



**Report of the Working Group on Educational  
Materials for use in SPHE in Post- Primary  
Schools and Centres for Education with  
particular reference to Substance Use Education  
in the context of SPHE**

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## **Abbreviations/Acronyms**

<b>CPD</b>	<b>Continuing Professional Development</b>
<b>CSPE</b>	<b>Civic, Social and Political Education</b>
<b>DAG</b>	<b>Drugs Advisory Group</b>
<b>DCYA</b>	<b>Department of Children and Youth Affairs</b>
<b>DEIS</b>	<b>Delivering Equality of Opportunity in Schools</b>
<b>DES</b>	<b>Department of Education and Skills</b>
<b>DEWF</b>	<b>Drug Education Workers Forum</b>
<b>ESL</b>	<b>Early School Leaver</b>
<b>ESPAD</b>	<b>The European School Survey Project on Alcohol and other Drugs</b>
<b>ETB</b>	<b>Education and Training Board</b>
<b>EU-DAP</b>	<b>European Union Drug Addiction Prevention Trial</b>
<b>FÁS</b>	<b>Foras Áiseanna Saothair</b>
<b>HBSC</b>	<b>Health Behaviour in School-Aged Children (Study)</b>
<b>HSCL</b>	<b>Home-School Community Liaison (Scheme)</b>
<b>HSE</b>	<b>Health Service Executive</b>
<b>ICT</b>	<b>Information and Communications Technology</b>
<b>JCF</b>	<b>Junior Cycle Framework</b>
<b>JCT</b>	<b>Junior Cycle for Teachers</b>
<b>LDTF</b>	<b>Local Drug and Alcohol Task Force</b>
<b>LST</b>	<b>Life Skills Training</b>
<b>MAC</b>	<b>Management Advisory Committee</b>
<b>NACD</b>	<b>National Advisory Committee on Drugs</b>
<b>NCCA</b>	<b>National Council for Curriculum and Assessment</b>
<b>NCC_DATF</b>	<b>National Co-Ordinating Committee for Drug and Alcohol Task Forces</b>
<b>NEPS</b>	<b>National Educational Psychological Service</b>
<b>NEWB</b>	<b>National Educational Welfare Board</b>
<b>NREPP</b>	<b>National Register of Evidence-Based Programmes and Practices (USA)</b>
<b>NUIG</b>	<b>National University of Ireland Galway</b>
<b>NYCI</b>	<b>National Youth Council of Ireland</b>

<b>NYHP</b>	<b>National Youth Health Programme</b>
<b>OFD</b>	<b>Oversight Forum on Drugs</b>
<b>PDHPE</b>	<b>Personal Development, Health and Physical Education (Australia)</b>
<b>PDST</b>	<b>Professional Development Service for Teachers</b>
<b>PE</b>	<b>Physical Education</b>
<b>RDTF</b>	<b>Regional Drug and Alcohol Task Force</b>
<b>RSE</b>	<b>Relationships and Sexuality Education</b>
<b>SAS</b>	<b>School Attending Student</b>
<b>SCP</b>	<b>School Completion Programme</b>
<b>SHAHRP</b>	<b>Schools Alcohol Harm Reduction Programme</b>
<b>SMPP</b>	<b>Substance Misuse Prevention Programme</b>
<b>SPHE</b>	<b>Social, Personal and Health Education</b>
<b>SOLAS</b>	<b>An tSeirbhís Oideachais Leanúnaigh agus Scileanna (the Further Education and Training Authority)</b>
<b>SSP</b>	<b>School Support Programme</b>
<b>STAMPP</b>	<b>SHAHRP Talking [to Children about tough issues] Alcohol Misuse Prevention Programme</b>
<b>UNICEF</b>	<b>United Nations [International] Children’s [Emergency] Fund</b>
<b>VEC</b>	<b>Vocational Education Committee</b>
<b>WHO</b>	<b>World Health Organisation</b>

## **Executive Summary and Recommendations**

### **Commitment in the Programme for Government, 2011-2016**

The Programme for Government, *Government for National Recovery 2011-2016*, (March 2011) contains a commitment to:-

*“update the out-dated drugs awareness programmes in schools to reflect current attitudes and reality of recreational drug use amongst teens.”*

In April 2011, in response to the commitment in the Programme for Government, the Department’s Management Advisory Committee (MAC) approved the setting up of a Working Group to examine the materials used in the delivery of Social, Personal and Health Education (SPHE), with particular reference to the *On My Own Two Feet* resource materials.<sup>1</sup>

The MAC also approved the terms of reference for the Working Group (p. 5).

### **Overview of Report**

#### **Context**

This Report sets out the current context for SPHE in Chapter Two. It notes the approval of an integrated SPHE curriculum for Junior Cycle in 2000 along with the establishment of the SPHE Post-Primary Support Service which was a collaborative initiative with the Department of Health. The SPHE Curriculum was introduced to primary schools from 1999 and the SPHE curriculum for post-primary schools was introduced in 2003.

Substance use<sup>2</sup> education is not delivered in isolation but is an integral part of SPHE and can be directly relevant to other subject areas, such as Physical Education (PE) and Home Economics.

#### **Literature Review**

A comprehensive literature review was undertaken and is summarised in Chapter Three of the Report. It includes a review of both national and international reports. In summary, the review found that “holistic, multi-element programmes incorporating whole-school, parent and community support components, along with a harm reduction approach, appear to offer considerable advantages to substance use education programmes for young people”(page 40).

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<sup>1</sup> *On My Own Two Feet Educational Resource Materials for Substance Abuse Prevention* was developed and published by the Department of Education and Skills in 1994.

<sup>2</sup> Throughout this report, ‘substance use’ is the preferred usage, encompassing the related terms ‘substance (or drug) abuse’ and ‘substance (or drug) misuse’. The latter terms are cited when referring to specific publications/resource materials or when using direct quotations.

## **Consultations**

A wide-ranging consultation process took place, including visits to eight schools and three Youthreach centres. This informed the deliberations, outcomes and recommendations in this report. The findings of the consultation process are provided in Chapters Four and Five.

A number of key themes emerged from the consultation process, including the recognition that use of alcohol and cannabis constitutes the major drug problems facing young people. The defining age when attitudes change is between 12 and 14 years and the first alcoholic drink is often taken at 14 years.

The consultations, in particular, highlighted that:

- many resources are used in the delivery of SPHE;
- for the successful implementation of the SPHE programme, school leaders need Continuing Professional Development (CPD);
- There are many pressures on young people, particularly from their peers, where drinking alcohol is now seen as part of an accepted pattern of their lives and where the use of cannabis is seen as socially acceptable for many young people;
- schools and Youthreach Centres use a wide variety of resources for the delivery of substance use education as a component of their SPHE programmes;
- CPD for staff in schools and Youthreach Centres on SPHE is essential.

## **A Whole-School/Centre Approach**

In Chapter Six, the merits of adopting a whole-school approach to SPHE are highlighted. A framework for a whole-school/centre approach to SPHE should be defined in school SPHE policies. A holistic approach in this regard will require, for example, leadership, inclusion of the voice of the students, and young people reflecting on the reality of their own lives and experiences.

Teaching SPHE is very different to teaching other aspects of the post-primary curriculum. Teachers do not normally have formal pre-service training in SPHE. They need CPD to enhance their capacity as facilitators so as to develop young people's skills and confidence in self-reflection.

The new *Framework for Junior Cycle* (October 2012) will provide a clear description of what students should learn through its Principles, Statements of Learning and Key Skills. Schools will have the possibility of offering SPHE as a short course (100 hours versus the current 60-70 hours) as part of the combination of curriculum components and learning experiences that will support students' learning.

Parents/guardians, the community, youth services and supports also have key roles to play in complementing the work of the school as it embraces a whole-school/centre approach.

### **Conclusion and Recommendations**

The Working Group concluded that quality substance use education is dependent on the quality of standard of delivery, which is supported through the use of relevant educational resources. Based on: -

- the findings from previous evaluations/surveys (Chapter Two)
- the review of the relevant research literature on substance use education initiatives, both national and international (Chapter Three)
- the findings arising from the consultation process (Chapters Four and Five)
- related initiatives which are linked to the whole-school approach to SPHE

and bearing in mind that: -

- the *On My Own Two Feet* resource materials were published in 1994
- a significant amount of SPHE resources have since become available
- the introduction of *On My Own Two Feet* to schools was accompanied by a comprehensive training programme for teachers, amounting to 50 hours
- the SPHE Support Service was in place since 2000 as a dedicated team supporting schools and centres for education

the Working Group is of the view that updating *On My Own Two Feet* will not, of itself, be an adequate response to the needs identified in the consultation and the research review. Therefore, the Working Group has set out recommendations which, the Group considers, will fulfil the objective underlying the commitment in the Programme for Government.

The recommendations are primarily aimed at assisting teaching staff and schools/centres for education in the delivery of the SPHE programme. This approach would complement the key actions specified for the education sector in the National Drugs Strategy, 2009-2016, as outlined in paragraph 1.4 of Chapter One of this report. It will also facilitate schools to deliver the SPHE programme under the new Junior Cycle Framework from 2014 onwards.

The Working Group's recommendations are set out below.<sup>3</sup>

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<sup>3</sup> The relevant area (e.g. department section(s), agency etc.) whose responsibility it is to implement each recommendation is set out in the Outline Implementation Plan on pages 64-71.

## **Recommendations**

### **The Department of Education and Skills**

It is recommended that: -

The Department continues to provide CPD for SPHE teachers, in recognition of the fact that, unlike teachers of other subjects, they are not required to hold a pre-service qualification in that subject.

The Department, in collaboration with the Health Sector, seeks to ensure that schools receive consistent messages relating to student well-being and health promotion e.g. in relation to substance use education, mental health education and senior cycle Relationships and Sexuality Education (RSE).

The Professional Development Service for Teachers (PDST) staff supporting delivery of SPHE examine the current practice in supporting teachers to develop and maintain competencies for planning and delivering effective substance use education, using interactive, student-centred methods.

Given the range of resources that have been developed since 1994: -

- Guidance should be provided to schools on the range and use of the available resources. Possibilities for sharing teaching strategies and practices should be explored, using the website [www.sphe.ie](http://www.sphe.ie).
- the health and well-being promotion initiatives developed by The National Youth Health Programme should be assessed for their relevance to the formal school setting;
- CPD for whole school staffs and cluster groups of teachers of SPHE should continue.

The recommendations in the Inspectorate's composite report on inspections of SPHE (2013) should be reviewed, to see how they can be implemented to effect improvements in the delivery of SPHE.

The Inspectorate continues inspection of the post-primary SPHE programme, having regard to the inclusion of substance use education.

The Department's *Guidelines for Developing a Substance Use Policy* (2002), be revised to reflect the findings in this report.

The section on the whole school approach to SPHE in the Post-primary Support Service School Handbook for SPHE should be revised to reflect the findings of this report.

Teaching and learning resources used in schools and centres for education be aimed at reducing, postponing and/or eliminating substance use, as appropriate, in recognition of the reality that a proportion of students are using legal and illegal substances.

### **A Whole School Approach to Student Well-being**

It is recommended that: -

A whole school approach to student well-being is adopted in which SPHE is central. This would complement the implementation of the Framework for Junior Cycle where “well-being” is one of the Framework’s Principles.

Principals facilitate teachers to participate in SPHE CPD so as to build a core team who have accessed SPHE professional development.

Schools and Centres for Education review their substance use policies regularly and involve students, parents/guardians, school staff and management in their reviews.

Centres for Education have an SPHE Plan based on meeting the needs of learners and recognising health promotion as an integral part of policy and practice and also taking into account the reality that a proportion of students are using legal and illegal substances.

Students in post-primary schools are actively involved in school self-evaluation and planning for student well-being.

### **The Junior Cycle Framework**

It is recommended that: -

The revision of the Junior Cycle is seen as an opportunity to provide new specifications for teachers of SPHE, as it can be delivered as a short course of 100 hours as against the current course which is delivered in 60-70 hours.

All post-primary schools be required to deliver a programme that fulfils the Well-being Principle in the Junior Cycle Framework that the students’ experience contributes directly to their physical, mental, emotional and social well-being and resilience.

### **Senior Cycle**

It is recommended that:-

Schools consider how clear links can be developed between Senior Cycle RSE, Substance Use Education and Mental Health Promotion.

### **The Continuing Professional Development of SPHE Teachers**

It is recommended that: -

Consideration is given to recognition of CPD undertaken by SPHE Teachers and, where appropriate, accreditation of such CPD is recognised by the Teaching Council.

The Teaching Council continues to review periodically the generic skills required for post-primary teaching and identifies competencies needed for teaching health literacy and its application when working with adolescents.

The Professional Diploma in Education at third level continues to incorporate pre-service education about generic, active, experiential learning which can be used in the SPHE classroom.

### **Substance Use Education – Education and Prevention Awareness for Parents/Guardians**

It is recommended that: -

Collaboration is encouraged between relevant stakeholders, including the Local and Regional Drugs and Alcohol Task Forces, to promote awareness amongst parents/guardians of students that complements the SPHE programmes delivered in post-primary schools and centres for education.

### **School, Community and Drug and Alcohol Task Force Links**

It is recommended that: -

Substance use education in schools and in out-of-school settings complement each other.

All (non-teaching) staff working in the area of substance use education are made familiar with related resources such as the Youth Work Support Pack for Dealing with Substance Use Issues, the Drug Education Workers Forum (DEWF) Quality Standards in Substance Use Education and with the Department's circular on *SPHE and RSE – Best Practice Guidelines for Post-Primary Schools*(Circular 0023/10).

Links are established at national level between representatives of the Drugs and Alcohol Task Forces, the Youth Sector and PDST staff supporting delivery of SPHE to ensure that the roles and responsibilities of all (school and Centre for Education teaching staff, SPHE support staff, Drugs and Alcohol Task Forces and Youth Sector) are understood and that best practice guidelines in drug education and prevention are uniformly implemented.

Strong school-community links are established in the context of a whole school approach to SPHE (mindful of Department Circular 0023/2010 on Best Practice Guidelines for Post-Primary Schools in relation to SPHE and RSE).

## Introduction

The Programme for Government, *Government for National Recovery 2011-2016*, (March 2011) contains a number of commitments relevant to the Department of Education and Skills' support for the National Drugs Strategy. One of these commitments is to:-

*“Update the out-dated drugs awareness programmes in schools to reflect current attitudes and reality of recreational drug use amongst teens.”*

In April 2011, in response to the commitment in the Programme for Government, the Department's Management Advisory Committee (MAC) approved the setting up of a Working Group, the terms of reference which were:

- to examine the SPHE curriculum with particular reference to substance use education;
- to examine the materials for delivery of the Social, Personal and Health Education (SPHE) curriculum, with particular reference to the *On My Own Two Feet* materials;
- to review current literature on drug and alcohol education in schools (and centres for education<sup>4</sup>), including documenting interventions by the Department to date;
- to review the recommendations in previous evaluations of SPHE;
- to review the Inspectorate's composite report on SPHE at primary level to see if it might inform practice at post-primary level;
- to be informed by [the findings within] the composite report of SPHE at post-primary level, the preparatory work for which was undertaken by the Inspectorate in the school year 2010/11;
- to look at resources currently available to schools for the purpose of adopting a whole-school approach to SPHE;
- to examine how a whole-school approach to SPHE could include the relationship between schools and local communities, including the Drugs Task Forces.

The initial focus of the Working Group centred on the resource materials which had been developed and published by the Department in 1994: *On My Own Two Feet Educational Resource Materials for Substance Abuse Prevention*. It became clear, however, that, in the period since 1994, significant changes had taken place which had implications for the delivery of the SPHE programme in post-primary schools.

Firstly, a significant number of text-books and other resource materials for use by schools for delivering SPHE have been developed. Teachers are no longer reliant on one resource but can draw on many resources, including those which are available on the internet. For example, the Lifeskills series of resources<sup>5</sup>, originally produced by

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<sup>4</sup> 'Centres for Education' refers to Youthreach Centres for which ETBs (formerly VECs) have responsibility and Youth Encounter Projects under the Department. Community Training Centres, which were under FÁS, are transferring to the ETBs on a phased basis.

<sup>5</sup> Three student workbook/teacher lesson plan series for first year, second year and third year SPHE delivery: *Healthy Living, Healthy Times and Healthy Choices* (2011, HSE North West)

the Health Promotion Department of the former North Eastern Health Board in 1991, were revised and published in 2011.

Secondly, teachers of SPHE are not required to have a pre-service qualification in that area, yet the successful delivery of an SPHE programme requires a set of skills and competencies which differ from those required in the teaching of other subjects. Accordingly, the Working Group was of the view that, while acknowledging the key relevance of SPHE resource materials, the provision of continuing professional development (CPD) for teachers of SPHE is of critical importance.

Thirdly, there is an increased awareness of the need to place issues such as substance use in the wider context of both the SPHE programme and a whole school approach to the health and well-being of students. The HSE (and formerly the Health Boards), for example, has promoted the concept of the Health Promoting School. The Department of Education and Skills, in co-operation, as appropriate, with the Health Sector and/or other departments and agencies, has developed and published documents which aim to have an impact on the health and well-being of students; the most recent of these were an *Action Plan on Bullying*<sup>6</sup>, *Guidelines for Mental Health Promotion*<sup>7</sup> and *Student Support Teams in Post-Primary Schools*.<sup>8</sup>

The impact of substance use education, whether delivered in schools as a stand-alone programme or as part of a broader lifeskills programme (such as SPHE), is difficult to measure. It is noteworthy, however, that the feedback available from students themselves, when their views on SPHE, including the substance use module, have been sought, has been positive. A 2009 survey of young people, carried out by Dáil na nÓg<sup>9</sup>, found that those surveyed considered that 83% of schools placed a high emphasis on the topic of substance use (the highest of any topic), with all other schools putting some emphasis on the topic. The most significant outcome for young people taking part in SPHE classes, according to those surveyed, was an increased understanding of how to make good decisions.

The findings in the Dáil na nÓg report are supported by the findings in the Department's Inspectorate report on delivery of SPHE in 63 post-primary schools (Department of Education and Skills, 2013), for which over 2,600 students in 3<sup>rd</sup> year, junior cycle, completed questionnaires and 481 senior cycle pupils took part in focus group meetings. Students reported high levels of satisfaction with their learning in the substance use module of SPHE and most students agreed that their SPHE lessons were useful in helping them to acquire factual knowledge about issues such as substance use.

The feedback provided by school authorities themselves, in relation to substance use education, is equally positive. In February 2014, the Department published the results of a Lifeskills Survey of primary and post-primary schools carried out in 2012. Of

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<sup>6</sup> Action Plan on Bullying –Report of the Anti-Bullying Working Group to the Minister for Education and Skills (DES, 2013)

<sup>7</sup> *Well-Being in Post-Primary Schools – Guidelines for Mental Health Promotion and Suicide Prevention* (DES, 2013)

<sup>8</sup> *Student Support Teams in Post-Primary Schools –A Guide to Establishing a Team or Reviewing an Existing Team* (DES, 2014)

<sup>9</sup> Dáil na nÓg is the National Youth Parliament of Ireland for people aged 12-18 years.

313 respondent post-primary schools, 292 (93%) reported providing information to pupils on harmful substances, on the dangers of smoking, on alcohol abuse, and on how to combat substance abuse. The responses indicated that schools are also active in facilitating pupils to develop the skills necessary to make informed choices in relation to these substances. 99% of respondent schools reported enabling their pupils to identify influences on their decision-making, and to enable their pupils to withstand inappropriate peer pressure.

In October 2012, the Minister for Education and Skills, Ruairi Quinn TD, published *A Framework for Junior Cycle*. The approach to SPHE is, accordingly, changing at Junior Cycle, arising from the reforms outlined in the new framework document. The key objectives of SPHE are now reflected in a number of Principles, Statements of Learning, and Skills that underpin the Framework for Junior Cycle. The National Council for Curriculum and Assessment (NCCA) is developing a new short course in SPHE and, for students entering 1<sup>st</sup> year in September 2014, schools will have the option to implement the new SPHE short course, or may choose to continue to offer the existing syllabus in SPHE.

A dedicated SPHE Support Service for the post-primary sector was established in 2000 as a partnership between the Department of Education and Skills, the Department of Health and the Health Service Executive (HSE – formerly the Health Boards). The Service brought together the resources and expertise of the health and education sectors so as to provide a comprehensive service to schools to support them in implementing the SPHE curriculum. With effect from September 2013, the staff in the SPHE Support Service have been integrated into the Professional Development Service for Teachers (PDST). The Departments of Education and Skills and of Health are reconfiguring arrangements with a view to strengthening this collaboration, streamlining and simplifying current oversight structures for the SPHE Programme. The new arrangements will build on previous experience and foster greater collaboration and cooperation in the implementation of both Departments' policies on health promotion in the school setting.

The Department has also established a dedicated, continuing professional development service for schools – *Junior Cycle for Teachers* – to support schools in the implementation of the *Framework for Junior Cycle*. The new service will work closely with other support services of the Department, especially the PDST.

The landscape at Junior Cycle level is set to undergo a significant amount of change in the coming years and the reforms present both challenges and opportunities for all those who wish to see coherent and consistent messages on well-being and health delivered to students as a continuing and integral part of the work of post-primary schools. It is in that context that the recommendations of the Working Group on SPHE Materials have been framed.

# Chapter One - Background

## 1.1 Commitment in the Programme for Government, 2011-2016

The Programme for Government, *Government for National Recovery 2011-2016*, (March 2011) contains three commitments relevant to the Department of Education and Skills<sup>10</sup> support for the National Drugs Strategy. Two of the commitments are to:

*“Update the out-dated drugs awareness programmes in schools to reflect current attitudes and reality of recreational drug use amongst teens; AND*

*“Work with Local and Regional Drug Task Forces to implement effective programmes, aimed at preventing addiction, in schools;”<sup>11</sup>*

## 1.2 Response to Commitment in the Programme for Government

In April 2011, in response to the first commitment in the Programme for Government noted above, the Department’s Management Advisory Committee (MAC) approved the setting up of a Working Group to examine the materials used in the delivery of Social, Personal and Health Education (SPHE), with particular reference to the *On My Own Two Feet* resource materials.

The MAC also approved the terms of reference for the Working Group which are: -

- to examine the SPHE curriculum with particular reference to substance use education;
- to examine the materials for delivery of the SPHE curriculum, with particular reference to the *On My Own Two Feet* materials;
- to review current literature on drug and alcohol education in schools (and centres for education), including documenting interventions by the Department to date;
- to review the recommendations in previous evaluations of SPHE;
- to review the Inspectorate’s composite report on SPHE at primary level to see if it might inform practice at post-primary level;
- to be informed by [the findings within] the composite report of SPHE at post-primary level, the preparatory work for which was undertaken by the Inspectorate in the school year 2010/11;
- to look at resources currently available to schools for the purpose of adopting a whole-school approach to SPHE;

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<sup>10</sup> The Department of Education and Skills will, for the remainder of this report, be referred to as ‘the Department’.

<sup>11</sup> The third commitment relevant to the Department is to “Ensure every Government Department, Agency or task force responsible for implementing elements of the National Addiction Strategy will be required to account to the Minister [responsible for the National Drugs Strategy] for their budget annually and to demonstrate progress on achieving targets.”

- to examine how a whole-school approach to SPHE could include the relationship between schools and local communities, including the Drugs Task Forces.

The Group held seven meetings in the period May 2011 to March 2012.

The Working Group included representatives from: -

- the Department areas: Further Education; Qualifications, Curriculum and Assessment Policy Unit; the Inspectorate
- the National Educational Psychological Service (NEPS)
- the SPHE Support Service
- the National Council for Curriculum and Assessment (NCCA)
- the Department of Children and Youth Affairs (DYCA)
- the Department of Health (Drugs Policy Unit and Health Promotion Policy Unit).

Membership of the Working Group is set out in Appendix 1.

The remit of the Working Group, and this Report, relates to the post-primary sector and centres for education, in accordance with the commitment in the Programme for Government relating to “teens”.

### **1.3 Background to Developments on Substance Use Education in Irish Schools**

The 1971 report of a Working Group on Drug Abuse (1968 – 1972) recommended that a group, representative of the Departments of Education and of Health (and other educational interests), should “*investigate the general question of communicating information on drugs to young persons, provide guidance for school authorities and indicate areas where research is needed*” (p. 39)

Accordingly, the Committee on Drug Education (1972 – 1974) was established. In its report, it found no evidence of any successful drug education programme where education and information on drugs were each given in isolation. The Committee recommended that: -

- such education and information should form part of a broadly based positive health education programme;
- school programmes should avoid reliance on outside experts or one-off sessions; they should base themselves on skills development rather than information-giving or ‘scare tactics’;
- a health education authority should be established to deliver health education, including specific drug education to young people.

Separately, in the 1970s, a number of post-primary schools began to introduce pastoral care/life skills programmes on a voluntary basis. A number of the Health Boards developed materials for classroom use.

In the 1990s, the Department of Education, with the Department of Health and the Mater Dei Counselling Institute, took a pro-active role in developing a Substance

Abuse Prevention Programme for second level schools – *On My Own Two Feet*. It covered, in its content, the range of topics comprising a social, personal and health education curriculum, with the exception of relationships and sexuality education. The *On My Own Two Feet* resource materials were published in 1994 and copies were sent to all post-primary schools and centres for education.

The Department's White Paper *Charting our Education Future* (DES, 1995, p.161) identified three main strands to the promotion of health and well-being in schools:

- School climate
- The involvement of parents/guardians and the wider community
- Positive interventions.

“Positive interventions”, according to the White Paper, included (inter alia) “the development of a school policy on personal and social education” and, at national level, “the development of programmes relating to tobacco, alcohol and substance abuse and the promotion of healthy lifestyles” (p.163).

In 1997 the Department published an Information Booklet: *Substance Misuse Prevention — Outlining a Multi-strand Approach for Boards of Management, Teachers, Parents and other Educators*, which encouraged the establishment of policies and procedures.

The Education Act (1998) states that “a recognised school shall provide education to students which is appropriate to their abilities and needs and...shall use its available resources to, inter alia: -

Promote the moral, spiritual, social and personal development of students and provide health education for them, in consultation with their parents, having regard to the characteristic spirit of the school”

[Education Act, 1998, Section 9 (d)]

#### **1.4 The Department of Education and Skills<sup>12</sup> and its Support for the National Drugs Strategy**

Ireland's eight-year National Drugs Strategy, 2001-08, led by the then Department of Tourism, Sport and Recreation, was launched in May 2001 and was implemented under four pillars: -

- supply
- prevention (including education and awareness)
- treatment (including rehabilitation and risk reduction)
- research.

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<sup>12</sup> In 2010, the Department of Education and Science was retitled the Department of Education and Skills

The main actions for which the Department was responsible were:

- *to deliver the Social, Personal and Health Education (SPHE) curriculum in all second level schools by September 2003;*
- *to implement the ‘Walk Tall’ (primary) and ‘On My Own Two Feet’ (post-primary) programmes in all schools in Local Drugs Task Force areas, in the context of the SPHE programme during the academic year 2001/02;*
- *to develop guidelines, in co-operation with the [then] Health Boards, to assist schools in the formation of a drugs policy and ensure that all schools have policies in place by September 2002;*
- *to ensure that every second-level school has an active programme to counteract early school leaving with particular focus on areas with high levels of drug misuse.*

The current National Drugs Strategy, for the years 2009 – 2016, was launched in September 2009 by the then Department of Community, Equality and Gaeltacht Affairs. The main actions for the Department are intended to build on those actions accomplished under the previous Strategy relating to the SPHE curriculum, substance use policies and initiatives to prevent early school leaving. The relevant actions call for the Department to: -

- *Improve the delivery of SPHE in primary and post-primary schools through:*
  - *the implementation of the recommendations of the SPHE evaluation in post-primary schools<sup>13</sup>; and*
  - *the development of a whole-school approach to substance use education in the context of SPHE.*
- *Ensure that substance use policies are in place in all schools and are implemented.*
- *Monitor the effectiveness of the implementation of substance use policies in schools through the whole-school evaluation process and the inspectorate system and ensure that best practice is disseminated to all schools.*
- *Implement SPHE in Youthreach Centres for Education and in Youth Encounter Projects and ensure that substance misuse policies are in place in these recognised Centres for Education.*
- *Maintain the focus of existing programmes targeting ESL [Early School Leavers] and the retention of students in schools.*

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<sup>13</sup> A reference to “The Implementation of SPHE at Post-Primary School Level: A Case Study Approach” published in 2007. The evaluation was commissioned by the Management Committee of the Post-Primary SPHE Support Service and carried out by the Health Promotion Centre, Department of Health Promotion, National University of Ireland, Galway

The Department is committed to continued support for the National Drugs Strategy 2009-2016. In this regard the Department is represented at senior level on: -

- The National Advisory Committee on Drugs and Alcohol(NACDA)
- The Oversight Forum on Drugs (OFD)
- The National Drug Rehabilitation Implementation Committee (NDRIC)
- The National Co-ordinating Committee for Drug and Alcohol Task Forces (NCC\_DATF) which has replaced the Drugs Advisory Group (DAG).

The Department was also represented on the Steering Group established in December 2009 to develop proposals for an overall National Substance Misuse Strategy, to include alcohol and drugs. The Steering Group's report was published in February 2012.

Representatives of the Education and Training Boards (ETBs, formerly the VECs) sit on the majority of local and regional Drug and Alcohol Task Forces<sup>14</sup> and they meet periodically with Department officials to communicate issues relevant to education that arise at local and regional Drug and Alcohol Task Force meetings.

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<sup>14</sup> The Local and Regional Drugs Task Forces have now been designated 'Drug and Alcohol Task Forces' by the Department of Health.

## Chapter Two – The Current Context

### 2.1 The SPHE Curriculum

In 2000, the Department approved an integrated SPHE curriculum for junior cycle post-primary schools, developed by the National Council for Curriculum and Assessment (NCCA). Also, in 2000, the Department with the (then) Department of Health and Children established the SPHE Post-Primary Support Service. (See below par. 2.10).

To support and guide the delivery of the Junior Cycle SPHE Programme, the Department issued the NCCA SPHE Curriculum Framework (2000) and the NCCA Guidelines for Teachers of SPHE (2001).

The rationale for the introduction of SPHE in schools is set out in the Junior Cycle syllabus published in 2000. It notes that a holistic vision of health is one that encompasses all the dimensions of life and leads to a recognition that social, personal and health education is as important as any other area of the curriculum. It concludes:

“Social, personal and health education (SPHE) provides students with a unique opportunity to develop the skills and competence to learn about themselves and to care for themselves and others and to make informed decisions about their health, personal lives, and social development.”

[Junior Cycle Syllabus, SPHE, page 3]

The aims of SPHE, as set out in the 2000 syllabus, are: -

- to enable the students to develop skills for self-fulfilment and living in communities
- to promote self-esteem and self-confidence
- to enable the students to develop a framework for responsible decision-making
- to provide opportunities for reflection and discussion
- to promote physical, mental and emotional health and well-being.

[Junior Cycle Syllabus, SPHE, page 4]

The curriculum has 10 modules, one of which is ‘substance use’. Drug and alcohol education is generally delivered in schools as an integral part of the SPHE Curriculum and not as a ‘stand-alone’ module or classroom presentation. The syllabus was designed for 60-70 hours of class contact.

Primary prevention programmes are referred to as *universal interventions* and aim to prevent or delay the onset of initial drug use and to further delay the transition from experimental to regular use. This is in contrast to secondary/tertiary preventions which seek to avoid further harm/problems caused by drug use. SPHE is a *universal* prevention strategy i.e. the curriculum is delivered to all school children. It is not a targeted intervention aimed specifically at students who are engaging in problematic substance use.

The SPHE curriculum at post-primary level builds on the curriculum lessons delivered at primary level. At primary level the Substance Misuse Prevention Programme (the *Walk Tall Programme*) was developed as a resource to support the implementation of the primary SPHE curriculum.

The SPHE curriculum was introduced to primary schools from 1999 and CPD was provided to primary teachers from 2001. SPHE for post-primary schools was introduced in 2003.

## **2.2 On My Own Two Feet Resource Materials**

*On My Own Two Feet* (1994) is a classroom resource for substance use education to support the implementation of the SPHE programme. It assists teachers in delivering the SPHE curriculum, drawing on three approaches relating to:

- development of values and attitudes
- decision-making
- social competence.

The resource is, in effect, a comprehensive life-skills programme which includes a specific component for drug education. Its overall aim is to enable students to develop an ability to take charge of their health and specifically to make conscious and informed decisions about the use of drugs, both legal and illegal, in their lives, based on their knowledge and not on a scare tactics approach.

The focus is on the development of a model to implement effective substance use prevention, situated in a school context and involving all staff to varying degrees. The resources were accompanied by a 50 hour CPD course on the delivery of *On My Own Two Feet* for an initial group of teachers who participated in the training on a voluntary basis. Such an in-depth programme was provided, as few teachers had specific, formal training in this area. This is unusual for post-primary teachers who are trained as subject specialists. The training recognised that SPHE is not delivered using the methods associated with other school subjects, but rather the teacher facilitates the delivery of SPHE, using an experiential approach for the students.

The *On My Own Two Feet* materials do not rely exclusively on any single model of intervention. The method used is an integrated approach, and provides information on how students develop awareness of their feelings, their personal values, how they view themselves and how they are influenced. Information on drugs is incorporated into the materials, which have been developed in six areas: -

- identity and self esteem
- understanding influences
- assertive communication
- feelings
- decision making
- looking at consequences.

The rationale of each area is grounded in the context of healthy choices regarding drug use.

The *On My Own Two Feet* resource materials, while developed as a substance use prevention programme, are grounded in the belief that the development of personal and social skills is inherent in such programmes. Accordingly, substance use education is not delivered in isolation but is an integral part of an SPHE programme and can be directly relevant to other subject areas such as Physical Education (PE) and Home Economics.

### **2.3 A New Framework for Junior Cycle**

*A Framework for Junior Cycle* (October 2012) which will be implemented on a phased basis, from September 2014, highlights among its eight principles the “well-being” of young people and “inclusive education”. The Framework makes clear that, throughout the junior cycle, students will acquire a range of key skills including ‘managing myself’; ‘staying well’; ‘communicating’; and ‘working with others’. In the new Framework, students will study a range of subjects and, where schools opt to provide them, short courses. SPHE, as a short course, is being developed by the NCCA and will be available for schools to use for September 2014.<sup>15</sup>

The Department has established a dedicated, continuing professional development service for schools – *Junior Cycle for Teachers* – to support schools in the implementation of the *Framework for Junior Cycle*. It is envisaged that this service will work closely with other support services of the Department, especially the PDST.

### **2.4 A Senior Cycle SPHE Programme**

A curriculum framework for SPHE as a senior cycle subject has been developed by the NCCA. The Department has indicated that it is not in a position to proceed with its implementation in the current budgetary climate and, particularly given the resource demands of the ambitious curricular reforms now underway.

Although SPHE at senior cycle is not mandatory (with the exception of the RSE module), a number of schools have introduced SPHE/Lifeskills at senior cycle. These schools are teaching some or all of the five areas of learning in the Senior Cycle SPHE Framework on a modular basis. This is a policy decision by schools which is ethos-driven and is facilitated by schools using the discretionary time available at Transition Year, 5<sup>th</sup> and 6<sup>th</sup> year of senior cycle for an SPHE programme.

The *On My Own Two Feet* materials, as developed, encompass use and delivery of the relevant substance use education at senior cycle level.

### **2.5 Evaluations of SPHE at Post-Primary Level**

In the period 2002-2003, three evaluations relating to SPHE at junior cycle level were carried out

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<sup>15</sup> Department Circular Letter 0020/2014 of 10<sup>th</sup> March 2014

- an evaluation of the implementation of SPHE at Junior Cycle carried out by the University of Limerick
- *Review of SPHE at Junior Cycle* by the SPHE Support Service (Rita Burtenshaw)
- *Review of Records of In-Service Training for Teachers of SPHE* (David Millar).

The findings from these three Evaluation Reports were published in a booklet, entitled *The SPHE Story - an Example of Incremental Change in the School Setting*, in December 2005.

This 2005 booklet noted that progress in implementing the SPHE curriculum had been driven by a quality of commitment and cooperation from school principals, SPHE teachers and the SPHE Support Service, and by widespread support for the content of the programme. Training in new skills and fostering a sense of commitment among SPHE teachers had been part of the success of the early implementation phase. The findings also noted that challenges remained, in terms of: -

- the qualifications and professional development needs of teachers
- continuity of teacher deployment within schools
- establishing time for SPHE in a crowded curriculum and
- co-ordination of the SPHE programme in schools.

The most recent evaluation of the implementation of SPHE at Post-Primary level was a case study approach involving 12 schools, carried out by the Health Promotion Research Centre, NUIG, on behalf of the Management Committee of the SPHE Support Service, which was completed in 2007.<sup>16</sup> It concluded that while the value of the SPHE programme was not in dispute, structures needed to be put in place to ensure that its importance was visible to everyone in the school community in order that SPHE would become an effective part of the curriculum. The report had a wide-ranging set of recommendations for a number of stakeholders.

The 2007 report stressed the leadership role which the Department needed to exercise to ensure that all schools implement SPHE for all three years of the junior cycle. In relation to the SPHE Support Service, it pointed out that SPHE teams in schools required the development of appropriate classroom materials that can be tailored to the specific needs of individual schools.

The Report noted that the then Department of Health and Children and the HSE had a responsibility to ensure that the policy and resource supports for SPHE were in place within the health sector and it recommended that both the Department of Health and Children and the HSE must work with this Department to ensure that the voice of the health sector continued to influence SPHE as it developed.

For school principals, the report recommended that the development of whole-school planning was fundamental to the creation of a supportive whole-school approach and this process should include SPHE from the outset, assigning it the same level of

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<sup>16</sup> The Implementation of SPHE at Post-Primary School Level: a Case Study Approach – Executive Summary”, Health Promotion Research Centre, NUI, Galway, 2007

importance as any other subject area. It also recommended the creation of a team of trained SPHE teachers within the school who would meet regularly for mutual support.

The report recommended that students should be consulted on the content of their SPHE classes, within the context of the approved curriculum. Parents/guardians should be kept informed on the school's SPHE policy and content of the school programme.

## **2.6 The Student Voice**

Dáil na nÓg is the National Youth Parliament of Ireland for people aged 12-18 years. It gives young people from around the country an opportunity to represent the views of those under the voting age of 18 at a national level, and to work for changes to improve the lives of young people in Ireland.

In 2009, Dáil na nÓg carried out a survey of young people at Comhairle na nÓg meetings around the country which aimed at investigating the views of young people on the implementation of SPHE and RSE in schools.<sup>17</sup> The survey found that 83% of schools placed a high emphasis on the topic of substance use (the highest of any topic), with all other schools putting some emphasis on the topic. The most significant outcome for young people taking part in SPHE classes was an increased understanding of how to make good decisions. However, young people reported that SPHE improved their physical health and well-being more than their emotional and mental health and well-being. The majority (79%) felt it was important or very important for young people to learn SPHE in school.

## **2.7 SPHE Teachers**

The skills needed for delivery of SPHE differ significantly from those of other school subjects. The current Junior Cycle curriculum framework refers to the importance of the whole-school climate for successful SPHE, which means that, in many ways, every teacher in a school is a teacher of SPHE.

SPHE is offered as an optional 30 hour module as part of the Professional Diploma in Education in some third level colleges; however, the focus is more on the academic/intellectual aspects as distinct from a personal development/experiential model of training, as in the original, 50 hours training for delivery of *On My Own Two Feet*. However, the difficulties associated with replicating such intensive provision currently are recognised.

## **2.8 Information and Communications Technology (ICT) and the Curriculum**

Many schools and centres for education now have interactive whiteboards and high speed broadband. A number of schools are piloting the use of laptops or tablet

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<sup>17</sup> "Life Skills Matter – Not Just Points – A Survey of Implementation of Social, Personal and Health Education (SPHE) and Relationships and Sexuality Education (RSE) in Second-Level Schools" (Office of the Minister for Children and Youth Affairs, 2010)

computers in place of text books. A growing body of website material is available to schools and centres for education for use in delivering their curriculum, including SPHE. There is therefore greater potential for students to get access to interactive websites.

## **2.9 The Department's Inspectorate**

The Department's Inspectorate undertakes a significant number of SPHE inspections each year, which are published on the Department's website [www.education.ie](http://www.education.ie). The Inspectorate has prepared a composite report on the delivery of SPHE at post-primary level, based on the subject inspections of SPHE carried out in schools during the academic year 2010/2011. The report was published on the Department's website in September 2013<sup>18</sup>. The report is intended as a resource for teachers, school authorities and policy-makers and aims to promote best practice in the provision of junior cycle SPHE and senior cycle RSE. The report notes that the quality of the whole-school climate in supporting students' personal and social development was good, or very good, in 90% of schools inspected. With regard to the substance use education module, the report notes that: -

- Students reported high levels of satisfaction with their learning in the Substance Use module
- Most students agreed that their SPHE lessons were useful in helping them to acquire factual knowledge about issues such as substance use.

The report also notes that 98% of schools visited had a substance-use policy.

The *School Self-Evaluation: Guidelines for Post-Primary Schools* (2012), prepared by the Inspectorate, provide practical support to post-primary schools in addressing targets set out in the *Programme for Government 2011 – 2016* and in undertaking school self-evaluation. [See Chapter 6 par. 6.1.1].

## **2.10 Supports for Post-Primary SPHE – A Joint Education and Health Partnership**

A dedicated SPHE Support Service for the post-primary sector was established in 2000 as a partnership between the Department of Education and Skills, the Department of Health and the HSE. The Service brought together the resources and expertise of the health and education sectors so as to provide a comprehensive service to schools to support them in implementing the SPHE curriculum. A website is also available – [www.sphe.ie](http://www.sphe.ie) – which has an extensive list of resources for schools. Staff in Youthreach centres can also avail of the supports provided.

The two departments, Education and Skills and Health, are reconfiguring current arrangements with a view to strengthening collaboration, streamlining and simplifying

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<sup>18</sup> "Looking at Social, Personal and Health Education – Teaching and Learning in Post-Primary Schools" DES Inspectorate (2013) available at: <http://www.education.ie/en/Publications/Inspection-Reports-Publications/Evaluation-Reports-Guidelines/Looking-at-Social-Personal-and-Health-Education-Teaching-and-Learning-in-Post-Primary-Schools.pdf>

current oversight structures for the SPHE Programme. The new arrangements will build on the previous experience and foster greater collaboration and cooperation in the implementation of both Departments' policies on health promotion in the school setting.

From September 2013 support for SPHE is part of a Health and Well-Being strand within the Professional Development Service for Teachers. The integration of the SPHE post primary team will allow for the development of a common approach to supporting the areas of health and well-being at primary and post-primary level.

## **2.11 Schools' Substance Use Policies**

A school's Substance Use Policy sets out the framework within which the school community manages issues relating to substance use. The Department recommends a partnership approach, based on the 'whole-school' model involving school personnel, parents/guardians, students and relevant community structures in the development, monitoring and review of the policy.

In 2002, the Department issued *Guidelines for Developing a School Substance Use Policy* to all post-primary schools. The guidelines were drafted in co-operation with the then Health Boards and the Health Promotion Unit of the Department of Health and Children. The Department subsequently placed a template for developing a school policy on its website.

The Department has developed a number of policy templates which can assist schools in adopting a whole-school approach to SPHE e.g. a Substance Use Policy template and an Anti-bullying Policy template. The Substance Use Policy template clearly states that: -

*“Education about alcohol, tobacco and drugs is most effective if provided in the broader context of a Social, Personal and Health Education (SPHE) programme which is developmental and delivered in the context of a supportive whole-school environment” (p. 7).*

The Department carried out a Lifeskills Survey of schools in 2012 which indicated that, of 313 respondent post-primary schools, 93% reported having a substance use policy in place. 292 post-primary schools (93%) reported providing information to pupils on harmful substances, on the dangers of smoking, on alcohol abuse, and on how to combat substance abuse. The responses indicated that schools are also active in facilitating pupils to develop the skills necessary to make informed choices in relation to these substances. 99% of respondent schools reported enabling their pupils to identify influences on their decision-making, and to enable their pupils to withstand inappropriate peer pressure.

## **2.12 Actions to Counter Early School Leaving**

Early school leaving is a critical event that often has direct links with substance use.

Prevention of early school leaving should be at the core of any intervention<sup>19</sup>. The purpose of DEIS – Delivering Equality of Opportunity in Schools – An Action Plan for Educational Inclusion, launched in 2005, is to put in place an integrated, strategic approach which addresses the educational needs of children and young people from disadvantaged communities, from pre-school through second-level education (3 to 18 years).

As a result of the identification and review processes, in the school year 2013/14, 860 schools were included in the School Support Programme (SSP) under DEIS. These comprised 665 primary schools and 195 second-level schools.

Measures under DEIS range from pre-school interventions, supports for tackling children's literacy problems, reduced pupil teacher ratios, increased capitation grants, measures to tackle attendance and early school leaving and strengthen ties between the school, the family and the community.

The Educational Welfare Services (formerly the National Educational Welfare Board) promote school attendance, participation and retention. With effect from 1<sup>st</sup> January 2014, the functions of the former Board, and the services provided by it, now form part of Túsla, the Child and Family Support Agency. The new agency brings together key services relevant to children and families including: -

- Child protection and welfare services operated by the HSE
- The Family Support Agency
- The Educational Welfare Services.

In schools participating in the Department's DEIS initiative, the Educational Welfare Services have responsibility for operational management of two school-based services – the School Completion Programme and the Home School Community Liaison Scheme.

The **School Completion Programme (SCP)** is targeted at young people up to 18 years, at risk of early school leaving. Its aim is to increase the numbers of young people staying in primary and second level schools and in doing so improve the numbers of pupils who successfully complete the Senior Cycle, or the equivalent.. The SCP works to achieve its objectives through a range of in-school interventions and supports for students including breakfast clubs, mentoring programmes, counselling and a range of other out of school initiatives.

The **Home School Community Liaison Programme (HSCL)** is a school-based preventative strategy that is targeted at students who are at risk of not reaching their potential in the education system because of background characteristics that tend to adversely affect student attainment and school retention. The underlying policy of the scheme is one that seeks to promote partnership between parents/guardians and teachers to motivate student interest and retention.

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<sup>19</sup> Haase T and Pratschke J “Risk and Protective Factors for Substance Use Among Young People, A Comparative Study of Early School Leavers and School-Attending Students” p.14 (NACD, 2010)

### **2.13 Youthreach Centres for Education**

Youthreach is an integral part of the national programme of second-chance education and training in Ireland and is a central part of the Government's contribution to the achievement of a lifelong learning society. The programme is directed at unemployed young early school leavers aged 15-20. It offers participants the opportunity to identify and pursue viable options within adult life, and provides them with opportunities to acquire certification. It operates on a full-time, year-round basis.

### **2.14 Youthreach and SPHE**

Social, personal and health education is part of all processes and interactions between staff and learners in the Youthreach programme. Formal programmes can be used which address specific aspects of social, personal and health education (e.g. to develop emotional literacy, to combat bullying, to challenge offending behaviour) or they can be developed in-house by staff to suit the specific needs of their learner groups. The Quality Framework Initiative (2000) identified SPHE as one of 27 quality areas to be addressed as part of Centre Development Planning.

### **2.15 The Youth Sector and Youth Work**

The Youth Affairs Unit of the Department of Children and Youth Affairs is responsible for policy, standards and supporting provision in the non-formal or youth work sector. Support is provided by way of financial and other assistance to those providing youth work programmes and youth work services. Youth work focuses on the educational and developmental well-being of young people, outside of, but complementary to, the formal education sector. It places particular emphasis on the youth work needs of young people between the ages of 10 and 21 who experience social or economic disadvantage.

Youth work operates in various settings in the non-formal education sector. It engages young people during a significant period in their development. Youth work often acts as the point of contact and referral with other youth related issues in the areas of care, health and welfare. Youth work organisations and services prioritise the area of substance use prevention and education with the young people who engage in youth work programmes and activities.

### **2.16 The National Youth Health Programme (NYHP)**

The National Youth Health Programme (NYHP) is a partnership operated by the National Youth Council of Ireland (NYCI) with the Youth Affairs Section of the Department of Children and Youth Affairs and the Health Promotion Unit of the HSE respectively. It works to provide a broad-based, flexible, health promotion support and training service to youth organisations and to ensure that young persons' health is on the policy agenda.

One of the aims of the NYHP is to respond to the needs of young people by

developing health promotion initiatives that build on local, national and international evidence based practice. The Programme has developed a range of health promotion initiatives in partnership with other stakeholders such as the HSE. It supports youth work organisations in dealing with mental health issues; this has included the development of a “Support Pack for Dealing with the Drugs Issue in Out-of-School Settings”.

### **2.17 School, Community and Drug and Alcohol Task Force Links**

In many areas, good relationships and linkages exist between schools, the youth sector and the wider community, including the Drug and Alcohol Task Forces<sup>20</sup>. The work done in schools and Youthreach centres under the SPHE curriculum, including substance use education, is, ideally, reinforced and complemented in the home, in the youth sector and in the wider community. Maintaining relationships at national level between these sectors is necessary to ensure that clarity and complementarity is maximised and that duplication or misunderstanding of roles is minimised.

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<sup>20</sup> There are 14 Local Drug and Alcohol Task Forces (LDTF) located in Dublin (12), Cork (1) and Bray(1); there are 10 Regional Drug and Alcohol Task Forces which cover all other areas of the state not included within the LDTFs.

## Chapter Three Literature Review

### 3.1 Drug/Alcohol Use amongst Young People in Ireland

Two principal sources for comparative data on alcohol and drug use are the Health Behaviour in School-aged Children study (HBSC) and the European School Survey Project on Alcohol and other Drugs (ESPAD).

### 3.2 The Health Behaviour in School-Aged Children Study

HBSC is a cross-national research study conducted in collaboration with the World Health Organisation (WHO) Regional Office for Europe; Ireland is one of the countries taking part. The study aims to increase understanding of young people's health and well-being, health behaviours and their health context. The study is carried out every four years. The Irish survey covers schoolchildren (10,334 in 2006 and 16,060 in 2010) in the age range 9 – 18 years from randomly selected schools throughout the country. Key results, from 1998 – 2010, are highlighted in Table 3.1.

**Table 3.1 Data from the Health Behaviour in School-Aged Children Studies (1998 – 2010)**

	<b>1998</b>	<b>2002</b>	<b>2006</b>	<b>2010</b>
	%	%	%	%
<b>Alcohol</b>				
<b>Ever having been drunk (all children surveyed)</b>	29.3	31.2	32.4	28.3
<b>- of which in age group 15-17</b>	Boys Girls 57.1 48.9	<i>Boys Girls</i> 59.7 56.4	<i>Boys Girls</i> 57.2 55.9	<i>Boys Girls</i> 52.8 51.9
<b>Smoking (tobacco)</b>				
<b>Currently smoking (all children surveyed)</b>	21.2	18.6	15.3	11.9
<b>- of which in age group 15-17</b>	<i>Boys Girls</i> 31.6 36.9	<i>Boys Girls</i> 29.9 33.1	<i>Boys Girls</i> 22.8 27.7	<i>Boys Girls</i> 20.2 22.4

### 3.3 The European School Survey Project on Alcohol and other Drugs (ESPAD)

The overall aim of the ESPAD Project is to collect comparable data on substance use among 15–16 year old students in as many European countries as possible. The most important objectives are to monitor trends, and to compare trends between countries and between groups of countries. In order to do so, the surveys are repeated every four years, with 1995 as the starting year. Some of the key results from the years 1995-2011 are set out in Table 3.2.

**Table 3.2 Data from the ESPAD Reports - Ireland**

<b>ESPAD REPORT</b>	<b>1995</b>	<b>1999</b>	<b>2003</b>	<b>2007</b>	<b>2011</b>
	%	%	%	%	%
<b>Any alcohol in last 12 months</b>	86	89	88	78	73
<b>Been drunk in last 12 months</b>	66	69	72	47	43
<b>Ever smoked (tobacco)</b>	75	73	67	48	43
<b>Smoked (tobacco) in last 30 days</b>	41	37	33	23	21

### 3.4 Other Statistical Data

While it can be difficult to establish long-term trends in the HBSC and ESPAD surveys, a more telling statistic relates to the average age at which alcohol was first taken. Data from the 2002-03 and 2006-07 National Drug Prevalence Surveys indicated that the median age of first alcohol use decreased from 15 to 14 years, for, respectively, those born between 1980 and 1984 and for those born in the years 1990 and 1991.<sup>21</sup>

A study carried out by Palmer and O'Reilly<sup>22</sup>, and published in 2008, compared a group of 462 second-level or post-Leaving Certificate students aged 14–19 (the 'community group') to a similarly aged 'clinical group' of 30 adolescents in residential treatment for substance use in the south and south east of Ireland. In the community group, 86% stated that they consumed alcohol; the average age of first alcohol use was 13.4 years. Half of the community group reported having used an

<sup>21</sup> Smyth BP, Kelly A and Cox G (2011) Decline in Age of drinking onset in Ireland, Gender and Per Capita Alcohol Consumption"; Alcohol and Alcoholism, Vol 46, No 4, p 481, referenced in the Steering Group Report on a National Substance Misuse Strategy( 2012,p. 68, Department of Health)

<sup>22</sup> Palmer D and O'Reilly G (2008) "Young People, Alcohol and Drugs", Cork: Juvenile Mental Health Matters; reviewed in Drugnet issue 27.

illicit drug, and the average age of first drug use was 14.5 years. Cannabis was the most commonly reported drug used (41%), followed by inhalants (30%), poppers (17%) and cocaine (11%). Of the 30 participants in the clinical group, four met the criteria for an alcohol abuse disorder and 26 had an alcohol dependent disorder. Polydrug use was common, with 27 also meeting the criteria for dependence on other substances.

One of the principal findings from the National Advisory Committee on Drugs (NACD) research of 2010<sup>23</sup> was that substance use among the early school-leavers (ESL i.e. those attending Youthreach Centres for Education) was significantly higher than the school-attending students (SAS) across a range of 15 substances. The prevalence of usage in 2008 reported in the NACD report for 15-18 year olds is outlined in Table 3.3.

**Table 3.3 Data Comparing Substance Use as between Early School Leavers and School Attending Students**

	Lifetime		Past Year		Past Month	
	ESL*	SAS**	ESL	SAS	ESL	SAS
	%	%	%	%	%	%
<b>Tobacco</b>	81.6	53.3	73.7	38.3	68.9	27.1
<b>Alcohol</b>	89.8	86.7	84.3	78.1	65.6	56.4
<b>Cannabis</b>	57.0	24.2	43.0	14.5	33.6	7.6
<b>Other drugs<sup>24</sup></b>	40.9	11.1	25.9	6.1	11.5	0.8

\*Early School Leavers

\*\*School Attending Students

The study showed that a considerable proportion of early school-leavers and, to a lesser extent, school-attending students have used substances in the 'other drugs' category at some point. Two-fifths of early school leavers have tried at least one of these substances, with 11.5% using in the past month. These levels differ greatly from those observed among school-attending students, where the level of drug use, excluding alcohol, tobacco and cannabis, is significantly lower than that observed among early school leavers: 11.1% have used other drugs at least once and less than one hundredth (0.8%) have used other drugs in the past month.

### **3.5 Current international experience of substance use prevention education programmes/interventions**

In common with their peers in other industrialised states, young Irish people are using a range of substances, in particular, alcohol, cannabis and tobacco. Significant community/public health concerns are being raised for their future health in relation to their drug use. There are specific health concerns regarding their alcohol use arising from: -

- their age of first use of alcohol
- the normalisation of alcohol as part of their social lives and

<sup>23</sup> 'Risk and Protection Factors for Substance Use among Young People' (NACD, 2010)

<sup>24</sup> Cocaine, crack, amphetamines, LSD, magic mushrooms, heroin, tranquillisers or sedatives, anti-depressants, ecstasy, solvents and anabolic steroids

- the harmful patterns of drinking, i.e. binge drinking, or risky single occasion drinking, which dominate their culture of drinking.

Significant concerns are also being raised in some disadvantaged communities and schools regarding the perceived normalisation of cannabis use. These concerns have been mirrored in other countries, with governments seeking ways to protect young people. In this regard, education has been identified as a key component of their prevention strategies. Generally, the education programmes are school-based, universal interventions targeting all young people. This is still the most favoured approach though the conceptual underpinnings of these programmes have been revised over time.

### 3.6 The Social Influence Model

Currently, prevention programmes are still based mainly on *social influence* concepts/models, though a number of extensions have been added to the model, thereby generating multi-component programmes. These include, for example, the incorporation of a parents'/guardians' strand to the education intervention. Whole-school and community elements have been added, in recognition of the view that messages about drug use delivered in the classroom benefit from broader reinforcement (Mitford, 2009).

The social influence model is based on the thinking that young people's substance use behaviour is influenced more by important others, e.g. parents/guardians, peers, media figures, than by their knowledge or intentions. There is an implicit assumption that young people do not want to use drugs: rather they succumb to pressure or lack coping skills (Keane, 2008). Mitford (2009) indicates that there can be up to four elements in social influence programmes, including: -

- information on the consequences of drug use, combined with the development of decision making skills and self-efficacy
- resilience training which helps young people resist the pressures associated with the various social settings - particularly with peers – and teaching the skills for coping with such influences or pressures
- normative information explaining the consequences of drug consumption and attempting to correct the perceived notions and misconceptions about peers' and adults' behaviour with regard to substance use, so raising the question of what is the norm to use
- broader social skills training to improve self-esteem and social competence so that drug use is less attractive, as exemplified in Life Skills Training (Botvin et al., 2000).

### 3.7 The Life Skills Model

Closely aligned with the social influence model is the *life skills model*. UNICEF defines what a life skills approach seeks to achieve: -

*'Life skills refers to a large group of psycho-social and interpersonal skills which can help people make informed decisions, communicate effectively, and develop coping and self-management skills that may help them lead a healthy and productive life. Life skills may be directed toward personal actions and*

*actions toward others, as well as actions to change the surrounding environment to make it conducive to health’.*<sup>25</sup>

In support of a life skills approach to drug education in school settings, Faggiano et al. (2005) found that programmes based on life skills were the most consistent at reducing some aspects of drug use among young people.

### **3.8 School-Based Universal Prevention Programmes**

Sumnall et al., (2006a, 2006b), in a meta-review which included school-based universal prevention programmes, highlighted a number of findings with regard to effective practice, some of which included:

- Schools have an important role to play in the delivery of universal drug prevention initiatives
- School-based/curricular based intervention programmes can delay the onset of substance use by non-users for a short time, and temporarily reduce use by some current users, i.e. these seem more effective in lower-risk young people than those at higher risk
- Life Skills Training [LST], or approaches based on LST, have shown a small but positive effect on reducing indicators of drug use. It is necessary to maintain high fidelity and completeness of programme delivery, if these programmes are to be effective
- Interactive approaches to drug education are more effective than non-interactive approaches
- Programmes may be more effective when delivered to students between the ages of 11 and 14
- Evidence suggests that peer educators can only help the effectiveness of an already successful programme and that the effect may be short-lived
- Multi-component programmes and those based on the social influence model have shown the most consistently positive outcomes, but even these programmes are limited in their effects on reducing drug use
- Drug education is more effective when taught by well-trained teachers who have acquired the necessary subject knowledge.

Sumnall et al. (2006b) recommended that drug education should aim to provide opportunities for students to develop their knowledge, understanding, skills and attitudes about drugs to help them make healthy and informed choices, with a harm minimisation approach being advocated for students who have already experimented with, or are using, drugs. It was also pointed out that while families play an important role in young people’s choices around drug use, evidence is lacking about which interventions work most effectively with parents/guardians and how best to engage with parents/guardians in drug prevention activities.

The ability of schools to influence student behaviour should not, however, be overstated. It has been pointed out that: -

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<sup>25</sup> UNICEF, ‘Life Skills: Definition of Terms’, webpage, [http://www.unicef.org/lifeskills/index\\_7308.html](http://www.unicef.org/lifeskills/index_7308.html).

*“Education authorities should not accept sole responsibility for changing student health behaviours, including reducing drug use. Schools may well be able to influence drug use behaviour and it is hoped that they will do so. However, it is the primary role of the school to teach skills, to impart knowledge and to establish a sound values base in relation to health and drug use, not to change behaviours that may be determined by factors beyond the influence of the school. Schools, therefore, should not make change in health behaviours of students, particularly drug use behaviours, the only measure of the success or effectiveness of drug prevention programmes.”*(United Nations Office on Drugs and Crime, 2004, pp.12/13)

### **3.9 Research and Evidence–Based Programmes**

In recent years, there has been a strong focus on undertaking research evaluations of the school programmes in order to provide evidence-based practice to reduce reliance on intuition or unsystematic experience as grounds for professional decision-making. This also places an emphasis on the examination of evidence from research (Sumnall et al., 2006). Three major drug education programmes which have been developed and evaluated as to their efficacy in the UK, Europe, and Australia in the last decade are: -

- the *Blueprint* programme in the UK
- the *Unplugged* programme in Europe
- the *School Health and Alcohol Harm Reduction Programme (SHAHRP)* in Australia

### **3.10 The Blueprint Programme**

To support the UK Government’s target to ‘reduce the use of Class A drugs and the frequent use of any illicit drugs among all young people under the age of 25, especially by the most vulnerable young people’, the UK multi-component (Project) *Blueprint Drug Education* was designed. It drew on existing world-wide research, and was underpinned by the policy advice [Sumnall et al., (2006)] referred to in 3.8 above. Based on evidence which showed that a multi-component programme, delivered to young people aged 11-13, showed the most promising outcomes, it incorporated five components: schools, parents/guardians, media, health policy and community. It was piloted in 23 schools in the North East and East Midlands region of England during 2004 and 2005 ([www.drugeducationforum.com](http://www.drugeducationforum.com)).

Regrettably, the original design of *Project Blueprint* was not considered sufficiently robust to allow an evaluation of impact and outcomes, and the resulting report could not draw any conclusions on the efficacy of *Blueprint* in comparison with existing programmes. Nonetheless, reports (Drug Education Forum, 2007) are available which identify valuable key learning points for policy makers, practitioners and programme designers.

### **3.11 The ‘Unplugged’ Programme**

Kreeft et al. (2009) describes the rationale, development and application of *Unplugged*, ([http://www.eudap.net/Unplugged\\_HomePage.aspx](http://www.eudap.net/Unplugged_HomePage.aspx)), the first European comprehensive, social influence school programme for the prevention of substance

use. The programme addresses both experimental and regular use of tobacco, alcohol and illicit drugs and its efficacy has been evaluated in a field trial, which showed some measure of success. It is an example of a theory- and evidence-based programme addressing young people's substance use.

The programme was developed, implemented and evaluated by a cross-disciplinary group of experts within the frame of a multi-centre European Drug Addiction Prevention Trial (EU-DAP) in seven European countries - Austria, Belgium, Germany, Greece, Italy, Spain and Sweden. The trial involved 7,079 students aged 12-14 in 170 schools during the school year 2004-2005. The basic curriculum consisted of 12 one-hour lessons, which were delivered by class teachers to the target population. Additional programme components included workshops for the students' parents/guardians and debriefing sessions for students led by class peers.

The research evaluation reported by Fabrizio et al. (2010) of an 18-month follow-up study of the *Unplugged* programme indicated persistent, positive effects over 18 months for alcohol and for cannabis use, but not for cigarette smoking. Though they continued to drink alcohol, students who had participated in the programme were significantly less likely to report having experienced problems related to their drinking (Caria et al., (2011a)). A detailed analysis of the influence of the socio-economic environment on the effectiveness of the *Unplugged* programme had led to the consideration that comprehensive, social influence programmes may have a more favourable effect on problematic drinking among students in underprivileged social environments. Also, more generally, these programmes can help delay the onset of substance use and progression to higher levels of use, and also facilitate reversion to less intensive patterns of use (Caria et al., 2011a, 2011b).

### **3.12 The SHAHRP Programme**

A crucial issue (Hale et al., 2011) in the design of drug education programmes is clarification of the programme aims. Programmes can have divergent aims: for example, programmes dealing with alcohol consumption behaviours often adopt a zero tolerance approach, designed to prevent adolescent drinking by dissuading young people from starting to drink or convincing them to stop. An alternative approach is the *harm minimisation model* which starts from the standpoint that many adolescents are already involved in drinking behaviour and that aiming to prevent it is unrealistic. Instead, such programmes attempt to minimise the risks, and damaging effects, associated with drinking behaviour. In Australia, harm reduction has been a guiding principle of government policy, as outlined in successive national drug strategy documents, dating back to 1985 (Mitford, 2009).

The School Health and Alcohol Harm Reduction Project (SHAHRP study) is an example of an explicit harm reduction intervention aimed at reducing alcohol-related harm in over 2,300 Australian secondary school students (McBride et al., 2004). The intervention was conducted in two phases over a two-year period, starting when the majority of the students were 13 years old. There were significant knowledge, attitude and behavioural effects early in the study, some of which were maintained for the duration of the study: -

- The intervention group had significantly greater knowledge during the programme phases, and significantly safer alcohol-related attitudes in the final follow-up
- Intervention students were less likely to drink to risky levels from first follow-up onwards and
- The programme reduced the harm that young people reported, associated with their own use of alcohol.

This study provided evidence to support the use of harm reduction goals and classroom approaches in school drug education. Mitford (2009) has highlighted the question of the mix of social influence elements that go into an effective prevention programme and points out that the *SHAHRP* (harm reduction) programme did not provide any general social skills training. This leads Mitford to observe that, while school drug education programmes based on the social influence approach have been shown to be more effective than programmes based on any other approach, not all elements within social influence programmes contribute to behaviour change.

### 3.13 Introduction of SHAHRP to Northern Ireland

The cultural applicability of the *SHAHRP* harm reduction intervention for risky drinking in adolescents in Northern Ireland has been demonstrated in a published paper by McKay et al., (2012). An adapted version of the *SHAHRP* intervention, in a culturally appropriate manner, was trialled in 29 Belfast post-primary schools between 2005 and 2008. The intervention aimed to enhance alcohol related knowledge, create more healthy alcohol related attitudes and reduce alcohol related harms in 14-16 year olds. This study shows that classroom-based harm reduction education can have a significant impact on the harm that adolescents experience from alcohol, and that these lessons need to: -

- incorporate interactive learning
- be realistic and be based on the current experiences of the target group
- be culturally sensitive and provide realistic scenarios and issues.

SHAHRP is delivered in 74 schools in the Belfast and South Eastern Social Care Trust areas i.e. in about 50% of all post-primary schools in Northern Ireland. More recently, SHAHRP has been modified and is currently being trialled in both Northern Ireland (in the other three Social Care Trust areas) and in Scotland under the title *STAMPP*.<sup>26</sup> In late 2011, Sumnall et al. commenced a school-based trial of STAMPP which involves 7,200 students (both male and female) aged between 13/14 - and their parents/carers - attending post-primary secondary schools in Northern Ireland and in Glasgow, Scotland. Over a four year period, this study will assess the effectiveness of a two-phase classroom intervention, with parental components, in reducing hazardous drinking and the harms associated with alcohol use in school students, compared with education as usual.

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<sup>26</sup> The STAMPP acronym is an adaptation of **S** for SHAHRP (Schools Alcohol Harm Reduction Programme) and **T** for TATI (Talking to Children about Tough Issues) Alcohol **M**isuse **P**revention Programme (STAMPP)

### **3.14 Project Alert - USA**

An example of a longer established, social influence based prevention programme is the US Project Alert ([www.projectalert.com](http://www.projectalert.com)) for 13-17 year old students, dissemination of which began in 1995. It seeks to prevent adolescent non-users from experimenting with alcohol, tobacco and cannabis and to prevent those who are already experimenting from becoming more regular users. More than 50,000 teachers have been trained to deliver the intervention in an estimated 3,500 U.S. school districts. It is included in the US Substance Abuse and Mental Health Services Administration's National Register of evidence-based programmes and practices (NREPP), which rates effectiveness, accessibility and research quality of programmes, and has been shown to have proven preventative effects.

### **3.15 Internet-Based Courses - Australia**

Contemporary, novel internet-based courses for delivery in the context of Personal Development, Health and Physical Education (PDHPE), and incorporating harm minimisation goals have been developed in Australia ([www.crufadschools.org](http://www.crufadschools.org)) to address use of cannabis, psycho-stimulants such as ecstasy, and alcohol. These have been shown to be effective in, for example, increasing cannabis-related knowledge and decreasing cannabis use. The courses also seek to address aspects of mental health. They provide a promising, interactive, web-based framework for the provision of school-based prevention programmes in the future.

### **3.16 *On My Own Two Feet*: Implications of the Research**

It is important to note that *On My Own Two Feet* incorporates a life skills approach as well as many aspects of the social influence model, including resilience skills and provision of information. While the implementation of *On My Own Two Feet* /SPHE Curriculum Framework has not undergone a rigorous research evaluation to-date, it does incorporate many aspects of drug prevention education which have been shown to have beneficial effects in preventing and delaying onset of first use of drugs. However, it does not include a harm reduction approach or component which would seek to minimise the harm associated with alcohol and drug use.

### **3.17 The Role of the Teacher**

Both Tupper (2008) and Hale (2011) highlight that teachers need to have the appropriate skills to deliver a drug education programme effectively, as well as the confidence and motivation to handle the material. Tupper (2008) recommends giving serious consideration to Schon's (1983) notion of reflective practice in training teachers to deliver drug education: the teacher is encouraged 'to reflect on the tacit norms and appreciations which underlie a judgement, or on the strategies and theories implicit in a pattern of behaviour', (Schon 1983 in Tupper, 2008).

Schon's model encourages reflection on one's own relationship with psychoactive drugs and on the inconsistencies of cultural norms that promote the use of some substances but prohibit others. The reflective practice approach offers an alternative to the dogmatic, instructional methods which can seem more indoctrinatory than

educational. Teacher-training needs to be consistent with the educational aims of fostering critical thinking and teachers need to be able to engage in open, honest dialogue about drugs and drug use that does not rely on scare tactics (Tupper, 2008). Cahill (2007) also identifies the teacher as being critical to effective delivery, with drug education being more of a process of guided group enquiry rather than the presentation of information.

### **3.18 The Whole-School Dimension**

#### ***3.18.1 The Irish Context***

A comprehensive study in Ireland undertaken by The National Advisory Committee on Drugs (NACD, 2010) identified a limited number of highly significant risk and protective factors that can increase or decrease the risk of substance use among 15-18 year olds. When attention is focused on those factors that are amenable to change, the most important conclusion is that both the family (especially the young person's parents/guardians) and the educational institution can have a major impact on decisions to engage, or not to engage, in substance use.

This study found that, by far, the most important factor in reducing the risk of substance use by young people was the strong, protective, supportive relationships with teachers and having a positive school experience. In contrast, students who lacked a positive school experience were at higher risk of using substances and leaving school early. This led to the recommendation that the potential of school and community based initiatives and programmes, that target a range of factors that influence early school-leaving, need to be addressed fully. These initiatives include the School Completion Programme (SCP), the Home School Community Liaison Scheme (HSCL), and SPHE.

In Ireland, a guide to Quality Standards in Substance Use Education<sup>27</sup> was prepared by the Drugs Education Workers Forum (DEWF) in 2007. It details quality standards aimed at the whole-school community, as well as the youth work setting, and the community setting. The quality standards are presented as a framework which substance use education workers may wish to have a knowledge of, when, for example, working with schools.

#### ***3.18.2 A Whole School Approach - The International Context***

Apart from *Blueprint* which adopted a multi-component approach, *Unplugged* and *SHAHRP* rely on the classroom delivery of a set number of lessons, whilst also including a parental strand. Such approaches do not have the whole-school dimension/context. Hale et al. (2011) emphasise that whole-school approaches are designed to extend beyond a time-limited curriculum to influence school-level/context factors. The effectiveness of whole-school approaches are well supported, but they require increased investment from all staff, not just SPHE teachers, and effective

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<sup>27</sup> "A Manual in Quality Standards in Substance Use Education" (Drug Education Workers Forum, 2007).

leadership from a school's senior management.

An international example of a programme which emphasises the importance of healthy attachments and a sense of positive connection with teachers and peers is the Australian Gatehouse project ([www.rch.org.au/gatehouseproject](http://www.rch.org.au/gatehouseproject)). It is designed to build the capacity of schools to promote emotional well-being. The operational framework of this programme draws on the Health Promoting Schools framework. It includes: -

- an individual-focused approach, using curriculum strategies to enhance understanding and develop skills for dealing with difficult situations
- an environment-focused approach, using whole-school strategies to address risk and protective factors in the school.

The United Nations Office on Drugs and Crime published Guidelines for Schools on School Based Drug Abuse Prevention (2004) which set out ten guiding principles for school-based drug prevention education.<sup>28</sup> These are detailed in Appendix II. In particular, the importance of a broad based, holistic programme, which deals not only with substance use but which incorporates other issues, including, inter alia, adolescent development, stress and coping, personal relationships and sexuality, is emphasised.

The Canadian Standards for School Based Substance Use Prevention ([www.ccsa.ca](http://www.ccsa.ca), 2010) call for school-based teams to implement a comprehensive whole-school approach to prevention that includes attention to schools' social and physical environments, teaching and learning, partnerships and services, and healthy school policy.

### **3.19 Key Summary Findings from the Literature Review**

*On My Own Two Feet* incorporates a life skills approach as well as aspects of the social influence model, including resilience skills and information. It does not, however, include a harm reduction approach.

Research supports the incorporation of a harm reduction approach, where appropriate, to substance use education as part of a multi-element SPHE programme, given that it recognises the reality of students' substance use patterns.

Contemporary, novel internet-based courses, incorporating harm minimisation goals, provide a promising, interactive, web-based framework for the provision of school-based prevention programmes in the future.

A supportive, whole-school environment is important in enhancing what is delivered in the classroom. Whole-school support requires effective leadership from top management and investment from all the school staff and buy-in by the students.

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<sup>28</sup> "Schools – School Based Education for Drug Abuse Prevention" (United Nations Office on Drugs and Crime, 2004)

Universal, social influence drug prevention education for young people is an important mechanism for transmitting societal norms on the use of legal and illegal drugs and for developing responsible decision making skills and choices. However, a school's ability to influence student behaviour should not be overstated.

A parental strand is deemed to be important if the delivery of a drug education programme to young people is to be effective.

Schools in disadvantaged areas in the DEIS scheme have a role to play in the engagement of parents/guardians with the SPHE agenda through the Home School Community Liaison Scheme.

Teacher training should be based on the reflective practitioner model of delivering substance use education.

In summary, multi-element programmes which have whole-school, parent and community support strands, coupled with a harm reduction approach, appear to offer considerable advantages as regards effective substance use education programmes for young people.

## Chapter Four -The Consultation Process

### 4.1 Introduction

#### 4.1.1 Methodology Used

It was agreed by the Working Group that a consultation process would be undertaken by the group secretariat. This would include a number of strands involving public health experts, school management bodies, teacher unions and health professionals; it would also take account of the views of principals, teachers and students in a selected number of schools and the views of co-ordinators, teaching staff and learners in a number of Youthreach Centres.

#### 4.1.2 Strands in the Consultation Process

##### *Strand A*

A number of meetings were held with: -

- (i) Professionals who had undertaken research on substance use prevention and education in Ireland
- (ii) Personnel involved in the drafting of the *On My Own Two Feet* resource materials
- (iii) Personnel involved in the treatment of adolescents who were at risk of, or engaged in, problematic substance use

A list of those who attended the meetings is attached as Appendix III.

##### *Strand B*

Letters were issued to thirteen bodies/organisations in the education sector, including the education partners, informing them of the commitment in the Programme for Government to update resource materials for drug education, the establishment of the Working Group, and its terms of reference, and inviting observations on three key questions: -

1. *In post-primary schools and centres for education (e.g. Youthreach Centres), what are, in your view, the main issues/challenges facing young people in relation to alcohol and substance misuse?*

2. *In post-primary schools and centres for education, in your view, is alcohol and substance use education currently addressed in an effective and appropriate way?*

3. *How might the delivery of substance use education in post-primary schools and centres for education be better addressed as regards: -*

- *students*
- *teachers*

- *parents of students*

A list of those who submitted observations is attached as Appendix IV.

### ***Strand C***

Focus group meetings were held with: -

- The Department's SPHE inspectors
- the SPHE Post-Primary Support Service – the National Co-ordinator and four Regional Managers.

### ***Strand D***

Letters issued to the chairpersons of the 24 local and regional Drug and Alcohol Task Forces, informing them of the establishment of the Working Group, its terms of reference, and inviting observations/submissions. A list of the task forces which submitted observations is attached as Appendix V.

### ***Strand E***

The views of HSE personnel – those working in both the health promotion area and in the education aspect of the addiction services – were requested and obtained.

***Paragraphs 4.2 and 4.3 set out the findings for Strands A to E.***

### ***Strand F***

A questionnaire on the use of resource materials for SPHE, including substance use education, was distributed to SPHE co-ordinators and teachers who attended CPD organised by the SPHE Support Service. Seventy completed questionnaires were collected by the Regional Managers of the Support Service and forwarded to the Department. In addition, questionnaires were sent out to the principals of twenty one schools with a request that the SPHE teachers in those schools would complete the questionnaires and return them to the Department. Eleven responses were received. A copy of the questionnaire is attached as Appendix VI

### ***Strand G***

A senior official and senior inspector from the Department visited eight schools and three Youthreach centres to obtain the views of school principals, Youthreach co-ordinators, teaching staff and students regarding resource materials in the delivery of substance use education, in the context of SPHE.

***Chapter Five sets out the findings from Strands F and G.***

## **4.2 Meetings with personnel who had relevant expertise in the area of substance use education and prevention – Strand A**

A number of meetings were held with personnel who had expertise, from an academic, research, or health viewpoint (or, in some cases, all three) in the area of substance use education and prevention.

A wide range of views were expressed and shared in the discussions and, as might be anticipated, there was not full agreement by all concerned on all points. These views are summarised below.

#### **4.2.1 General**

Those consulted highlighted the results from the 2006 HBSC Survey and the 2007 ESPAD Report, as outlined in paragraphs 3.2 and 3.3 of Chapter Three.

There was very little evidence, according to one researcher, that young people necessarily turn to drugs due to stress or external conditions: many young people take substances (legal or illegal) for the sensation or for experimental purposes. Others highlighted issues such as peer pressure.

Engaging parents/guardians with substance use education and the SPHE programme has always proved difficult but there was greater scope at primary level to link in with parents/guardians. The research carried out by the NACD<sup>29</sup> shows the importance of parents/guardians and the home environment in the formation of a child's views and behaviour. The question arose as to how to link parents/guardians effectively in with the schools. A related issue was the reality that schools' resources are stretched.

#### **4.2.2 Curriculum**

The SPHE curriculum in Irish schools is highly regarded as the appropriate way to address the issues related to substance use. However, it was emphasised that implementation is a key aspect, as is the development of a supportive school culture.

It was acknowledged that SPHE is a universal intervention, delivered to all students but it needs to be complemented by targeted programmes for those students with personal problems.

A question that arises is: how much emphasis to put on generic skills rather than specific skills? For example, work on bullying cannot be just targeted at homophobic bullying but has to be generic.

The *On My Own Two Feet* resource materials stand up well as a programme, despite its being over 15 years since publication. Some proposals put forward included: -

- Some content may need to be updated
- The topics relating to mental health need to be strengthened
- There are new developments that need to be addressed in any update – e.g. headshops, psychoactive substances, internet availability and bodybuilding supplements.

It was, however, observed that an updating process could prove costly. Also, the process could become a protracted one. An updating process without the necessary CPD for teachers would be counter-productive. It was arguable whether it was better

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<sup>29</sup> Haase T and Pratschke J “Risk and Protective Factors for Substance Use Among Young People – A Comparative Study of Early School-Leavers and School-Attending Students” (NACD, 2010)

to refer teachers to the best resources available as opposed to updating one resource only. In the ‘post-digital’ age, there were now completely different ways of accessing information.

The issue of whether a ‘harm reduction’ approach – as against a purely preventative approach - should form part of a revised resource was raised by a number of those taking part in discussions. It was acknowledged that the term ‘harm reduction’ had negative connotations; however, ‘taking care of oneself’ or ‘looking after one’s own safety’ (topics already covered in *On My Own Two Feet*) is effectively a harm reduction strategy. Therefore, a continuum or tiered approach could be addressed, without necessarily explicitly referencing harm reduction as such.

Amongst the participants in discussions, there was almost unanimous agreement that there was a need for an SPHE programme at senior cycle.

#### **4.2.3 Teaching Staff**

It was observed that SPHE is unlike the other subjects taught in schools in that SPHE teachers should be facilitators of personal and social development: this approach requires an open and facilitative teaching style with participatory, experiential and active learning methodologies. An interactive, experiential approach to delivering SPHE is the right approach and teachers need the appropriate training in order to be confident in adopting this different style of delivery.

#### **4.2.4 Students**

A normalcy approach which provides accurate information on levels of substance use amongst teenagers can correct perceptions amongst students that a high percentage of their peers are engaging in alcohol and drug use. Where *actual* usage is high, however, this approach can be problematic.

Peer groups are important and the individual student can move from one group to another, based on his/her views on alcohol/drug usage. Opinion leaders amongst the student body play an important role in determining usage of substances.

Schools need to engage with students who are not learning effectively due to problematic drug or other substance use.

#### **4.2.5 Community and Drug and Alcohol Task Forces Involvement**

It was suggested that there is a place for community engagement with schools with regard to its SPHE curriculum, including its substance use module, but the engagement needs to be correctly implemented to avoid duplication and overlap with the work of the SPHE Support Service. The teacher should, in fact, be the key significant adult, along with family members, who relates positively to students (NACD, 2010).

### **4.3 Further Views from the Consultation Process – Strands B, C, D, E**

A number of key themes emerged which were common to many of the responses to the consultation process. Overall, it is recognised that use of alcohol and cannabis constituted the major drug problems facing young people. The defining age when attitudes change is between 12 and 14 years and the first alcohol drink is often taken at, or before, 14 years. This prevalence and normalisation of under-age drinking and substance use is a serious concern.

In light of this, and to avoid repetition, the findings are presented in five overall themes:

- I: Issues highlighted as being important influencers of substance use
- II: What helps in preventing problematic substance use?
- III: What are the obstacles to addressing substance use?
- IV: Interactions by schools and Centres for Education with parents and guardians, Drug and Alcohol Task Forces, Youth Sector and Community
- V: Existing resources

## **I Issues highlighted as being important influencers of substance use by Young People**

- teenage binge drinking
- dangers to personal safety when under the influence of alcohol or drugs
- the consequences of taking drink/drugs, for example, inappropriate sexual behaviour, violent incidents
- peer pressure to engage in harmful drinking patterns
- the impact of alcohol advertising on young people
- availability of cheap alcohol, access to headshop products and the crystal meth drug
- lack of awareness regarding the harmful effects of cannabis
- lack of attractive alternatives for young people
- childhood anti-social behaviour which is associated with alcohol related problems in adolescence and in adulthood.

## **II What helps in preventing Problematic Substance Use?**

- positive school leadership in support of SPHE
- inclusion of a whole-school approach to the issue of substance use
- development of adequate coping skills to help young people in situations where drink and drugs are offered
- a comprehensive school substance use policy to assist with the delivery of the SPHE programme and the management of substance use incidents in schools - the policies need to be continually updated and available to the school community, including parents/guardians
- input by students into the planning of SPHE classes with content reflecting the needs of students

- use of interactive methodologies to allow students to examine their own values and belief systems and become empowered
- adoption of a harm reduction approach – acknowledging that many students are already engaging in harmful use of alcohol and / or illegal drugs
- access to appropriate referral procedures for treatment
- access to appropriate information which is needed to make informed decisions
- implementation of the SPHE curriculum
- professional development for teachers to enable a student-centred approach to be adopted and to encourage reflective practices on personal drinking patterns
- establishment of youth cafes
- models of successful SPHE implementation available to all
- peer mentoring by senior students of junior students
- Student Support Teams, good Year Head and Tutor systems, along with support from the school's students' council, are positive indicators of a whole-school approach
- promoting the health and well-being of students and enhancing their learning outcomes
- promoting a safe and supportive environment and integrating health promotion into the school's on-going activities
- seeking continuous improvement through monitoring and evaluation of school policies.

### **III What are the obstacles to addressing substance use?**

- Schools acknowledging that some students already have alcohol and drug problems
- The universal SPHE curriculum does not cater for a minority of students who require a more in-depth intervention, nor does it cater for some learners in centres for education
- All teachers need to understand that they have a role in the whole-school approach to SPHE
- Implementation of a SPHE curriculum is not mandatory at senior cycle level
- Unsuitability of some outside speakers brought in to address SPHE classes, despite Department guidelines in Circular 0023/2010
- Teachers who have not accessed sufficient professional development i.e. they do not have the necessary expertise to facilitate SPHE class discussion
- Difficulties experienced in releasing teachers to attend CPD in SPHE
- Difficulties in establishing effective SPHE implementation of the school curriculum were referenced in many of the responses: -
  - SPHE is not assessed by examination, so its importance, as against the examination subjects, is diminished
  - curriculum overload at junior cycle level
  - time-tabling of SPHE in the school week can be problematic
- Lack of leadership from the school principal
- Variation in the standard of delivery of SPHE lessons
- Some students found that accessing SPHE did not facilitate development of a positive image of themselves and did not give them the skills to cope

- Adopting a social norms approach to alcohol and substance use could be problematic, since the actual norm could prove to be too high
- SPHE and RSE is not always appropriately integrated.

#### **IV Interactions by Schools/Centres for Education with Parents/Guardians, Drug and Alcohol Task Forces, Youth Sector and Community**

- The support and engagement of parents/guardians is needed, particularly when schools are drafting or amending their substance use policies
- Parents/guardians need to take responsibility for their own children and be aware of the services available to them
- Parental lack of awareness of the SPHE programme
- Provision of information/engagement of Task Forces with parents/guardians on drug awareness programmes
- Outside agencies, such as Drug and Alcohol Task Forces, could complement the work of the teacher, especially as regards substance use education
- The need for complementarity between SPHE programmes in school and initiatives in the youth and non-school sectors
- Health and education issues should be linked, not just for students but also for school staff members
- Schools should collaborate with parents/guardians and the community

#### **V Existing resources**

- Many resources for SPHE, including substance use education, are available to schools. These resources should be easily accessible and relevant to the Irish context.
- CPD for teachers is key. The SPHE Support Service for the post-primary sector has provided CPD on a range of SPHE topics to teachers and school management.
- *On My Own Two Feet* remains a good resource. Many of the core messages and key themes are still relevant. Its use in collaboration with other resources would provide teachers with a greater range of resource material.
- Models of successful SPHE implementation should be identified and, through the website [www.sphe.ie](http://www.sphe.ie), shared with other teachers and schools.
- Best practice guidelines exist for linking Drug and Alcohol Task Forces with schools, SPHE teachers and the SPHE Support Service. There is a need to focus on the most appropriate relationship that should exist between the task forces and others.
- Drug and Alcohol Task Forces can provide information for teachers of SPHE and, for example, teachers could benefit from attending the *Putting the Pieces Together* training which has been developed for Drug Education Workers by the Western Regional Drug and Alcohol Task Force.

## **Chapter Five      Outcomes of the Consultation Process with Schools and Youthreach Centres – Strands F and G**

### **5.1 Introduction**

A senior department official and senior inspector visited eight schools and three Youthreach centres to hear the views of school principals, Youthreach co-ordinators, teaching staff and students regarding resource materials used in the delivery of substance use education, in the context of SPHE. The senior inspector conducted workshops with a group of students in each location aimed at: -

- ascertaining their knowledge and perception of drugs/alcohol and their effects
- promoting discussion on related topics through active experiential methodologies
- drawing out their views on what should, and should not, be included in a substance use education programme

Additional information on the use of the *On My Own Two Feet* resource in schools was provided from questionnaires which were distributed to teachers attending SPHE CPD. Detailed information was also compiled from questionnaires submitted by SPHE teachers in nineteen schools, including the eight schools which were visited.

### **5.2 Summary of feedback from Principals/School management/ Youthreach Centre Management:**

- The context and culture of the local community heavily influences students' drug/alcohol use
- There is normalised use of alcohol and cannabis in urban (disadvantaged) schools
- In rural schools, the problem is alcohol, with huge pressure on young people to drink
- Depending on location, Youthreach students, as well as using alcohol and cannabis, may also be using cocaine and other drugs at weekends
- The post of co-ordinator for SPHE in post-primary schools is a pivotal one
- Many teachers and centre staff are not confident teaching SPHE – training is very important
- There is a need to revise and update *On My Own Two Feet*, if it continues to be used as a resource for SPHE
- Personal safety needs to be factored in for all young people in relation to substance use, including alcohol use
- The role of the home in influencing student behaviour is very strong
- There is a need for parental education; however, schools and centres for education encounter difficulties in engaging parents/guardians

### 5.3 Summary of feedback from teaching staff

(These views were compiled from interviews and completed questionnaires from 38 teachers in 19 schools and centre staff in three Youthreach centres):

The *principal challenges* facing young people in relation to alcohol and drug use were identified as: -

- Peer pressure (including the perception that ‘everyone is drinking’) is prevalent
- Drinking alcohol is now seen as part of the accepted pattern of young people’s lives, that is, its use is normalised as being socially acceptable
- For many young people, the use of cannabis has now also become normalised and is seen as socially acceptable
- Availability of headshop drugs, alcohol and cannabis is seen as a major issue
- There is parental/family acceptance of young people’s use of alcohol and cannabis. This issue includes parental use/ family use /sibling use of drugs (alcohol, cannabis), the lack of parental guidance, family breakdown and negative parental values
- There is misinformation and lack of knowledge about drugs and alcohol; for example, teenagers do not know their limits in relation to alcohol.

Other issues strongly identified included:

- The power of advertising, media and TV culture, with alcohol in particular being associated with sport
- Lack of opportunities to socialise in a healthy way (including lack of local sports facilities)
- Young people’s curiosity and experimentation with drugs and, for some, this includes rebelling against what are seen as adult rules

The following issues were also raised: the cultural acceptance of teenage drinking; non-enforcement of the law; low self-esteem; the stress and pressure in young people’s lives; the use of false identity cards and being tricked into trying drugs.

### 5.4 Substance Use Education in the Context of SPHE – Views Obtained

- Substance use education (including alcohol education) is being addressed through the Junior Cycle SPHE curriculum in all eight schools visited
- Two schools visited are currently implementing their own SPHE/Lifeskills programmes in *Senior Cycle*, and a third school was preparing to introduce it at Senior Cycle
- Two schools visited also deliver their own Health Education/SPHE programmes in Transition Year
- SPHE teachers were involved in the delivery of the substance use module of SPHE in most schools visited, while, in one school, outside facilitators from the local youth development service delivered a six week drugs awareness programme to second year students

- In one school visited, delivery of the SPHE programme was supported by the knowledge content of learning areas being addressed in other curricular subjects, for example, Home Economics, Religion and Civic, Social and Political Education (CSPE).

An SPHE/Lifeskills programme was being actively implemented by two of the three Youthreach centres visited. Outside facilitators were invited to deliver elements of SPHE in one Youthreach centre. This centre was also providing a smoking cessation programme for its students and staff.

All the schools and centres for education visited had a Substance Use Policy and, in some cases, this was being actively reviewed. Excellent practice in policy review was identified in one school.

### **5.5 Use of the *On My Own Two Feet* Materials**

With the exception of two schools visited, the six remaining schools use the *On My Own Two Feet* materials to resource their SPHE lessons to varying degrees, from ‘not very often’ to ‘used a lot’. Even within a school, there is variation among SPHE teachers, with some teachers not using it at all while others do, again to varying degrees. Three of the schools had at least one teacher, usually the SPHE coordinator, who had undertaken the 50 hour *On My Own Two Feet* training which was found to be very beneficial. Elements of *On My Own Two Feet* were valued, including some of the lesson content, the case studies and the flash cards. In two schools, their own SPHE resource pack for teachers was predominantly based on the *On My Own Two Feet* material.

Of the three Youthreach centres, *On My Own Two Feet* was accessed to varying degrees by two centres. Similar to school teaching staff, some centres found elements of *On My Own Two Feet* useful, including the flash cards.

Completed questionnaires from twelve out of nineteen schools (63%) confirmed their use of *On My Own Two Feet* to varying extents.

Of seventy questionnaires completed by teachers attending SPHE CPD courses, 16 (23%) teachers had not taught SPHE and were not familiar with *On My Own Two Feet*. Of the remaining 54 (77%) responses, 29 (54%) teachers confirmed that they were currently using *On My Own Two Feet* (or it was being used in their school) and 25 (46%) of these teachers indicated that they did not use, or did not have, a copy of it.

### **5.6 Resource materials used to address SPHE**

The SPHE teacher teams use a wide range of resources for the delivery of their SPHE programmes (See Appendix VIII, Bibliography, Section A). A wide variety of resources were noted as being useful for the delivery of substance use education, including the *On My Own Two Feet* 50 hour training, newspaper articles, HSE information packs, internet websites/online web resources, visual resources including DVDs, new text books and visiting speakers (including Community Gardaí). Interactive methodologies including discussions, quizzes, realistic role plays, up to

date case studies and LDTF funded resources/local youth work resources were also found to be useful.

One school named its school substance use policy as being a useful resource.

### **5.7 Views on the *On My Own Two Feet* Resource Materials**

The consensus in the feedback received, through interviews and detailed questionnaires, from those familiar with the *On my Own Two Feet* resource materials was that it is a comprehensive and worthwhile resource addressing several of the key learning areas, including the substance use education module in SPHE. While its format and some of the material (e.g. case studies) are outdated, the core messages contained in the resource are worthwhile. It was evident that an updating process would have to have regard to the major developments in media technology and ICT in schools and Youthreach centres since the resource was published in 1994. However, in the completed questionnaires returned to the Department, a significant number of SPHE teachers indicated that they did not use, or were not familiar with, *On My Own Two Feet*. Much additional resource material for SPHE has been published in recent years. The SPHE Support Service collated a listing of such material, including textbooks, DVDs and information packs, details of which are on the website, [www.sphe.ie](http://www.sphe.ie). Teachers tend to use a suite of resource materials rather than relying solely on one resource.

Teachers who were familiar with *On My Own Two Feet* stressed the critical importance of appropriate training in the use of the materials. A comparison was drawn between the original training, consisting of a total of 50 hours, linked to the introduction of *On My Own Two Feet*, as against current CPD provision for SPHE. It was noted that the provision of SPHE resource materials was not in itself sufficient unless accompanied by the appropriate training: teachers in one school made the point that ‘resources are pointless without realistic training for teachers’.

### **5.8 The Needs of Teaching Staff**

In response to the question: -

*What would support you as a teacher and the teachers in your school to provide an effective and relevant substance use education?*

All of the eight schools and three centres for education visited strongly advocated more training for teachers, including CPD, through an updated programme from the SPHE Support Service, and the provision of advice for schools and centres. It was emphasised that teachers needed to feel confident in delivering this, and other areas of the SPHE curriculum, especially as students may have more knowledge about substance use outside of school. The issue of smaller classes to enable more effective group work was also raised.

## 5.9 Findings from the Consultative Workshop with Students

A consultative workshop (see Appendix VII for details of the workshop) was conducted with eight junior cycle student groups (57 students), eight senior cycle student groups (59 students) and three Youthreach student groups (31 students). With the exception of one group, the students in the Junior Cycle group were in third year and the students in the Senior Cycle groups were either in fifth or sixth year. Some Senior Cycle students and Youthreach students were 18 years or older.

Through the initial brainstorm with students, a wide variety<sup>30</sup> of drugs were named and a wide range of the effects of taking drugs were cited. Most students could discriminate clearly between the legal and illegal drugs and, for the most part, they were aware of the legal position relating to the supply of legal drugs, such as alcohol and tobacco, to under 18 year olds. Students were less likely to name familiar legal drugs, alcohol and tobacco, unless prompted.

Students generally did not appear to be knowledgeable or forthcoming in identifying drugs as stimulants (e.g. caffeine) or depressants (e.g. alcohol) although they were all confident in identifying illegal 'class A' drugs, more readily identifying them as addictive and being more confident in talking about the specific effects of these drugs, how they are used and how they affect the body. Some students were familiar with the effects of hallucinogenic drugs e.g. magic mushrooms. Important terminology for drugs and the associated meanings - for example, psychoactive and mood-altering - did not emerge at all. Students seemed less knowledgeable, or less likely, to talk about the depressant effects of alcohol. Some drugs, e.g. rohypnol and methadone, were rarely mentioned. In these instances, the students, while interested, did not feel particularly knowledgeable about them.

## 5.10 Students' Perceptions of the Harmful Effects of Drugs

Students were invited, in pairs, to rank the named drugs in order of harmful effects, starting with the most harmful one; an indication of the rankings is summarised in the following table: -

<b>Student category</b>	<b>1 (most harmful)</b>	<b>2 (second most harmful)</b>	<b>3 (third most harmful)</b>	<b>4 (fourth most harmful)</b>
Junior Cycle	Heroin	Cocaine	Ecstasy	Cannabis
Senior Cycle	Heroin	Cocaine	Ecstasy	Alcohol
Youthreach	Crystal Meth	Heroin	Cocaine	LSD

Overall the young people consulted saw heroin, a Class A drug, as being the most harmful drug, followed by cocaine, with ecstasy also featuring in the top three.

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<sup>30</sup> The drugs named included heroin, cocaine (including crack cocaine), LSD/acid, crystal meth, ecstasy, amphetamines (speed/uppers and downers), cannabis (hash, marijuana, weed), tobacco (cigarettes, nicotine), rohypnol, methadone, methadone, alcohol, medicine (both prescribed and over the counter), magic mushrooms, steroids (creatine) and caffeine

They did not attribute to alcohol or tobacco the same degree of harm, despite the damage to health and to society caused by both substances.

### 5.11 Walking Debate

A Walking Debate is an activity which can be useful when discussing an issue with students. A statement is read out to which the students are given possible responses: e.g. ‘agree’, ‘disagree’ or ‘don’t know’. They move to the corner of the room designated for each response and are asked to explain why they chose that option.

The table below outlines the responses to a number of statements on drugs and alcohol.

<b>Statement</b>	<b>Agree</b>	<b>Disagree</b>	<b>Can’t make up mind</b>
<i>I know what I need to know to make healthy decisions about drugs and alcohol</i>	Junior Cycle – 91% Senior Cycle – 63% Youthreach - 87%	Junior Cycle – 3% Senior Cycle – 17% Youthreach – 0%	Junior Cycle – 5% Senior Cycle – 20% Youthreach – 13%
<i>I have learned what I need to know about alcohol and drugs in this school or centre</i>	Junior Cycle - 38% Senior Cycle – 63% Youthreach - 87%	Junior Cycle – 42% Senior Cycle – 17% Youthreach – 0%	Junior Cycle – 20% Senior Cycle - 20% Youthreach – 13%

During this activity, some senior cycle students indicated that they had not received SPHE in Junior Cycle. Many of the Youthreach students felt that they had an opportunity to discuss issues they were aware of, regarding drug use in their community and their lives in Youthreach, and get information on the drugs at the same time.

All students consulted felt that drug (including alcohol) education was important for young people, and gave very strong reasons for this view: -

- ‘drugs and alcohol are everywhere and young people need to be aware of the consequences’
- ‘young people need to be aware when presented with a situation involving drugs’
- it is important as young people would be more inclined to try them out of curiosity’
- ‘young people might think they know everything but they don’t’
- ‘it is important because it ‘affects your life, young and old people need to know this’.

## 5.12 Influences on Young People's Lives

The six top influences on young people's decision-making regarding their lives are shown in the following table:

<b>Junior Cycle</b>	<b>Senior Cycle</b>	<b>Youthreach</b>
Parents/family	Parents/family	Parents/family
Friends/peer pressure	Celebrities	Consequences
Media	Experience	Stories
Personal appearance	Image	Sports
Wanting to be fit	Sports	Advertisements
Information/SPHE	friends	Looking after health

## 5.13 What to Include in Substance Use Education

Students were asked for their advice as to what should be included in substance use education that would be helpful to young people in making healthy decisions. They were asked to prioritise their top three pieces of advice in what should be included and what should not be included i.e. 3 do's and 3 don'ts.

	<b><i>Dos</i></b>	<b><i>Don'ts</i></b>
<b>Junior Cycle</b>	How drugs affect your body Personal experiences and stories Videos/'before and after' pictures	No long lectures Less worksheets Tell them not to take drugs because they are bad
<b>Senior Cycle</b>	Guest speakers with experience Proper information on consequences Scare stories/pictures of effects	Make them uncomfortable or feel guilty Be boring Glamorize the drug scene
<b>Youthreach</b>	Let people know the consequences 'True to life' stories Interactive activities which are short, lively and engaging	Deny drug use and smoking Leave out the gory details (don't) just tell what a drug is - explain

Some of the advice was focused in a thoughtful way e.g. 'don't just focus on illegal drugs because legal drugs are more common'. This advice would be very helpful to inform the ongoing planning of the school/centre's SPHE/Life skills programme.

## 5.14 Summary

It was evident that SPHE teachers who were familiar with, and used, the *On My Own Two Feet* resource materials appreciated the value of the materials in supporting them in delivering SPHE in the classroom. Their view was that the core messages contained in *On My Own Two Feet* had stood the test of time and were as relevant as ever. They supported the updating of some aspects of the materials but noted that it would have to take account of the transformation in the way in which information is

delivered and received, the many digital resources now available and the ICT equipment in schools which made the use of such additional resources possible.

Since the introduction of *On My Own Two Feet* in 1994, a large number of additional textbooks and resource materials for SPHE have become available. Many SPHE teachers are using a wide range of such materials. It is possible that teachers could become over-reliant on text-book material and so diminish the experiential, interactive approach, which is regarded as an essential part of SPHE delivery. The consensus view was that the provision of appropriate CPD for SPHE teachers was necessary if best use was to be made of available resource materials. Such CPD is necessary, as the skills needed to teach SPHE are different to those of other subjects for which teachers have previous academic training.

## Chapter Six – A Whole-School Approach to SPHE and Related Initiatives

### 6.1 Elements of a Whole-School Approach to SPHE in the context of the School Development Plan<sup>31</sup>

Substance use education is one of the key learning areas which, ideally, is delivered in an integrated manner with the other modules in the Junior Cycle SPHE Curriculum. In parallel, it is recommended that a whole-school approach to substance use education is integrated within the broader approach to SPHE, in the context of the School Development Plan and SPHE Policy.

#### 6.1.1 School Self-Evaluation

School self-evaluation is acknowledged as a vital process for school improvement and development. The *Programme for Government, 2011-2016* sets out specific targets in relation to self-evaluation and school improvement which are elaborated in Department Circular 0040/2012 for post-primary schools. The *School Self-Evaluation: Guidelines for Post-Primary Schools* (2012), prepared by the Inspectorate, provide practical support to post-primary schools in addressing these targets and in undertaking self-evaluation. They also offer a framework for school self-evaluation of teaching and learning that places the process in the context of school development planning and the school improvement plan. Further development of these guidelines is planned which will include the theme of supports for students.

Self-evaluation contributes to better learning for students through enabling schools to identify what is working well and what areas need to be improved. It assists schools to decide on actions that should be taken to bring about improvements in specific areas. The development of improvement plans to support the mental health and well-being of students is one area in which robust evidence-based self-evaluation can greatly assist schools. Such an ethos is captured in two of the Statements of Learning in *A Framework for Junior Cycle* (2012) whereby the student “takes action to safeguard and promote his/her well-being and that of others” and “has an awareness of personal values and an understanding of the process of moral decision making.”

The Inspectorate, through its whole-school evaluations and subject inspections, provides advice to school management on school planning and leadership. The Inspectorate has also produced a booklet “*Looking at Our School: an Aid to Self-Evaluation*” which is still relevant and in which, inter alia, two of the themes for self-evaluation are:

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<sup>31</sup> The Education Act (1998) requires schools to develop a school plan, to review the plan on a regular basis and to report on progress annually to constituent members of the school community. To assist schools in this process, the Department has developed draft guidelines for schools: “the School Development Planning, Draft Guidelines for Post-Primary Schools”

*“The extent to which the school provides and supports an integrated whole-school approach between the areas of guidance, social, personal and health education, links with the home, school and community, and pastoral care” (p. 37)*

*“The extent to which the social, personal and health education programme reflects the characteristic spirit of the school and takes a whole-school approach” (p.38)*

The context for a whole-centre approach to SPHE in Centres for Education is the Quality Framework Initiative for the Centres which incorporates improvement planning. SPHE is one of the named areas in the Quality Framework Initiative.

A framework for a whole-school/Centre approach to student well-being should be defined in their SPHE Policy and ideally incorporate the following elements:

- the support of school principals/Youthreach Co-ordinators, boards of management and all teaching staff
- planning for students’ learning in support of those principles and statements of learning in the Junior Cycle Framework which relate to health and wellbeing
- the timetabled delivery of SPHE in the classroom (which includes content specific to substance use education) complemented by SPHE topics being covered, where appropriate, in other aspects of the school curriculum and activities e.g. PE, Home Economics
- whole-school/centre for education focused events on substance use, such as an anti-smoking week
- whole-staff input on drugs awareness
- an atmosphere and ethos which is supportive of student well-being in its totality
- policies, including a substance use policy, code of behaviour, guidance plan, and child welfare and protection policy which are regularly reviewed and revised, involving all the relevant stakeholders, including students
- a student welfare system which addresses the needs of young people who are experiencing difficulties with substance use
- effective engagement, where possible, with parents/guardians with regard to the SPHE programme and their child’s welfare.

## **6.2 Leadership within Schools**

School leadership is central to the successful implementation of SPHE. The school principal, together with the senior management team, has a key role to play in determining the status of SPHE within the school, taking on board the recommended elements in the school self-evaluation framework and, in addition: -

- the embedding of SPHE within the context of a whole-school approach
- the assignment of suitable and experienced staff to the subject
- leading the development of key policies.

## **6.3 School Ethos and School Policies**

Ideally, SPHE should be embedded in a supportive whole-school ethos which becomes key to its successful implementation. The ethos reflected in the atmosphere

of the school, the school's code of discipline, the prevailing standards of behaviour, the attitudes adopted by the staff towards students and values implicitly asserted by its mode of operation has been defined as 'the hidden curriculum'.<sup>32</sup> Accordingly, the substance use policy, the code of behaviour, the guidance plan and child welfare and protection policy should all link with the school's approach to the delivery of the SPHE curriculum.

#### **6.4 The Student Voice**

The consultation carried out on behalf of the Working Group highlighted the challenges facing young people in today's world. These may lead to tension with, and between, school, community, family and societal cultures. Changes in how family life is lived, the strength of peer influences and the impact of the vast array of media, including social media, have significantly affected young people's lives. In this regard, promotion of student well-being is a key component of the new Junior Cycle Framework.

Young people reflect on the reality of their own lives and experiences, and are knowledgeable on substance use, both in what they see happening around them and in what activities and substance use they engage in. However, many young people lack the knowledge and skills to cope confidently with substance use situations. In this regard, the statement of learning in the new Junior Cycle Framework relating to safeguarding and promoting wellbeing is relevant (par. 6.1.1 above). Post-primary students have strong views and can verbalise what they want when given the opportunity to do so. A school's Student Council is a key mechanism for actively involving students in the developments of an SPHE programme.

#### **6.5 Teachers of SPHE**

Training of SPHE teachers, both in post-primary schools and centres for education, was raised as a major issue by many of those consulted. The consultation findings emphasised that the skills needed for delivery of SPHE differ significantly from those needed for other school subjects. SPHE teachers need well developed facilitation skills including the ability to work with young people in a non-judgemental manner. Teachers need to be able to support young people in developing their confidence, their ability to reflect on their attitudes and values and in making healthy, informed life-style decisions. Consideration should be given to how teachers can be supported in developing an understanding of 'health literacy' and the skills to support young people's learning about health literacy, both in their subject specialism and in SPHE. Active, experiential learning methodologies are recognised as being important in supporting young people's engagement in learning in all subjects, including SPHE. It takes a considerable time for teachers to build these skills. It is recognised, however, that there are difficulties with replicating the original 50 hours training provision that was made available in support of *On My Own Two Feet*.

Qualified classroom teachers are the best placed professionals to work sensitively and consistently with students. They require opportunities to develop their skills in

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<sup>32</sup> Piette and Rasmussen (1995) quoted in "The Implementation of SPHE at Post-Primary School Level: A Case Study Approach" Health Promotion Research Centre, Department of Health Promotion, NUIG (2007, p. 14)

providing the best possible substance use education for students. The once-off talk for students by 'experts' in the area of substance use is not advised because the research indicates that this does not work in isolation. (Department Circular 0023/2010 provides advice on the use of outside speakers). However, such experts could facilitate the professional development of teachers, by linking with the PDST. Teachers can then use these skills and approaches in their teaching of SPHE, thereby providing a seamless, integrated message to the students.

## **6.6 The New Framework for Junior Cycle - SPHE**

The student experience contributes directly to their physical, mental, emotional and social wellbeing and resilience. Learning takes place in a climate focused on collective wellbeing of school, community and society.

The *Framework for Junior Cycle* is based on eight Principles. The Principle of "Wellbeing" undertakes to ensure that "the student experience contributes directly to their physical wellbeing." The Principle of "Inclusive Education" undertakes to ensure that "the educational experience is inclusive of all students and contributes to equality of opportunity, participation and outcomes for all."

Contained in the Junior Cycle's Statements of Learning is the stated aim that the student "takes action to safeguard and promote his/her wellbeing and that of others"; is "confident and competent in physical activity and is motivated to be physically active" and that he/she "understands the importance of food and diet in making healthy lifestyle choices".

In addition, eight Key Skills are required for successful learning across the curriculum and beyond the school. This is in recognition of the fact that learning takes place both inside and outside of the formal school environment. One of these Key Skills is "Staying Well", which adopts a holistic approach to well-being and includes "Being healthy, physical and active".

The NCCA is designing a range of short courses (100 hours duration) which will be available to schools from September 2014 including a short course in SPHE. Schools may choose to incorporate these short courses into their junior cycle programme either for certification purposes or not for certification. They may choose not to opt for the new short course and choose to continue to use existing courses or other approaches to meet the Framework's Principles, Statements of Learning and Key Skills relevant to these areas. Schools will have the flexibility to determine how best to meet the range of Statements of Learning, Key Skills and Principles that relate to the areas currently covered in SPHE.

As part of a whole-school approach, it is important that cross-curricular links and joint planning with other curricular areas are promoted and planned. Learning that is common to SPHE and other curricular areas can be planned to ensure that the key messages are addressed in multiple and meaningful ways.

As noted previously, the Department has established a dedicated, continuing professional development service for schools – *Junior Cycle for Teachers* – to support schools in the implementation of the *Framework for Junior Cycle* and it is envisaged

that this service will work closely with other support services of the Department, especially the PDST.

### **6.7 Substance Use Policies in Schools and Centres for Education**

A substance use policy provides the framework within which the school community manages issues relating to substance use. The policy will need to be updated to reflect the new Junior Cycle Framework. The Department recommends a partnership approach, based on the ‘whole-school’ model involving school personnel, parents/guardians, students and relevant community representation in the development, monitoring and review of the policy. An exemplar of good practice in the review of a substance use policy was noted in a DEIS school where the policy review committee included parent and student representatives.

### **6.8 Parents/Guardians and the Whole-School Approach to SPHE**

Parents/guardians can play a key supportive role in ensuring the successful implementation of SPHE and schools should inform parents/guardians about the rationale of the SPHE curriculum and the modules that are included in SPHE.

There is widespread agreement that parents/guardians of students need to be better informed about the SPHE curriculum and the topics that are addressed, including substance use education. The need for a drugs awareness programme aimed at parents/guardians was also highlighted. More recent evidence-based drugs education programmes (referenced in Chapter Three) incorporated a substance use education strand for parents/guardians of the students receiving the intervention.

It can be difficult to persuade a large number of parents/guardians to attend information sessions. Also, it is not solely the school’s responsibility to inform parents/guardians about substance use. The “Parents Drug Education Programme” organised by the Western Regional Drug and Alcohol Task Force (WRDTF) is an example of a multi-agency, collaborative approach to informing parents/guardians. It comprises a Parents’ Information Evening, followed by the option for parents to attend Parents Drug Education Workshops over three evenings. This programme involved co-operation between the following: the WRDTF, post-primary principals, teachers, the SPHE Regional Manager and the HSE. Such a model could be considered as an appropriate approach to engaging parents/guardians.

### **6.9 School, Youth, Community and Drug and Alcohol Task Force Links**

The work done in schools and centres for education through implementing SPHE, including substance use education, needs to be reinforced and complemented in the home, in the youth sector and in the wider community; otherwise, students may be confused by getting contradictory messages regarding the use of substances. In many areas, good relationships and linkages exist between schools, the youth sector and the wider community, including the Drug and Alcohol Task Forces. These linkages were not as evident in the case of centres for education.

Students need to be given – and encouraged to participate in - real alternatives for leisure/recreational activities such as physical activity, music and sports. The Department’s Circular M18/05 recommends that school facilities can be used outside school hours by sporting and community groups to provide local and affordable extra-curricular activities for young people.

## **6.10 Initiatives which are linked to the Whole-School/Centre Approach to SPHE**

The successful implementation of SPHE, in the context of a whole-school approach, links in with a number of related initiatives which are referenced below.

### ***6.10.1 The Health Promoting School***

A health promoting school is one which seeks to promote healthy lifestyles for all in a safe and supportive environment. It will have an organised set of policies, procedures, activities and structures designed to protect and promote the health and well-being of staff, students and the wider school community.<sup>33</sup>

Schools committed to the health promoting school focus on four important aspects: -

- A health promoting physical and social environment
- A social, personal and health education curriculum
- Links with the family and community
- Policies that address health issues

It has been pointed out that a true partnership between the health and education sectors is a necessary condition for positive developments to take place. Such a partnership is a complex and long-term process<sup>34</sup> but could complement the whole-school approach being proposed in this report. In this regard, the HSE published “*Schools for Health in Ireland: Framework for Developing a Health Promoting School – Post-Primary*” in 2013.

*Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025* is a new national framework for action to improve the health and wellbeing of the Irish population over the coming generation. It reflects the international experience of a new commitment to public health with a focus on prevention. It has as its vision:

*a Healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone’s responsibility.*

A key theme of *Healthy Ireland* is that of *Empowering People and Communities* which notes that actions designed to empower individuals and communities to make healthier choices need to be balanced with a broader range of provisions influencing

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<sup>33</sup> SPHE handbook, p.3.1(SPHE Post-Primary Support Service, 2003)

<sup>34</sup> “The Implementation of Social, Personal and Health Education in Irish Schools” Nic Gabhainn S et al. (Health Education 110.6, 2010)

the choices people have. In this regard, it makes reference to the full implementation of SPHE in primary, post-primary and Youthreach settings.<sup>35</sup>

### ***6.10.2 Well-Being in Post-Primary Schools – Guidelines for Mental Health Promotion and Suicide Prevention***

In 2005, the HSE published *Reach Out - National Strategy for Action on Suicide Prevention 2005-2014*. One of the key recommendations for the school sector was the establishment of an inter-Departmental Committee with representation from the Department, the Department of Health and the HSE to develop, implement and monitor protocols and policy for mental health promotion and critical incident response in schools.

*Well-Being in Post-Primary Schools – Guidelines for Mental Health Promotion and Suicide Prevention* was published by the Department in January 2013 and copies were circulated to schools authorities. The guidelines have been developed to bring coherence to, and build upon, the multitude of practices that are already in place in schools to promote well-being. The Guidelines draw together existing elements and structures that are in place in post-primary schools and provide clear evidence-based advice for schools on the effective and coherent integration of structures and systems to assist schools with the task of whole-school implementation.

Reference is made in the Guidelines (page 9) to the *My World Survey* of 14,500 young people aged 12 to 25 years in Ireland which, inter alia, found that substance misuse among young people was shown to be related to poor mental health and well-being and suicidal behaviour.

The Guidelines emphasise the need to integrate all elements by using a coordinated whole-school approach in the promotion of positive mental health. This involves building and integrating school self-evaluation processes, implementing the SPHE curriculum, developing the whole-school guidance plan, adopting the NEPS continuum of support (see 6.10.4 below), and building effective inter-agency relationships. Support for schools will be integrated into existing CPD work plans and will be coordinated nationally in collaboration with NEPS and HSE to ensure a streamlined approach.

### ***6.10.3 The School Guidance Plan***

*Well-Being in Post-Primary Schools – Guidelines for Mental Health Promotion and Suicide Prevention* emphasise the need for the school guidance plan to become an integral part of the whole-school development plan. It should also provide an overarching framework within which student support/SPHE structures can be coordinated with the guidance programme and synergy achieved to maximise positive mental health promotion. The Department/NEPS publication *Student Support Teams*

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<sup>35</sup> Healthy Ireland: a Framework for Improved Health and Wellbeing 2013 – 2015 (Department of Health, 2013, p. 24)

*in Post-Primary Schools – A Guide to Establishing a Team or Reviewing an Existing Team* also supports the promotion of well-being in schools.

The specific set of learning experiences in the school's guidance programme encompasses not just educational and vocational areas of students' lives, but also their social and personal development. Counselling provided in the school is outlined in the guidance plan and has as its objective the empowerment of students so that they can make informed decisions, solve problems, address behavioural issues, develop coping strategies and resolve difficulties they may be experiencing. Counselling may include personal counselling, educational counselling, career counselling or a combination of all three. In cases where a student may require personal counselling over a protracted time, s/he can be referred to the appropriate and relevant outside agencies.

#### ***6.10.4 National Educational Psychological Service (NEPS) Continuum of Support Framework***

NEPS, in common with many other psychological services and best international practice, has adopted a consultative model of service. The focus is on empowering teachers to intervene effectively with students who have a wide range of special needs which may range from mild to severe and from transient to enduring.

NEPS encourages schools to use a continuum based assessment and intervention process outlined in *A Continuum of Support for Post Primary Schools* (NEPS 2010) whereby each school takes responsibility for initial assessment, educational planning and remedial intervention for students with learning, emotional, social or behavioural difficulties. Only in the event of a failure to make reasonable progress, in spite of the school's best efforts and in consultation with NEPS, will the psychologist become involved with an individual child for intensive intervention. The continuum provides schools with a framework to identify needs early in the student's school life and to plan and review interventions.

## **Chapter Seven Conclusion and Recommendations with Outline Implementation Plan**

### **7.1 Conclusion**

The Programme for Government includes a commitment to “*update the out-dated drugs awareness programmes in schools to reflect current attitudes and reality of recreational drug use amongst teens.*” To meet that commitment, the Department established this Working Group to report on educational materials for use in SPHE, with particular reference to substance use education. However, based on: -

- the findings arising from the consultation process, as outlined in Chapters Four and Five
- the review of the relevant research literature on substance use education initiatives, both national and international, as outlined in Chapter Three
- the findings from previous evaluations/surveys, as outlined in Chapter Two
- related initiatives which are linked to the whole-school approach to SPHE

and bearing in mind that: -

- the *On My Own Two Feet* resource materials were published in 1994
- a significant amount of SPHE resources have since become available (see bibliography)
- the introduction of *On My Own Two Feet* to schools was accompanied by a comprehensive training programme for teachers, amounting to 50 hours
- the SPHE Support Service was in place since 2000 as a dedicated team supporting schools and centres for education

the Working Group is of the view that updating *On My Own Two Feet* will not, of itself, be an adequate response to the needs identified in the consultation and the research review. Therefore, the Working Group has set out the recommendations below which, the Group considers, will fulfil the objective underlying the commitment in the Programme for Government.

### **7.2 Recommendations with Outline Implementation Plan**

#### **7.2.1 Introduction**

The outline implementation plan below sets out the necessary actions to implement the recommendations contained in the Working Group’s report, to show where the lead responsibility lies and the proposed timelines for action to be taken.

#### **7.2.2 Monitoring of Implementation**

The Department may wish to consider whether monitoring of the implementation of recommendations can be carried out by an existing unit/area of the Department or whether an alternative oversight group is preferred.

*In the Timeline column, ‘short-term’ relates to an action which can be implemented within three to six months. ‘Medium-term’ relates to an action which could be implemented, or initiated, within the school year subsequent to the report and its recommendations being given final approval.*

Recommendation	Action to be Taken by	Timeline
<p><b>The Department of Education and Skills</b></p> <p>It is recommended that: -</p> <p>The Department continues to provide CPD for SPHE teachers, in recognition of the fact that, unlike teachers of other subjects, they are not required to hold a pre-service qualification in that subject.</p> <p>The Department, in collaboration with the Health Sector, seeks to ensure that schools receive consistent messages relating to student well-being and health promotion e.g. in relation to substance use education, mental health education and senior cycle RSE.</p> <p>The PDST staff supporting delivery of SPHE examine their current practice in supporting teachers to develop and maintain competencies for planning and delivering effective substance use education, using interactive, student-centred methods.</p> <p>Given the range of resources that have been developed since the publication of <i>On My Own Two Feet</i>, -</p> <ul style="list-style-type: none"> <li>• guidance should be provided to schools on the range and use of the available resources; Possibilities for sharing teaching strategies and practices should be explored, using the website <a href="http://www.sphe.ie">www.sphe.ie</a>.</li> <li>• the health and wellbeing promotion initiatives developed by The National Youth Health Programme should be assessed for their relevance to the formal school setting</li> <li>• CPD for whole school staffs and cluster groups of teachers of SPHE should continue.</li> </ul>	<p>The Department’s Teacher Education Section (TES)</p> <p>Curriculum &amp; Assessment Policy (CAP), inspectorate, TES, NEPS, the Health Sector</p> <p>PDST team supporting SPHE</p> <p>CAP, TES/PDST; also NCCA in context of short course in SPHE</p> <p>PDST team supporting SPHE</p> <p>PDST team supporting SPHE</p>	<p>Ongoing</p> <p>Short to Medium-term</p> <p>Short to Medium-term</p> <p>Medium-term</p> <p>Medium-term</p> <p>Medium-term</p>

<p>The recommendations in the Inspectorate’s composite report on inspections of SPHE should be reviewed, to see how they can be implemented to effect improvements in the delivery of SPHE</p> <p>The Inspectorate continues inspection of the post-primary SPHE programme, having regard to the inclusion of substance use education.</p> <p>The Department’s <i>Guidelines for Developing a Substance Use Policy</i> (2002) are revised to reflect the findings in this report.</p> <p>The section on the whole school approach to SPHE in the Post-primary Support Service School Handbook for SPHE is revised.</p> <p>Teaching and learning resources used in schools and centres for education are aimed at reducing, postponing and /or eliminating substance use, as appropriate, in recognition of the reality that a proportion of students are using legal and illegal substances.</p>	<p>PDST team supporting SPHE/ TES/ inspectorate</p> <p>The Inspectorate</p> <p>Social Inclusion Unit</p> <p>PDST team supporting SPHE</p> <p>TES, CAP, the PDST team supporting SPHE</p>	<p>Medium-term</p> <p>Medium-term</p> <p>Ongoing</p> <p>Medium-term</p> <p>Medium-term</p>
<p><b>A Whole School Approach to Student Well-being</b></p> <p>It is recommended that: -</p> <p>A whole school approach to student well-being is adopted in which SPHE is central. This would complement the implementation of the <i>Framework for Junior Cycle</i>.</p> <p>Principals facilitate teachers to participate in SPHE CPD so as to build a core team who have accessed SPHE professional development.</p> <p>Schools and Centres for Education review their substance use policies regularly and involve students, parents/guardians, school staff and management in their reviews.</p> <p>Centres for Education have an SPHE Plan based on meeting the needs of learners and recognising health promotion as an integral part of policy and practice and also taking into account the reality that a proportion of students are using legal and illegal substances.</p> <p>Students in post-primary schools are actively involved in school self-evaluation and planning for student well-being.</p>	<p>School Management</p> <p>School Management</p> <p>School/Centre management, student councils</p> <p>Centre management and learners</p> <p>School Management and Student Councils</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>

<p><b>The Junior Cycle Framework</b></p> <p>It is recommended that: -</p> <p>The revision of the Junior Cycle is seen as an opportunity to provide new specifications for teachers of SPHE, as it can be delivered as a short course of 100 hours, versus the current 60-70 hours.</p> <p>All post-primary schools be required to deliver a programme that fulfils the Well-Being Principle in the Junior Cycle Framework that the students' experience contributes directly to their physical, mental emotional and social well-being and resilience.</p>	<p>CAP</p> <p>CAP</p>	<p>Medium-term</p> <p>Medium-term</p>
<p><b>Senior Cycle</b></p> <p>It is recommended that:-</p> <p>Schools consider how clear links can be developed between Senior Cycle RSE, Substance Use Education and Mental Health Promotion</p>	<p>CAP and the PDST team supporting SPHE, NEPS</p>	<p>Ongoing</p>
<p><b>The Continuing Professional Development of SPHE Teachers</b></p> <p>It is recommended that: -</p> <p>Consideration is given to recognition of CPD undertaken by SPHE Teachers and, where appropriate, accreditation of such CPD is recognised by the Teaching Council.</p> <p>The Teaching Council continues to review periodically the generic skills required for post-primary teaching and identifies competencies needed for teaching health literacy and its application when working with adolescents.</p> <p>The Professional Diploma in Education at third level continues to incorporate pre-service education about generic, active, experiential learning which can be used in the SPHE classroom.</p>	<p>The Teaching Council</p> <p>The Teaching Council</p> <p>The Teaching Council and the Higher Education Institutes</p>	<p>Medium-term</p> <p>Ongoing</p> <p>Ongoing</p>

<p><b>Substance Use Education – Education and Prevention Awareness for Parents/Guardians</b></p> <p>It is recommended that: -</p> <p>Collaboration is encouraged between relevant stakeholders, including the Local and Regional Drugs and Alcohol Task Forces, to promote awareness amongst parents/guardians of students that complements the SPHE programme delivered in schools and centres for education.</p>	<p>Local and Regional Drug and Alcohol Task Forces, PDST team supporting SPHE and the National Parents Council (Post-Primary)</p>	<p>Medium-term</p>
<p><b>School, Community and Drug and Alcohol Task Force Links</b></p> <p>It is recommended that: -</p> <p>Substance use education in schools and in out-of-school settings complement each other.</p> <p>All (non-teaching staff) working in the area of substance use education are made familiar with related resources such as the Youth Work Support Pack for Dealing with Substance Use Issues, the Drug Education Workers Forum (DEWF) Quality Standards in Substance Use Education and with the Department’s circular on <i>SPHE and RSE – Best Practice Guidelines for Post-Primary Schools(circular 0023/10)</i>.</p> <p>Links are established at national level between representatives of the Drug and Alcohol Task Forces, the Youth Sector and PDST staff supporting delivery of SPHE to ensure that the roles and responsibilities of all (school and Centre for Education teaching staff, SPHE support staff, Drug and Alcohol Task Forces and Youth Sector) are understood and that best practice guidelines in drug education and prevention are uniformly implemented.</p> <p>Strong school-community links are established in the context of a whole school approach to SPHE (mindful of Department Circular 0023/2010 on Best Practice Guidelines for Post-Primary Schools in relation to SPHE and RSE).</p>	<p>Schools, Drug and Alcohol Task Forces, the Youth Sector</p> <p>Drug and Alcohol Task Forces, D/Children and Youth Affairs and the Youth Sector</p> <p>PDST team supporting SPHE, D/Children and Youth Affairs and the Youth Sector, the NCC_DATF, and the Drug and Alcohol Task Forces</p> <p>Schools, Drug and Alcohol Task Forces, local community structures</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Short to Medium-term</p> <p>Short to Medium-term</p>

## Appendix I

### **Working Group on Materials for Use in SPHE in Post-Primary Schools and Centres for Education with particular reference to substance use education, in the context of SPHE**

<b>Breda Naughton</b>	<b>Principal Officer, Department of Education and Skills (DES), Chairperson</b>
<b>Seamus Hempenstall</b>	<b>Principal Officer, Further Education Section, DES</b>
<b>Margaret Kelly</b>	<b>Principal Officer, Qualifications, Curriculum and Assessment Policy, QCAP), DES</b>
<b>Anne Murray</b>	<b>Assistant Principal Officer, QCAP, DES</b>
<b>Margaret Grogan</b>	<b>Regional Director, National Educational Psychological Service (NEPS), DES</b>
<b>Máirín O’Sullivan</b>	<b>Senior Inspector, DES</b>
<b>Frances Shearer</b>	<b>National Co-Ordinator, SPHE Post-Primary Support Service</b>
<b>Dairearca Ní Néill</b>	<b>Assistant Principal Officer, Drugs Policy Unit, Department of Health</b>
<b>Liam McCormack</b>	<b>Assistant Principal Officer, Health Promotion Policy Unit, Department of Health</b>
<b>Alan Kelly</b>	<b>Executive Officer, Drugs Policy Unit, Department of Health</b>
<b>Ger Halbert</b>	<b>Education Officer, National Council for Curriculum and Assessment (NCCA)</b>
<b>Conor Rowley</b>	<b>National Assessor of Youth Work, Department of Children and Youth Affairs</b>
<i>Secretariat</i>	
<b>Máirín O’Sullivan</b>	<b>Senior Inspector, DES</b>
<b>John Moloney</b>	<b>Assistant Principal Officer, DES</b>

## Appendix II

### **Guiding principles for school-based education for drug abuse prevention**

*Principle 1. An emphasis on learning outcomes, environmental factors and collaborative partnerships is vital to the success of school-based education for drug abuse prevention*

*Principle 2. Drug-related learning outcomes should be addressed in the context of the health curriculum or other appropriate learning area that can provide sequence, progression, continuity and links to other health issues that impact on students' lives*

*Principle 3. The school environment should be conducive to achieving educational outcomes and building productive partnerships*

*Principle 4. Collaborative partnerships should be developed for decision-making*

*Principle 5. Teaching and learning should be interactive*

*Principle 6. Educational programmes for the prevention of drug abuse should be responsive and inclusive*

*Principle 7. Training teachers in drug abuse prevention education enhances the impact and sustainability of drug abuse prevention programmes*

*Principle 8. Programmes, strategies and resources should be designed to support the teacher, to help achieve drug-related learning outcomes and to contribute to the long-term improvement of the school environment and ethos*

*Principle 9. Drug abuse prevention programmes and their outcomes should be evaluated regularly to provide evidence of their worth and to improve the design of future programmes*

*Principle 10. Policies and procedures for managing drug-related incidents at schools should be collaboratively developed and widely publicised in order to elicit a positive response*

**(School Based Education for Drug Abuse Prevention; United Nations Office on Drugs and Crime publication, 2004, pp 15-17)**

## **Appendix III**

### **Personnel Consulted, having Expertise in the Areas of Substance Use Prevention and Education**

<b>Dr Mark Morgan</b>	<b>St Patrick's Training College</b>
<b>Ms Ruby Morrow</b>	<b>Church of Ireland College of Education</b>
<b>Mr John Lahiff</b>	<b>(Former) National Co-ordinator, SPHE Support Service</b>
<b>Mr Chris Murphy</b>	<b>(Former) Director, Drug and Alcohol Programme, Crosscare</b>
<b>Mr Martin Keane</b>	<b>Alcohol and Drug Research Unit, Health Research Board</b>
<b>Dr Bobby Smyth</b>	<b>Consultant and Adolescent Psychologist, HSE</b>
<b>Ms Ann Campbell</b>	<b>Youth, Drug and Alcohol Service, HSE</b>
<b>Dr Dermot Stokes</b>	<b>(former) National Co-ordinator, Youthreach</b>
<b>Ms Mary Gordon</b>	<b>Senior Psychologist, NEPS</b>

**The assistance of Mairea Nelson, Information Officer, National Documentation Centre, Health Research Board, is also gratefully acknowledged.**

**Organisations in the Education, Health and Youth Sectors which submitted observations**

**Association of Community and Comprehensive Schools**

**Association of Secondary Teachers of Ireland**

**Crosscare Teen Counselling**

**HSE Addiction Services, West/Southeast**

**HSE Health Promotion Services, Dublin North East/West/South**

**Irish Vocational Education Association [now Education and Training Boards  
Ireland]**

**Joint Managerial Body, Voluntary Secondary Schools**

**National Association of Principals and Deputy Principals**

**National Association of Youth Co-ordinators**

**National Centre for Guidance in Education**

**National Youth Health Programme, National Youth Council of Ireland**

**North West Alcohol Forum**

**Teachers Union of Ireland**

**The SPHE Network**

## **Appendix V**

### **Observations Submitted by Drug and Alcohol Task Forces**

#### **Local Drug and Alcohol Task Forces**

**South Inner City**

**Dublin 12**

**Tallaght**

**Dun Laoghaire**

**Ballymun**

**Blanchardstown**

**Bray**

#### **Regional Drug and Alcohol Task Forces**

**Midland**

**Midwestern**

**North Eastern**

**North Western**

**Western**

**South Western**

## Appendix VI

### Questionnaire for Teachers/Co-ordinators of SPHE

There is a commitment in the Programme for Government to “update the out-dated drugs awareness programmes in schools to reflect current attitudes and reality of recreational drug use amongst teens”.

The Department has, accordingly, established a Working Group on Materials for use in SPHE in Post-Primary Schools/Centres for Education with particular reference to substance use education in the context of SPHE.

*On My Own Two Feet (Substance Abuse Prevention Programme)* is a resource that was developed by the Department of Education and Skills, the Department of Health and the Mater Dei Counselling Centre for the delivery of the SPHE curriculum in post-primary schools and was first published in 1994.

It would be appreciated if you would complete the questionnaire below.

What, in your view, are the main issues/challenges that young people are facing in relation to alcohol and substance misuse and abuse?

In your school, how is alcohol and substance use education addressed?

To what extent (if at all) do you use the resource *On My Own Two Feet*?

What (other) resources do you use for the delivery of SPHE?

What resources do you consider to be the most useful for delivery of substance use education in SPHE?

**For those who use, or who have used in the past, *On My Own Two Feet* (Substance Abuse Prevention Programme): -**

**What Year Groups do you use it with? Please circle:**

**Junior Cycle** 1<sup>st</sup> year 2<sup>nd</sup> year 3<sup>rd</sup> year

**Senior Cycle** TYO 5<sup>th</sup> year 6<sup>th</sup> year

In the revision of *On My Own Two Feet*, the following additions and/or revisions would be most useful in providing an interesting and relevant learning experience for young people in my school: -

What would support you and the teachers in your school to provide an effective and relevant alcohol and substance use education?

Any additional comments on appropriate resources for future use in SPHE?

**Date questionnaire completed** \_\_\_\_\_

**School** \_\_\_\_\_

**Optional Name** \_\_\_\_\_

**THANK YOU FOR COMPLETING THE QUESTIONNAIRE**

## Appendix VII

### Consultation Workshop with Post-Primary school students and Youthreach Learners

#### DRUGS...

##### 1. Brainstorm

What comes to your mind?

What do you notice about the words which have come up?

##### 2. Think, Pair, Share (give out paper)

Looking at these drugs, rank them in order of what you think is the most harmful, the next harmful, and so on...to the least harmful

Take feedback

What do you notice about these rankings?

##### 3. Walking Debate – agree, disagree and don't know

1. I know what I need to know to make healthy decisions about drugs and alcohol
2. I have learnt what I need to know about alcohol and drugs in schools/in this centre

Talk together.....what are your reasons for agreeing ....etc

##### 4. Pairwork, in twos

Why do you think that Drug and Alcohol Education is important?...write down one sentence why it is important

Take feedback

**5. What helps you to make decisions about your health? – for example, decisions about your diet, what exercise you do, your sleep, the routines you follow:**

Take feedback.

Why was this important to you when you make these decisions?...how was this helpful to you, which of these things helped you make the decision?

**6. We are trying to design the best programme on substance use education in school that would be helpful to young people in making healthy decisions :**

**What advice would you give me on this? Work in the same pairs:**

Three things that could be included

And

Three things that we should not do, should not include

Write these down on the flip chart sheet and we will take feed back,  
10 minutes

Feedback

Rank order

**7. To finish: one last word or comment you would like to make about what you have done here today**

Thank you

We will send back a brief report to a nominee from this group and to your Student Council.

### Bibliography

#### A *Resources for Delivery of SPHE*

A wide range of educational materials are available and are used by teachers to resource SPHE programmes and substance use education lessons as part of SPHE programmes. **In addition to the Department's 'On My Own Two Feet' educational materials**, these resources include:

*Healthy Living, Healthy Times and Healthy Choices* HSE North West (2011)  
Three student workbook/teacher lesson plan series for first year, second year and third year SPHE delivery.

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(Jossey-Bass Teacher)

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#### *Useful Websites*

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[www.drugs.ie](http://www.drugs.ie);  
[www.tes.co.uk](http://www.tes.co.uk);  
<http://teens.drugabuse.gov/>;  
[www.drugabuse.gov/](http://www.drugabuse.gov/);  
[www.talktofrank.com](http://www.talktofrank.com).  
[www.drinkaware.ie](http://www.drinkaware.ie);  
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