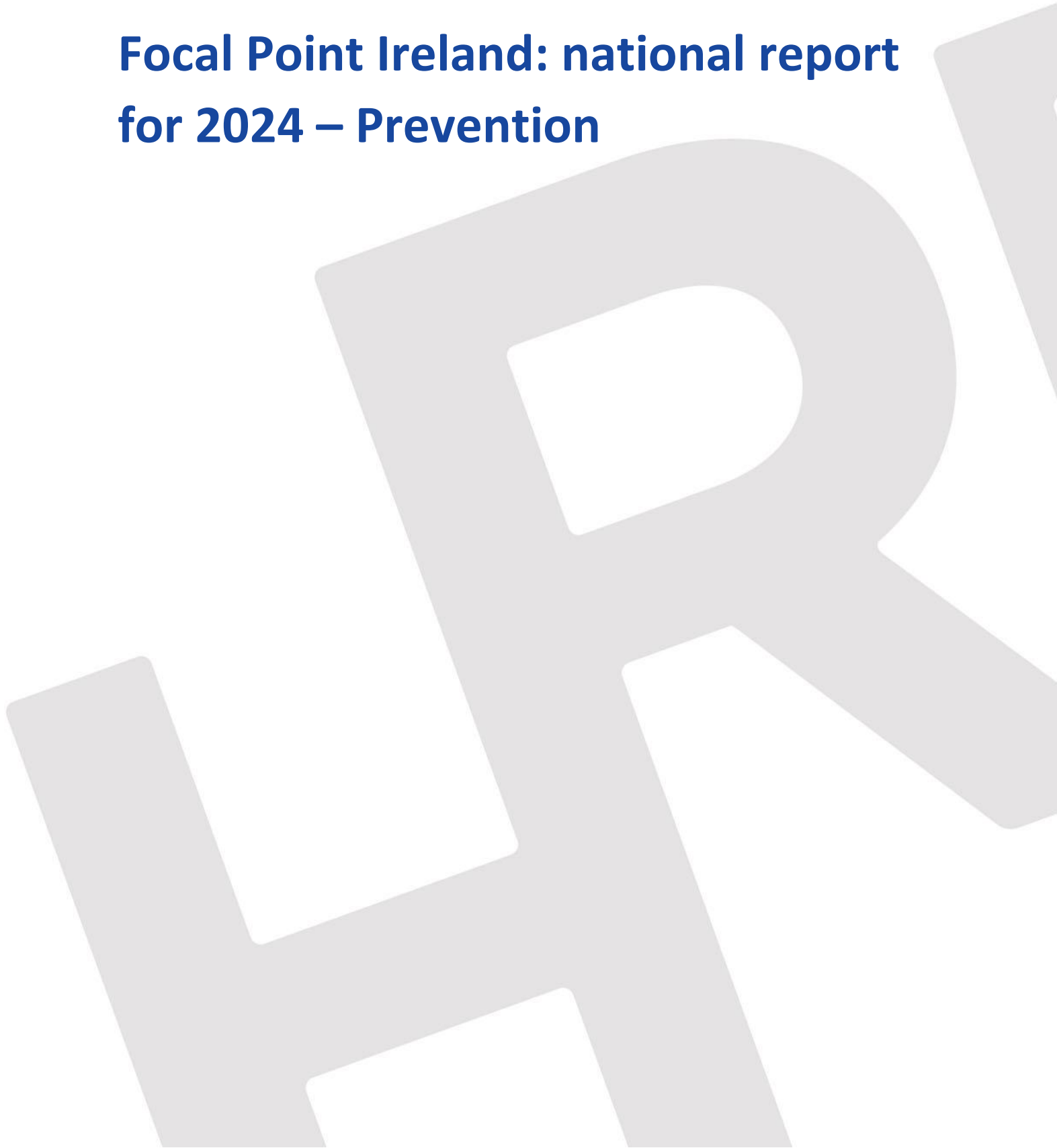


Focal Point Ireland: national report for 2024 – Prevention



[Title]

Health Research Board. Irish Focal Point to the European Union Drugs Agency (EUDA).

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(2025) Focal Point Ireland: national report for 2024 – Harms and harms reduction

(2025) Focal Point Ireland: national report for 2024 – Drugs

This document uses the structure and numbering system from the template provided by the EUDA.



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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:

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 was published in late 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). 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. This priority was accompanied by a set of actions for 2023–2024, which are to be continued on through to 2025, when a new national drugs strategy is due to be published (Department of Health 2023a).

The mid-term review also led to changes to the delivery structure of the national strategy. Included was the establishment of a 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.

Summary of T1.2 on prevention interventions

Environmental prevention interventions in Ireland are focused on restrictive alcohol and tobacco controls. The controls around alcohol include relatively high taxes on alcohol; minimum unit pricing (MUP); 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. 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 Scheme, which the Irish Government committed to in 2019 but has yet to fully implement (as of September 2024).

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 the HSE Minding Your 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 addressing educational disadvantage through 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 a range of settings that deal with both alcohol and drug use. In addition, legislation has been introduced against the coercion and use of minors in the sale and supply of drugs.

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 international 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 is to 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. Indeed, since the last national report EUPC training has been delivered in Ireland.

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.

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. One of the six strategic priorities identified for the remainder of the national drugs 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, there has been 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. 2024 saw the first round of EUPC training being delivered to prevention workers in Ireland by national trainers.

Summary of T3.1 New developments

1. Citizens' Assembly on Drugs Use
2. *Young Ireland: National Policy Framework for Children and Young People 2023-2028*
3. The EUPC and Frontline Politeia in Ireland
4. Sale of Alcohol Bill 2022 (update)
5. Public Health (Tobacco Products and Nicotine Inhaling Products) Act 2023
6. Gambling Regulation Bill 2022 (update)
7. Forthcoming prevention programmes for 2024/25

Summary of T4.1 Additional information

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

1. Overview of alcohol-related issues in Ireland
2. A spatial examination of alcohol availability and the level of disadvantage of schools in Ireland
3. Alcohol-related emergency department (ED) presentations and hospital admissions following MUP in Ireland
4. Alcohol attitudes and behaviours in Ballymun

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.

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’s timeline (until 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 strategic priority was published for 2024 and is to continue into 2025 until the end of the current national drugs strategy’s timeline (Department of Health 2023a). The actions 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, support families in the communities affected by substance use, and 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.

No published update is available to date (September 2024) on progress made on these actions through 2023–2024.

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 that adhere to international prevention standards. The five funded projects are being delivered in school, third-level education, youth work, and community-based settings. An outline of the programme and each project was provided in Section T3.1 of the 2023 *Prevention 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 that have covered at least part of the lifetime of the current national drugs strategy are:

- *Young Ireland: National Policy Framework for Children and Young People 2023-2028* (Ireland. Department of Health 2023) was launched in November 2023. It sets out the policy direction and key priorities with regard to children and young people (aged 0–24 years) in Ireland across all Government Departments and State agencies to the end of 2028. It is the successor strategy to *Better Outcomes, Brighter Futures: The national policy framework for children & young people, 2014 - 2020* (Department of Children and Youth Affairs 2014a), which was Ireland’s first national policy framework for children and young people. See Section T3.1 for more detail on the new strategy.
- The *National Youth Strategy 2015–2020* (Department of Children and Youth Affairs 2015b) was launched in October 2015 but has now concluded. It was Ireland’s first-ever national youth strategy, and it set out the Government’s aims and objectives for young people aged 10–24 years. The strategy focused particularly on young people who were experiencing, or who are at risk of experiencing, the poorest outcomes.
- 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. A new strategy has yet to be published (as of September 2024).
- 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 (HEIs), health and social services, workplaces, youth services, and the wider community. The Strategy officially came to an end at the end of 2021. In September 2024, it is under review, and it is expected that the next LGBTI+ strategy will take a whole-of-lifecycle approach.

- The *Youth Justice Strategy 2021 – 2027* (Department of Justice 2021b) is designed to provide a developmental framework to address key ongoing challenges as well as new and emerging issues in the youth justice area. This includes preventing offending behaviour from occurring, 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 was covered in Section T4.1 of the 2023 *Legal workbook*. The Youth Justice Strategy is supported by an Action Research Project led by the Research Evidence into Policy Programmes and Practice research partnership with the University of Limerick (Department of Justice 2021a).

As noted in previous national reports, the policy landscape around young people in Ireland is well equipped with strategies and action plans, but it lacks thorough and detailed evaluation of such policy mechanisms. While DCEDIY is a key stakeholder in the national drugs strategy, neither the *National Strategy on Children and Young People’s Participation in Decision-Making, 2015 – 2020* (Department of Children and Youth Affairs 2015a) nor the *National Youth Strategy 2015–2020* (Department of Children and Youth Affairs 2015b) 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, the new national youth strategy, *Young Ireland: National Policy Framework for Children and Young People 2023-2028* (Ireland. Department of Health 2023), recognises links with the national drugs strategy. Its predecessor, *Better Outcomes, Brighter Futures: The national policy framework for children & young people, 2014 - 2020* (Department of Children and Youth Affairs 2014a), was referenced throughout the national drugs strategy, and links with the national drugs strategy were 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 2021b) also includes a 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

<p>At which level are strategic decisions (contents, priorities) predominantly made?</p>	<p>National (if other ↓)</p>
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The lead agencies for developing and delivering prevention-related actions under the national drugs strategy, *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* (Department of Health 2017), include: the Department of Health, with support from the HSE; Department of Education; DCEDIY; An Garda Síochána (AGS); DATFs; and service providers. The last category includes non-governmental organisations (NGOs).

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 strategy’s six strategic priorities, as well as a research subcommittee. One of the six SIGs focuses specifically on substance misuse prevention. See Section T1.3 of the *Drug policy workbook* for a full description of the national drugs strategy’s implementation structure.

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.



Figure T1.1.2.1: 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 ↓)
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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 organisations in the community and voluntary sector, have responsibility for delivering on its actions (for example, through the regional and local DATFs). 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*.

As mentioned in Section T1.1.1, 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 the projects are expected to run through to 2026.

In addition to funding linked to the national drugs strategy, there are other more general prevention activities funded at the national level. For example, 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 before the end of 2024.

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

Factual cooperation of the different policy sectors ministries at national level (real: not on paper):	High
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 is a characteristic of the prevention SIG that began to function in 2022 and will continue to be such to the end of the strategy in	

2025. This SIG works to 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 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.

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 Jim Walsh T.D. 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 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

<p>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?</p>	<p>Often</p>
<p>Explanations, if applicable describe:</p>	
<p>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 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</p>	

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 in some circumstances task forces do not see these structures as functioning as effectively as other methods of consultation and shared decision-making.

Diagnosis of risk/protective factors at local level: do (some) municipalities / districts have a system of establishing risk profiles of certain geographic areas or of population segments? (Please, tick 2 most relevant)

- By youth surveys (e.g. CTC,¹ Planet Youth²)**
- By rapid qualitative assessment methods (stakeholder meetings, key informants)**
- By having access to the sub-datasets of national surveys**
- Other, please specify:**
- Does not apply**

Explanations, if applicable describe:

As explained in the section titled “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 is running 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.

¹ 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.

² 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.

[Title]

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.

How important are non-public sources of funding (health insurance, charities, foundations, industry)? Choose an item.

Negligible, barely relevant

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

Prevention culture, interventions and discourse are rather dominated by (select not more than 2)

informational ³ approaches	<input checked="" type="checkbox"/>
developmental ⁴ approaches	<input checked="" type="checkbox"/>
environmental ⁵ approaches	<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.

³ Information, persuasion, awareness, and education.

⁴ 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.

⁵ 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.

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

What behavioural domains beyond substance use (e.g. violence, mental health) do the existing manualised prevention programmes⁶ 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.

In which settings are they predominantly applied?	Primary Schools <input checked="" type="checkbox"/>
	Secondary schools <input checked="" type="checkbox"/>
	Technical/vocational schools <input type="checkbox"/>
	Universities <input type="checkbox"/>
	Parents/Families <input checked="" type="checkbox"/>
	Community <input checked="" type="checkbox"/>
	Other settings (specify below)

[Click here to enter text.](#)

⁶ Manualised programmes are taken to refer to programmes that are based on a written manual, and have a fixed number of sessions with defined content.

At which scale are these manualised programmes mostly implemented?	Other (please specify) (if other ↓)
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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 and the Public Health (Tobacco Products and Nicotine Inhaling Products) Act 2023. However, as discussed in the 2023 national report, 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 on alcohol use (see Section T3.1 of this workbook for more information). There is also activity around developing strategies to change the environment in which substance use takes place, rather than just focusing on the people who use drugs. Programmes and legislative changes that contribute to the field of environmental prevention include current moves towards a more health-led approach to dealing with possession of drugs for personal use, as well as legislative changes related to NPS in 2010. The following areas are outlined in this section of the 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 2023 national report, progress has been made on implementing another provision of the Public Health (Alcohol) Act 2018. In November 2023, Section 19 of the Act, regarding the broadcast watershed on alcohol advertising, was implemented. It will come into effect in January 2025.

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 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 key provisions of the Public Health (Alcohol) Act 2018

Measure	Rationale	Commenced
MUP		
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: <ul style="list-style-type: none"> • A 750 mL bottle of wine with alcohol by volume (ABV) of 12% will cost a minimum of €7.10. • A 700 mL bottle of vodka with an ABV of 35% will cost a minimum of €20.71. • A 500 mL can of beer with an ABV of 5% will cost a minimum of €1.97. 	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).	Commenced from 1 January 2022.
Health warning labels		

Section 12 of the Public Health (Alcohol) Act 2018 stipulates that all alcohol products to be sold in Ireland will be required to display:

- A warning informing the public of the danger of alcohol consumption
- A warning outlining the danger of alcohol consumption when pregnant
- A warning informing the public of the direct link between alcohol and fatal cancers
- The quantity in grams of alcohol contained in the container concerned
- The calorie content in the container concerned, and
- Details of a website, to be established and maintained by the HSE, providing public health information in relation to alcohol consumption.

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

Signed into law in May 2023, with a lead-in phase to May 2026.

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).

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.

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

Some of these measures have become law, including measures around advertising in the vicinity of children (Sections 14, 17, and 20 of the Act). In November 2023, Section 19, regarding the broadcast watershed on alcohol advertising, was implemented. It will come into effect in January

<ul style="list-style-type: none"> • 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. <p>There will be a ban on advertising alcohol products:</p> <ul style="list-style-type: none"> • 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. <p>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.</p> <p>Sports sponsorship and sponsorship of other events aimed at children</p>	<p>consequences later in life (Hall et al. 2016).</p>	<p>2025. Important measures that have yet to be commenced are: Section 13, on the restriction of the content of alcohol advertisements; and Section 18, regarding limitations of advertising in print media.</p>
<p>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, racetrack, tennis court, etc.). Alcohol sponsorship of other events aimed at children, or where most of the participants are children, will also be prohibited under Section 16 of the Act.</p>	<p>As 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).</p> <p>Prohibiting advertising at events aimed at children will further limit young people’s exposure to alcohol advertising.</p>	<p>Both Section 15 and Section 16 were commenced in November 2018 with a 3-year transition period, and therefore have been in place since 2021.</p>
<p>Restrictions on the sale and supply of alcohol products</p> <p>Section 23 of the Act 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-</p>	<p>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</p>	<p>Section 23 commenced in November 2018.</p>

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) 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.

alcohol products is the most effective way to reduce alcohol consumption at a population level (World Health Organization 2014).

Source: Updated July 2024 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. For example, under the 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).

In summary, 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. 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.

Critchlow and Purves 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 the Public Health (Alcohol) Act 2018 to clarify how it defines advertising. In particular, there is a need to clarify the regulations around the advertising of zero-alcohol variants that share brand names and iconography with an alcohol product, as well as whether alibi marketing is permitted under the

legislation. A detailed description of the study can be found in Section T3.1 of the *Prevention workbook* for 2023.

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.

A study that found smoking prevalence in Ireland among adolescents aged 15–16 years had dropped from 41% in 1995 to 13% in 2015 (Li et al. 2018) 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 up until December 2023 of any mandatory age restriction in Ireland on the sale and marketing of e-cigarettes. The introduction of the Public Health (Tobacco Products and Nicotine Inhaling Products) Act 2023 addresses this issue (see Section T3.1 of this workbook).

Other key tobacco control measures that existed in Ireland prior to the new legislation and that are still relevant are as follows:

- In line with the 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 is illegal in motor vehicles in which a person aged under 18 years is present.
- 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. While previous Budgets saw the excise duty on a packet of 20 cigarettes increase by 50 cent (including VAT), in Budget 2024 there was a 75 cent (including VAT) increase, 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 €16.25/€16.75 for 20.
- All tobacco packs manufactured for sale in Ireland have been in standardised retail packaging.
- As with any nicotine products, the sale of tobacco products to anyone aged under 18 years is illegal.

E-cigarette controls in Ireland:

- The Public Health (Tobacco Products and Nicotine Inhaling Products) Act 2023 has introduced 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

The expansion of environmental prevention in third-level institutions in Ireland was looking promising, but in 2023 and 2024 there has not been any activity in this area. Below is a description of earlier activities in this area.

Rapid Response Group on drug use in HEIs

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 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 2024), there is no national 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 Higher Education Healthy Campus Charter and Framework Ireland
- 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. Were any action to be taken in line with the findings of this report, it could be expected to fit under the range of prevention types, but with the focus 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 survey was commissioned to fill this gap. The findings of this survey are reported on in Section T1.1.3 of the *Drugs workbook*.

REACT

The REACT project is no longer being delivered due to a lack of funding. It was developed with the aim of strategically combatting 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 in Ireland have largely returned to campuses 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, the Misuse of Drugs (Amendment) Regulations 2010 (available online at <http://www.irishstatutebook.ie/eli/2010/si/200/made/en/pdf>), which was enacted in May 2010 and expanded the list of substances controlled under the Misuse of Drugs Act, 1977 and the Misuse of Drugs Act, 1984. 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 Scheme

Arising from a national drugs strategy action, the Government established a working group to consider alternative approaches to the possession of drugs for personal use in December 2017. The work programme of the group consisted of meetings with experts from other countries, commissioning research on other jurisdictions and undertaking a public consultation.

The working group identified three principles that should be addressed with any alternative approach:

- That a person should be afforded the opportunity to avoid a criminal conviction for personal possession
- That a person should be supported in avoiding, reducing, and recovering from drug-related harm, and
- That a person with problematic drug use should be referred to appropriate treatment or support.

In line with the working group's recommendations, in 2019 the Government agreed a health-led approach 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).

The Health Diversion Scheme represents the depenalisation of drugs possession for personal use coupled with a diversion of the person to health services in defined circumstances. This approach will connect people who use drugs with health services and a pathway to recovery, allowing them

to avoid a criminal conviction, which can have far-reaching consequences for people, particularly younger people.

Under the Health Diversion Scheme, AGS will divert a person found in possession of drugs for personal use to the HSE for a health screening and brief intervention, with an onward referral to further services if appropriate. When a person is found by a member of AGS to be in possession of drugs for personal use, AGS will take the following action:

- On the first occasion, the person will be referred for a SAOR (Support, Ask and Assess, Offer Assistance, Refer) health screening and brief intervention.
- On the second occasion, AGS will have discretion to either make a further referral for a SAOR health screening and brief intervention, or issue an adult caution, if applicable.
- On the third or any subsequent occasion, AGS will revert to dealing with the person in line with existing legislation, under which the individual could receive a criminal conviction and custodial sentence.

Legal advice has been received stating that, in principle, it is not constitutionally impermissible to operate a diversion scheme of this nature administratively. An administrative scheme has been developed and is under consideration.

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 2021-2025. A SIG with cross-sectoral stakeholders and an independent Chair was established to reinforce the health-led, rather than criminal justice-led, approach to people who use drugs and commit drug-related crimes. The focus of the group has been on the roll-out of the Health Diversion Scheme. As part of its work, it has produced a report on alternatives to coercive sanctions, the findings of which are outlined in Section T4.1 of the *Policy workbook*.

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?

Creating and supporting protective school policies/environments	Choose an item.
Regulations on alcohol use in public (outside establishments/in public view)	Choose an item.
Regulations on cannabis use in public (outside establishments/in public view)	Choose an item.
Regulating nightlife settings (e.g. access, opening hours, limiting promotions, physical conditions)	Choose an item.
Integration with violence prevention and security strategies	Choose an item.

Attention to neighbourhood environments, e.g. self-organisation, safety, illumination and cleanliness

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 an element 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, 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 Drugs and Alcohol Helpline and Email Support Service

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. For more information, visit:

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

The HSE helpline dealt with a total of 5,898 drug/alcohol/gambling/addiction contacts in 2023, compared with 4,795 in 2022, 4,402 in 2021, 4,410 in 2020, and 4,588 in 2019. 30% of contacts in 2023 disclosed experiencing combined substance use and mental health issues. In 2023, alcohol continued to be the most common substance referred to by callers to the helpline, accounting for 3,100 contacts, with cocaine (1,243 contacts) and cannabis (705 contacts) as the next-most frequently cited substances. There were 61 contacts who mentioned gambling in 2023, 25 of whom also had substance use issues. The same service also provides the HSE HIV and Sexual

Health Helpline, which provided assistance to 156 contacts in 2023 (A Dooley, Drugs and Alcohol Helpline / HIV and Sexual Health Helpline, HSE, personal communication, June 2024).

Askaboutalcohol.ie

Since March 2017, the HSE has operated a public information website on alcohol (for more information, visit: 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.

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, pages on the site provide information on how long drugs stay in a person's system, AGS roadside drug testing, and different types of drugs, for example.

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. Examples of Drugs.ie social media posts include:

- 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 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/

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.

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, Making 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. A multi-method approach will be taken which includes a quantitative, longitudinal, and 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, with resources and initiatives being delivered in post-primary schools.

Making Healthy Choices

Making Healthy Choices has been a unit of learning within SPHE for the Junior Cycle since September 2023. 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. Making Healthy Choices supports teachers of Junior Cycle SPHE in addressing issues of alcohol, tobacco, and drug use. The approach Making 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 2022) (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 Making Healthy Choices resource has not been subject to independent evaluation, and as of September 2024 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. It 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 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 help 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 on delivery of Know the Score is available for teachers. No information is collected on the teachers who take 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 its potentially sensitive content and the experiential and interactive teaching methodologies. Neither the HSE

nor the Department of Education collects 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. This is primarily a process evaluation and continues to be carried out through 2024.

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 2023-2025* (Ireland, Department of Education 2023) as one element of the strategic action to "Support the mental health and wellbeing of children and young people through implementation of the Wellbeing Policy Statement and Framework for Practice and Cineáltas: Action Plan for Bullying ensuring, among other needs, that wellbeing supports recognise the impact of Covid-19 on children and young people" (p. 14).

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 encompass:

- 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 is 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/>

Alcohol industry in schools: Drinkaware

In the early 2020s, 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”. For more information, visit: <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, the Department of Education 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 has also received ongoing criticism from organisations such as Alcohol Action Ireland (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, 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 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 was 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.

Garda Schools Programme

The Garda Schools Programme forms part of the remit of the Garda Community Engagement Bureau. At the time of writing (September 2024), AGS is working with the Department of Education, Department of Health, and other stakeholders to develop age-appropriate material that is in line with the SPHE syllabus. Substance use will be 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 Garda Community Engagement Bureau, outlines the number of school visits made during the academic year 2021–2022 (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 (1st to 6th Class), and
- 674 visits to secondary schools.

These figures were provided in response to a parliamentary question on 5 July 2023, 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, socio-economically disadvantaged groups, immigrant/migrant populations, and Traveller populations), and with children and young people who have 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 Resilience programmes.

NEPS Incredible Years and FRIENDS Resilience 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 Resilience programme. Evaluations carried out in Ireland produced positive findings for both 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.
- The FRIENDS Resilience programme is a school-based anxiety prevention and resilience-building programme that enables children to learn effective strategies for coping with and managing all kinds of emotional distress, such as worry, stress, change, and anxiety.

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, or North Dublin Regional Drug and Alcohol Task Force (NDRATEF); and Cavan and Monaghan, or 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 for the WRDATEF, and <https://planetyouthpartner.ie> for the NDRATEF and NERDATEF.

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. The findings of the surveys in the WRDATF are available on www.planetyouth.ie

Initial surveys have also been carried out in Fingal, Cavan, and Monaghan, the findings of which have been published and are available on <https://planetyouthpartner.ie>

Evaluation in the WRDATF

A process evaluation of Planet Youth in the 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.

Evaluation approach

The evaluation of Planet Youth in the WRDATF aimed to explore “the process of the implementation, development, delivery, and outputs of the Planet Youth project” (Carroll & Daly Consultants 2023) (p. 10). It did 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, 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 take 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:

In relation to 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, informing the development of services, and teaching and academic research at local third-level institutions.

In relation to the structure of Regional Steering Committee and County Committees:

- 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 providing a data source on young people, while respondents also noted the strong links the project made with parents. They stated that its weaknesses included a lack of resources as well as challenges in shifting the culture among organisations to prioritise 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 were; 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.

Findings from the 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 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.

Findings from 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.

Findings from 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).
- 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 concerning trends with regard to 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% in 2018 versus 11.4% in 2022 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 2022 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 the 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).

Note: Comment, if applicable, on the relevance (i.e. number, money spent) of mass media campaigns

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 interventions 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. DCYA (now 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 ones 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 (Department of Education and Skills. 2017). 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 1 in 20 students (Nelis et al. 2021). In the 2022–2023 school year, the DEIS programme was expanded to include more than 300 additional schools. In 2023–2024, a total of 1,198 schools were involved in the programme, compared with 884 schools in 2021–2022. 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 2023-2025* (Ireland. Department of Education 2023), there is a further commitment to delivering on the *DEIS Plan 2017: Delivering Equality of*

Opportunity in Schools (Department of Education and Skills. 2017). Goal 2 of the *Statement of Strategy 2023-2025* states that the Department of Education will “ensure equity of opportunity in education and that all children and young people are supported to fulfil their potential” (Ireland. Department of Education 2023) (p. 14). In order to achieve that goal, the Department of Education will implement a number of strategic actions, including to, “Through the Delivering Equality of Opportunity in Schools (DEIS) programme and supporting students at risk of educational disadvantage across primary and post-primary schools, reduce the retention and achievement gap between schools in the DEIS programme and non-DEIS schools” (Ireland. Department of Education 2023) (p. 14).

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 was to be reported annually, as well as progress towards associated performance targets (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 socio-economically 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 keep 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/>) (first accessed July 2022, and the same figures when accessed July 2024).

HSCL

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 to better support their children in attending school, participating in education, and developing 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 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 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:

- The Early Start and Equal Start initiatives, which aim to meet the needs of children and their families who are experiencing disadvantage, from the very start of their learning experience. Essentially, they are funding programmes which focus on universal and targeted initiatives. For more information, see <https://www.gov.ie/en/publication/9d498-equal-start/>
- Meitheal, 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), and
- The Department of Rural and Community Development's Social Inclusion and Community Activation Programme (SICAP), which 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 NEET. 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 current phase of the programme will run through to 2028. 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 does not only focus on progression to education and training, but it also plays 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 approximately 110 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) and the Youth Advocate Programmes Ireland (Youth Advocates Programme 2018).

Hidden Harm

The needs of children living with, and affected by, parental alcohol and other drug use continue to be the target of the National Hidden Harm Project. The project was established by the HSE and Tusla 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 authors of the *Hidden Harm Strategic Statement* view it 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 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 effects of mental health difficulties and domestic violence on parenting ability.

Silent Voices

Silent Voices is an 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 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 Scheme for dealing with people found in possession of drugs for personal use is still 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 below are:

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

CAMHS

As outlined in previous national reports, CAMHS is the first line of specialist mental health services for children and young people in Ireland. CAMHS is provided by multidisciplinary teams, including psychiatrists, psychologists, nurses, social workers, speech and language therapists, and occupational therapists. CAMHS continues to struggle to meet demand, as illustrated by its 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/personal/pq/pq/2022-pq-responses/january-2022/pq-2123-22-cian-o-callaghan.pdf>) This increased to 4,434 as of February 2023 (for more information, visit: <https://www.oireachtas.ie/en/debates/question/2023-04-20/21/>), a figure that has remained stable at approximately 4,400 in January 2024 (https://www.oireachtas.ie/en/debates/debate/joint_committee_on_health/2024-01-17/3/).
- 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).

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 EDs 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 Scheme 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.

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-Concise (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 legislated against the coercion and use of minors in the sale and supply of drugs. In May 2024, the Criminal Justice (Engagement of Children in Criminal Activity) Act 2024 was enacted. These developments are discussed in Section T3.1 of the *Drug policy workbook*. The Act outlaws 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 (<https://solasproject.com/try>). 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 GYDPs. These

avail of restorative justice and restorative practices to try to 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 2023 *Legal framework 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 develops information and awareness campaigns. They are developed with different stakeholders based on emerging trends, and include:

- Safer Student Nights initiative: The HSE and Union of Students in Ireland partnered again in 2024 for their annual Safer Student Nights online campaign to remind students to think about harm reduction measures if they choose to use drugs on a night out. The campaign aims to make students aware of the current drug trends, risks, and risk reduction.
- The HSE Safer Nightlife programme: This is a multi-component campaign that involves a media campaign, the development of resources, recruiting and training volunteers, and coordinating outreach teams at music festivals in Ireland. This includes a drug checking service at some festivals. The aim of this programme is to engage with and support festival attendees in a non-judgemental way on the topic of substance use and related issues that emerge in nightlife spaces. The Safer Nightlife

programme is 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 is added and promoted through social media advertisements in order to raise awareness of drug trends of concern.
- Fact sheets on emerging drug trends: Fact sheets are developed based on increases or changes in availability on the drug market of various drugs. These have included, for example, in 2024 a fact sheet on nitazenes and in 2023 fact sheets on cannabis edibles and nitrous oxide. These fact sheets provide opportunities for education and harm reduction for people who use these substances, for parents/families who are concerned about a young person using these substances, and for other stakeholders, including service providers. Fact sheets are 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/

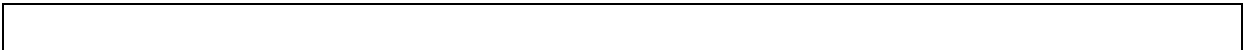
Other campaigns

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 Síochána 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 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, underachievement, 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

DCEDIY's (formerly DCYA) What Works: Sharing Knowledge, Improving Children's Futures initiative was launched in June 2019. It seeks to embed and enhance knowledge and quality with regard to 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 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 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 PEI 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.

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.

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. What Works also encourages innovation in service delivery in order to improve the reach and accessibility of services.

Prevention and Early Intervention Unit, Department of Public Expenditure, NDP Delivery and Reform

The Prevention and Early Intervention Unit (PEIU) in the Department of Public Expenditure, NDP Delivery 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, so as to 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 crossover with existing work and policy responsibilities of other Government Departments, particularly those of 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, NDP Delivery and Reform, and comprised two main elements:

- Drug-related public expenditure: The FPA 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 *Reducing Harm, Supporting Recovery: A health-led response to drug and alcohol use in Ireland 2017-2025* 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.

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

To support the delivery of this priority, a SIG on prevention was established. This group is responsible for driving the implementation of this priority and for developing an action plan to guide this work. It should be noted that the action plan from this SIG for 2023–2024 (and running through to 2025) did 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, the UNODC/WHO International Standards on Drug Use Prevention, and the EUPC. Indeed, the first round of EUPC training in Ireland was delivered to staff working on these projects in May 2024.

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 an 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. A public consultation was carried out in early 2024 to amend the scope of the standards to include private hospitals, in line with new legislation, the Patient Safety (Notifiable Incidents and Open Disclosure) Act 2023. This will not affect the content of the standards themselves.

The National Standards for Safer Better Healthcare are divided into nine themes: person-centered 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 2015b), 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 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

In 2007, *A manual in quality standards in substance use education* was published by the Drug Education Workers Forum, now the Drug & Alcohol Education Workers Forum (Butler et al. 2007). The manual explores substance use delivery in different settings, 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 in this manual are used by some substance misuse prevention workers, including some of those linked to the DATFs. However, 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 training in Ireland, the Department of Health is actively supporting staff to take part in the EUPC training courses, and it delivered its first EUPC course, run by trained Department of Health

[Title]

representatives, in Ireland in May 2024 (R Stafford, personal communication, July 2024, Drugs Policy and Social Inclusion Unit, Department of Health).

Is there scientific guidance and methodological advice to those who implement prevention at local level?		No
If yes, how is this organised (and by which centres/organisations)?		
See section "Who (which office, ministry) controls the quality of prevention interventions, if applicable?" above.		
How and to what degree are available national or EU prevention standards applied, if applicable?		
Very limited. See section "Who (which office, ministry) controls the quality of prevention interventions, if applicable?" above.		
Is there conditional funding (i.e. preferential funding for certified interventions, accredited providers, according to other criteria)?		Does not really exist
Additional information, if applicable:		
Not applicable.		
Are there considerable efforts to fund or foster R & D for prevention?		(if yes ↓)
Why would you think so, regarding development of new interventions (examples)?		
There are indications of increased efforts to nurture evidence-based prevention in Ireland. The best illustration of this is that, starting in 2023 and running to 2026, five projects are receiving funding under the Department of Health's 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 following five organisations are receiving funding for their respective projects, which will be delivered in school, third-level, youth work, and community-based settings:

- Alcohol Forum Ireland – Building SAFER Communities : This is a multi-component environmental community action project focused on providing evidence-based environmental prevention of alcohol misuse at a community level.
- Clondalkin Drug and Alcohol Task Force (CDATF) – Clondalkin Prevention LAB: This project is focused on prevention in a school-based environment. Elements of the project include school policy review, sessions with school staff and parents, education programmes for pupils, referral to intervention support for young people.
- 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.
- HSE and Trinity College Dublin – Evaluation of Know the Score: The project team will evaluate Know the Score, 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). It will use the findings to inform future implementation and the scale-up of school-based prevention programmes and resources.
- University College Cork (UCC) – E-SHEILD (Enabling Students and Higher Education Institutions to Lead the response on Drugs) UCC: This project is targeted at students (aged 18–25 years) of HEIs and will focus on the roll-out of MyUSE, an app developed at UCC, to six HEIs. MyUSE will support users in mindful decision-making with respect to drug use, cultivate harm reduction practices in the higher education environment, and promote alternatives to drug use.

For more detail on these projects, see Section T3.1 of the 2023 *Prevention workbook*.

In addition to the Department of Health Prevention and Education Funding Programme, there is other ongoing research in the area of prevention. However, this is broader than substance misuse prevention, for example, the work of the UNESCO Child and Family Research Centre in the University of Galway.

Why would you think so, regarding the evaluation of interventions (examples)?

Evaluations of prevention interventions are limited in Ireland, especially those that focus on outcomes and impact. In 2023, the Department of Health’s Drug Prevention and Education Funding Programme (see response in previous box) includes evaluation of interventions, such as the process evaluation of the Know the Score school-based programme.

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 DCEDIY. Other members are from Tusla, AGS, the DATFs, and youth and community representatives.

[Title]

If YES, is the alcohol industry statutory part of these meetings?	No
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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
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If yes, which are the criteria?
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Not relevant.

Are they audited or controlled periodically?	No
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What kind of credentials/qualifications prevention workers typically need to have?

There are no specific credentials/qualifications required to work in this sector in Ireland. .
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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 have remained consistent since 2014. The introduction of the six strategic priorities and the SIGs 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 since 2014, *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 products. For quality standards, the most recent strategic priorities for the strategy (running through to 2025) make explicit reference to quality standards and the EUPC. And the first round of EUPC training was delivered in Ireland in May 2024 by members of staff of the Department of Health.

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, the strategic priorities for the remainder of the lifetime of the national drugs strategy, and the recommendations of the Citizens’ Assembly on Drugs Use (see Section T3.1 of this workbook) indicate that prevention will continue to be delivered using a similar range of interventions to those applied in previous years.

[Title]

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 2024

1. Citizens' Assembly on Drugs Use
2. *Young Ireland: National Policy Framework for Children and Young People 2023-2028*
3. The EUPC and Frontline Politeia in Ireland
4. Sale of Alcohol Bill 2022 (update)
5. Public Health (Tobacco Products and Nicotine Inhaling Products) Act 2023
6. Gambling Regulation Bill 2022 (update)
7. Forthcoming prevention programmes for 2024/25

1. Citizens' Assembly on Drugs Use

Ireland's Citizens' Assembly on Drugs Use ran from April to October 2023 and provided the opportunity for an unprecedented in-depth discussion on the drugs situation in Ireland, reflecting all its complexities. Following consideration of the extensive body of evidence presented to them, the Assembly members made 36 recommendations to Government. These address legislative, policy, and operational changes that the State should make to reduce the harmful impacts of illicit drugs, including some that focus on prevention.

The Assembly's final report was published in two volumes in January 2024 (Citizens' Assembly. (2024) Report of the Citizens' Assembly on Drugs Use. Dublin: Citizens' Assembly). It presents a comprehensive record of the Assembly's six meetings and their recommendations. The report is an invaluable resource for those interested in understanding the drugs situation in Ireland. A more detailed account of the Assembly and its report are provided in Section T3.1 of the *Policy workbook*. Below is a brief overview, highlighting the elements of the report that focused on prevention.

Background

In Ireland, a Citizens' Assembly is a democratic structure in which people living in the country are brought together to discuss and consider important and often complex legal and policy issues,

independent of the Government and Oireachtas. The Citizens' Assembly on Drugs Use met over six weekends. Membership of the Assembly was made up of a selection of 99 Irish residents aged 18 years and over and an appointed independent Chair. A selection was made that reflected the age, gender, social class, and regional spread of Irish society. The group was also found to have "a diverse range of perspectives and levels of experience in relation to the issue of drug use" (Citizens' Assembly 2024) (vol. 1, p. 7). The Assembly set its own rules and procedures, within the confines of nine key principles: openness, balance, transparency, equality of voice, respect, privacy and confidentiality, inclusivity, collegiality, and professionalism (Citizens' Assembly 2024) (vol. 2, p. 205). It was supported by a Steering Group, an Advisory Support Group, and a Lived Experience Group, and it received research support by the HRB and the EUDA.

Terms of reference

The remit of the Citizens' Assembly on Drugs Use was to consider the legislative, policy, and operational changes the State could make to significantly reduce the harmful impacts of illicit drugs on individuals, families, communities, and wider society. It was to consider, among other topics:

- The drivers, prevalence, attitudes, and trends in relation to drugs use in Irish society
- The harmful impacts of drugs use on individuals, families, communities, and wider society
- Best practice in promoting and supporting rehabilitation and recovery from drug addiction
- The lived experience of young people and adults affected by drugs use, as well as their families and communities
- International, EU, national, and local perspectives on drugs use
- The efficacy of current strategic, policy, and operational responses to drugs use
- International best practice and practical case studies in relation to reducing supply, demand, and harm, and to increasing resilience, health, and well-being, and
- The opportunities and challenges, in an Irish context, of reforming legislation, strategy, policy, and operational responses to drugs use, taking into consideration the implications for the health, criminal justice, and education systems.

Naughton H (2023) Parliamentary Debates Dáil Éireann. 21 February 2023. Vol. 1033, No. 6. Available from: <https://www.drugsandalcohol.ie/38235/>

Building the Assembly's knowledge

Over the course of six weekends, presentations were made by approximately 130 national and international contributors, including those with lived experience of drug use, policy and research experts, practitioners in the field, service providers, service users, and representatives of lobby groups, among others. Members' deliberations were further informed by site visits to services for people who use drugs, almost 800 oral or written submissions from the public, and research on young people's views on the topic (Egan 2023). A full record of presentations, panel events, and question-and-answer sessions can be viewed on the Citizens' Assembly website: <https://citizensassembly.ie/assembly-on-drugs-use/meetings/>

Overview of the six meetings

1. Setting the scene: The first meeting provided an overview of deliberative democracy and tools such as citizens' assemblies, and how they can inform policy-making. This was followed by

presentations on drug policy, trends, and patterns of use at the national, international, and European levels.

2. Lived experiences: The second meeting involved site visits to drug services followed by panel discussions and presentations that explored the lived experiences of people who use drugs, their families, communities, and service providers.

3. Health and community-based perspectives: The third meeting focused on the role of policy and service delivery providers in the health, community, and voluntary sectors. This included consideration of health-led approaches to drug use, including those implemented in Austria and Portugal. National contributors led presentations in which they described the landscape of harm reduction, treatment, and recovery services available for people who use drugs, illustrating good practice and innovative ways of working.

4. Criminal justice and Ireland's legislative framework: The fourth meeting provided an overview of supply-side issues at a national and international level. Members heard about the experiences of those involved in the courts and prisons, and the various options available in those settings for people who use drugs. Contributors also reflected on alternative options to dealing with people who come into contact with the criminal justice system because of their drug use. This meeting addressed a core element of the work of the Assembly: the exploration of possible alternatives to the current legislative framework in Ireland in relation to drugs use. Models explored ranged from maintaining the status quo to legalisation with regulation (see the section on recommended legislative changes below).

5. Prevention strategies and practice: The fifth meeting focused on prevention strategies and practice across a range of settings. It also included presentations on health-led recovery as well as governance and funding options.

6. Conclusions and recommendations: In the sixth and final meeting, members of the Assembly voted through a secret ballot to decide on the Assembly's recommendations to Government. Prior to the meeting, draft ballot statements on the issues that had emerged as priorities for Assembly members were circulated to them for comment. Through an iterative, democratic process, these were amended and then voted on by the Assembly. The outcome of this process is discussed in the next section.

Meeting on prevention strategies and practice

The fifth meeting focused on prevention strategies and practice across a range of national and international settings. Mr Gregor Burkhardt, the EUDA prevention expert, opened the session, providing an EU perspective on prevention. He strongly advocated for evidence-based approaches to prevention. This included a focus on environmental prevention and regulation. Presentations were made by a range of national experts working in the area of prevention, including: health and education policy-makers, criminal justice system representatives, researchers, service providers, a representative of people with lived experience, and local partnership coordinators. These experts provided an overview of what is delivered in the field of prevention in Ireland, identifying gaps and opportunities to improve on the current state of play. Summaries of the presentations made on the day are available in the report (Citizens' Assembly 2024).

Prevention recommendations of the Citizens' Assembly on Drugs Use

The recommendations of the Citizens' Assembly on Drugs Use form the core outcome of the process. Technically the recommendations are only advisory in nature, and the Oireachtas, Government, and judiciary are not obliged to act on them. The report of the Assembly is referred to a committee comprising members of the Oireachtas and Seanad for consideration, with the committee bringing its conclusions to the Houses of the Oireachtas for debate. The Government is obliged to respond to each recommendation of the report in the Oireachtas. For recommendations that it accepts, it is obliged to set out a time frame for their implementation.

The process of drafting and selecting the recommendations illustrated the democratic and iterative nature of the Assembly. Having been presented with a wide range of evidence by contributors, the Assembly identified the issues they considered to be the most important. Related ballot statements were drafted, revised, and finalised to reflect feedback from members. Secret ballots were held where members voted for which of 41 statements would form their recommendations.

In line with the Assembly's terms of reference, the recommendations reflect the legislative, policy, and operational changes that the Assembly considers the State should make to significantly reduce the harmful impacts of illicit drugs on individuals, families, communities, and wider society. In the report, each of the 36 recommendations is accompanied by an explanatory narrative which provides varying degrees of additional details and contextual information. The 36 recommendations are listed in Section T3.1 of the *Policy workbook*, alongside a list of cross-cutting themes. Three of the recommendations specifically focus on prevention:

- Recommendation 27: The national drugs strategy should include a detailed action plan to enhance Ireland's approach to prevention of drug use.
- Recommendation 28: 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.
- Recommendation 29: 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.

See vol. 1, pp. 15–16 (Citizens' Assembly. (2024) Report of the Citizens' Assembly on Drugs Use. Dublin: Citizens' Assembly).

Concluding comment

The final report of the Citizens' Assembly on Drugs Use is an invaluable record of the drugs situation in Ireland in 2023 and its complexities. Drug use is often an emotive and divisive topic, and both members and contributors to the Assembly sometimes held conflicting views on the best approach to take to address the harms drugs can cause. However, the nature of the process provided an opportunity for all perspectives to be heard, and for a comprehensive overview of the evidence base underpinning work in the field to be presented and reflected upon. Furthermore, the comprehensive set of recommendations included in the report indicates an understanding of

the complex nature of drugs use and a commitment to reduce the harms caused, through a compassionate, humane, and health-led approach.

If the Assembly is to have an impact on policy and bring about legislative change on a par with other citizens' assemblies, there will need to be a firm commitment from Government and an increase in the resources provided. Furthermore, there will need to be a new sense of urgency at the highest levels, especially where legislative changes are to be made. Developing the new national drugs strategy provides an opportunity for Government to harness the learning from the Assembly and state a commitment to what is needed to reduce the harms caused. There is an opportunity to build on the innovation, expertise, and commitment of those working across the sector so evident over the course of the Assembly.

2. *Young Ireland: National Policy Framework for Children and Young People 2023-2028*

In November 2023, *Young Ireland: National Policy Framework for Children and Young People 2023-2028* was launched by DCEDIY (Ireland. Department of Health 2023). It sets out the policy direction and key priorities in respect of children and young people (aged 0–24 years) in Ireland across all Government Departments and State agencies to the end of 2028.

Background

Young Ireland (Ireland. Department of Health 2023) is the successor strategy to *Better Outcomes, Brighter Futures: The national policy framework for children & young people, 2014 - 2020* (Department of Children and Youth Affairs 2014a), which was Ireland's first national policy framework for children and young people. Overall, *Young Ireland* reflects a continuation in its aim, focus, and approach when compared to its predecessor. It is grounded in the United Nations (UN) Convention on the Rights of the Child, as ratified by Ireland in 1992. Following an oral presentation to the UN Committee on the Rights of the Child (UNCRC) in Geneva in 2023, a set of concluding observations was published on Ireland's compliance with the Convention. While Ireland was found to have made progress in some areas, it was also criticised under several topic areas, including in relation to non-discrimination, addressing violence, mental health, standards of living, education, and child justice. The authors of *Young Ireland* note that the framework was developed in part as a response to the UNCRC's observations. It is also informed by the Agenda for Sustainable Development as well as other national and international strategies.

Vision and framework

The vision of *Young Ireland* is of "an Ireland which fully respects and realises the rights of children and young people" (Ireland. Department of Health 2023) (p. 8). As laid out in a summary of the framework, it:

- "sets out current issues impacting children and young people identified by them, as demonstrated by the Children and Young People's Indicator Set and as recently highlighted by the UN Committee on the Rights of the Child;
- sets out a programme of work to create an enabling environment to ensure that children and young people are a central part of everyone's agenda;
- announces spotlight programmes to focus on the most significant challenges for children and young people, with resources from across Government;

- re-establishes governance structures where the State will work with civil society partners to provide renewed leadership and impetus to realise existing policy commitments such as First 5, EU Child Guarantee: Ireland’s National Action Plan, the newly announced Child Poverty and Well-being Programme Office, and other major policy initiatives across Government impacting children and young people;
- identifies the priority areas requiring coordinated action across Government; and,
- identifies a number of complementary actions to address issues that were identified during the development of this framework” (Ireland. Department of Health 2023) (p. 2).

Focus on vulnerable young people

While the strategy is concerned with all children and young people, it has a particular focus on those who face additional challenges, including:

“those with a disability; with mental health challenges; living in or at risk of poverty including homelessness; who are members of the Traveller or Roma communities; who are members of the LGBTI+ community; who have suffered abuse or neglect; seeking international protection; from minority ethnic backgrounds; migrant children and young people; living in a single parent household; living in Care or Aftercare; who are young carers; living in a household with substance misuse; or with a family member in prison” (Ireland. Department of Health 2023) (p. 8).

Spotlights

To meet the needs of children and young people who are more vulnerable to poor outcomes, *Young Ireland* identifies an initial set of three ‘spotlights’. Spotlights are “areas which require action across Government, and concentrate on these pressing challenges in a focused, time-bound way” (Ireland. Department of Health 2023) (p. 16). There will be “a concerted effort over a specified period of time to generate the necessary momentum for change” (Ireland. Department of Health 2023) (p. 16). While it is envisaged that more spotlights will be identified in the course of the strategy, the data strongly indicates that the first three should be: child and youth poverty, mental health and well-being for children and young people, and disability services. Child poverty will be the first spotlight for the strategy – it is being delivered through the Programme Office in the Department of the Taoiseach, which will “enhance accountability for actions to address child poverty and well-being, and bring strategic focus to a select number of priority commitments to accelerate implementation” (Ireland. Department of Health 2023) (p. 16). Following this spotlight, the Department of Health will lead on the mental health and well-being spotlight, followed by the one on disability services.

Measuring success

The five national outcomes identified for *Young Ireland* are the same as those of *Better Outcomes, Brighter Futures*. They are that all children and young people will be/will have:

- active and healthy
- achieving in learning and development
- safe and protected from harm
- economic security and opportunity, and

- connected, respected and contributing to their world

These outcomes will be tracked over the course of the strategy using a Children and Young People's Indicator Set which has been developed by DCEDIY. It includes a set of indicators for each outcome. The indicators use data from a range of sources, including administrative survey and census data. For more information on the updated indicator set, see:

<https://www.gov.ie/en/publication/03f4b-children-and-young-peoples-indicator-set/>

Young Ireland and the national drugs strategy

Young Ireland is aligned with Ireland's national drugs strategy which is specifically identified under the outcome of 'safe and protected from harm', in which *Reducing Harm, Supporting Recovery* is cited as one of the existing policies and strategies that complement its work.

3. Drug prevention training

A feature of an effective prevention system is the training of stakeholders (UNODC STANDARDS 2018). Progress in this area in Ireland can be seen through the implementation of the EUPC training programme, albeit to limited numbers thus far.

Prevention is one of the six strategic priorities identified in the mid-term review of Ireland's national drugs strategy, which makes specific mention of the EUPC (Drugs Policy and Social Inclusion Unit 2021). 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.

The EUPC has featured in two contexts in Ireland since the adoption of this strategic priority:

- The Department of Health Prevention and Education Funding Programme is supporting five projects, each of which are required to adhere to international prevention standards.⁴ Staff working on the projects are required to undertake the EUPC training, and this was delivered in May 2024. The Department of Health has actively supported two staff members to take part in the EUPC training courses to the level of being qualified to deliver this training.
- The EUPC is evolving. CDATF was the Irish partner in the European project Frontline Politeia, which completed its work in December 2023. The EUPC training was originally developed with a focus on training decision-, opinion- and policy-makers. This project aimed to develop and implement the EUPC for frontline prevention workers, including teachers, police, and social workers. Based on the EUPC and international standards, the project team developed a 2-day in-person drug prevention training programme, as well as an online learning path with six interactive e-learning modules. CDATF was involved in various stages across the project, including delivering the adapted EUPC training to frontline workers in Ireland. Based on their learnings, CDATF contributed to the further development of the training materials and activities.

Training stakeholders in prevention at a national level will lead to better funding decisions and improved implementation, which should in turn result in more positive outcomes for participants.

4. Sale of Alcohol Bill 2022

This section on the Sale of Alcohol Bill 2022 is a slightly edited version of an extract from *Alcohol: availability, affordability, related harm, and policy in Ireland* (Doyle et al. 2024b) (pp. 89–90).

As reported on in the 2023 *Prevention workbook*, the Sale of Alcohol Bill 2022 was published by the Department of Justice in late 2022, partly in response to the economic impact of the COVID-19 pandemic on the night-time economy and in order to revive same. The Bill also aims to streamline the liquor licensing process, much of which is based on very outdated legislation (Revenue, Irish Tax and Customs. Revenue Irish Tax and Customs - Excise Licences.

<https://www.revenue.ie/en/corporate/information-about-revenue/statistics/excise/licences/excise-licences.aspx> (accessed 19 October 2022). The Minister for Justice has since proposed to divide the Bill into two strands, one to be a shorter reform Bill, the Intoxicating Liquor Bill 2024, where extended opening hours are one of several features.

The original Sale of Alcohol Bill 2022 focuses on modernising the liquor licensing laws. In relation to public health, however, many aspects of the Bill conflict with the Public Health (Alcohol) Act 2018, as it proposes to make alcohol more freely available, not only through additional venues being licensed to sell liquor but also through extended opening hours. To date, opening hours for licensed premises have been governed by the Intoxicating Liquor Act 2003; the current opening hours and the proposed opening hours as outlined in the Sale of Alcohol Bill 2022 are displayed in Table 3.1.1. If passed, the Bill will make extending opening hours a simplified process, and nightclubs will be permitted to stay open and serve alcohol until 5.00 am (currently they are permitted to stay open and serve alcohol until 2.30 am) (Office of the Attorney General. Intoxicating Liquor Act. 2008. <https://www.irishstatutebook.ie/eli/2008/act/17/enacted/en/htm>).

Table 3.1.1 Current and proposed opening hours for licensed premises

	Current opening hours		Proposed opening hours	
	On-trade	Off-trade	On-trade	Off-trade
Monday–Thursday	10.30 am–11.30 pm	10.30 am–10.00 pm	10.30 am–12.30 am	10.30 am–10.00 pm
Friday and Saturday	10.30 am–12.30 pm	10.30 am–10.00 pm	10.30 am–12.30 am	10.30 am–10.00 pm
Sunday and St Patrick’s Day	12.30 pm–11.00 pm	12.30 pm–10.00 pm	10.30 am–11.00 pm	10.30 am–10.00 pm
Nightclubs	Closing time 2.30 am		Closing time 6.00 am	

Under the Sale of Alcohol Bill 2022, the extinguishment requirement – that anyone wishing to open a new pub or off-licence must first purchase a licence from an existing outlet – would be abolished. Under the extinguishment requirement, those licences could then be transferred to another location in any part of the country, thus maintaining a constant number of licences throughout the country. The enactment of the Bill is likely to result in many more venues (referred to in the Bill as ‘cultural amenities’) applying for and being granted a liquor licence, thus increasing the availability of alcohol (Babor 2023).

The Sale of Alcohol Bill 2022 would strengthen the law around the distance sale of alcohol, so that those delivering alcohol to a home or venue must confirm that the person receiving the alcohol is

aged 18 years or over, but no further checks would be required in order to ensure that they are the person who will be consuming the alcohol. Public health advocates argue that the Bill undermines the Public Health (Alcohol) Act 2018, and many submissions were made during the Bill consultation process to highlight the dangers associated with increased alcohol availability and the risks this would pose to public health. Public health advocates have called for a health impact assessment to consider the findings elsewhere that indicate that extending opening hours and making alcohol more available is associated with increased alcohol-related harms (Rossow and Norström 2012).

At the time of writing (September 2024), the Bill had yet to be passed, and it continues to be the subject of much debate, particularly in the context of the ongoing call for a health impact assessment to be carried out before its passing through the legislature.

5. Public Health (Tobacco Products and Nicotine Inhaling Products) Act 2023

In December 2023, the Public Health (Tobacco Products and Nicotine Inhaling Products) Act was signed into law: <https://www.irishstatutebook.ie/eli/2023/act/35/enacted/en/html>. The Irish Government recognises the addictive nature of nicotine and had committed to taking a more restrictive approach to vaping and other routes of nicotine use. The Act introduces 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. Some of the key features of the legislation are that it:

1. Regulates any product that can be used for the consumption of nicotine-containing vapour or any component of that product
2. Bans the sale of nicotine inhaling products to those aged under 18 years. The offence carries a penalty of a fine of up to €4,000 and/or up to a 6-month term of imprisonment.
3. Prohibits 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. Prohibits advertisements for e-cigarettes on public transport and near schools
5. Introduces minimum suspension periods for retailers convicted of offences, and
6. Introduces fixed penalty notices for offences.

6. Gambling Regulation Bill 2022

Comprehensive legislation focused on gambling continues to make its way through the Irish legislature. It was expected to be enacted before the end of 2023 but has been the subject of heavy lobbying by the industry. 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 of its features 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)

7. Forthcoming prevention programmes for 2024/25

Communities that Care (in one location) and Unplugged (in two areas) are at the early stages of implementation in the Irish context. Also at an early planning stage is the application of the United Nations Office on Drugs and Crime's Review of Prevention Systems (RePS) model in the Irish context. There will be more to report in next year's report to EUDA.

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

Below is a set of publications from 2023–2024 that do not relate to prevention interventions but provide a context for environmental prevention interventions in Ireland. They illustrate the concentration of retail alcohol licences in areas of social deprivation and the harms caused by alcohol, including the demands placed on Ireland's EDs.

1. 'Overview of alcohol consumption, alcohol-related harm and alcohol policy in Ireland'
2. 'A spatial examination of alcohol availability and the level of disadvantage of schools in Ireland'
3. 'Alcohol-related emergency department presentations and hospital admissions following minimum unit pricing in Ireland'
4. 'Seeing in the years – alcohol attitudes and behaviours in Ballymun, 2011–2023'

1. 'Overview of alcohol consumption, alcohol-related harm and alcohol policy in Ireland'

This section is a summary of an overview of alcohol issues in Ireland. In the context of the potential for environmental prevention interventions, of particular interest is the finding that geospatial analysis of liquor licences in Ireland found that there are almost twice as many liquor licences in areas of higher deprivation as there are in more affluent areas. Another finding is that Ireland's proposed Sale of Alcohol Bill 2022 aims to streamline the liquor licensing process, in order to extend opening hours and increase alcohol availability, in conflict with the aims of the Public Health (Alcohol) Act (2018). More detail on the proposed Bill and the associated concerns is included in Section T3.1 of this workbook.

The text below is the summary of the overview as it appears in the report: Doyle A, Mongan D, Galvin B, (2024) *Alcohol: availability, affordability, related harm, and policy in Ireland*. HRB Overview Series 13. Dublin: Health Research Board (Doyle et al. 2024b). An electronic copy is available at: <https://www.drugsandalcohol.ie/40465> (pp. 1–8).

Summary

Alcohol use is the ninth leading risk factor for both deaths and disability-adjusted life years (DALYs) globally and is the leading risk factor among those aged 25–49 years. Alcohol use is responsible for over 5% of all deaths annually and causes many conditions, such as alcohol dependence and alcohol-related liver disease, as well as common health conditions, including cardiovascular disease

and cancer. Historically, Ireland has had a high level of alcohol use, and harmful drinking patterns have been the norm for many, but the situation is slowly changing.

The COVID-19 pandemic affected our lives, including our alcohol use behaviours, in so many ways, and it will take years to fully realise the effects of these behavioural shifts. Many components of the Public Health (Alcohol) Act 2018 were being commenced as the pandemic continued. The Act places Ireland at the forefront of countries observing the WHO's recommendations regarding best practices for reducing population-level alcohol use and related harms. The concurrent implementation of the Act during the COVID-19 pandemic has made monitoring the impact of this legislation complicated. However, the HRB will continue to observe alcohol use and trends, as well as the consequences of our alcohol use, by collecting information on the alcohol epidemiological indicators through the publishing of these overviews on the current situation with regard to alcohol use and related harms in Ireland. This is the fifth alcohol overview that the HRB has undertaken.

Data sources

The data in this overview are based on published Irish and international literature and existing information systems and surveys. We used the HRB National Drugs Library to identify and access Irish literature on alcohol. Data from surveys – including the Healthy Ireland surveys, the National Drug and Alcohol Survey (NDAS), and the Planet Youth survey – were used in order to describe the prevalence of alcohol use among various populations. We examined the consequences of alcohol use using a variety of information systems, including the Hospital In-Patient Enquiry (HIPE) scheme; the National Drug-Related Deaths Index (NDRDI); the Global Burden of Disease (GBD) study; the National Drug Treatment Reporting System (NDTRS); the National Psychiatric Inpatient Reporting System (NPIRS); the National Self-Harm Registry Ireland; the Primary Care Reimbursement Service; the Police Using Leading Systems Effectively (PULSE) system; the National Cancer Registry Ireland; and Revenue. The latter allowed us to calculate per capita alcohol use as well as liquor licence prevalence.

Purpose

This overview updates the information contained in the previously published overviews and provides new sources of alcohol-related information where available. This examination of the literature and data assesses the current situation in Ireland regarding alcohol use and harm, as well as policy responses; it analyses trends over time; and it can contribute towards assessing the impact of the Public Health (Alcohol) Act 2018. The overview is intended to be a reference document and to signpost readers to the data sources available.

Alcohol use in Ireland

In 2023, per capita alcohol use per person aged 15 years and over in Ireland was 9.9 litres of pure alcohol; this corresponds to 37 bottles (700 millilitres (mL)) of vodka, 104 bottles (750 mL) of wine, or 400 pints of beer (with an alcohol by volume (ABV) concentration of 4.3%). Per capita alcohol use has decreased since 2022 (10.2 litres), and it remains lower than the pre-pandemic levels recorded in 2019 (10.8 litres). As survey data indicate that approximately one-third of the population of Ireland abstains from alcohol completely, those who drink alcohol are consuming even greater quantities than what is indicated by per capita estimates. Since the last overview published in 2021, Ireland's per capita alcohol use has dropped from the 9th highest among 38

Organisation for Economic Co-operation and Development (OECD) member countries to the 16th highest.

Ireland's low-risk alcohol guidelines remain unchanged despite advice from the WHO that no level of alcohol use is safe. Because the majority of alcohol use now takes place in the home, it is increasingly difficult for drinkers to monitor their alcohol use.

Patterns of alcohol use in Ireland

Patterns of alcohol use are measured through prevalence surveys, including the Healthy Ireland surveys and the NDAS. Although approximately one-half of drinkers in Ireland can be classified as hazardous drinkers (65.7% of males and 36.5% of females), a decline in this pattern of drinking has been observed since 2010. More than one-half (52%) of drinkers drink at least once per week, and 32% reported drinking multiple times per week.

The COVID-19 pandemic had a profound effect on many people's lives, and drinking patterns changed for some during this period. The Healthy Ireland surveys in 2021 and 2022 found that 13% of respondents reported drinking more since the beginning of COVID-19 restrictions, more commonly reported among those aged 35–44 years (18.6%) and among females (14.0%) compared with males (11.8%). Of concern was the finding that parents of children aged under 18 years were more likely to report an increase in their alcohol use since the beginning of the pandemic (16.4%) compared with those without children aged under 18 years (11.5%). This difficult period may have resulted in some using alcohol to cope with the situation. The Healthy Ireland Survey 2021 found that, of those who had increased their alcohol use since the beginning of the COVID-19 pandemic, 19.8% reported that their mental health had worsened, 25.2% reported that their sleep was negatively affected, and 27.5% reported that their energy levels were negatively affected.

Alcohol use and drinking patterns among children and young people

Central to the Public Health (Alcohol) Act 2018 is preventing or delaying alcohol use among children and young people. There has been a delay in the initiation of alcohol use among children, from 15.6 years of age to 16.6 years, between 2002 and 2019. A decline in the number of young people who drink during this period was also observed: in 2002, 17.7% of 15–24-year-olds were non-drinkers compared with 28.2% in 2019, and not drinking was more common among females (31.5%) than males (25.0%) in this age group. However, it is important not to become complacent about alcohol use among young people, as a high percentage (64%) of young people drink in a hazardous manner (a pattern of alcohol use that places the individual at risk of adverse health events), and 46% reported heavy episodic drinking (HED) on a typical drinking occasion. Among a sample of adolescents aged 14–16 years, 29% reported that they had been drunk in their lifetime, and 13% reported having been drunk in the previous month. Of those aged 15–24 years, 37.5% can be classified as having an alcohol use disorder (AUD).

The evidence indicates a number of risk and protective factors associated with alcohol use among children and young people, including age of initiation, sexual orientation, participating in sports or the arts, exposure to alcohol marketing, socio-economic status, parental alcohol use, conflict in the home, and school experiences.

Alcohol availability in Ireland

In 2021, there were close to 15,000 premises that had a liquor licence in Ireland, which corresponds to 1 liquor licence for every 345 people nationally; 73% of the population of Ireland lives within 300 metres of a liquor licence. A decrease in the number of pub licences (-20% over

the 18-year period from 2003 to 2021) has been offset with a 95% increase in the number of off-licences in the same period. Despite the decline in the number of pubs in Ireland, we still rank third highest for the number of pubs per capita in the world: there is 1 pub for every 684 adults nationally. Geospatial analysis of liquor licences in Ireland reveals that liquor licences are more common in areas of higher deprivation, with almost twice as many liquor licences per capita in such areas compared with more affluent areas.

Alcohol affordability and expenditure

Unsurprisingly, the price and affordability of alcohol influences how much we drink: the more affordable alcohol is, the more is consumed. The cost of alcohol in Ireland is the fourth highest in the EU – and Irish households spent €2.9 billion on off-trade alcohol in 2021 (equivalent to 0.7% of Ireland's gross domestic product). The average Irish household spent more money on alcohol for consumption at home than on alcohol for consumption outside the home. Despite the rising costs, in 2019 Ireland had the second most affordable alcohol of OECD members.

The cost-of-living crisis has affected most households in Ireland, and consumer goods have continued to increase in price, most notably housing, water, electricity, gas, and other fuels increasing in price by 16.9% from September 2022 to September 2023. In comparison, the cost of alcohol increased by 4.5% in off-licences and by 7.3% in licenced premises in the same time period. In the 10-year period from 2013 to 2023, the price of a pint of draught lager in licenced premises increased by €1.51; in the off-trade, the largest price increase observed was for a 700 mL bottle of brandy (which increased by €17.79) or vodka (which increased by €6.36). Although alcohol prices have increased, the price of alcohol purchased in licenced premises has kept in line with inflation, whereas alcohol purchased in the off-trade has remained unchanged since 2003 when considering inflation.

Alcohol-related harm

Alcohol-related harm can be caused not only by the volume of alcohol consumed but also by patterns of drinking, and it can include harms to health, violence, and social harms. An effective estimate of alcohol-related harm is the number of hospitalisations due to alcohol use. In Ireland, the HIPE scheme collects clinical and administrative data on discharges (including deaths) from acute Irish hospitals. For this overview, we examined all alcohol-related discharges that were wholly attributable to alcohol. The number of alcohol-related hospitalisations increased by 16.4% between 2001 and 2021, from 16,219 to 18,877. However, when considering the population growth in Ireland during this period, these numbers represent a 17.1% decrease per 100,000 of the population. Adjusting for population growth, rates of alcohol-related liver disease per 100,000 of the population have increased by 79.9% in the 20-year period from 2001 to 2021.

Survey data indicate that more than one-quarter (27.6%) of drinkers aged 15–24 years reported experiencing harm due to their own alcohol use in the 2019–2020 NDAS. Hazardous or harmful drinkers were more likely to report experiencing harm from their own drinking, with accidentally hurting oneself (10.2%) and harms to health (8.0%) being the most common harms reported. One in every 10 respondents reported experiencing harm to family (10.8%), and 6.0% reported having been a passenger with a drunk driver as examples of harms experienced from others' drinking.

Alcohol use and mental health

Globally, alcohol use was associated with 27% of suicides and self-harm incidents in 2019. In Ireland, alcohol was found to be associated with one-third of self-harm hospital presentations in

2020, and a regional study found that alcohol was present in the toxicology reports of 44% of suicide cases.

Alcohol-related crime in Ireland

We examined alcohol-related crime using data from the PULSE system. In 2022, there were 5,527 incidents recorded on PULSE for drink-driving; 9,917 incidents of 'drunkenness'; and 237 liquor licensing incidents. Between 2012 and 2022, there was a 31.3% decrease in the number of drink-driving incidents recorded on PULSE and a 12.5% increase for incidents of drunkenness, although trends should be interpreted with caution due to data quality issues with earlier PULSE data.

Probation Service data indicate that it is common for clients to have a history of substance use problems. For 42% of male and 32% of female clients of the Probation Service, alcohol use was found to be connected to the crime for which they had been referred to the Probation Service. This is a decrease from the previous Probation Services report published in 2012, which found 71.3% of clients reported that their alcohol use was linked to the offence perpetrated.

Alcohol and gambling

At-risk or problem gambling was found to be more prevalent among those who reported monthly HED and those with possible AUD. Gambling and alcohol use were found to be closely connected when examining cases who presented for treatment for their problem gambling.

Alcohol-related mortality in Ireland

Data from the NDRDI indicate that approximately three people die every day in Ireland as a direct result of alcohol use. The GBD study estimates that, when accounting for partially attributable alcohol-related deaths, this increases to four people dying in Ireland every day due to alcohol. The GBD study indicates that alcohol use has risen from being the 13th leading cause of death in the population of Ireland in 1990 to the 8th leading cause of death in 2019.

Alcohol treatment

We analysed alcohol treatment using data from the NDTRS and the NPIRS. Between 2015 and 2022, the number of cases that received treatment for alcohol as the main problem drug decreased by 2.6%. The most common treatment intervention received is brief intervention, followed by counselling and detoxification from alcohol. Treatment for alcohol is commonly delivered in a community setting. However, for some, psychiatric treatment in a hospital setting is necessary. According to data from the NPIRS, there were 806 cases admitted to psychiatric hospitals with an alcohol-related diagnosis in 2022. However, this figure does not include those receiving treatment in residential treatment settings.

Alcohol policy in Ireland

The most important development in alcohol policy in Ireland in recent years has been the enactment of the Public Health (Alcohol) Act 2018. The Act, based on the WHO's 'best-buy' recommendations, sees alcohol as a public health issue and is world-leading in addressing alcohol use at a population level. This section examines evidence from other jurisdictions that have implemented similar legislation, for example, MUP and its impact in Scotland. It also considers the proposed Sale of Alcohol Bill 2022, which aims to streamline the liquor licensing process, extend opening hours, and increase alcohol availability, in conflict with the aims of the Public Health (Alcohol) Act.

Conclusion

The data presented in this overview indicate that there have been changes in alcohol use behaviours since the previous HRB alcohol overview was published in 2021. The observed trends in use and harm provide important contexts for considering policy impacts, but there is considerable uncertainty regarding this. Despite the Department of Health's aim to reduce per capita alcohol use to 9.1 litres, Ireland still has a high level of per capita alcohol use that remains well above the current HSE low-risk drinking guidelines. Hazardous and harmful alcohol use remains commonplace, and this overview shows its consequences, which include alcohol-related hospitalisations, alcohol-related deaths, and the necessity to receive treatment for problem alcohol use. This overview also explores the availability of alcohol and indicates that it is easily available for the population, and that alcohol remains affordable despite price increases.

The Public Health (Alcohol) Act in 2018 is ground-breaking legislation that aims to tackle population-level alcohol use, with a particular focus on protecting children and young people from alcohol-related harms. Implementation of the final components of the Act will benefit people's health, as well as reduce pressure on the healthcare system, resulting in fewer premature deaths. We will continue to monitor per capita alcohol use and alcohol-related harms in Ireland through our overviews.

2. 'A spatial examination of alcohol availability and the level of disadvantage of schools in Ireland'

Doyle, Anne (2024) A spatial examination of alcohol availability and the level of disadvantage of schools in Ireland. *Drugnet Ireland*, Issue 88, Summer 2024, pp. 13-14.

<https://www.drugsandalcohol.ie/41270/>

Background

Among school children and young adults aged 10–24 years, alcohol use was the second leading risk factor attributable to deaths and disability-adjusted life years (DALYs) globally in 2019. Alcohol use is common among adolescents in Ireland. By the age of 17 years, 4 in 5 adolescents have consumed alcohol, and a *Lancet* study examining 195 countries ranked adolescent girls in Ireland third highest (adolescent boys in Ireland were ranked fourth highest) for rates of HED. The Public Health (Alcohol) Act 2018 has the interest of children at its core, as not only does it aim to reduce population-level alcohol use and related harms, but it also specifically aims to prevent and delay alcohol use among children. This is why Section 14 of the Act prohibits alcohol advertising within 200 metres of the perimeter of schools, playgrounds, and child service locations. However, not included in the legislation is signage or sponsored awnings, partitions, umbrellas, etc. with logos of alcohol products on premises selling alcohol (e.g. shops and pubs, etc.).

The presence of licensed premises in a community (including the school community) normalises alcohol use, and their exposure to schoolchildren in the form of proximity and density has been found to be associated with early alcohol initiation, higher rates of adolescent drinking, truancy, lower academic achievement, and disruptive behaviour in class.

The Sale of Alcohol Bill 2022 proposes to increase alcohol availability in an attempt to revive the night-time economy following the COVID-19 pandemic. Considering this proposed legislation and

the alcohol harm paradox (those living in more deprived communities are more susceptible to the negative consequences of alcohol use, despite drinking the same or less than those from more affluent areas), this study sought to examine the density and proximity of liquor licences in relation to schools in Ireland. It specifically sought to establish whether this differs depending on the level of disadvantage of the school based on its DEIS status versus non-DEIS status (Doyle et al. 2024a).

Methods

The addresses of all 3,958 schools, including 966 DEIS primary schools and 235 DEIS secondary schools, and all licensed premises (n=14,840) in Ireland were geocoded and analysed using Geographic Information System software. The number of licensed premises within 300 metres of each school type was examined. Mann–Whitney U tests, Kruskal–Wallis tests, and Dunn–Bonferroni tests were conducted to specifically examine the significance between DEIS and non-DEIS levels of disadvantage, and primary schools compared with secondary schools.

Results

The mean number of licensed premises within 300 metres of all Irish schools was 2.01: it was 1.75 for non-DEIS schools and 2.61 for DEIS schools. The higher number of licensed premises in close proximity to disadvantaged schools compared with non-disadvantaged schools was statistically significant ($p < 0.001$).

DEIS primary schools were further classified according to their level of disadvantage, and the results indicated that the schools classified as the most disadvantaged had a significantly greater number of liquor licences within 300 metres of their perimeters ($p < 0.001$). However, there was no significant difference in density of licensed premises when comparing disadvantaged secondary schools with non-disadvantaged secondary schools ($p = 0.705$).

Conclusion

This examination of licensed premises and their proximity to schools is the first of its kind in Ireland, and it is important in light of the proposed legislation to increase alcohol availability. The findings from this study indicating higher alcohol availability in areas of deprivation align with those from studies in other jurisdictions. This is also an important factor to consider given that individuals in more deprived areas are more likely to experience alcohol-related harms. Further research is warranted to understand the drinking behaviours of schoolchildren attending schools with a higher density of licensed premises within the school's vicinity.

3. 'Alcohol-related emergency department presentations and hospital admissions following minimum unit pricing in Ireland'

The article summarised below is valuable in illustrating the level of harm caused by alcohol in Ireland in the context of ED presentations and admissions. However, the methodological limitations prevent it from being a valuable assessment of the impact of MUP in the Irish context.

Doyle, Anne (2024) *Alcohol-related emergency department presentations and hospital admissions following minimum unit pricing in Ireland. Drugnet Ireland, Issue 87, Winter 2024, pp. 13-14.* <https://www.drugsandalcohol.ie/40660/>

Background

In January 2022, Ireland introduced minimum unit pricing (MUP) at €1.00 per 10 grams of alcohol as per Section 11 of the Public Health (Alcohol) Act 2018 (Office of the Attorney General 2018). The Act was introduced in response to the high level of alcohol use and related harms in Ireland. Alcohol-related hospital discharges are collected through the Hospital In-Patient Enquiry (HIPE) Scheme; however, the burden of alcohol-related harm in EDs in Ireland is largely unknown, as this information is not routinely collected (Healthcare Pricing Office 2004). One study in 2018 estimated that 6% of ED presentations are alcohol related (McNicholl et al. 2018). A study by Maharaj *et al.* in 2024 sought to determine the impact of alcohol on ED presentations and hospital admissions, and to investigate if the introduction of MUP impacted such presentations or admissions (Maharaj et al. 2024).

Methods

The study author was stationed in the ED of Beaumont Hospital, Dublin for two periods: one before the commencement of MUP (November–December 2021) and again following the commencement of MUP (February, March, and April 2022). The author carried out interviews with those who presented to ED, which included questioning patients about their clinical history and the type of alcohol they usually consumed, as well as administering the Alcohol Use Disorders Identification Test-Concise (AUDIT-C) to determine their drinking patterns (Babor et al. 2001).

Results

In Period 1, 364 patients were interviewed, while 361 patients were interviewed in Period 2. Alcohol-related presentations accounted for 19.4% of all ED presentations. Males accounted for 63.1% of alcohol-related presentations and females 36.9%; those aged 40–50 years were more associated with alcohol-related ED presentations compared with other age groups.

The median AUDIT-C score for alcohol-related presentations was 9 (3 for overall sample). Wholly alcohol-attributable presentations were more common on Thursdays and Saturdays, and the most common purpose of the ED visit was for acute injuries (32.6%), chest complaints (19.1%), and mental health queries (16.3%). Beer was the beverage preferred by 40.5% of the sample and wine by 24.0%.

In Period 1, 22.8% of ED presentations were alcohol related, while in Period 2 it had reduced to 16.1%. However, acute wholly alcohol-related presentations increased by 19.8% between Periods 1 and 2. Of all admissions to hospital, 17.3% were alcohol related (3.1% wholly alcohol attributable); the number decreased between Period 1 (19.7%) and Period 2 (14.0%), although this decrease was not statistically significant.

Discussion

This study demonstrates the extent of the burden that alcohol places on Beaumont Hospital. Although the study found a significant reduction in alcohol-related ED presentations following the commencement of MUP, alcohol-related hospital admissions did not decrease. The authors recommend the instruction of cost-effective alcohol care teams (ACTs) in Irish hospitals in order to reduce alcohol-related ED presentations, hospital admissions, and mortality.

4. 'Seeing in the years – alcohol attitudes and behaviours in Ballymun, 2011–2023'

Doyle, Anne (2024) Seeing in the years – alcohol attitudes and behaviours in Ballymun, 2011–2023. Drugnet Ireland, Issue 88, Summer 2024, pp. 32-34.

<https://www.drugsandalcohol.ie/41281/>

Background

The Ballymun Community Alcohol Strategy, part of the Ballymun Local Drugs and Alcohol Task Force, aims to use a public health approach to reduce alcohol-related risk to the community's health, safety, and well-being. One of the objectives of the strategy is to monitor alcohol use, behaviours, and attitudes through surveys. The most recent survey was conducted by Ipsos B&A in 2023, an update to those carried out in 2011, 2015, and 2019, and examines what, if anything, has changed (Ballymun Local Drugs and Alcohol Task Force and Ipsos B&A 2024).

Methods

A representative sample of the adult population (aged 15 years and over) of Ballymun in Dublin was surveyed in August–September 2023 in order to examine alcohol use trends, relevant community issues, and the policy context.

Findings

Alcohol use in Ballymun

In 2023, alcohol use was reported by 77% of respondents in Ballymun (80% males versus 74% females), a decrease from 83% in 2011 and 78% in 2019 but still higher than that reported by the nationally representative sample in the 2023 Healthy Ireland Survey (70%) (Ipsos B&A 2023).

Almost 1 in 5 of the Ballymun sample reported drinking alcohol 2–3 times per week (19%), and 2% reported drinking on a daily basis. An increase in HED was noted in 2023 (46%) compared with 2019 (36%), substantially higher than the national average reported in the Healthy Ireland Survey 2023 (24%).

In 2023, over one-third of drinkers reported alcohol initiation (beyond sips and tastes) before 16 years of age (34%). In 2011, the equivalent figure was 26%.

The majority of drinkers reported typically drinking with friends (64%), followed by with a spouse, partner, or other family member (23%). The number of respondents who reported typically drinking on their own increased from 3% in 2015 to 10% in 2023. A person's own home was the most common location for alcohol use in 2023 (38%) followed by a pub, bar, or club in the local area (33%).

Approximately 10% of respondents reported using a drink delivery service (9%), compared with 19% in 2019.

Impact of own alcohol use

Respondents were asked to indicate if they perceived that their alcohol use was having an impact on their life:

- 24% said that their family or friends told them about things they said or did while drinking that they could not remember.
- 24% said that they had a feeling of guilt or remorse after drinking.
- 19% said that they failed to do what was normally expected of them because of their drinking.
- 6% said that they sometimes drink alcohol when first getting up in the morning.
- 23% felt that their drinking harmed their health.
- 19% felt that they should cut down on their drinking.
- 12% felt that their drinking harmed their home life or marriage.
- 10% felt that their drinking harmed their friendships or social life.
- 9% used other drugs while drinking (most commonly cannabis and/or cocaine).
- 8% got into a physical fight when they had been drinking.
- 7% felt that their drinking harmed their work or studies.
- 2% had been in an accident when they had been drinking.

In Ballymun, a higher percentage of respondents reported having been in a fight when they had been drinking (8%) compared with the national figure (3%). Similarly, 12% of respondents in Ballymun reported that their drinking harmed their home life or marriage, compared with 3% nationally. This may be evidence of the alcohol harm paradox, the observation that people living in areas of higher deprivation experience greater alcohol-related harm than those in more affluent areas, even when they drink the same amount of alcohol (Bloomfield 2020).

Impact of others' alcohol use

Respondents in Ballymun also experienced a higher level of negative consequences from other people's alcohol use compared with the national average. For example, 19% of respondents in Ballymun had experienced family problems due to someone else's drinking, compared with 11% nationally. In Ballymun, 12% had been hit or assaulted by someone who had been drinking, whereas this figure was 5% nationally. Some 15% had had property vandalised by someone who had been drinking, compared with 4% nationally, and 12% had had financial trouble because of someone else's drinking, compared with 3% nationally.

Attitudes towards alcohol

Compared with the 2019 survey (51%), the percentage of respondents who felt that it is acceptable for parents, relations, or family friends to let children aged 16–17 years drink alcohol in the child's home has fallen in 2023 to 37%; 12% felt that it is acceptable to let children aged 15 years drink alcohol in the child's home. The percentage of respondents who felt that it is acceptable to buy alcohol for someone aged 16–17 years has also declined (from 38% in 2019 to 20% in 2023), and 4% felt that it is acceptable to buy alcohol for a 15-year-old.

Perception of alcohol in the Ballymun community

The percentage of respondents who considered that the following alcohol-related situations were a 'very big problem' or a 'fairly big problem' in their local community of Ballymun were as follows:

- Underage drinking – 57%
- Teenagers drinking on the streets or in parks – 51%
- Alcohol-related violence (fights or assaults) – 48%
- Adults drinking in public – 45%
- Drink-driving – 28%.

Alcohol policy perception

Support for alcohol legislation and policies was high. Some 91% agreed (on a scale of from a little – strongly) that advertising of alcohol on television and radio should be confined to after 9.00 pm to protect children. To gauge support for the proposed legislation in the form of the Sale of Alcohol Bill 2022, some 64% felt that extending the hours at which alcohol can be sold will have a negative effect on public health, public safety, and public order.

Conclusion

The data from Ballymun indicate that alcohol use is commonplace, as are hazardous and harmful drinking patterns. The increase in HED since the last survey is an issue of concern, as is the substantially higher than nationally reported incidence of HED in Ballymun. As valuable and necessary as the national picture is, it is also important to understand alcohol use and related harms in smaller communities, especially those susceptible to alcohol-related harms, such as Ballymun. The data highlight the importance of continued focus and areas where specific responses need to be strengthened.

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.

Nothing to add

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:

CSO: www.cso.ie

DCEDIY: <https://www.gov.ie/en/organisation/department-of-children-equality-disability-integration-and-youth/>

Department of Education: 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

HSE: www.HSE.ie

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

HRB National Drugs Library: www.drugsandalcohol.ie

Irish legislation: www.irishstatutebook.ie

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

AAI: <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.

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