references in or on the sporting area during two Rugby Union tournaments (the Six Nations Championship and the European Rugby Champions Cup) played in Ireland after the commencement of Section 15 of the Public Health (Alcohol) Act 2018. The authors carried out a frequency analysis of visual references to alcohol brands that appeared in or on the pitch and lasted for at least 1 second. To collect the data, researchers used match highlight programmes, aired on the official tournament YouTube channels. Eleven matches were included in the 2021/22 European Rugby Champions Cup (ERCC), and three from the 2022 Six Nations Championship. The authors also examined the frequency of references to alcohol brands and their variants.

### **Results**

Despite the change in Ireland's legislation, Critchlow and Purves found that alcohol brand references continued to be a feature of the sporting area in both tournaments. Their key findings were that:

- In total, 481 alcohol brand references were observed in or on the sporting areas across the tournaments (ERCC: n=420; Six Nations: n=61).
- Most references were advertising zero-alcohol variants (ERCC = 77.1%; Six Nations = 83.6%), but these used similar brand iconography (e.g. brand names and logos) as their 'regular-strength' counterparts.
- The remaining alcohol brand references were classified as alibi marketing for 'regular-strength' alcohol products (ERCC = 22.9%; Six Nations = 16.4%). This is where alcohol brand logos were presented without explicit reference to the brand name or a zero-alcohol variant (e.g. in the case of Heineken, the red star logo associated with the product).

### **Conclusions**

The authors argue that their findings illustrate that alcohol branding continues to be associated with rugby matches in Ireland despite the introduction of Section 15 of the Public Health (Alcohol) Act 2018. The study also contributes to an understanding of how the alcohol industry responds to marketing controls. The authors identify a need for clarification to be added to the legislation as to how the Public Health (Alcohol) Act 2018 defines advertising. In particular, there is a need to clarify the regulations around the advertising of zero-alcohol variants that closely share brand

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names and iconography with an alcohol product, as well as whether alibi marketing is permitted under the legislation.

## **10. Gambling Regulation Bill 2022**

Comprehensive legislation focused on gambling is currently making its way through the Irish legislature and is expected to be enacted before the end of 2023. The Gambling Regulation Bill 2022:

sets out the framework and legislative basis for the establishment of a new, independent statutory body – Údarás Rialála Cearrbhachais na hÉireann, the Gambling Regulatory Authority of Ireland – and for a robust regulatory and licensing regime to regulate gambling in-person and online, and for the regulation of gambling advertising, websites and apps (“Dáil Éireann debate. Written answer –1014 Gambling sector [17832/23],” 2023).

Some features of the Gambling Regulation Bill 2022 are to provide for:

1. The licensing and regulation of betting, gaming, certain lotteries, and the sale or supply of products or services related to gambling
2. The funding of the Gambling Regulatory Authority of Ireland by means of imposition of a charge on licensees
3. The establishment and maintenance of a register of persons who hold gambling licences in the State and a National Gambling Exclusion Register
4. The establishment of a Social Impact Fund to, among other matters, finance research into, raise awareness of, and eliminate or reduce compulsive and excessive gambling
5. Contributions to the Social Impact Fund by certain licensees
6. The imposition of obligations on those licensees, including obligations relating to advertising, promotion, and sponsorship for the purposes of safeguarding persons participating in gambling
7. The prohibition of children participating in gambling or being employed in the gambling industry, and
8. Ensuring that conditions attached to gambling licences and obligations imposed on licensees are complied with, for compliance and enforcement measures.

(Government of Ireland, 2022)

## **11. What Works Evidence Hub of prevention and early intervention programmes**

As part of the DCYA’s *What Works: sharing knowledge: improving children’s futures* initiative, Minister Roderic O’Gorman launched the What Works Ireland Evidence Hub on 31 May 2023. The DCEDIY Evidence Hub can be found at: <https://whatworks.gov.ie/hub-search/>

### **What Works Ireland Evidence Hub**

The What Works Ireland Evidence Hub is an online tool that enables users to search for PEI programmes that have been evaluated and found to improve one or more of a set of specified outcomes in children and young people. The target audience for the hub includes service commissioners, policy-makers, practitioners, and evaluators.

The DCEDIY worked with What Works for Early Intervention and Children’s Social Care (WWEICSC: which is based in the United Kingdom (UK), to develop the What Works Evidence Hub. Assessment for inclusion on the Hub is based on the existing Early Intervention Foundation (EIF Guidebook, which provides details of PEI programmes that have been evaluated and show some evidence of improving outcomes for children and young people. Rather than simply providing a description of each programme, the What Works Evidence Hub provides an assessment of the associated evidence base, along with other critical information on how the programme works and is delivered. Some of its key features include:

**Searchable database:** The database can be searched using keywords or filters, including: the age of the target group, the nature of the outcomes achieved, delivery setting (school, home, early years, etc.), classification (universal, selective, or indicated), and delivery model (group, individual, home visit, online, or app), and prior implementation in Ireland.

**Evidence rating:** Each programme has an evidence rating. This is based on an assessment of the nature and quality of the evaluation evidence for the programme and the outcomes achieved.

Table T3.1.1 presents a broad overview of the ratings applied.

**Cost rating:** Programmes have also been allocated a cost rating which reflects the estimated unit cost of delivery. There are five levels, which range from a value of less than €125 per unit to a cost of more than €2,375 per unit.

**Project summary:** A summary of key information is provided for each project. This includes who the programme is for, how and where it is delivered, implementation requirements, how it works (its theory of change), its intended outcomes, and more information on published evaluations.

**Table T3.1.1: The strength of evidence rating**

<b>NL 2</b> <i>Not Level 2</i>	Case studies and qualitative research which lack validated measures in impact evaluations
<b>Level 2</b> <i>Preliminary evidence</i>	Pre/post studies show improved outcomes, but no comparison group is used, so there is a lack of confidence regarding causal impact of intervention.
<b>Level 3</b> <i>Efficacy</i>	Rigorous randomised controlled trial or quasi-experimental design demonstrated that the intervention led to an improvement in child outcomes.
<i>No effects</i>	As Level 3, but finding no significant intervention effects
<b>Level 4</b> <i>Effectiveness</i>	Two or more Level 3 studies demonstrate that effects were replicated in more than one site – also demonstrate long-term effects and the use of independent measures.

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

### Selected programmes

The What Works Evidence Hub contains information on more than 100 PEI programmes included in the EIF Guidebook (for more information, visit: <https://guidebook.eif.org.uk/>), as well as an additional five programmes being delivered in Ireland. At the time of the launch, 56 of the database’s 123 programmes were or had been implemented in Ireland. The five programmes added as part of the Irish launch are:

- Changing Lives Initiative is a community-based multi-component intervention aimed at children (aged 3–7 years) who experience behaviours consistent with a diagnosis of ADHD. This is being delivered by Clondalkin Behavioural Initiative/Archways.

- Fear-Less Triple P is an indicated parenting programme for parents of children aged 6–14 years who are experiencing anxiety. The programme is delivered by Triple P UK and Ireland.
- Preparing for Life is a selective parenting programme for expectant parents living in disadvantaged neighbourhoods or communities. It is delivered in Ireland by the Northside Partnership in Dublin.
- Family Talk is an indicated programme for children aged 15–18 years who have a parent with a mental health diagnosis and/or are in contact with mental health services. The lead organisation in Ireland is the Centre for Mental Health & Community Research, Department of Psychology and Social Sciences Institute at Maynooth University.
- MindOut is a universal school-based programme for children aged 15–18 years. The Health Promotion Research Centre at the University of Galway and the HSE are the leads on MindOut.

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

### **Conclusion**

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

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## 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.**

### T4.1 Additional information

1. **Support for evidence-based alcohol policy in Ireland: a national survey (written by Seán Millar, HRB)**
2. ***Alcohol consumption and attitudes to evidenced-based alcohol policy in Donegal (written by Anne Doyle, HRB)***
3. **Planet Youth survey data (Fingal, Cavan, and Monaghan)**

#### **1. Support for evidence-based alcohol policy in Ireland: a national survey (written by Seán Millar) Drugnet Ireland Issue 86**

Alcohol use is a leading risk factor for death and disability, and there is a need for evidence-based policy measures to tackle excess alcohol consumption and related harms. A recent study led by University College of Cork examined attitudes towards alcohol control measures among the general public in Ireland in the context of significant reforms undertaken in the Irish alcohol policy-making landscape (Calnan et al., 2023).

In this research, conducted by Dr Susan Calnan and Dr Seán Millar, School of Public Health UCC, and Dr Deirdre Mongan, HRB, a representative household survey was undertaken in three regions of Cork and Kerry. A total of 1,069 participants took part. Descriptive and univariate analyses were used to examine factors associated with support for alcohol control policy measures.

Notable findings from the study, which has been published in the *European Journal of Public Health*, include the following:

- The survey suggests that there is broad public support for evidence-based alcohol policies legislated under Ireland's Public Health (Alcohol) Act 2018. Support was strongest for a ban on alcohol advertising near schools and crèches (85.1%) and for warning labels on alcohol products (81.9%). A ban on price promotions and support for MUP generated the

lowest levels of support overall, although more than 50% of respondents still indicated their support for these measures.

- Differences were found in levels of support for policies according to sociodemographic characteristics, alcohol consumption patterns, knowledge of health risks, and harms experienced. For example, women were more likely than men to support alcohol control policy measures, while participants with harmful alcohol use patterns were significantly less likely to support these measures. Respondents with a greater awareness of the health risks of alcohol also showed higher levels of support.
- Surprisingly, participants who had experienced harms due to other people's drinking showed lower support compared with those who had not experienced such harms. However, this may be partly explained by the fact that these subjects were also more likely to have engaged in harmful alcohol use patterns themselves.

The authors suggest that additional research could help further shed light on reasons for such differences and could help inform strategies aimed at increasing public support for, and understanding of, public health policies related to alcohol use.

**2. Alcohol consumption and attitudes to evidence-based alcohol policy in Donegal this section is a copy of Doyle, Anne (2022) Alcohol consumption and attitudes to evidence-based alcohol policy in Donegal. Drugnet Ireland, Issue 83, Winter 2022, pp. 21-22.**

### **Background**

In 2018, following a protracted process, the Public Health (Alcohol) Act was enacted to address alcohol use and associated harm in Ireland. The Act includes legislation restricting alcohol availability, advertising and promotion, and sales and pricing. It aims to reduce population-level alcohol use and related harm but particularly to delay or prevent alcohol use among children and young people.

As Donegal has Ireland's second-highest rate of treatment for alcohol and above-average hospital admissions for mental and behavioural disorders due to alcohol, and because the county is located on the border with Northern Ireland, Alcohol Forum Ireland commissioned a study seeking to examine support for the Act among residents of Donegal (Shorter et al., 2022) (Goggin et al., 2019).

**Table T4.1.1: Agreement with statements regarding alcohol use, public health interventions, alcohol availability, and evidence-based alcohol policies (%)**

Statement	Student sample (%)	Adult sample (%)
<b>Public health countermeasures – who should intervene</b>		
Individuals are responsible enough to protect themselves from harm	26.7	24.5
Public health bodies should intervene to protect people from alcohol-related harm	58.1	52.5
Health professionals should ask about alcohol use	70.0	68.5
<b>Alcohol availability</b>		
The government should reduce the number of outlets selling alcohol	18.5	32.5
Alcohol should be sold in separate premises to food and other household items	20.6	36.6
The law on selling and serving alcohol to people under the age of 18 should be strictly enforced	79.8	85.8
It is not acceptable to allow a child aged 15 to drink alcohol in their own home	63.9	68.5
It is not acceptable to allow a child aged 16 or 17 to drink alcohol in their own home	34.3	37.6
<b>Alcohol marketing</b>		
Advertisements for alcohol should include the risks of drinking alcohol	81.2	81.8
Alcohol providers should not sponsor sporting teams	39.7	58.0
Alcohol advertisements should not be displayed at sports grounds	39.6	60.8
Alcohol advertisements should not be displayed at music events	17.4	33.2
Alcohol advertising should not be promoted on public transport or at bus stops, train stations, or other transport hubs	37.9	53.1
Television advertisements for alcohol should not be shown until after 9pm	60.5	77.0
Alcohol advertising targeting young people should be banned	58.8	85.9
Alcohol advertising should not be placed in or near a school or early years services	80.1	81.6
Alcohol providers should not sponsor children's sporting teams	84.8	89.7
<b>Alcohol pricing</b>		
Minimum unit pricing is a good idea	35.8	31.6
Price promotions on alcohol encourage excessive drinking	60.9	58.2
Price promotions in pubs, clubs and bars should be banned	19.1	32.8
I would be more likely to drink alcohol if it were free or sold at a discount price	67.1	36.8

## Methods

A sample of Donegal students (n=395, 38% male, mean age 23.3 years) and a sample of adult residents of Donegal (n=536, 34% male, mean age 41.7 years) completed a survey that included questions about their alcohol use (quantity and frequency), how much they spend on alcohol, and their attitudes to elements of the Public Health (Alcohol) Act 2018.

## Results

Of the student sample, 95% reported lifetime alcohol use and 59% had an AUDIT-C score  $\geq 5$  (indicating hazardous drinking), whereas 97% of the adult sample reported lifetime alcohol use, with 53% scoring  $\geq 5$  on the AUDIT-C. Almost one-half (46%) of the student sample and more than one-third (36%) of the adult sample reported heavy episodic drinking on a single occasion monthly or more frequently in the last year. Respondents were also asked how much money they spent weekly on alcohol both on-trade and off-trade.

In addition to their own drinking patterns, the survey also asked respondents about their experiences of other people's drinking. Some 67% of the student sample and 59% of the adult sample reported that they had an individual in their life whom they considered to be a heavy drinker, while 9% of the student sample and 12% of the adult sample claimed that they considered themselves a harm to themselves or others when they were drinking.

Respondents were then asked whether they agreed or not with statements about alcohol use, health professional intervention, alcohol availability, and alcohol marketing, as well as other statements about alcohol policies. Table T4.1.1 illustrates the percentage of student and adult respondents who were in agreement with the statements provided.

Support for evidence-based alcohol policy on perceived local characteristics

Respondents' perception of local issues influenced their support for evidence-based alcohol policy measures. For example, those who considered that teenagers drinking in parks and public places, underage drinking, drink-driving, alcohol-related violence, and public drunkenness were a problem in their local area were more likely to support alcohol policies.

### **Conclusion**

The report found that respondents in Donegal differed to those from other parts of Ireland in their support for alcohol policy measures (Davoren et al., 2019), with lower support for such measures reported among the sample in Donegal. The report also found differences between the student and the adult samples in their views on alcohol policies, with students more likely to support MUP and banning alcohol advertising targeting young people, and the adult sample more likely to support all other measures. Findings also revealed that those who reported hazardous patterns of drinking were unsurprisingly less supportive of alcohol policy measures. The authors recommend that policy-makers and community representatives consider the findings and next steps, and that they highlight how geographical location can influence views on alcohol policies, which in turn may influence alcohol use and related harms.

### **3. Planet Youth in Fingal, Cavan, and Monaghan**

Planet Youth is being implemented in an increasing number of regions in Ireland. There are currently six Planet Youth sites at various stages of implementation: Galway, Mayo, Roscommon, Fingal, Cavan, and Monaghan. Since the start of 2022, the three latter regions have published reports from their first waves of survey data (North Dublin Regional Drug & Alcohol Task Force, 2022) (Planet Youth, 2022) (Planet Youth, 2022). The reports present an overview of baseline data on health and well-being indicators, as well as associated risk and protective factors.

## Coverage

The surveys in Fingal, Cavan, and Monaghan were carried out in Q4 2021. In Fingal, 2,677 young people completed the survey, while 882 did so in Cavan and 845 in Monaghan. The young people were situated in secondary schools and alternative education settings (Youthreach) and were aged 15–16 years. Data were collected through the standard Planet Youth questionnaire, which includes 78 primary questions on health and well-being indicators. The findings from the surveys will be used to plan interventions in order to improve outcomes for young people living in these regions.

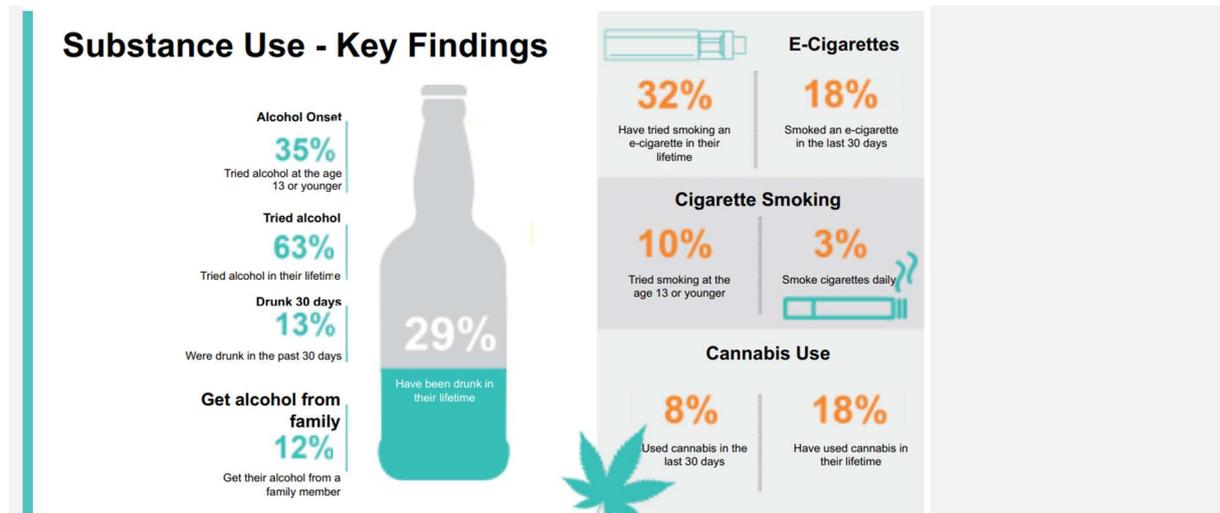
## Reports

The published reports provide an overview of key findings and represent the first step in the development of a wider programme of prevention in the regions. As outlined in the Fingal report, the intention is that the North Dublin Regional Drug and Alcohol Task Force and other stakeholders will examine the dataset in more detail, using the findings to gain a better understanding of the challenges facing young people in the region (North Dublin Regional Drug & Alcohol Task Force, 2022). The stakeholders will then collaborate to develop appropriate responses.

Each report presents a set of key findings for the relevant region. While the reports from Cavan and Monaghan present the same analysis of a core set of indicators, Fingal chose to analyse different responses for its report. Examples of findings include:

1. Across the three regions, young people tended to have positive attitudes towards their relationships with their parents and teachers, which was seen as an encouraging protective factor. In the Fingal report, authors identify parents and teachers as “important community allies to support improved outcomes” (North Dublin Regional Drug & Alcohol Task Force, 2022) (p. 7).
2. Parents and carers feature heavily as the source of access to alcohol for young people across all regions. All of the reports recommend that parents and carers do not provide their young people with alcohol.
3. In Cavan and Monaghan, reports found that teenagers who report high levels of unsupervised leisure time are six times more likely to use cannabis.
4. In Fingal, vaping was identified as a specific risk behaviour – 32% of respondents reported lifetime use of vaping products, while 18% had used vaping products in last 30 days. Lifetime use of nitrous oxide was also identified (6%), although it was associated with specific social events rather than regular usage.
5. In Fingal, it appeared that young people’s attitudes towards and perceptions of risk impact on their levels of substance use. Where there was a lower perception of risk or harm, there appeared to be a correlating increase in consumption levels. Project Youth recommended that existing partners and initiatives, who were well placed, should strengthen health promotion initiatives that target parental, youth, and community perceptions of harm in the region.

The Fingal report summarised its key findings on substance use in Figure T4.1.1 (North Dublin Regional Drug & Alcohol Task Force, 2022) (p. 18):



Finally, across the three regions, it was recognised that further analysis of the data will be necessary before it can be used to inform responses that meet the needs of young people and reduce their drug use.

**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:

Please see full bibliography below.

#### Other sources of information:

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: [www.education.ie](http://www.education.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)

Health Research Board 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.

## Bibliography

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An Garda Síochána, 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>

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