Drug and Alcohol Curriculum Resources Regional Development Project

Scoping Report

November 2021

ASCERT

boys & girls clubs
reach : involve : enjoy : achieve

ea Education Authority

Contents

Drugs and Alcohol Curriculum Resources Programme

1. Executive summary

Section one: Executive Summary

The purpose of this document is a desktop review which specifically scopes out the areas of good practice in developing and delivering a drugs and alcohol curriculum resources programme. The end goal is to create thematic modules for delivery in a youth work setting which are robust, inclusive, and agile to meet local need. To achieve this ambitious scope of delivery, this document examines the current population growth; the parameters of the strategic landscape; proven approaches, frameworks and toolkits which have prevailed and flourished globally and locally with particular emphasis on evidenced outcomes; the input and impact of young people in how the designed service is used; and the platform and opportunities which the Northern Ireland curriculum provides. In bringing this together, the document completes its journey with a proposed programme of drugs and alcohol curriculum resources for Northern Ireland. The programme results from the cumulative evidence, learning and good practice which is captured within these pages. It owes much to the tireless and professional work of practitioners from around the world but is designed with the young people of Northern Ireland and their needs as the centre point for all its work.

Section two: Introduction

Northern Ireland has an increasing population with the 2011 census showing a 7.5% increase on the previous 10 years. Against that broad population increase, those aged under 25 account for more than a quarter of the population. Pending the results of the 2021 census for exact comparative figures, Youth Service documents in 2020 show the number of young people increased further from 482,595 in 2011 to 622,985.

This section takes a look at the numbers which form the backdrop of Northern Ireland society and underpin strategic and operational decisions on drugs and alcohol services.

Section three: Overview of impacts

Drugs and alcohol, directly or indirectly, affect every sector and descriptor of society. It is present to some degree in every grouping regardless of age, history, health, income, or any other cohort chosen for scrutiny.

However, there are a number of factors which specifically impact young people and which merit a specialised approach to working with young people in a youth work setting to deliver the Education Authority's commitment on drugs and alcohol. The approach is informed by data together drawn from robust evidence-gathering, including local data such as the Young People's Behaviour and Attitudes Survey 2019 and Youth Wellbeing Prevalence Survey 2020 and is covered in significantly more detail, including the Regional Assessment of Need, in Chapter 8 which deals with Service User Shaping.

Section four: Northern Ireland in context

There are a number of guiding documents which map out the ambit for Northern Ireland's strategy and services on young people and drugs and alcohol. These include the Regional Assessment of Need, the Strategic Framework to Tackle the Harm from Substance Use, the New Strategic Direction for Alcohol and Drugs, Northern Ireland - Making Life Better: Preventing Harm & Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use, the Mental Health Strategy, the Children & Young People's Emotional Health and Wellbeing in Education Framework, and the Children & Young Peoples Strategy.

These overarching strategies are the foundation upon which this Drugs and Alcohol Curriculum Resources Programme has been built and has informed the outcomes of the tailored session for youth workers.

Section five: Approaches

There is a wealth of robust research from around the world which clearly indicates that an interventionist approach, ranging from targeted programmes to universal environmental or fiscal policies, is the most impactful in reaching young people. Alcohol and drug prevention interventions can have a broad range of aims from preventing any use at all, through to delaying onset or use, reducing use, to preventing dependency. Prevention interventions that influence drug and alcohol use are often not drug and alcohol-specific and may already exist as broader interventions.

The approach of the Drugs and Alcohol Curriculum Resources Programme team, built on the research covered within this chapter, covers the public health perspective, educational considerations, risk and protective factors and is founded on evidence-reviewed frameworks and programmes. Within our approach, we have considered youth prevention programmes from both an international and local perspective, particularly with regard to the characteristics of a personal and social skills education programmes. The incorporation of personal and social skills education is one of the enduring characteristics in similar programmes around the world and is demonstrably more efficacious than other approaches.

The remainder of the section on Approaches takes time to explore the key components and the recurring successful elements common to all and the guidance for building an enduring and effective programme.

Section six: Frameworks

Central to all frameworks that support the delivery of Drugs and Alcohol projects/programmes is the work undertaken by The United Nations Office of Drug Control (UNODC) – the research sets out the ambit of work in a variety of settings including those where young people are the primary recipient. Its research and findings inform most frameworks in use across the world today including the Department of Health's recently announced Strategic Framework to Tackle the Harm from Substance Use.

This section on Frameworks deals with the prevention approaches and the characteristics common amongst effective systems. A great deal of emphasis is placed on the consistency and coordination standards and that has been incorporated in the work of the Drugs and Alcohol Curriculum Resources Programme going forward.

In developing this programme, we considered the factors linked to successful outcomes, and those linked to no or negative outcomes within drug prevention frameworks.

Section seven: Evaluation Toolkits

While there is a plethora of drugs and alcohol toolkits available internationally that measure the impact of Drugs and Alcohol projects/programmes, there are few that are specifically to support young people from an educational perspective that is fit for purpose for a limited number of engagement settings. A number of toolkits are considered within the section to inform decision-making.

Having reviewed the good practice across educational and health settings, this project has identified the use of surveys and observation as the most efficacious way forward to balance resources and outcomes in a proportionate manner while still delivering robust data to support the approach.

Section eight: Service user shaping

Tasked with exploring how children and young people can influence, inform, design and deliver Drugs and Alcohol projects/programmes, Boys and Girls Clubs (NI) specifically asked young people for their input. Their observations, collected on an ad hoc basis, are detailed within this section and are core to the development of the programme. This user data is supported by traditionally collected local information and detailed in the Regional Assessment of Need, the Young People's Behaviour and Attitudes Survey 2019**,** ASCERT's

Youth Work Survey. This is further expanded in a review of the UK's A Guide to the Effective Involvement of Children and Young People and additional relevant international examples.

Key findings from the review of good practice and the active collection of data was that young people prefer a relevant, interesting and fun session where there is opportunity to work together, hear new information, feel valued and listened to in a non-judgemental setting. These sit comfortably with the Framework of Outcomes outlined in the Priorities for Youth policy.

Section nine: Key topics and the curriculum

A dedicated cadre of professional and focused individuals – both globally and locally – have developed topics and learning modules for young people with an emphasis on learning styles, a clear sense of purpose, and evidenced outcomes.

In addition, the most successful interweave knowledge, skills and values into the platform from which learning is delivered.

Section ten: Developing our approach

Building on good practice, the Drugs and Alcohol Curriculum Resources Programme team have developed sessions for delivery in youth settings. Aligned with Priority for Youth and based on the input of young people, the resources provide Drugs and Alcohol curriculum resources for youth work to enable the delivery of sessions on a range of key topics important to children and young people aged 9-13 years and 14-18 years.

"*The consequences of taking drugs and alcohol was a clear message from the young people. They were keen to participate in health based programmes exploring these issues".*

Youth Service Regional Assessment of Need 2020 - 2023

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2. Introduction

Northern Ireland has an increasing population with the 2011 census showing a 7.5% increase on the previous 10 years. Against that broad population increase, those aged under 25 account for more than a quarter of the population. Pending the results of the 2021 census for exact comparative figures, Youth Service documents in 2020 show the number of young people increased further from 482,595 in 2011 to 622,985.

This section takes a look at the numbers which form the backdrop of Northern Ireland society and underpin strategic and operational decisions on drugs and alcohol services.

Northern Ireland Numbers…

622,985
children and young people live in Northern Ireland

128,671 *aged 9-13*

114,321 *aged 14-18*

159,135 *aged 19-25*

122,392 *of the total population are engaged in youth work*

202.3 *standardised admission rate for drug related issues in Northern Ireland (per 100 000)*

408.4 *standardised admission rate for drug related issues **in deprived areas** Northern Ireland (per 100 000)*

691 *standardised admission rate for alcohol related issues in Northern Ireland (per 100 000)*

1,491 *standardised admission rate for alcohol related issues **in deprived areas** in Northern Ireland (per 100 000)*

Source: Youth Service Regional Assessment of Need (2020 – 2023)

2.1 Northern Ireland in Numbers

2011 census

- 1,810,863[1] people live in Northern Ireland
- 125,800 increase (7.5%) in population since 2001
- 26.65% of the population of Northern Ireland is aged 25 and under

Youth Service assessment of need 2020

- 622,985 children and young people live in Northern Ireland[2]
    - 128,671 were aged 9-13 years
    - 114,321 were aged 14-18 years
    - 159,135 were aged 19-25 years
- Of the total population, 122,392 are engaged in youth work
- The standardised admission rate for drug related issues in Northern Ireland is 202.3 per 100,000 population.
- In the most deprived areas, it is 408.4 per 100,000 population.
- The standardised admission rate for alcohol related issues in Northern Ireland is 691 per 100,000 population.
- In the most deprived areas, it is 1,491 per 100,000 population.

Further supporting information

The Northern Ireland Assembly research service[3] reports:

- In 2019, Northern Ireland had not only the highest number of deaths (336) recorded since the Northern Ireland Statistics and Research Agency (NISRA) series on deaths linked to alcohol-specific causes began in 2001, but also the highest age-standardised mortality rate of all four UK nations.
- The median (average) age of death from alcohol-specific causes during the decade was 54 years.
- Mortality from alcohol is linked to poverty, with the death rate in the most deprived areas of Northern Ireland (30.3 deaths per 100,000 population) being over three times higher than that in the least deprived areas (8.3 deaths per 100,000 population).

[1] *2011 Census | Northern Ireland Statistics and Research Agency (nisra.gov.uk)*

[2] *Youth Service Regional Assessment of Need (2020 – 2023)*

[3] *Alcohol-specific deaths in Northern Ireland - Research Matters (assemblyresearchmatters.org)*

NISRA[4] states that there were 191 drug-related deaths registered in Northern Ireland in 2019, the highest number recorded since the time series began in 1997. Almost half (45.5%) of these deaths were of men aged 25-44.

- The 2019 total (191) is more than double that recorded a decade ago (84) but is similar to the total of 189 in 2018. Drug-related deaths accounted for 10.1 deaths per 100,000 people in 2019. In terms of all deaths registered in Northern Ireland in 2019 (15,758), drug-related deaths accounted for 1.2% of the total.
- Drug deaths are five times higher in NI's poorer areas; Health inequalities report also shows a slide in premature mortality rates Byline: Gillian Halliday
- DRUG-RELATED death rates are five times higher in Northern Ireland's most deprived areas compared to its least deprived areas, according to The Health Inequalities Annual Report 2021

The October 2020 Update of the Extent of substance use and misuse in Northern Ireland[5] states:

- According to the NIHS 2017/18, over three-quarters of the adult NI population (aged 18 and older) drink alcohol; this equates to about 1,100,000 people.
    - About 6 in 10 adults in the population (59%), an estimate of just under 850,000 people, drink within sensible limits,
    - 1 in 5 (an estimated 260,000) drink above weekly sensible limits.
- The Drug Misuse Database (until 2016) reported that 10% of all individuals who presented to substance use services for the first time or for the first time in six months or longer were under 18.
- The proportion of young people presenting to services has remained relatively stable, though numbers have been fluctuating between 120 to 220 per year
- The Substance Misuse Database (which replaces the Drug Misuse Database) find that there were 271 clients aged under 18
- Of those 271, they were more likely to present with drug and mixed drug and alcohol problems than only problem alcohol use.

A question to the Minster via Assembly Questions finds that:

- A total of £24.25 million[6] was allocated to alcohol and drug services in 2019/20, with similar investment over the preceding years.
- In this instance, substance use services cover treatment and support for alcohol and other drugs, and it is therefore not possible to disaggregate the costs for treatment of alcohol use only.

[4] Drug Related Deaths in Northern Ireland, 2009-2019 | Northern Ireland Statistics and Research Agency (nisra.gov.uk)

[5] *Extent of substance misuse in NI update Oct 20.pdf (hscni.net)*

[6] *AQW 11269/17-22*

3. Impacts on young people

Drugs and alcohol, directly or indirectly, affect every sector and descriptor of society. It is present to some degree in every grouping regardless of age, history, health, income, or any other cohort chosen for scrutiny.

However, there are a number of factors which specifically impact young people and which merit a specialised approach to working with young people in a youth work setting to deliver the Education Authority's commitment on drugs and alcohol. The approach is informed by data together drawn from robust evidence-gathering, including local data such as the Young People's Behaviour and Attitudes Survey 2019 and Youth Wellbeing Prevalence Survey 2020 and is covered in significantly more detail, including the Regional Assessment of Need, in Section 8 which deals with Service User Shaping.

3.1 Overview of impacts

Drugs and alcohol, directly or indirectly, affect every sector and descriptor of society. It is present to some degree in every grouping regardless of age, history, health, income, or any other cohort chosen for scrutiny.

However, there are a number of situational factors (while recognising that experiences are not universal) which apply to young people especially and set them apart from other groupings. In the first instance, apart from their family, they are more likely to be consistently among others of the same age, experience and location through attending school and local activities. The obligation to attend school, the limited opportunity to travel beyond local areas (relatively poor infrastructure and costs) and the age-related restrictions on personal agency which prevent exercising many alternatives means that young people most commonly hang out with people their own age and in their own area. This creates a normalised view of local behaviour which can be extrapolated as a world view.

Secondly, young people are facing constant change – physically they are growing up, societally, they are being given or taking more independence and shouldering the expectation of more mature decision-making and responsibility and at school, the volume of information to be absorbed continues apace but with increasing importance attached to exam results and performance. In short, there is little time to become experienced in any capacity before the next challenge arises. That being the case, young people are arriving at the issue and actuality of drugs and alcohol around the same time as their cohorts.

All of this is in addition to the body of evidence which points to the amplified impacts of experiencing drugs and alcohol at any earlier age and the effects on life chances and opportunities.

3.2 Young Persons' Behaviour and Attitudes Survey 2019[7]

Alcohol

A consortium of government departments commissioned a study on the behaviour and attitudes of young people in post-primary education in Northern Ireland. The Young Persons' Behaviour and Attitudes Survey (YPBAS) is a school-based survey conducted among 11-16 year-olds. Seven rounds of the survey have now taken place: in 2000, 2003, 2007, 2010, 2013, 2016 and most recently in 2019.

Findings

Since 2000, there has been a decline in both the proportion of young people ever having drank alcohol and the proportion of those who drank that report having been drunk. The proportion of young people aged 11-16, reporting to have ever taken an alcoholic drink has fallen from 59% in 2000 to 29% in 2019

Boys were more likely to report having taken a drink (32%) than girls (26%) and those in Year 12 (56%) were more likely to have done so than those in Year 8 (9%). 15% of those who had ever tried alcohol, had deliberately tried to get drunk in the last month. 43% of those who had ever had a drink had been drunk 51% of those who'd been drunk had been drunk at least once in the last month.

Drugs

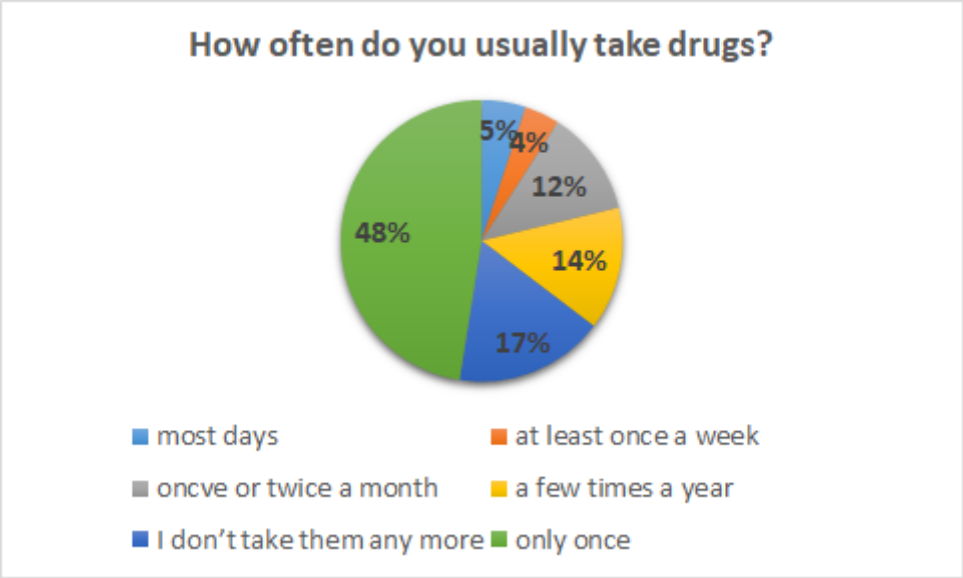
Comparing the most recent years of the survey, there has been very little change in the proportion of respondents reporting lifetime, last year or last month use of illegal drugs. 5%

[7] *Young Persons' Behaviour and Attitude Survey 2019 | Northern Ireland Statistics and Research Agency (nisra.gov.uk)*

of respondents reported ever using drugs; boys (6%) were more likely to report having used drugs than girls (3%) and those in Year 12 (10%) were more likely to have used drugs than those in Year 8 (2%).

Cannabis was the most commonly reported illegal drug with a quarter of respondents (25%) reporting having ever used the drug, 5% reporting recent use in the last year and 3% reporting current use in the last month. After cannabis, the most commonly reported drugs ever used were ecstasy (10%), poppers (7%) and cocaine powder (7%). Almost a quarter of respondents (24%) reported ever taking antidepressants, while over a fifth reported taking other opiates (22%) and sedatives or tranquillisers (21%).

More than half of young people who had been offered drugs, had first been offered them aged 13 or younger (51%). 5% of young people indicated using drugs at least once. 10% had used more than one drug the last time they used them. 28% of those who had used drugs were drinking alcohol the last time they used them.



Respondents were asked their opinion on whether certain behaviours are 'ok for someone your age'. Around a quarter (27%) indicated that it is ok for someone their age to drink alcohol once a week and 6% thought it was ok to take cannabis once a week.

In 2017/18, a pilot drugs module was included in the Health Survey Northern Ireland. Whilst direct comparisons are difficult due to the different survey source and methodology, the findings from the pilot indicated similar levels of last year prevalence of illegal drugs compared with the 2014/15 Drug Prevalence.

Of those who had tried drugs 4% felt that they needed to get help or treatment because of using drugs. The graph above shows the sources of support young people were likely to use if they needed help for drug use.

3.3 Youth Wellbeing Prevalence Survey 2020[8]

This study provides data on more than 3,000 children and young people in Northern Ireland, and on more than 2,800 parents and caregivers. Its findings were published by the Health and Social Care Board in its report *The Mental Health of Children & Parents in Northern Ireland* in October 2020.

It found that Almost 1 in 5 children aged 11-15 years (19.2%) reported having had an alcoholic drink and, while few young people aged 11-15 years met the criteria for problematic drinking (2.5%), roughly 2 in 5 young people aged 16-19 years (40.9%) did. One in ten 11-19 year olds have used drugs with males significantly more likely than females to have done so (7.0% vs 3.1%). The most common type of drug used was cannabis (63.8%), followed by cocaine (18.1%) and Ecstasy (16.4%). Neither recent problematic drinking or drug use were associated with area-level deprivation.

These prevalence figures are based on survey information, so there is the potential that this under-reports actual usage, but the trends should remain consistent over time.

Impact of familial alcohol or drug use

Young people are not only at risk from the impact of their own alcohol or drug use, the multiple and complex ways in which children can be affected by parental substance use (alcohol and/or drugs) and/or mental health problems in both the short- and the long-term are widely recognised.[9] [10] [11] *12*

The number of children and young people that are living with parental substance use in Northern Ireland is not known, but is conservatively estimated to be 1 in 11 children. Approximately 40% of children on the child protection register are there as a direct result of parental substance misuse. Seventy percent of our “Looked After Children” are living away from home as a direct result of parental substance misuse.

There is also increasing evidence that children can be particularly adversely affected when they live with the cumulative impact of what are commonly called ‘adverse childhood

[8] *Youth Wellbeing Prevalence Survey 2020 - HSCB (hscni.net)*
[9] *Adamson & Templeton, 2012*
[10] *Backett-Milburn et al., 2008*
[11] *Foster, Bryant & Brown, 2017*
[12] *Holmila, Itapuisto & Ilva, 2011*

experiences' (ACEs), which often include parental/familial substance use, mental health, and violence/abuse. [13] [14] It is now well established that four or more ACEs increases the risk of depression 4.5 times and suicide attempts 12.2 to 15.3 times. Research has shown a relationship between ACEs and learning and behavioural problems in children and adolescents[15] and depressive symptoms, drug and alcohol abuse, antisocial behaviour and suicide attempts in young adults.[16] [17]

The 2020 HSCB Youth Wellbeing study found that close to one in two young people aged 11-19 years have experienced at least one ACE: one ACE (33.2%), two ACEs (8.6%) and three or more ACEs (5.7%).

[13] *Children's Commissioner for England, 2018*
[14] *Hughes et al., 2017*
[15] *Oral et al., 2016*
[16] *Bellis et al., 2014*
[17] *Schilling, Aseltine, & Gore, 2007*

4. Northern Ireland in Context

There are a number of guiding documents which map out the ambit for Northern Ireland's strategy and services on young people and drugs and alcohol. These include the Regional Assessment of Need, the Strategic Framework to Tackle the Harm from Substance Use, the New Strategic Direction for Alcohol and Drugs, Northern Ireland - Making Life Better: Preventing Harm & Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use, the Mental Health Strategy, the Children &Young People's Emotional Health and Wellbeing in Education Framework, and the Children & Young Peoples Strategy.

These overarching strategies are the foundation upon which this Drugs and Alcohol Curriculum Resources Programme has been built and has informed the outcomes of the tailored session for youth workers.

4.1 Regional Assessment of Need

The Regional Assessment of Need[18] identifies the big picture in terms of the needs and inequalities facing children and young people and vulnerable groups whose needs are not currently being met and who experience poor educational, health or social outcomes. It provides the basis for decision-making on service delivery and resource allocation. The contents of assessment underpins a number of sections and decisions within this document.

4.2 Northern Ireland - Making Life Better: Preventing Harm & Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use 2021

The Minister for Health, Robin Swann MLA, published the new strategy on 07 September 2021 entitled Preventing Harm, Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use (2021-31).[19]

The strategy is directly linked to the New Decade New Approach[20] agreement and a specific commitment entitled Preventing Harm, Empowering Recovery within it,. In addition, it is a key plank of the Programme for Government[21] as well as forming part of the Executive's

[18] *Microsoft Word - RAON Final.docx (eani.org.uk)*
[19] *Preventing Harm, Empowering Recovery - Substance Use Strategy | Department of Health (health-ni.gov.uk)*
[20] *2020-01-08_a_new_decade__a_new_approach.pdf (publishing.service.gov.uk)*
[21] *Programme for Government (PfG) 2021 | Northern Ireland Executive*

strategic framework for public health, Making Life Better[22] and links to the new Mental Health Strategy[23].
It sets out five specific outcomes to help improve services for and tackle the harms around substance use. These are:

- Outcome A – Through Prevention and Reduced Availability of Substances, Fewer People are at Risk of Harm from the Use of Alcohol & Other Drugs across the Life Course;
- Outcome B – Reduction in the Harms Caused by Substance Use;
- Outcome C – People have Access to High Quality Treatment and Support Services;
- Outcome D – People Are Empowered & Supported on their Recovery Journey; and
- Outcome E – Effective Implementation & Governance, Workforce Development, and Evaluation & Research Supports the Reduction of Substance Use Related Harm.

The strategy adopts a greater focus on prevention than before and recognises that, in addressing these issues, prevention is as important as intervention and treatment. *"The most effective way to reduce the long term harms associated with substance use is to improve our approaches to prevention and early intervention."*

Each outcome has a number of actions listed against it as well as a range of indicators to allow for the assessment of progress. Overall, there are 57 actions to achieve strategic outcomes.

Actions where Department of Education is one of the lead agencies
Action – Prevention and Early Intervention
A1: Targeted prevention and early interventions services will target those young people most at risk of substance use, including children and young people with lived experience of care and align with and support more generic local Youth Services.

A2: A Northern Ireland Prevention Approach, based on up-to-date evidence and an analysis of the risk and protective factors impacting our young people, will be developed by the PHA and delivered in Northern Ireland and reviewed after 5 years.

Action – Hidden Harm
A4: Substance Use and Hidden Harm will be addressed as appropriate in the Emotional Health & Wellbeing Framework for Children and Young People being led by DE.

A5: The Hidden Harm Action Plan will be updated by the PHA and the HSCB to ensure there is wide awareness i.e. "Everybody's business" and that supports are in place, in a stepped care approach, to mitigate the risk for those children and young people who live with

[22] *Making Life Better | Department of Health (health-ni.gov.uk)*
[23] *Mental Health Strategy 2021-2031 | Department of Health (health-ni.gov.uk)*

substance misusing parents or carers, in particular the Joint Working Protocol on Hidden Harm will be promoted and used across all services.

Approach

The approach to prevention is based on the 3 key elements of the European Monitoring Centre for Drug Dependence and Addiction (EMCDDA) definition:

- Universal Prevention (i.e. improving education and awareness in the general public);
- Targeted Prevention (i.e. interventions with individuals, groups, families or communities who are at most risk); and
- Environmental Prevention (i.e. addressing the wider cultural, social, and economic environments that influence substance use).

This is underpinned by a number of recent reviews across the UK and Ireland that have set out evidence in relation to prevention and early intervention: namely,

- 2015, Public Health England published "The international evidence on the prevention of drug and alcohol use"[24];
- 2016, the Scottish Government published "What Works in Drug Education and Prevention?"[25];
- 2017, the Health Research Board in Ireland published "The effectiveness of interventions related to the use of illicit drugs: prevention, harm reduction, treatment and recovery. A review of reviews"[26]; and
- In addition, there are a number of related National Institute of Clinical Excellence (NICE) guidelines[27].

The evidence shows that consistent and co-ordinated prevention activities delivered through a range of programmes and in a variety of settings (e.g., at home; in school; among peers; in the workplace; throughout the local community; and in the media) are most likely to lead to positive outcomes.

Evidence also suggests that modifying the environment where risky behaviour takes place can reduce harmful outcomes. It is likely that accurate and consistent information about the health and social impacts of alcohol and drug use is only effective when delivered alongside interventions that develop the skills and personal resources people need to avoid early initiation.

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[24] *https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/774743/Preventing_drug_and_alcohol_misuse__international_evidence_and_implementation_examples.pdf*

[25] *https://www.gov.scot/publications/works-drug-education-prevention/*

[26] *https://www.drugsandalcohol.ie/27253/1/fHB2656_Review%20of%20reviews_web.pdf*

[27] *https://www.nice.org.uk/guidance/ng135; https://www.nice.org.uk/guidance/ph24; and https://www.nice.org.uk/guidance/ng64*

It is also important to note that there is clear evidence on prevention and early intervention approaches that are not likely to work, or can in fact have negative consequences. These include:

- standalone school-based or other prevention programmes designed only to increase knowledge about drugs;
- having ex-users deliver testimonials or using police officers to deliver standalone programmes;
- theatre/drama based education/ awareness raising to prevent illegal drug use;
- befriending/buddying-type mentoring programmes that have no short- or long term preventative effects on illegal drug use; and
- universal public information media programmes targeting drug use.

It is noteworthy that the recently released strategy is expansive, detailed and nuanced which will require much more close reading in the coming months. However, on the face of it, Northern Ireland's Department of Health strategy on addressing drugs and alcohol sits in absolute harmony with the review of other evidence-based methodologies and frameworks elsewhere in this document and in the recommended approach of this overall paper.

These measures are supported by Department of Justice initiatives[28] which include:

- programmes delivering prevention messages and initiatives in post primary schools to raise awareness of harms associated with drug use
- support for young people and their families referred to youth justice services (YJA)
- Substance Misuse Courts
- Support Hubs
- Enhanced Combination Orders
- piloted a Family Drug and Alcohol Court
- currently undertaking a scoping study of a Mental Health Court.
- funds Policing and Community Safety Partnerships

4.3 New Strategic Direction for Alcohol and Drugs

The New Strategic Direction for Alcohol and Drugs **Phase 2** (**NSD**-**2**), which has been replaced by Preventing Harm, Empowering Recovery: A Strategic Framework to Tackle the Harm from Substance Use (2021-31) in Sept 2021, is a cross-departmental strategy led by the Department of Health, which aims to reduce the level of alcohol and drug-related harm in Northern Ireland. Prior to the introduction of the new Department of Health strategy, NSD has been the underpinning blueprint which departmental policy has been based to date.

[28] *AQO 840/17-22*

The NSD had a set of overarching long-term objectives to:

- provide accessible and effective treatment and support for people who are consuming alcohol and/or using drugs in a potentially hazardous, harmful or dependent way;
- reduce the level, breadth and depth of alcohol and drug-related harm to users, their families (including children and young people), their carers and the wider community;
- increase awareness, information, knowledge, and skills on all aspects of alcohol and drug-related harm in all settings and for all age groups;
- integrate those policies which contribute to the reduction of alcohol and drug-related harm into all Government Policy;
- develop a competent and skilled workforce across all sectors that can respond to the complexities of alcohol and drug use and misuse;
- promote opportunities for those under the age of 18 years to develop appropriate skills, attitudes and behaviours to enable them to resist societal pressures to drink alcohol and/or misuse drugs;
- continue to effectively tackle the issue of availability of illicit drugs and young people's access to alcohol; and
- to monitor and assess new and emerging illicit drugs and take action when appropriate

Promoting good practice in respect of alcohol and drug-related education and prevention
In developing or implementing education and prevention programmes, regardless of the target group or setting, due attention must be made to ensure that they are following sound conceptual principles and that they are following acknowledged and, where possible, evidenced good practice.

In addition, cognisance should be taken of emerging patterns and trends of misuse (including new substances) – and approaches developed to address these.

Outcomes and Indicators
In order to deliver the overarching long-term aims of the NSD, a series of outcomes has been developed. Following the logic model approach a number of long-term outcomes was initially developed. A number of regional and local short and medium-term outcomes and outputs have subsequently supported these. These will provide the focus for activities and future work. (By short term, this means within 3 years, and medium to long-term within 4 - 5 years).

The outcomes have been grouped within the themes based on certain issues or topics as follows:

- Adults and the General Public - 1 (Treatment and Support)
- Adults and the General Public - 2 (Prevention and Early Intervention)

- Children, Young People and Families - 1 (Treatment and Support)
- Children, Young People and Families - 2 (Prevention and Early Intervention)
- Community Safety and Anti-Social Behaviour
- Monitoring, Evaluation and Research
- Workforce Development

4.4 Mental Health Strategy (2021 – 2031)

The Strategy consists of 35 actions across three themes:

- **Theme 1**: Promoting mental wellbeing resilience and good mental health across society - focussed on promotion, resilience and additional support across various parts of a person's life, and actions around additional therapy hubs support and support for carers in mental health settings.
- **Theme 2**: Providing the right support at the right time - focussed on the delivery of services, to ensure people who need support receive the support they need, when they need it.
- **Theme 3**: New ways of working - focussed on the systems around mental health services, such as the creation of a single mental health service, digital mental health, workforce, data and outcomes and innovation and research.

4.5 Children &Young People's Emotional Health and Wellbeing in Education Framework (February 2021)

The framework is designed to promote health and wellbeing for Children and Young People in education and youth settings. The framework is to be used to empower young people to understand and take care of, or manage their emotional health and wellbeing.
The overriding aims of this framework are:

- to ensure that children and young people are empowered and assisted to understand and take care or manage their emotional health and wellbeing.
- that their needs are identified early and addressed effectively when required.
- to establish an integrated model that supports an early help, support and intervention focus on children's emotional health and wellbeing needs.
- that fewer numbers of children and young people will require specialist intervention from Mental Health Services.

4.6 Children & Young Peoples Strategy (2020 – 2030)

The Strategy sets out the outcomes to be achieved for children and young people, to help every child develop to their full potential. The Strategy also sets out specific issues affecting children and young people's lives which have been identified as requiring particular focus if

the outcomes are to be achieved, and the groups of children and young people who have been identified as being in greatest need of help or support.

The Strategy uses the definition in the Children's Services Co-operation Act (2015) for children and young people's well-being which says that the well-being of children and young people includes:

- Physical and mental health
- Enjoyment of play and leisure
- Learning and achievement
- Living in safety and with stability
- Economic and environmental well-being
- Making a positive contribution to society
- Living in a society which respects their rights
- Living in a society in which equality of opportunity and good relations are promoted.

The strategy committed to work to improve emotional well-being and mental health. It indicated concern for the increased number of children and young people who consider themselves to be suffering from mental health problems, including problems from alcohol and drugs. It said, "The best way to improve children and young people's mental health and emotional well-being is by building resilience and promoting awareness of positive mental health for all children while providing specialist help and support for those who need it." The Children and Young People's Strategy is Northern Ireland's strategy to deliver improved well-being for children and young people and it is rooted in the United Nations Convention on the Rights of the Child (UNCRC).

4.7 Overview of NI Services and initiatives

There is a range of services that are focused specifically on alcohol or drug use in areas of prevention, treatment and training and details of these can be found on the PHAs[29] website.

Targeted Lifeskills Programme

In 2015 the PHA commissioned the development of targeted prevention providers and the development of age appropriate life-skills and harm reduction programmes for use with vulnerable young people using, or at-risk of using substances that would form a regionally consistent programme delivered by commissioned providers across the 5 HSC Trusts. The Targeted Lifeskills and Harm Reduction Service has been delivered since 2015 by three providers across the regions (ASCERT, Start360 and Lisburn YMCA).

The programme is primarily in youth and community settings and in some cases in schools where there are specific identified at-risk groups of young people. The programme is age

[29] *www.drugsandalcoholni.info*

appropriate, with versions for 3 age groups (ages 11-13, 14-15, 16-21) and is being delivered to around 2000 young people annually. The programme is delivered over a number of lifeskills and harm reduction based on assessment of the groups needs. Lifeskills themes include:

- Health & wellbeing
- Making decisions
- Risk taking behaviour
- Media and its influence
- Dealing with difficult emotions
- Effective communication skills
- Relationships

Harm reduction is a set of strategies designed to reduce the harm caused by drug use. Harm reduction works by educating individuals about the risks associated with their behaviour and giving them information on how they can reduce harm. The harm reduction sessions are specific to particular substances that include all the main illicit substances and also alcohol, tobacco and energy drinks.

Youth Engagement Service (YES)

The Public Health Agency has funded Youth Engagement Service across Northern Ireland to cater for the health improvement needs of children and young people aged 11-25 years old. This follows the piloting of a number of One Stop Shop models across Northern Ireland.

Youth Engagement Service provides a youth friendly, holistic health and well-being service. These services are hubs where young people have opportunities to socialise in an alcohol and drug-free environment. Young people can also get advice and support on a range of issues from relevant services both on-site and off-site with the support of staff of the Youth Engagement Service.

The services are delivered by voluntary sector organisations and although each is different they mainly include facilities for drop-in, the delivery of development programmes, diversionary activities and linkages to support services.

There are currently eight Youth Engagement Services across Northern Ireland: Ballymena; Banbridge; Bangor; Belfast; Carrickfergus; Derry/Londonderry; Enniskillen and Newry

Localised projects

In addition to regionally commissioned services there are some other local projects and initiatives that either directly or indirectly respond to drug or alcohol issues for young people.

These may be specific educational or intervention services that have been developed by community based organisations and operate in a particular area.

Local examples

School Health and Alcohol Harm Reduction Programme (SHAHRP), Lisburn YMCA
This is an evidence based program to reduce Alcohol Related Harm in young people adapted version of the Australian SHAHRP to fit within cultural norms of Northern Ireland and is presently being co-ordinated by Lisburn YMCA since its inception in 2006 across the Belfast and South Eastern Area. The project aims to enhance alcohol related knowledge, create more healthy alcohol related attitudes and reduce alcohol related harms.

The school based intervention is delivered over two phase's which incorporates 6 lesson plans in year 9 with 15 skill based activities and four lesson plans in year 10 consisting of 10 activities. It uses education, skills training, small-group decision making, and discussion and activities to encourage positive behavioural change as a result of a better understanding of the negative outcomes of drinking.

In addition YMCA has designed booster workshops for young people in junior and senior years which are a brief intervention based on a trigger visual which is conveyed as a DVD feature of scenarios that young people may experience in alcohol use situations in order to prompt and engage in discussions associated with alcohol use.

The SHAHRP programme components include teacher training which is conducted before each phase of SHAHRP delivery and a teacher manual is provided which offers specific guidance for teachers and includes detailed and structured lesson plans for both phase 1 and phase 2 programmes. The manual covers each lesson plan and includes sample questions to help facilitate discussion and processing of activities and to enable a focus on activity intention, co-ordinating activities and background information about alcohol related issues. Student workbooks are available for each phase of delivery for each participating student.

The SHAHRP programme has been evaluated in one quasi-experimental study in Northern Ireland, UK. The results showed that there were significant positive changes in knowledge about and attitudes towards alcohol in baseline abstainers, supervised drinkers and unsupervised drinkers. Significant behavioural effects in terms of amounts consumed, frequency of drinking and self-reported alcohol related harms were observed most exclusively among baseline unsupervised drinkers. These behavioural effects support those previously observed recorded in RCT studies in Australia and suggest that the intervention is a viable health promotion tool.

Drug and Alcohol Lifeskills Programme, HURT

HURT is a charity based in Derry and operating in the North West of Northern Ireland. Its Drug and Alcohol Lifeskills Programme provides workshops within local schools, youth clubs or employment based settings. The purpose is to provide an overview of the most commonly used drugs and to enhance an understanding of the effects and legal classification of various substances.

Issues can include:

- Most commonly used substances in the North West
- Legal and Illegal drugs – What do they look like and how are they used
- Drug Categories and Classification
- The Effects of Drug and Alcohol Misuse on the Individual, Family and Community
- Harm Reduction (Age Appropriate)
- Local Support Agencies

The programme is delivered using visual and interactive methods of delivery which can include DVDs, Clever Catch Ball, Flashcards, Drug Box and Information / Educational leaflets.

PSNI Citizenship and Safety Education (CASE) Programme

The Police Service developed the CASE programme in the mid 2000's in an attempt to establish links between the police and the school community. The programme is offered to Primary and Post Primary schools. Specially trained police officers talk to pupils about a range of issues from fireworks right through to drugs, alcohol and farm safety in order to promote the safety of young people, their families and communities.

Drug education in schools

Schools in Northern Ireland have a statutory responsibility to deliver drug education to include legal and illegal substances (The Education (Curriculum Minimum Content) Order (Northern Ireland) 2007).

This is covered in statutory minimum requirements in the curriculum for Personal Development and Mutual Understanding in Key Stages 1 and 2 and in the Personal Development strand of Learning for Life and Work in Keys Stages 3 and 4.

The outcomes relevant to alcohol and drug education at each key stage are as follows:

Key Stage 1: Understand that medicines are given to make you feel better, but that some drugs are dangerous.

Key Stage 2: Know about the harmful effects tobacco, alcohol, solvents and other illicit and illegal substances can have on themselves and others.

Key Stage 3: Investigate the effects on the body of legal and illegal substances and the risks and consequences of their misuse.

Key Stage 4: Develop an understanding of how to maximise and sustain their own health and well-being.

CCEA produced revised Drugs Guidance for Schools in 2015. This is largely intended to support schools to develop a drugs policy and to respond to drug related incidents, but it does speak to the role of education.

The education system can provide a holistic response to substance misuse. This includes:

- helping to build the factors that protect children and young people from becoming involved in substance misuse;
- providing knowledge and skills to make healthier choices and reduce problematic behaviour and risk; and
- directing children and young people to appropriate services and support, where misuse has been identified.

There are some examples of teaching resources available on the EA website related to drug education but largely schools are free to develop their own approaches provided the minimum requirements of the curriculum are met. Some schools will bring in outside organisations such as the PSNI or voluntary organisations to provide sessions to pupils. The CCEA guidance warns of the potential over reliance on outside organisations and that this and that, "*Schools should not use outside agencies as a vehicle for teaching aspects of drugs education that teachers do not want to teach. Teachers must also ensure the activities the agency or individual undertakes complement and support their school's ongoing drugs education programme as part of the overall provision for PDMU or PD*."

Addressing Drug and Alcohol issues in the Youth Sector

As stated previously[30] there are 622,985 children and young people living in Northern Ireland of which 122,392 young people are engaged in youth work.

Drugs and alcohol issues are relevant to both young people and youth workers. The EA Regional Assessment of Need 2020-23 indicates that young people want health based programmes that address alcohol and drug use. *"The consequences of taking drugs and alcohol was a clear message from children and young people. They were keen to participate in health based programmes exploring these issues."*

Many youth organisations are dealing with drug or alcohol within their programmes either directly or indirectly. A youth worker survey undertaken as part of the Drug and Alcohol Curriculum Regional Development Project showed that 16% of respondents dealt with these

[30] *Youth Service Regional Assessment of Need 2020 - 2023*

issues a lot and 54% sometimes. However almost a third (30%) did not include drugs or alcohol in their work at all.

Some organisations indicate that they will deliver specific projects, but most are addressing the drug or alcohol issues within the context of the wider programmes of delivery.

There is a range of approaches taken by organisations in the youth sector and as there is no specific guidance or resources for the sector it is fair to assume that their methodologies will vary in terms of effectiveness.

Some organisations have their own information or resources that they can use in programmes. Quite a lot of organisations bring in other organisations to deliver sessions for them, which include drug and alcohol services or PSNI and a number indicate these are in the form of testimonials from ex-users. It should be noted that stand alone sessions delivered by police and es-user testimonials are among the methods identified as not effective. There is a lack of accurate information available to support youth workers and most source their information from the internet.

5. Approaches

There is a wealth of robust research from around the world which clearly indicates that an interventionist approach, ranging from targeted programmes to universal environmental or fiscal policies, is the most impactful in reaching young people. Alcohol and drug prevention interventions can have a broad range of aims from preventing any use at all, through to delaying onset or use, reducing use, to preventing dependency. Prevention interventions that influence drug and alcohol use are often not drug and alcohol-specific and may already exist as broader interventions.

The approach of the Drugs and Alcohol Curriculum Resources Programme team, built on the research covered within this chapter, covers the public health perspective, educational considerations, risk and protective factors and is founded on evidence-reviewed frameworks and programmes. Within our approach, we have considered youth prevention programmes from both an international and local perspective, particularly with regard to the characteristics of a personal and social skills education programmes. The incorporation of personal and social skills education is one of the enduring characteristics in similar programmes around the world and is demonstrably more efficacious than other approaches.

The remainder of the section on Approaches takes time to explore the key components and the recurring successful elements common to all and the guidance for building an enduring and effective programme.

5.1 Our approach

Active skills-based learning

In the PSHE Association Report to CEOP[31] researchers highlight the importance of active skills-based learning – defined as '*anything that involves students in doing things and*

[31] *PSHE Association Report to CEOP, Key principles of effective prevention education, April 2016.*

thinking about what they are doing'[32]. A range of research agrees that primarily non-interactive strategies, or those based on knowledge alone are not effective.[33] [34] [35]

Opportunities to practise skills are identified as important by a number of reports. Active learning strategies allow pupils to engage in skills practice. Providing pupils with opportunities to make real decisions about their lives, including in school, offers an opportunity for this kind of skills practice.

Herbert and Lohrmann[36] looked more closely at the types of learning strategies which are found to be effective, identifying a set of five strategies (all forms of active skills-based learning) which were found in effective health education curricula. They found that role play, group cooperation and small group discussions were found in all of the ten curricula, and interactive technology and team games found in most.

The authors argue that fact-based curricula, compared with skills-based curricula, fail to incorporate active learning, and are less effective. Thomas[37] also found that curricula were effective only where they included teaching social competence skills, whereas those focusing on knowledge alone were ineffective.

5.2 Placing drug prevention in a public health approach

Public Health England (PHE) describes the prevention of harmful alcohol and drug use as "*central to a public health approach, which emphasises tackling the root causes of health and social harms and dependence and aims to reduce the number of people whose alcohol and drug use has a long-term negative effect on their own and their family's wellbeing*."[38]

5.3 Factors associated with increased risk

PHE identifies many factors associated with an increased risk of alcohol and drug problems among young people and adults. These are often factors that lead to other adverse

[32] *Herbert, P. C. and Lohrmann, D. K. (2011). It's all in the delivery! An analysis of instructional strategies from effective health education curricula. Journal of School Health, 81, 258-264.*
[33] *United Nations Office on Drugs and Crime (2004). School Based Education for Drug Abuse Prevention.United Nations*
[34] *Jones, L. M., Mitchell, K. J. and Walsh, W. A. (2014b). A Systematic Review of Effective Youth Prevention Education: Implications for Internet Safety Education. Crimes Against Children, Research Center, University of New Hampshire.*
[35] *Thomas, R. E., McLellan, J. and Perera, R. (2015). Effectiveness of school-based smoking prevention curricula: systematic review and meta-analysis. BMJ Open, 5(3).*
[36] *Herbert, P. C. and Lohrmann, D. K. (2011). It's all in the delivery! An analysis of instructional strategies from effective health education curricula. Journal of School Health, 81, 258-264.*
[37] *ibid*
[38] *PHE: The international evidence on the prevention of drug and alcohol use - Summary and examples of implementation in England (July 2015).*

outcomes and risky behaviour, such as mental health problems, offending or risky sexual behaviour.[39]

Alcohol and drug prevention tackles the risk factors which increase the likelihood of someone suffering harm. It can help build resilience to developing alcohol and drug problems. It can also help people avoid problems by providing opportunities for alternative, healthier life choices and developing better skills and decision making.

5.4 Intervention approaches

Interventions can range from targeted programmes to universal environmental or fiscal policies. Alcohol and drug prevention interventions can have a broad range of aims from preventing any use at all, through to delaying onset or use, reducing use, to preventing dependency. Prevention interventions that influence drug and alcohol use are often not drug and alcohol-specific and may already exist as broader interventions.

The United Nations Office of Drug Control (UNODC) developed a classification of prevention interventions which has been used internationally. Over time and with adaption, different terminology and classification systems have been used by local authorities, public health specialists and other agencies. However, the classification divides into three broad descriptors[40]:

Universal

Universal prevention strategies address an entire population (e.g., TV audience, local community, school pupils). Universal prevention messages and programmes are delivered to large groups without any prior screening for risk of substance use and are aimed at preventing or delaying the start of substance use.

Selective

Selective prevention serves specific sub-populations: individuals, groups, families and communities, whose risk of substance misuse is known to be higher than average, either imminently or over a lifetime. Selective approaches respond to identified risk of starting and continuing substance use, particularly among young people. A primary advantage of focusing on vulnerable populations is that they are identifiable, and resources can be targeted by relevant agencies.

Indicated

Indicated prevention is aimed at people who are already using substances, are not yet experiencing dependence, but who may be showing signs of problematic use

[39] *ibid*

[40] *International Standards on Drug Use Prevention (unodc.org)*

(e.g., falling grades at school; absenteeism from work, antisocial behaviour, mental health problems). They are targeted with interventions to prevent their substance use and associated problems escalating.

5.5 Risk and protective factors

Risk factors

The Alcohol and Drug Foundation of Australia[41] rehearse the balancing risk and protective factors and how they may manifest.

Risk factors can increase the likelihood of a young person using alcohol and other drugs or experiencing harm from alcohol and other drug use. Examples of risk factors are:

- living in a household or community where alcohol or other drugs are readily available
- parental substance use
- favourable parental attitudes toward substance use
- family dysfunction
- associating with peers who have favourable attitudes toward alcohol and other drugs
- school failure

Protective factors

Protective factors interact with risk factors in complex ways. They may moderate the influence of risk factors to reduce the likelihood of AOD use in young people, delay the uptake of AOD use in young people, and reduce harm should young people engage in AOD use. Examples of protective factors are:

- parental supervision and communication
- participation in supervised leisure activities
- social and emotional competence
- sense of belonging/connectedness to community, school and family
- participation in positive activities with adult engagement

5.6 Youth Prevention Programmes

Youth prevention programmes empower young people to meet life's challenges and transition into adulthood by partnering with their families and communities to promote healthy environments and behaviours.

[41] *Prevention strategies to reduce alcohol and other drug harm amongst young people, Youth_Mini_Bulletin.pdf (adf.org.au)*

Youth prevention programmes use an evidence-based approach and are delivered before the onset of a substance use disorder and are intended to prevent or reduce the risk of developing a health problem, such as underage alcohol use, prescription drug misuse or illegal drug use.
In general youth prevention takes the form of activities in schools, youth clubs and community sites. Activities are conducted by trained professionals and carried out or monitored by certified prevention specialists.

5.7 Why Youth Prevention?

Youth prevention activities lead to a wide variety of positive outcomes, including:

- Reduced substance use risk factors through increased or strengthened protective factors:
    - Improved self-esteem
    - Increased academic achievement
    - Strengthened social skills
    - Improved family relationships
    - Increased feelings of belonging and connectedness
    - Increased access to support services
- Enhanced cultural identity and pride
- Decreased instances of substance use and misuse
- Decreased risk for health issues related to substance use and misuse and unhealthy habits
- Reduced likelihood of legal issues
- Reduced risk for behavioural health issues
- Reduced costs to society associated with health care, law enforcement and assistance programmes
- Enhanced sense of well-being
- Improved quality of life

5.8 International perspectives

5.8.1 The International Standards on Drug Use Prevention

The UNODC (International Standards on Drug Use Prevention) is the gold standard for research and practice in services on drugs and education. Its methods, research and findings are a common thread throughout all of the international examples and consistently form the core of service delivery across the world.

Key to the needs of this project are the following standards when engaging with young people. The information lays out recommended pathways for middle childhood and adolescence. It details specifically:

Middle childhood

- Personal and social skills education
- Available evidence
- Characteristics of personal and social skills education programmes deemed to be associated with efficacy and/or effectiveness based on expert consultation
- Characteristics of personal and social skills education programmes deemed to be associated with lack of efficacy and/or effectiveness or with adverse effects based on expert consultation

Early adolescence

- Prevention education based on social competence and influence
- Available evidence
- Characteristics of programmes for prevention education based on social competence and influence deemed to be associated with efficacy and/or effectiveness based on expert consultation
- Characteristics of such programmes deemed to be associated with lack of efficacy and/or effectiveness or with adverse effects based on expert consultation

GIven the centrality of UNODC (International Standards on Drug Use Prevention Second updated edition) and its purpose as a fulcrum from which a significant range of effective programmes worldwide find their base, the key factors for middle childhood and early adolescence, as listed above, are delineated more fully in paragraphs a-i.

a. Middle childhood

During middle childhood, increasingly more time is spent away from the family, most often in school and with same-age peers. Family remains the key socialization agent. However, the roles of day care, school and peer groups start to grow. Factors such as community norms, school culture and quality of education become increasingly important for safe and healthy emotional, cognitive and social development. The role of social skills and pro-social attitudes grows in middle childhood, and they become key protective factors, impacting also the extent to which the school-age child will cope with school and bond with peers.

Among the main developmental goals in middle childhood are the continued development of age-specific language and numeracy skills, and of impulse control and self-control. Also at this age begins the development of goal-directed behaviour, together with decision-making and problem-solving skills. Mental disorders that have their onset during this period (such as anxiety disorders, attention deficit hyperactivity disorder and conduct disorders) may also impede the development of healthy attachment to school, cooperative play with peers, adaptive learning and self-regulation. Often at this time, children of dysfunctional families start to affiliate with peers involved in potentially harmful behaviours, thus putting themselves at increased risk.

b. Personal and social skills education

In programmes on personal and social skills, trained teachers engage children in interactive activities to give them the opportunity to learn and practice a range of personal and social skills. These programmes are typically delivered to all children via a series of structured sessions (i.e., this is a universal intervention). The programmes provide opportunities to learn skills to be able to cope with difficult situations in daily life in a safe and healthy way. They support the development of general social competencies, including mental and emotional well-being. These programmes comprise mostly developmental components. That is, they do not typically include content with regard to specific substances, as in most communities children at this young age have not initiated use.

c. Available evidence

Seven reviews reported findings with regard to this intervention, four of which from the new overview[42].

With regard to primary outcomes, according to these studies, supporting the development of personal and social skills in a classroom setting can prevent tobacco, alcohol and drug use, particularly in a longer follow-up period (longer than one year). Strategies focusing only on resilience were found to be effective only in relation to drug use.

(Most of the evidence originates in North America, Europe and Australia, with some studies from Asia and Africa).

d. Characteristics of personal and social skills education programmes deemed to be associated with efficacy and/or effectiveness based on expert consultation

- They improve a range of personal and social skills.
- They are delivered through a series of structured sessions, often providing booster sessions over multiple years.
- They are delivered by trained teachers or facilitators.
- Sessions are primarily interactive.

e. Characteristics of personal and social skills education programmes deemed to be associated with lack of efficacy and/or effectiveness or with adverse effects based on expert consultation

- Such strategies use non-interactive methods, such as lecturing, as the main delivery method.
- They provide information on specific substances, including fear arousal.
- They focus only on the building of self-esteem and on emotional education.

[42] *Hodder et al. (2017), Salvo et al. (2012), McLellan and Perera (2013), McLellan and Perera (2015), SchröerGünther (2011) and Skara (2003).*

f. Early Adolescence

Adolescence is a developmental period when youth are exposed to new ideas and behaviours through increased association with people and organizations beyond those experienced in childhood. It is a time to "try out" adult roles and responsibilities. It is also a time when the "plasticity" and malleability of the adolescent brain suggests that, like infancy, this period of development is a time when interventions can reinforce or alter earlier experiences.

The desire of young adolescents to assume adult roles and more independence at a time when significant changes are occurring in the brain also creates a potentially vulnerable time for poorly thought-out decisions and involvement in potentially harmful behaviours, such as risky sexual behaviours, smoking of tobacco, consumption of alcohol, risky driving behaviours and drug use.

The substance use (or other potentially harmful behaviours) of peers, as well as rejection by peers, are important influences on behaviour, although the influence of parents remains significant. Healthy attitudes and social normative beliefs related to psychoactive substance use are also important protective factors against drug use. Good social skills, and resilient mental and emotional health remain key protective factors throughout adolescence.

g. Prevention education based on social competence and influence

During skills-based prevention programmes, trained teachers engage students in interactive activities to give them the opportunity to learn and practise a range of personal and social skills (social competence). These programmes focus on fostering substance and peer refusal abilities that allow young people to counter social pressures to use substances and in general cope with challenging life situations in a healthy way.

In addition, they provide the opportunity to discuss, in an age-appropriate way, the different social norms, attitudes and positive and negative expectations associated with substance use, including the consequences of substance use. They also aim to change normative beliefs on substance use addressing the typical prevalence and social acceptability of substance use among peers (social influence).

h. Available evidence

Twenty-two reviews reported results for this kind of intervention, 15 of which from the new overview[43].

[43]*(Ashton et al. (2015), Champion (2013), de Kleijn et al. (2015), Espada et al. (2015), Faggiano et al. (2014), Foxcroft and Tsertsvadze (2012), Hale et al. (2014), Hodder et al. (2017), Jackson (2012), Jones (2006), Kezelman and Howe (2013), Lee et al. (2016), McArthur et al. (2015), McLellan and Perera (2013), McLellan and Perera (2015), Pan (2009), Roe (2005), Salvo et al. (2012), Schröer-Günther (2011) and West (2004).*

With regard to primary outcomes, according to these studies, certain programmes based on a combination of a social competence and social influence prevent tobacco use, alcohol use and drug use (preventive effects are small but consistent across studies, also in the long term (longer than 12 months).

A review of school-based programmes for the prevention of smoking specifically for girls concluded that there was no evidence that such programmes have a significant effect on preventing adolescent girls from smoking, with some promising indication for gender-specific programmes and programmes delivered together with media campaigns.

Programmes targeting individual and environmental resilience-related protective factors in school settings were reported to be effective in preventing the use of drugs, but not use of tobacco or alcohol. Programmes based on the provision of information only, as well as the Drug Abuse Resistance Education[44] (DARE) programme, were reported not to be effective.

It was reported that using peers to deliver programmes, relating to all substances, was effective, with the caveat that care should be taken not to use this method for high-risk groups, as there is a danger of adverse effects (e.g., an increase of substance use). Computer-based delivery methods were generally reported to have a small effect size, for all substances.

In this context, there are indications that programmes targeting young adolescents might better prevent substance use than programmes targeting younger or older children. Most of the evidence is for universal programmes, but there are indications that universal skills-based education may be preventive also among high-risk groups, including young people with mental health disorders.

(While most of the evidence originates in North America, Europe and Australia, some studies originated in Asia and Africa).

i. Characteristics of programmes for prevention education based on social competence and influence deemed to be associated with efficacy and/or effectiveness based on expert consultation

- They use interactive methods.
- They are delivered through a series of structured sessions (typically 10–15 sessions), taking place once a week, often providing booster sessions over multiple years.
- They are delivered by a trained facilitator (also including trained peers).

[44] *About | D.A.R.E. America (dare.org)*

- They provide an opportunity to practise and learn a wide array of personal and social skills, in particular, coping, decision-making and resistance skills, especially in relation to substance use.
- They change perceptions of the risks associated with substance use, emphasizing the immediate consequences.
- They dispel misconceptions regarding the normative nature and the expectations linked to substance use.

j. Characteristics of such programmes deemed to be associated with lack of efficacy and/or effectiveness or with adverse effects based on expert consultation

- They use non-interactive methods, such as lecturing, as a primary delivery
- strategy.
- They rely heavily on merely giving information, in particular to elicit fear.
- They are based on unstructured dialogue sessions.
- They focus only on the building of self-esteem and emotional education.
- They address only ethical and moral decision-making or values.
- They use former drug users to provide testimony of their personal experience.

k. Adolescence and adulthood

As adolescents grow, interventions delivered in settings other than the family and the school, such as in the workplace, the health sector, entertainment venues and the community, become more relevant.

Note: The evidence summarized for interventions and policies for young adolescents to be delivered in schools (i.e., preventive education, addressing individual vulnerabilities, school policies on substance use), as well as mentoring, report effectiveness also for older adolescents, without disaggregating the data by age group.

5.8.2 The United States of America

Key agencies

Key agencies underpinning the work on drugs and alcohol include:

National Institute on Drug Abuse

A division of the National Institutes of Health, NIDA's mission is to lead the nation in bringing the power of science to bear on drug abuse and addiction.

Centre for Substance Abuse Prevention

The Centre, a division of the Substance Abuse and Mental Health Services Administration, provides national leadership in the federal effort to prevent alcohol, tobacco, and other drug problems.

National Registry of Evidence-based Programs and Practices (NREPP)
The Substance Abuse and Mental Health Services Administration supports NREPP, a searchable online registry of more than 200 interventions supporting mental health promotion, substance abuse prevention, and mental health and substance abuse treatment. NREPP connects members of the public to intervention developers so they can learn how to implement these approaches in their communities.

youth.gov Program Directory
The program directory provides up-to-date information for effective programs that address risk and protective factors related to substance abuse. All programs included in the program directory have been rigorously reviewed based on their conceptual framework, if the program was implemented as intended, how it was evaluated, and the findings of the evaluations. The directory also includes youth-focused programs from the Substance Abuse and Mental Health Services Administration's National Registry of Evidence-based Programs and Practices (NREPP), another online registry of mental health and substance abuse interventions.

What are the features of effective drug prevention programmes?
The National Institute on Drug Abuse have analysed long term studies and have identified lessons from previous research which indicate the more effective drug prevention methods include:

- Addressing all forms of substance abuse (prescription, alcohol, illicit, underage substance abuse)
- Tailoring programmes to address local problems and understanding localised risk factors based on location or demographics
- Enhancing family bonding and communication
- Focusing on academic support and social competence skills in school prevention programmes
- Maintaining a clear, consistent message across multiple channels in a community
- Repeating prevention techniques long term, regularly reinforcing prevention goals
- Employing techniques that include interactivity, open communication, and exploration of unique circumstances

They further indicate what makes an effective and successful drug prevention programme boils down to how you shape the three main elements: structure, content, and delivery.

Structure: involves the nuts and bolts of how it all works.

- Who is the prevention programme targeting?
- How will you reach them?
- Where will these interventions take place?

Content: once you have your audience and delivery method

- What are you saying to them and how?
- What information are you sharing?
- Are you focussing on enforcing an anti-drug attitude, or taking a more neutral, informative stance on the effects of drugs and addition?

The type of content presented and the style of that presentation will differ based on the circumstances. A successful drug prevention programme needs to address both children and their parents to inform them about the best ways to recognise and resist drug abuse.

Delivery: refers to shaping and adapting a general programme to fit specific community needs. If you are addressing a community with a high rate of cannabis abuse, make sure the programme reflects the risk factors for cannabis abuse. If there are unique pressures or risk factors in the community, or a need that is not being filled, address those.

More programmes are adapting evidence based approaches and accepting the reality that preaching abstinence without context is ineffective.
Prevention programmes can take more nuanced, realistic approaches to prevention, acknowledging the effects of temptation and curiosity. They are still trying to reinforce anti-drugs attitudes, but through informative and cognitive ways that encourage rational decision making skills.

Structure, content, and delivery

Youth.gov[45] is the U.S. government website that helps create, maintain, and strengthen effective youth programs, It is composed of representatives from 22 federal agencies across the US that support programs and services focusing on youth.

In keeping with the analysis by The National Institute on Drug Abuse, the three core elements of structure, content, and delivery are central to the key principles and are recommended to be considered when determining what kind of prevention program is best for individuals and your community.

Structure refers to the following elements of a prevention program:

- **Program type***.* School- and family-based programs are two program types that have been *shown to be effective in preventing drug abuse, with media and computer technology* programs beginning to demonstrate effectiveness as well.
- **Audience***.* Programs are usually designed for a particular audience (e.g., girls at risk) to more effectively meet its needs.
- **Setting***.* Programs are traditionally designed to reach an audience in its primary setting (e.g., a school-based program held in a school); however, it is becoming more common

[45] *youth.gov*

for programs not to be held in their primary setting (e.g., a family-based program held at a school, or a school-based program implemented in a youth organization, such as a Boys and Girls Club). Programs that focus on multiple components or program types often reach their intended populations through a variety of settings. Combining two or more effective programs has proven to be more effective than conducting a single program.

Content varies but is designed to reduce risk factors and strengthen protective factors. The elements of a program's content should include the following:

- **Information**. Information can include facts about drug laws and policies, and drugs and their effects. Although drug information is important, it has not been found to be an effective intervention by itself; that is, without additional prevention components.
- **Skills development**. Training to develop skills helps to build and improve behaviours (e.g., communication within the family, social and emotional development, academic and social competence, and dealing with peer pressure).
- **Strategies**. Some prevention programs are targeted at structural change (e.g., enforcing existing laws, such as those on alcohol or tobacco sales to minors, establishing tolerance policies, enforcing school rules or promoting norm changes, and establishing curfews).
- **Services***.* Examples of services a program provides might include school, peer, or family counselling; drug-free zones; and health care.

Delivery of a prevention program includes the following elements:

- **Program selection or adaptation***.* Communities must match effective research-based programs to their community needs in order to ensure the right fit. Adaptation involves changing a program to fit the needs of a specific population in various settings. The program's core elements are maintained to ensure fidelity to the model, while changes address the community's specific needs.
- **Implementation**. Implementing a program refers to how it is delivered, including the number of sessions, methods used, and program follow-up. Proper implementation is key to program effectiveness.

Risk and protective factors

Research shows that the risk for substance abuse and other adverse behaviours increases as the number of risk factors increases, and that protective factors may reduce the risk of youth engaging in substance use that can lead to substance abuse. This interactive effect of risk and protective factors has substantial implications for the design and implementation of successful preventive interventions. The more a program reduces risk factors and increases protective factors, the more it is likely to succeed in preventing substance abuse among children and youth.

Early aggressive behaviour, lack of parental supervision, academic problems, undiagnosed mental health problems, peer substance use, drug availability, poverty, peer rejection, and child abuse or neglect are risk factors associated with increased likelihood of youth substance use and abuse. Risk factors that occur during early childhood further increase the risk of youth substance abuse. Risk factors of prolonged duration, for example, those that continue on from childhood through adolescence, are also associated with increased likelihood of youth substance abuse. Risk factors frequently associated with substance abuse are common across multiple disorders.

Not all youth will develop substance abuse problems, even if they have experienced these risk factors. Some individuals are exposed to protective factors that may keep them from using substances. The presence of multiple protective factors can lessen the impact of a few risk factors. For example, strong protection, such as parental support and involvement, could diminish the influence of strong risks, such as having peers who abuse substances.

A number of useful research-based guidelines are available to help teachers and counsellors increase protective factors among youth[46]. These guidelines stress the importance of:

- Helping youth develop an increased sense of responsibility for their own success
- Helping youth identify their skills and talents
- Motivating youth to dedicate their lives to helping society rather than feeling their only purpose in life is to be consumers
- Providing youth with realistic appraisals and feedback
- Stressing multicultural competence
- Encouraging youth to value education and skills training
- Increasing cooperative solutions to problems rather than competitive or aggressive solutions
- Increasing a sense among youth of responsibility for others and caring for others.

Can research based programmes prevent drug addiction in youth?

Studies have shown that research-based programs, such as described in NIDA's *Principles of Substance Abuse Prevention for Early Childhood: A Research-Based Guide*[47] and *Preventing Drug Use among Children and Adolescents: A Research-Based Guide for Parents, Educators, and Community Leaders*[48], can significantly reduce early use of tobacco, alcohol, and other drugs. Also, while many social and cultural factors affect drug use trends, when young people perceive drug use as harmful, they often reduce their level of use.

[46] *Eggert et al. 1994a; Powell-Cope and Eggert 1994*

[47] *nida_pinkandblue_inbrief_final_lowres.pdf (d14rmgtrwzf5a.cloudfront.net)*

[48] *Preventing Drug Use among Children and Adolescents (In Brief): Introduction | NIDA (drugabuse.gov)*

These principles are intended to help parents, educators, and community leaders think about, plan for, and deliver research-based drug abuse prevention programs at the community level. The references following each principle are representative of current research.
Key amongst NIDA's principles are:
PRINCIPLE 10 - Community prevention programs that combine two or more effective programs, such as family-based and school-based programs, can be more effective than a single program alone.

PRINCIPLE 12 - When communities adapt programs to match their needs, community norms, or differing cultural requirements, they should retain core elements of the original research-based intervention which include:

- Structure (how the program is organized and constructed);
- Content (the information, skills, and strategies of the program); and
- Delivery (how the program is adapted, implemented, and evaluated).

PRINCIPLE 13 - Prevention programs should be long-term with repeated interventions (i.e., booster programs) to reinforce the original prevention goals. Research shows that the benefits from middle school prevention programs diminish without follow-up programs in high school.

Examples of Programmes USA
Caring School Community Program[49] (Formerly, Child Development Project). This is a universal family-plus-school program to reduce risk and strengthen protective factors among elementary school children. The program focuses on strengthening students' "sense of community," or connection, to school. Research has shown that this sense of community has been key to reducing drug use, violence, and mental health problems, while promoting academic motivation and achievement.

Guiding Good Choices (GGC)[50] (Formerly, Preparing for the Drug-Free Years). This curriculum was designed to educate parents on how to reduce risk factors and strengthen bonding in their families. In five 2-hour sessions, parents are taught skills on family involvement and interaction; setting clear expectations, monitoring behaviour, and maintaining discipline; and other family management and bonding approaches.

Life Skills Training (LST) Program[51]. LST is a universal program for middle school students designed to address a wide range of risk and protective factors by teaching general personal and social skills, along with drug resistance skills and education. An elementary school

[49] *Eric Schaps, Ph.D., Caring School Community Program, Developmental Studies Center*
[50] *J. David Hawkins, Ph.D., Social Development Research Group, University of Washington*
[51] *Gilbert Botvin, Ph.D., Institute for Prevention Research, Weill Medical College of Cornell University*

version was recently developed and the LST booster program for high school students helps to retain the gains of the middle school program.

Lions-Quest Skills for Adolescence (SFA)[52]. SFA is a commercially available, universal, life skills education program for middle school students in use in schools nationwide. The focus is on teaching skills for building self-esteem and personal responsibility, communication, decision-making, resisting social influences and asserting rights, and increasing drug use knowledge and consequences.

Project ALERT[53]. Project ALERT is a 2-year, universal program for middle school students, designed to reduce the onset and regular use of drugs among youth. It focuses on preventing the use of alcohol, tobacco, marijuana, and inhalants. Project ALERT Plus, an enhanced version, has added a high school component, which is being tested in 45 rural communities.

Project STAR[54]. Project STAR is a comprehensive drug abuse prevention community program to be used by schools, parents, community organizations, the media, and health policymakers. The middle school portion focuses on social influence and is included in classroom instruction by trained teachers over a 2-year timetable. The parent program helps parents work with children on homework, learn family communication skills, and get involved in community action.

Skills, Opportunity, And Recognition (SOAR)[55] (Formerly, Seattle Social Development Program). This universal school-based intervention for grades one through six seeks to reduce childhood risks for delinquency and drug abuse by enhancing protective factors. The multi-component intervention combines training for teachers, parents, and children during the elementary grades to promote children's bonding to school, positive school behaviour, and academic achievement.

The Strengthening Families Program: For Parents and Youth 10–14 (SFP 10–14)[56] (Formerly, the Iowa Strengthening Families Program). This universal evidence-based program offers seven two hour sessions, each attended by youth and their parents, and is designed to help families to have better communication skills, teach peer pressure skills and prevent teen substance abuse. It has been conducted through partnerships that

[52] *Marvin Eisen, Ph.D., Population Studies Center, The Urban Institute*

[53] *Phyllis L. Ellickson, Ph.D., Director, Center for Research on Maternal, Child and Adolescent Health, The RAND Corporation*

[54] *Karen Bernstein, M.P.H., University of Southern California, Institute for Prevention Research*

[55] *J. David Hawkins, Ph.D., Social Development Research Group, University of Washington*

[56] *Cathy Hockaday, Program Coordinator. Strengthening Families Program: For Parents and Youth 10-14*

include state university researchers, cooperative extension staff, local schools, and other community organizations.

5.8.3 Australia

One of the central approaches within Australian policy is the use of prevention strategies to reduce alcohol and other drug harm amongst young people. Based on research on the primary prevention strategies aim to support the safe and healthy development of young people[57], the approach is as follows:

There are several primary prevention strategies that can be used to reduce harm from alcohol and other drug use among young people, including:

- evidence-based AOD education programs
- health promotion and community development initiatives, and
- reducing the supply of alcohol and other drugs through legislation, regulation and policy

Risk and protective factors[58]

Alcohol and other drug harms are influenced by a range of modifiable factors that are likely to predict or prevent substance use during adolescence[59].

Risk factors

Risk factors can increase the likelihood of a young person using alcohol and other drugs or experiencing harm from alcohol and other drug use.[60]

Examples of risk factors are:

- living in a household or community where alcohol or other drugs are readily available
- parental substance use
- favourable parental attitudes toward substance use
- family dysfunction
- associating with peers who have favourable attitudes toward alcohol and other drugs
- school failure

[57] *United Nations Office on Drugs and Crime, World Health Organisation. International Standards on Drug Use Prevention Second updated edition. Worldwide: United Nations; 2018*

[58] *Youth_Mini_Bulletin.pdf (adf.org.au)*

[59] *Loxley W, Toumbourou JW, Stockwell T, Haines B, Scott K, Godfrey C, et al. The Prevention of Substance Use, Risk, and Harm in Australia: a review of the evidence. Canberra: Australian Government Department of Health and Ageing; 2004*

[60] *Loxley W, Toumbourou JW, Stockwell T, Haines B, Scott K, Godfrey C, et al. The Prevention of Substance Use, Risk, and Harm in Australia: a review of the evidence. Canberra: Australian Government Department of Health and Ageing; 2004*

Protective factors

Protective factors interact with risk factors in complex ways. They may moderate the influence of risk factors to reduce the likelihood of AOD use in young people, delay the uptake of AOD use in young people, and reduce harm should young people engage in AOD use.

Examples of protective factors are:

- parental supervision and communication
- participation in supervised leisure activities
- social and emotional competence
- sense of belonging/connectedness to community, school and family
- participation in positive activities with adult engagement

It should be noted that these risk and protective factors only indicate the likelihood of alcohol and other drug use and related harms occurring.

Examples of Programmes Australia

Good Sports[61]

The Good Sports program is available at no cost to sporting clubs nationwide and has been shown to reduce harm, positively influence health behaviours, strengthen club membership and boost participation.

Climate Schools[62]

CLIMATE Schools is an evidence-informed educational program for years 8-10 that addresses the issues of alcohol and other drug use from a health and wellbeing perspective. The program was developed by the National Drug and Alcohol Research Centre (NDARC), and has been evaluated and shown to reduce drug use.

School Health and Alcohol Harm Reduction Project (SHAHRP)

Developed by the National Drug Research Institute and Curtin University, SHAHRP is a classroom-based program aimed at reducing alcohol-related harm and risky consumption[63]. (This was trailed in Scotland and Northern Ireland and is reviewed in the UK?TBA section)

[61] *goodsports.com.au*

[62] *climateschools.com.au*

[63] *ndri.curtin.edu.au/research/researchspecific-sites/school-health-and-alcoholharm-reduction-project*

5.8.4 Iceland

Primary prevention in Iceland

Planet Youth

Planet Youth is a community-based model in Iceland that has been internationally recognised for its efforts in preventing alcohol and other drug use in adolescents through strengthening known protective factors. In the 1990s a group of Icelandic social scientists at the Icelandic Centre for Social Research and Analysis (ICSRA), along with policy makers and practitioners, began collaborating in an effort to better understand the societal factors influencing substance use among adolescents and potential approaches to prevention. The ICSRA developed an evidence-based approach to adolescent substance use prevention that involved a broad range of relevant stakeholders who worked together on this community-based, socially embedded and highly participatory effort.

Known as the Icelandic Model for Prevention in Young People, the model was implemented in response to rising alcohol and other drug use by adolescents in the late 1990s[64]. Over a 20 year period the prevalence of alcohol, drugs and tobacco in adolescents reduced from being the highest levels in Europe to the lowest. The model has since been rebranded as 'Planet Youth' and is being implemented in more than 20 countries around the world.

By reducing the known risk factors and strengthening the known protective factors the problems associated with adolescent substance use can be reduced or stopped before they arise. The key success factors of the model are:

- Evidence-based practice
- Using a community-based approach
- Creating and maintaining a dialogue between research, policy and practice

Two key protective factors are emphasised by the Planet Youth approach:

- increasing parental monitoring and communication, and

[64] *Sigfúsdóttir ID, Thorlindsson T, Kristjánsson ÁL, Roe KM, Allegrante JP. Substance use prevention for adolescents: the Icelandic model. Health Promotion International. 2008;24(1):16-25*

- the promotion of alternative and diversionary supervised activities (e.g. participation in sports)[65] [66] [67]. The program focuses on engaging parents and strengthening connections within the community[68].

Planet Youth has demonstrated that alcohol and other drug use may be reduced by increasing:

- participation in supervised activities
- time spent with parents
- support at school
- supervision during the evenings[69].

There are currently three Planet Youth pilot sites operating in Ireland. They are Planet Youth Galway, Planet Youth Mayo and Planet Youth Roscommon. These five-year pilot programmes have been initiated and developed by the Western Region Drug and Alcohol Task Force (WRDATF) with the support of partner agencies in the region. Local steering committees have been established for each of the pilot sites and these consist of funders and strategic partners.

5.8.5 United Nations

The central resources for all information on this area stems from UNODC (United Nations Office on Drugs and Crime).

Characteristics associated with positive prevention outcomes

Available evidence indicates that the following characteristics are associated with positive prevention outcomes

- Using interactive methods
- Delivered through a series of structured sessions (typically 10 – 15) once a week, often providing boosters sessions over multiple years
- Delivered by trained facilitator (including also trained peers)

[65] *Sigfúsdóttir ID, Thorlindsson T, Kristjánsson ÁL, Roe KM, Allegrante JP. Substance use prevention for adolescents: the Icelandic model. Health Promotion International. 2008;24(1):16-25*

[66] *Kristjansson AL, James JE, Allegrante JP, Sigfusdottir ID, Helgason AR. Adolescent substance use, parental monitoring, and leisure-time activities: 12-year outcomes of primary prevention in Iceland. Preventive medicine. 2010;51(2):168-71*

[67] *Dillon L. European drug trends. Substance abuse prevention and the Icelandic model [Internet]. 2018 [cited 2019 August 26]; (66):[1-32 pp.].*

[68] *Sigfúsdóttir ID, Thorlindsson T, Kristjánsson ÁL, Roe KM, Allegrante JP. Substance use prevention for adolescents: the Icelandic model. Health Promotion International. 2008;24(1):16-25.*

[69] *Kristjansson AL, James JE, Allegrante JP, Sigfusdottir ID, Helgason AR. Adolescent substance use, parental monitoring, and leisure-time activities: 12-year outcomes of primary prevention in Iceland. Preventive medicine. 2010;51(2):168-71*

- Providing an opportunity to practice and learn a wide variety of personal and social skills, including particularly coping, decision making and resistance skills, particularly in relation to substance abuse
- Impact perceptions of risks associated with substance abuse, emphasising immediate consequences
- Dispel misconceptions regarding the normative nature and the expectations linked to substance abuse

Characteristics associated with no or negative prevention outcomes[70]
Available evidence indicates that the following characteristics are associated with no or negative prevention outcomes

- Utilising non interactive methods, such as lecturing as a primary delivery strategy
- Information giving alone, particularly fear arousal

Moreover, programmes with no or negative prevention outcomes appear to be linked to the following characteristics

- Based on unstructured dialogue sessions
- Focused only on the building of self esteem and emotional education
- Addressing only ethical/ moral decision making or values
- Using ex-drug users as testimonials
- Using police officers to deliver the programme

5.8.6 European Union

There are 3 key elements to prevention as defined by the European Monitoring Centre for Drug Dependence and Addiction (EMCDDA)[71]:

- Universal Prevention (i.e. improving education and awareness in the general public);
- Targeted Prevention (i.e. interventions with individuals, groups, families or communities who are at most risk); and
- Environmental Prevention (i.e. addressing the wider cultural, social, and economic environments that influence substance use).

Examples of EU programmes

School Health and Alcohol Harm Reduction Programme (SHAHRP)
Brief description - Classroom-based harm reduction programme, conducted in two phases over two years
Target group:13-to 17-year-olds with varying experience with alcohol

[70] *UNDOC, International Standards on Drug Use Prevention (2015), page 21*
[71] *https://www.emcdda.europa.eu/best-practice/xchange*

Comments
The SHAHRP study was replicated in Scotland and Northern Ireland with the results reinforcing the behavioural findings of the Australian SHAHRP study.

A large trial adapted SHAHRP (as STAMPP) by adding a brief parental intervention and aimed to evaluate whether it worked in Scotland and Northern Ireland.

The National Institute for Health Research (NIHR)[72] funded Steps Towards Alcohol Misuse Prevention Programme (STAMPP) was tested in a large trial in 105 schools in Northern Ireland and Scotland. It involved around 14 lessons spread over two years and a presentation evening with parents to reinforce the school lessons.

Talk About Alcohol
Brief Description: A school based intervention focussing on delaying alcohol use by use of pick and mix approach. The minimum requirement in this 'pick and mix' approach is the implementation of six classes over a period of two years.
Target group: Young people aged 12 – 16 (School setting)

Life Skills training
Brief Description: a classroom-based universal prevention programme to reduce the long-term risk of alcohol, tobacco and drugs in middle-school.

Planet Youth - "The Icelandic Model"
Brief description: The Iceland model is an environmental approach in which parenting, parental supervision and organised leisure time activities, together with increased normative pressure (curfew hours and encouragement of joint family dinners) play a central role in reducing alcohol and drug consumption among young people.
Target group: All youth
Setting: Environmental setting, Community

Tu Decides - Its up to you
Brief description: Tú Decides: It´s Up To You aims to enable teenagers to make informed and responsible decisions regarding the use of drugs in relation to the other problems typically affecting this age group. It seeks to support students in the anticipation of realistic choice situations.
Target group: Children/young people (12 to 17 years) School setting.

5.8.7 UK (including Northern Ireland)

Consistent and coordinated prevention activities delivered through a range of programmes and in a variety of settings (eg, at home; in school; among peers; in the workplace;

[72] *NIHR Evidence - Intervention delivered in Northern Irish and Scottish schools reduces binge drinking - Informative and accessible health and care research*

throughout the local community and in the media) seem most likely to lead to positive outcomes.

Evidence also suggests that modifying the environment where risky behaviour takes place can reduce harmful outcomes – eg, controlling alcohol sales, density of outlets, and alcohol price, or by imposing bans on smoking of tobacco in public places.
Accurate and consistent information about the health and social impacts of alcohol and drug use is only effective when delivered alongside interventions that develop the skills and personal resources people need to avoid early initiation to drug taking and developing harmful use.

Examples of NI programmes

Targeted Lifeskills Programme
The Targeted Lifeskills and Harm Reduction Service has been delivered since 2015 by three providers across the regions (ASCERT, Start360 and Lisburn YMCA).

Youth Engagement Service (YES)
The Public Health Agency has funded Youth Engagement Service across Northern Ireland to cater for the health improvement needs of children and young people aged 11-25 years old. This follows the piloting of a number of One Stop Shop models across Northern Ireland.

Localised projects
In addition to regionally commissioned services there are some other local projects and initiatives that either directly or indirectly respond to drug or alcohol issues for young people.

School Health and Alcohol Harm Reduction Programme (SHAHRP), Lisburn YMCA
This is an evidence based program to reduce Alcohol Related Harm in young people adapted version of the Australian SHAHRP to fit within cultural norms of Northern Ireland and is presently being co-ordinated by Lisburn YMCA since its inception in 2006 across the Belfast and South Eastern Area. The project aims to enhance alcohol related knowledge, create more healthy alcohol related attitudes and reduce alcohol related harms.

Drug and Alcohol Lifeskills Programme, HURT
HURT is a charity based in Derry and operating in the North West of Northern Ireland. Its Drug and Alcohol Lifeskills Programme provides workshops within local schools, youth clubs or employment based settings.

PSNI Citizenship and Safety Education (CASE) Programme
A programme offered to Primary and Post Primary schools. Specially trained police officers talk to pupils about a range of issues from fireworks right through to drugs, alcohol and farm safety in order to promote the safety of young people, their families and communities.

Drug education in schools
Schools in Northern Ireland have a statutory responsibility to deliver drug education to include legal and illegal substances (The Education (Curriculum Minimum Content) Order (Northern Ireland) 2007).

Examples of UK programmes

The Early Intervention Foundation Guidebook[1] details a range of programmes currently being delivered in the UK. Within each programme entry, it gives a brief overview and includes information on the age groupings; the intended outcomes; a rating of the evidence; the delivery model; the setting; and a classification of the approach.

ASSIST

ASSIST (named for its trial: A Stop Smoking in Schools Trial), is a schools-based smoking prevention programme. It is a universal programme for children between the ages of 12 and 13. It is delivered in secondary schools, and aims to improve resilience and reduce the take-up of smoking.

- Evidence rating: 3
- Child outcomes: Preventing substance abuse
- UK provision: Yes
- Age group: Preadolescents
- Delivery model: Group
- Main setting: Secondary school
- Classification: Universal

Advanced LifeSkills Training

Advanced LifeSkills Training (LST) is a school-based substance misuse prevention programme designed to help young people avoid tobacco, alcohol and drug abuse.

- Evidence rating: 3+
- Child outcomes: Preventing substance abuse. Preventing risky sexual behaviour & teen pregnancy

- UK provision: Yes
- Age group: Preadolescents. Adolescents
- Delivery model: Group
- Main setting: Secondary school
- Other setting: Primary school. Community centre
- Classification: Universal

All Stars (Core and Core with Plus)

All Stars is a universal programme for children between the ages of 8 and 14 years. The primary goal of the programme is to prevent or delay risky behaviours, specifically substance misuse and anti-social behaviour.

- Evidence rating: 2
- Child outcomes: Enhancing school achievement & employment
- Preventing substance abuse
- UK provision: Yes
- Age group: Primary school. Preadolescents. Adolescents
- Delivery model: Group
- Main setting: Secondary school
- Other setting: Primary school
- Classification: Universal

Lions Quest Skills for Adolescence

Lions Quest Skills for Adolescence (SFA) teaches cognitive-behavioural skills for building self-esteem and personal responsibility, communicating effectively, making better decisions, resisting social influences, and increasing knowledge with regards to drug use and consequences to children in the school setting.

- Evidence rating: 3
- Child outcomes: Preventing substance abuse
- UK provision: Yes
- Age group: Preadolescents

- Delivery model: Group
- Main setting: Secondary school
- Other setting: Primary school. Community centre
- Classification: Universal

Positive Action

Positive Action is a universal, school-based social and emotional learning programme delivered to children between the ages of 4 and 15.

- Evidence rating: 3+
- Child outcomes: Preventing crime, violence and antisocial behaviour. Preventing substance abuse. Preventing risky sexual behaviour & teen pregnancy
- UK provision: Yes
- Age group: Primary school
- Delivery model: Group
- Main setting: Primary school
- Classification: Universal

Talk About Alcohol

Talk About Alcohol is a school-based intervention aimed at reducing alcohol related problems in young people between the ages of 11 and 18.

- Evidence rating: 2
- Child outcomes: Preventing substance abuse
- UK provision: Yes
- Age group: Preadolescents. Adolescents
- Delivery model: Group
- Main setting: Secondary school
- Other setting: Sixth-form or FE college
- Classification: Universal

[1] *Home | EIF Guidebook*

6. Frameworks

Central to all frameworks that support the delivery of Drugs and Alcohol projects/programmes is the work undertaken by The United Nations Office of Drug Control (UNODC) – the research sets out the ambit of work in a variety of settings including those where young people are the primary recipient. Its research and findings inform most frameworks in use across the world today including the Department of Health's recently announced Strategic Framework to Tackle the Harm from Substance Use.

This section on Frameworks deals with the prevention approaches and the characteristics common amongst effective systems. A great deal of emphasis is placed on the consistency and coordination standards and that has been incorporated in the work of the Drugs and Alcohol Curriculum Resources Programme going forward.

In developing this programme, we considered the factors linked to successful outcomes, and those linked to no or negative outcomes within drug prevention frameworks.

6.1 Children & Young People's Emotional Health and Wellbeing in Education Framework

Department of Education and Department of Health, (2021)
The Department of Education and Department of Health produced this framework in February 2021 outlining a shared model for supporting children and young people's emotional health and wellbeing. This is primarily a Framework for those working with children and young people in Education and is mainly focused on children and young people in primary and post primary schools, however the underlying principles in the framework are intended to be applicable in other educational settings including EA Funded Youth Settings.

The overriding aims of this framework are:

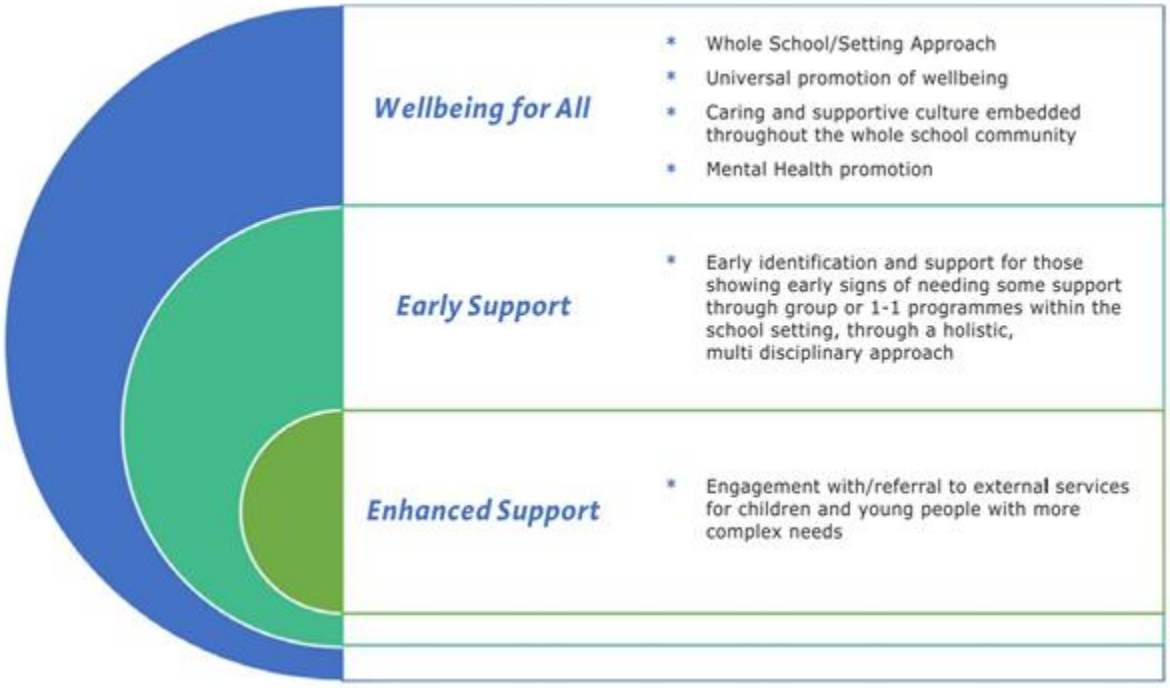
- To ensure that children and young people are empowered and assisted to understand and take care or manage their emotional health and wellbeing.

- That their needs are identified early and addressed effectively when required.
- To establish an integrated model that supports an early help, support and intervention focus on children's emotional health and wellbeing needs.
- That fewer numbers of children and young people will require specialist intervention from Mental Health Services.

The main focus of the Framework is to provide overarching guidelines to support those working in educational settings to help them promote emotional wellbeing and strengthen self-esteem and resilience in our children and young people. It is designed to help promote wellbeing at a universal level, through a holistic, multi-disciplinary approach, and then to provide targeted support when needs are identified.

The Framework's approach is that the primary focus is on universal promotion of emotional health and wellbeing and early intervention as being more effective than targeted support directed solely to those considered to be in high risk groups.

The figure below provides an overview of the model structure of support which underpins the Framework



This Model reflects the strong focus and value of promotion, prevention and early intervention through which educational settings, the Education Authority, Health and Community services can work in an integrated way to support the child or young person both within the educational setting and where required with wider family support services.

NICE Guidance on alcohol or drug prevention

The National Institute for Health and Care Excellence (NICE) provides evidence-based recommendations developed by independent committees, including professionals and lay members, and consulted on by stakeholders. It has produced good practice guidance standards for drugs and alcohol work.

Alcohol interventions in secondary and further education [NG135][73]

When delivering alcohol education, aim to:

- use a positive approach to help pupils to make informed, safe, healthy choices
- encourage pupils to take part in discussions
- avoid unintended consequences (for example the pupil becoming curious about alcohol and wanting to try it, or substituting it with another substance)
- avoid using scare tactics
- avoid only giving out information, for example by lectures or leaflets.

When selecting pupils to offer a targeted intervention to, avoid treating them in a way that could:

- stigmatise them or
- encourage them to see themselves as likely to use alcohol or see it as normal behaviour or
- have a negative impact on their self-esteem.

For each person or group offered an intervention, identify their specific risk factors, vulnerabilities and any concerns about their behaviour so that the intervention can be tailored to their needs. Use, for example:

- formal sources of information about risk factors (for example information provided by a level of needs assessment, children's services [including children's social care] or through the whole-school approach)
- informal sources of information about pupils' behaviour (for example reports from the local community informing the school after witnessing pupils drinking alcohol)."

Drug misuse prevention: targeted interventions NICE guideline [NG64][74]

Consider skills training for children and young people who are assessed as vulnerable to drug misuse. If skills training is delivered to children and young people, ensure that their carers or families also receive skills training. For older children and young people, think about whether providing information may be a more appropriate approach.

Ensure any skills training is:

[73] *Overview | Alcohol interventions in secondary and further education | Guidance | NICE*

[74] *Overview | Drug misuse prevention: targeted interventions | Guidance | NICE*

- commissioned as part of existing services
- delivered as part of activities designed to increase resilience and reduce risk
- delivered by people competent to provide skills training.

If skills training is offered to children and young people and their carers or families, ensure it helps children and young people develop a range of personal and social skills, such as:

- listening
- conflict resolution
- refusal
- identifying and managing stress
- making decisions
- coping with criticism
- dealing with feelings of exclusion
- making healthy behaviour choices.

Ensure that personal and social skills training for children and young people who are looked after and care leavers puts particular emphasis on how to deal with feelings of exclusion.
If skills training is offered to children and young people and their carers and families, ensure that it helps carers and families develop a range of skills, such as:

- communication
- developing and maintaining healthy relationships
- conflict resolution
- problem solving

The Alcohol and Drug Commissioning Framework for Northern Ireland 2013-16
The Alcohol and Drug Commissioning Framework was produced by the Public Health Agency and Health and Social Care Board to inform the commissioning of services in Northern Ireland in support of the regional strategy the New Strategic Direction for Drugs and Alcohol.

In relation to drug and alcohol prevention it outlined that the evidence for substance misuse education and persuasion approaches is poor in terms of achieving and sustaining change in drug and alcohol use.

It indicated there is stronger evidence for a social life skills approach through modelling, understanding, norm-setting and social skill practice, so that young people are less likely to misuse alcohol and other substances. It was suggested that the term alcohol / drug education is misleading and should be replaced with ‘prevention’.

The framework also highlighted the effectiveness of family based programmes. Although generic family based programmes such as Strengthening Families Programme had been

commissioned by the PHA and were being delivered across the region aiming to increase parenting skills they were not specifically focused on drugs and alcohol.

6.2 Prevention approaches

The United Nations Office of Drug Control (UNODC) published 'International Standards on Drug Use Prevention' in 2013 (and updated Sept 2020). The standards were developed through a systematic assessment of the international evidence on prevention and they provide a summary of the available scientific evidence. The standards have been created and published by UNODC and WHO with the assistance of a globally representative group of 143 researchers, policymakers, practitioners, and representatives of non-governmental and international organizations from 47 countries.

In developing and reviewing the standards, an overview of systematic reviews published between June 2012 and January 2018 focusing on the primary outcomes of substance use prevention was conducted. The results have been collated and published in the "Protocol for the overview of systematic reviews on interventions to prevent drug use for the second, updated edition of the International Standards on Drug Use Prevention"[75]. This document gives a clear summary of the work done to date and its efficacy.

6.3 Characteristics of an effective preventions system

UNODC recognises that an effective system delivers an integrated range of interventions and policies based on scientific evidence, taking place in multiple settings and targeting relevant ages and levels of risk. Its recommendations are based on:

- A range of interventions and policies based on evidence
- Supportive and regulatory framework
- Strong basis of research and scientific evidence
- Different sectors involved at different levels
- Strong infrastructure of the delivery system
- Sustainability

It is clear that there is no single prevention approach which precludes consideration of other methodologies and the efficacy of any given framework depends on a number of unpredictable and inter-linked situational factors. UNODC found that in reviewing effective frameworks and programmes in search of commonality, successful strategies differed in four main areas:

- the age of the target group
- the level of risk of the target group
- the setting in which the strategy is delivered

[75] *Protocol for an overview of systematic reviews of interventions to reduce unscheduled hospital admissions among adults | BMJ Open*

- the focus of action (environmental, developmental, information).

However, the same paper notes that an effective system delivers a range of evidence-based interventions and policies in order to:

- Support children and youth throughout their development and particularly at critical transition periods where they are most vulnerable, e.g., infancy and early childhood, at the transition between childhood and adolescence.
- Target the population at large (universal prevention), but also support groups (selective prevention) and individuals (indicated prevention) that are particularly at risk.
- Address both individual and environmental factors of vulnerability and resilience.
- Reach the population in multiple settings (e.g., families, schools, communities, the workplace).

6.4 Consistency and coordination

PHE's[76]consideration of frameworks report that "consistent and coordinated prevention activities delivered through a range of programmes and in a variety of settings (e.g., at home; in school; among peers; in the workplace; throughout the local community and in the media) seem most likely to lead to positive outcomes".

Accurate and consistent information about the health and social impacts of alcohol and drug use is only effective when delivered alongside interventions that develop the skills and personal resources people need to avoid early initiation to drug taking and developing harmful use.

6.5 Factors linked to successful outcomes, and those linked to no or negative outcomes within drug prevention frameworks

The UNODC evidence review suggests a number of factors and types of intervention are linked to positive outcomes:

- early interventions, particularly generic pre-school programmes, improving literacy and numeracy, have a long-term effect
- personal and social skills education
- links to school interventions including school environment improvement programmes: positive ethos; disaffection; truancy; participation; academic and social-emotional learning
- a focus on 'risk and resilience' factors
- multi-component programmes involving parenting interventions and support for individuals and families, which may require joined up commissioning and planning
- staff who are qualified and competent to deliver the interventions they provide

[76] ibid

The evidence review suggests the following result in no or negative outcomes.

- scare tactics and images
- knowledge-only approaches
- ex-users and the police as drug educators where their input is not part of a wider prevention programme
- peer mentoring schemes that are not evidence-based

7. Evaluation Toolkits

While there is a plethora of drugs and alcohol toolkits available internationally that measure the impact of Drugs and Alcohol projects/programmes, there are few that are specifically to support young people from an educational perspective that is fit for purpose for a limited number of engagement settings. A number of toolkits are considered within the section to inform decision-making.

Having reviewed the good practice across educational and health settings, this project has identified the use of surveys and observation as the most efficacious way forward to balance resources and outcomes in a proportionate manner while still delivering robust data to support the approach.

This section deals with toolkits that measure the impact of drugs and alcohol projects/programmes.

While delivery and impact are the key drivers of any successful programme, a robust measurement tool should be built in to capture that success, cascade learning and build better with every future iteration.

However, the measurement in itself cannot become the driving focus nor inhibit effective engagement with young people. That being the case, it is important to consider the parameters of the project including the programme delivery, the age and availability of the services user in responding, the limitations on time and accessibility and producing an age-appropriate tool.

With the ambit in mind, an output-oriented approach is the best fit to both the design and delivery of the programme. That being the case a data-capture at inception and a repeat capture towards project end will give the most efficient and measurable outputs. This baseline and follow-up approach gives a sense of distance travelled by the young participants and is more efficacious than a point in time or reflective baseline approach.

As always, an accommodation must be reached in balancing the quality of the data being collected against the ease of that collection. In that instance, quantitative indicators fit the scope and purpose of the project and give a more robust sense of its effectiveness.

When collecting data generally there is a trade off between the quality of the data collected and how easy it is to collect it. Here we are quantifying subjective measures using outcome surveys e.g., 90% of young people have learned new skills as a result of the session.

This can be collected using a baseline and follow up outcome survey using a numerical scale, asked at the beginning and at the end of the session. This will show distance travelled and is the tool used by the EA youth service for TBUC.

This approach has been developed as a result of review of similar and leading toolkits which are detailed in the following sections.

7.1 ICAP (International Centre for Alcohol Policies) Toolkit: A guide to Evaluating Prevention Programmes (December 2010)[77]

Surveys

- Surveys rely on data collection through questionnaires. These may be written (distributed in hard copy or electronically) or administered orally (e.g., by telephone).
- Usually, in order to evaluate the impact of an intervention or a program, the survey is administered twice: once before and once after the intervention.
- Administering the survey before the intervention establishes baseline responses.
- A second round of surveys among the same group after the intervention will show whether there is a change in knowledge, behaviour, or whatever other outcome being measured.
- In some cases, the survey may be applied a third time to assess longer-term impact. This is particularly useful when measuring behaviour changes. It also helps to determine whether any short-term changes are sustained over time.

[77] *ICAP+Toolkit+on+Evaluation[1].pdf (drugsandalcohol.ie)*

- Another approach is to survey those who receive an intervention and those who do not, and to compare the results.
- This provides a "control" group for measuring the effect of a particular intervention.

Observations

Observation of individuals who have been exposed to an intervention (e.g., observing serving practices at retail establishments after a server training program or observing group dynamics during the delivery of a program) can help measure any changes in behaviour or outcomes.

- As in surveys, a "before" and "after" assessment is needed to compare and measure effects.
- Observation can help with determining whether a program is being delivered and implemented as planned and enable the evaluator to understand the situation and context.
- The outcomes resulting from an intervention may be seen in a number of different areas, including changes in skills, attitudes, knowledge, or behaviours
- Outcomes require time to develop. As a result, while some are likely to become apparent in the short term, immediately following an intervention, others may not be obvious until time has passed.

It is often of interest to see whether short-term outcomes will continue to persist over the medium- and long-term. For the purposes of clarity, these are defined as:

- **Short-term outcomes** - Most likely include changes in skills, attitudes, and knowledge.
- **Medium-term outcomes** - Include changes in behaviour and decision-making.
- **Long-term outcomes** - Persistence of behaviours and broader lifestyle changes

7.2 Alcohol and Drug Prevention Monitoring Tool[78]

This toolkit specifically seeks to measure the impact of an initiative or service. It delineates what monitoring success is and outlines the four steps to setting up monitoring an initiative/service.

Specifically, it includes The Theory of Change or Intervention Logic between education services in schools and increasing knowledge as an indicator for reduction in future misuse with an example of Output, Intermediate Outcome, High Level outcome and Outcome Measure (using pre and post questionnaires showing a marked difference in knowledge).

[78] *alcohol-and-drug-prevention-monitoring-tool-april-2019.pdf (nhsggc.org.uk)*

7.3 Drug and Alcohol Recovery Outcomes Framework (Health Research Board March 2017)[79]

Like many approaches to drug-use prevention, the Drug and Alcohol Recovery Outcomes Framework takes as its point of departure the attempt to enhance self-esteem. This is based on the view that low self-esteem plays a role in mediating relenting to pressure to experiment with drugs. The Framework includes Core Scales which draws on the most commonly used items in the measurement of self-esteem. Some of the most useful include the Alcohol Expectancy Questionnaire-Adolescent, Brief (AEQ-AB), attitudes to drug use, decision making skills among others.

[79] *Drug and alcohol recovery outcomes framework (drugsandalcohol.ie)*

8. Service User Shaping

Tasked with exploring how children and young people can influence, inform, design and deliver Drugs and Alcohol projects/programmes, Boys and Girls Clubs (NI) specifically asked young people for their input. Their observations, collected on an ad hoc basis, are detailed within this section and are core to the development of the programme. This user data is supported by traditionally collected local information and detailed in the Regional Assessment of Need, the Young People's Behaviour and Attitudes Survey 2019**,** ASCERT's Youth Work Survey. This is further expanded in a review of the UK's A Guide to the Effective Involvement of Children and Young People and additional relevant international examples.

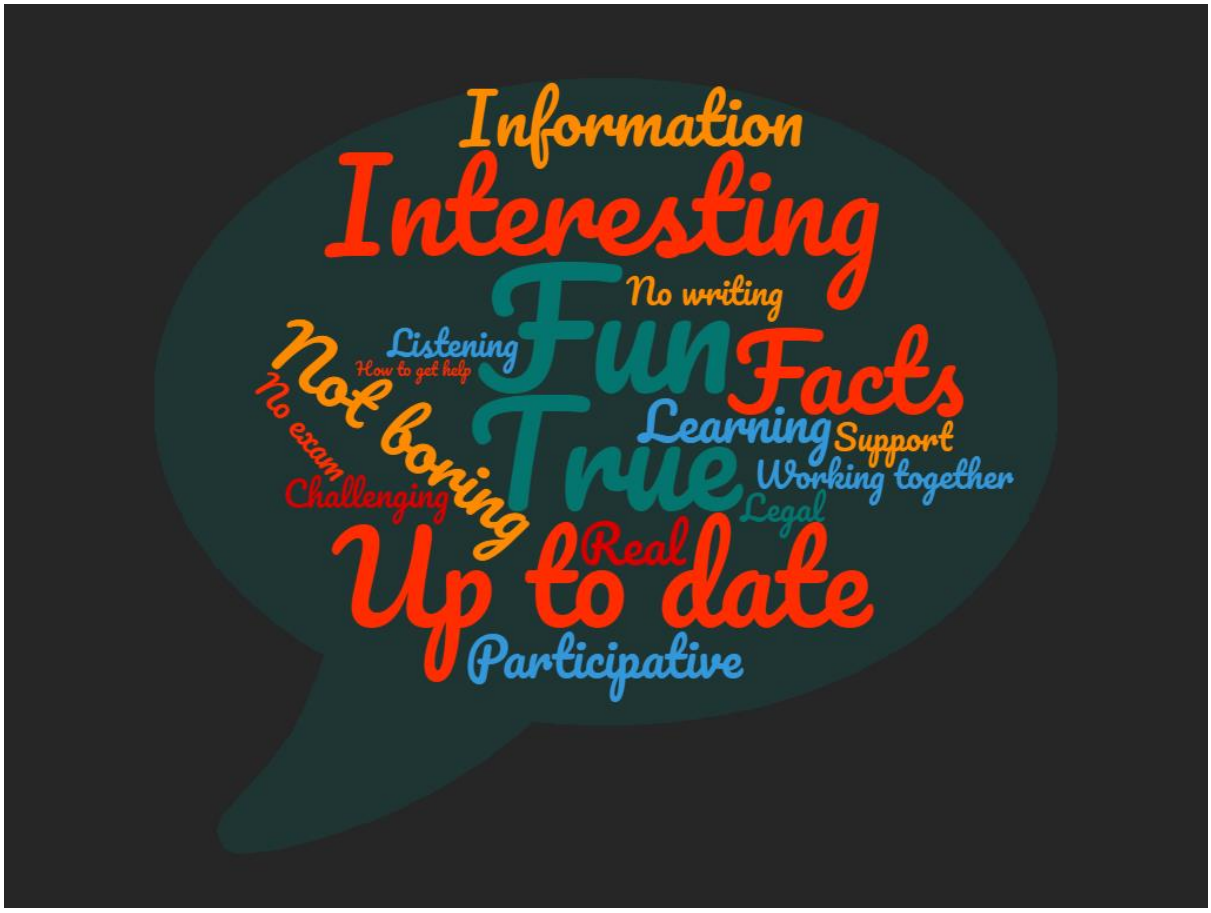
Key findings from the review of good practice and the active collection of data was that young people prefer a relevant, interesting and fun session where there is opportunity to work together, hear new information, feel valued and listened to in a non-judgemental setting. These sit comfortably with the Framework of Outcomes outlined in the Priorities for Youth policy.

This section deals with how children and young people can influence, inform, design and deliver drugs and alcohol projects/programmes

8.1. Local examples

Locally sourced input

Boys & Girls Clubs (NI) (BGCNI) gathered information from children and young people aged 13 – 18 over 4 months (May – August 2021). Given the challenges created by Covid-19 and adherence to the legislation, many traditional settings such as focus groups or residentials were not available conduits. No opportunity for face-to-face service delivery until relatively recently, the lack of access to necessary computer hardware excluding some young people, and the often stilted forum that electronic access can create have all been barriers to robust data collection. As a result, it will be difficult to capture data for longitudinal measurements within the same cohort.



Instead, questions around accessing information on drugs and alcohol were asked on an ad hoc basis to young people who were engaged in activity, diversion and community programmes. Most activities were outdoors, with trainers/youth workers that young people were meeting for the first time, and amongst other young people they did not know, which can all be barriers in delivering a formal information-gathering methodology.

As a result, the data captured was short and anecdotal. It is to be noted that this quickfire approach produced active, enthusiastic participation and immediate responses which may be directly attributable to the informal methodology.

BGCNI asked approximately 150 young people in May – September 2021 what was important in understanding the impacts of drugs and alcohol. Ranked in order of frequency, they replied that the following topics were important:

1. **Fun**
   Responses grouped under this heading included: don't take all the fun stuff out of it; it should be fun; enjoyable; I go to youth club for fun; learning should be fun; don't take all the fun out of it; if its not fun, I'm not staying
2. **Non–judgemental**

Responses grouped under this heading included: let me tell my story without deciding you know me; don't judge us; don't tell us how to live; don't tell us how to do things

3. **True**
   Responses grouped under this heading included: don't be telling me untrue stories about what happens, I already seen it; not interested in hearing scare stories that are not real
4. **Interesting**
   Responses grouped under this heading included: make it something I want to know; want it to be something interesting; tell me something that I want to hear; come to youth club to be interested in stuff
5. **Up-to-date**
   Responses grouped under this heading included: let's talk about what's happening now; different stuff available in different months; tell us about what is affecting us now;
6. **Facts**
   Responses grouped under this heading included: not interested in opinions, want to hear the real thing, facts only, real deal
7. **Participative**
   Responses grouped under this heading included: joining in; share learning; want to be practical in finding out; learn by doing
8. **Not talked down to**
   Responses grouped under this heading included: don't tell me things I already know; my friends already drink; I already di this so don't talk down to me; don't think I know nothing; accept that I see lots of drug taking; don't patronise me;
9. **No writing**
   Responses grouped under this heading included: don't want to sit in class in study; don't want to be doing school work; don't go to youth club to do more school; I'm not writing anything down about this
10. **Not boring**
    Responses grouped under this heading included: don't make this some boring session from a book; don't just read stuff to me; this is always some oul wan being soooo boring; don't make it really boring
11. **Information**
    Responses grouped under this heading included: I want to know more; give me the info; what is the situation;
12. **Learning**
    Responses grouped under this heading included: like to learn; tell me something new; happy to have to the info for others; something new; something different; learning is good
13. **Listening**

Responses grouped under this heading included: hear what I have to say; listen to me, my experiences; don't tell me it didn't happen;

14. **Real**
    Responses grouped under this heading included: don't tell me oul nonsense; tell me real stuff not what you want to be true; be realistic; drinking and drugs are there – be real about it
15. **Working together**
    Responses grouped under this heading included: like being with my mates; want to work with others; teamwork; share stories;
16. **Legal**
    Responses grouped under this heading included: I really want to know if it is illegal; what is ok and what is a crime; what are my rights; what can the police do
17. **Challenging**
    Responses grouped under this heading included: like things that make me think; want to be challenged;
18. **No exam**
    Responses grouped under this heading included: don't make this into some test; I'm not interested if I have to prove my knowledge; don't put pressure on me; I'm not doing it if there is some test
19. **Support**
    Responses grouped under this heading included: will the teacher help us: need someone to help me as I am not good at learning;
20. **How to get help**
    Responses grouped under this heading included: what can you do if this is a problem; who can you talk to; what is confidential?

8.2 Regional assessment of need

Young people were asked a series of questions as part of a regional assessment of need exercise.[80]

When asked about their Health and Well Being – "*What activities or programmes would you like Youth Services in your area to provide to help with your Health Wellbeing?"* 7566 young people rated the inclusion of alcohol/drugs awareness programmes as "Very important" (4,227 responses) or "Important" (3,339 responses).

Youth Workers were asked "*What activities or programmes should Youth Services in your area provide to support positive Health and Wellbeing amongst young people?"* 604 Youth

[80]Regional Assessment of Need 2017-2020 Microsoft Word - RAON Final.docx (eani.org.uk)

Workers rated the inclusion of alcohol/drugs awareness programmes as "Very important" (381 responses) or "Important" (223 responses).
Young people were asked "*What opportunities would you like Youth Services in your area to provide to help you learn and achieve?*" 3,546 young people listed Life Skills programmes as "Very important" (1,363 responses) or "Important" (2,183 responses).

Youth Workers were asked "*What opportunities should Youth Services in your area provide to help young people learn and achieve?"* 95 Youth Workers listed Life Skills programmes as "Very important" (56 responses) or "Important" (39 responses).

Young People's Summary of Narrative Responses
The consequences of taking drugs and alcohol was a clear message from the young people. They were keen to participate in health based programmes exploring these issues.

Young people also identified the importance of their voices being heard in the development of programmes to support the health concerns they had.

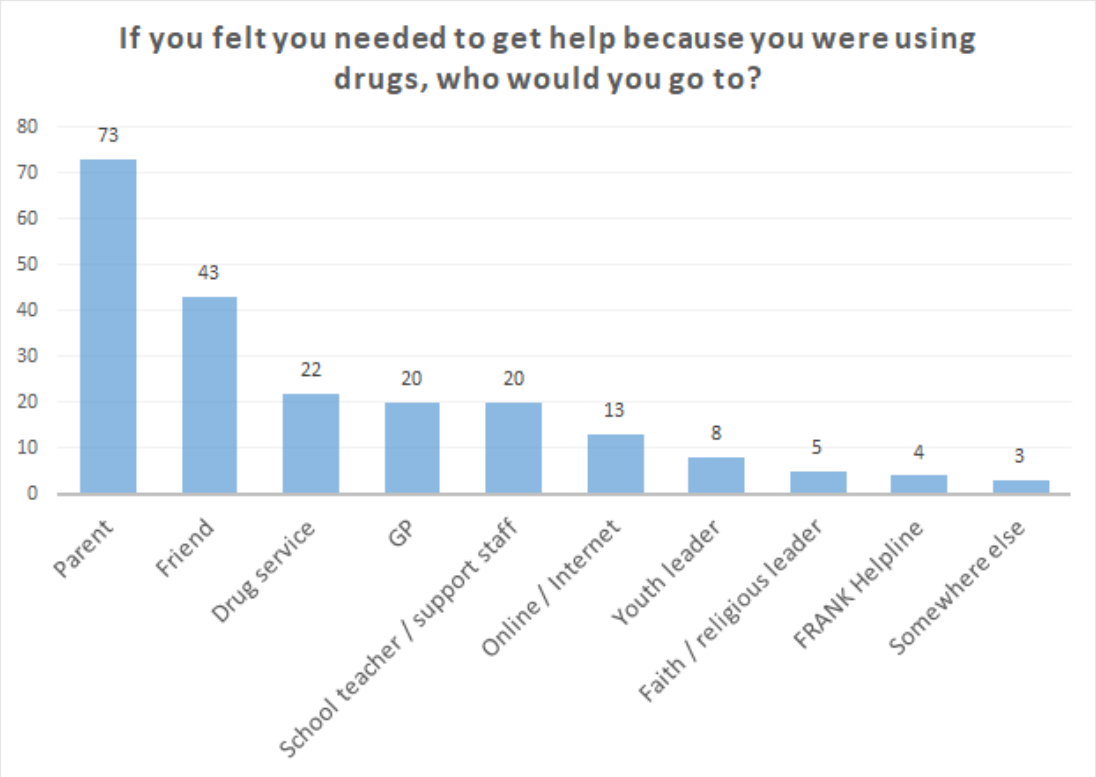
Young people with mental health problems are more likely to engage in risk taking activity and alcohol and drug misuse. Among the determinants of poor mental health include socio-economic pressures, gender discrimination, social isolation, an unhealthy lifestyle, bullying and the risk of violence. It is interesting to note that access to health programmes was the most important support that young people wanted Youth Services to provide. It should also be recognised that the older age groups (14-18 and 19-25) placed greater emphasis on accessing Drug and Alcohol programmes which are clearly linked to mental health issues.

Youth Workers and Volunteers indicated that the most beneficial programmes for young people in terms of their health and wellbeing were Health programmes and Drug and Alcohol programmes.

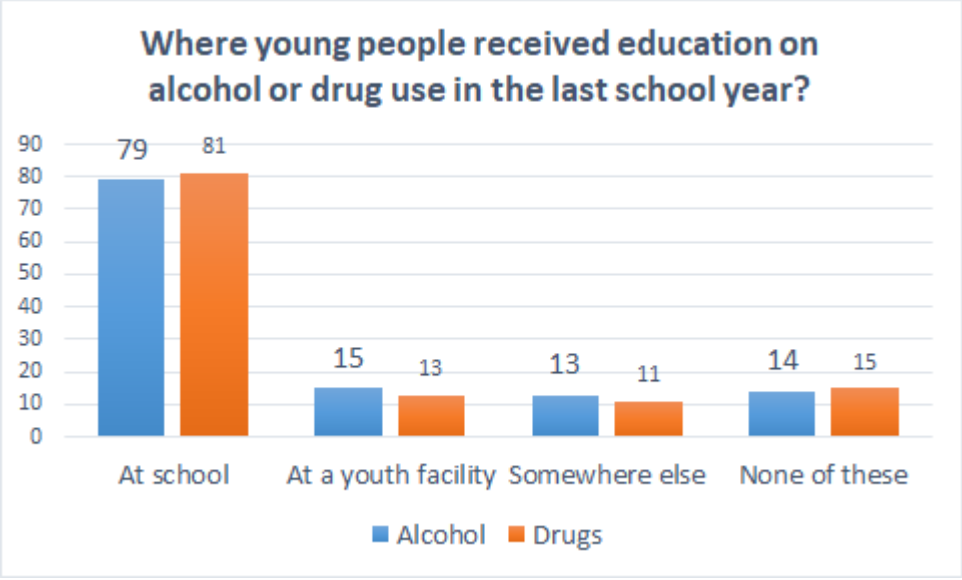
8.3 The Young Persons' Behaviour and Attitude Survey 2019[81]

The Young Persons' Behaviour and Attitudes Survey (YPBAS) is a school-based survey conducted among 11-16 year-olds and is covered in some detail in section 3. Within the survey, the young people reported a number of attitudes which can be considered when shaping services.

[81] *Young Persons' Behaviour and Attitude Survey 2019 | Northern Ireland Statistics and Research Agency (nisra.gov.uk)*



When asked about where they had received education about alcohol or drugs most young people said this was in school and 13-15% cited at a youth facility. Of those who had received education 71% indicated it made them less inclined to drink alcohol and 91% said the education made them less likely to take drugs.



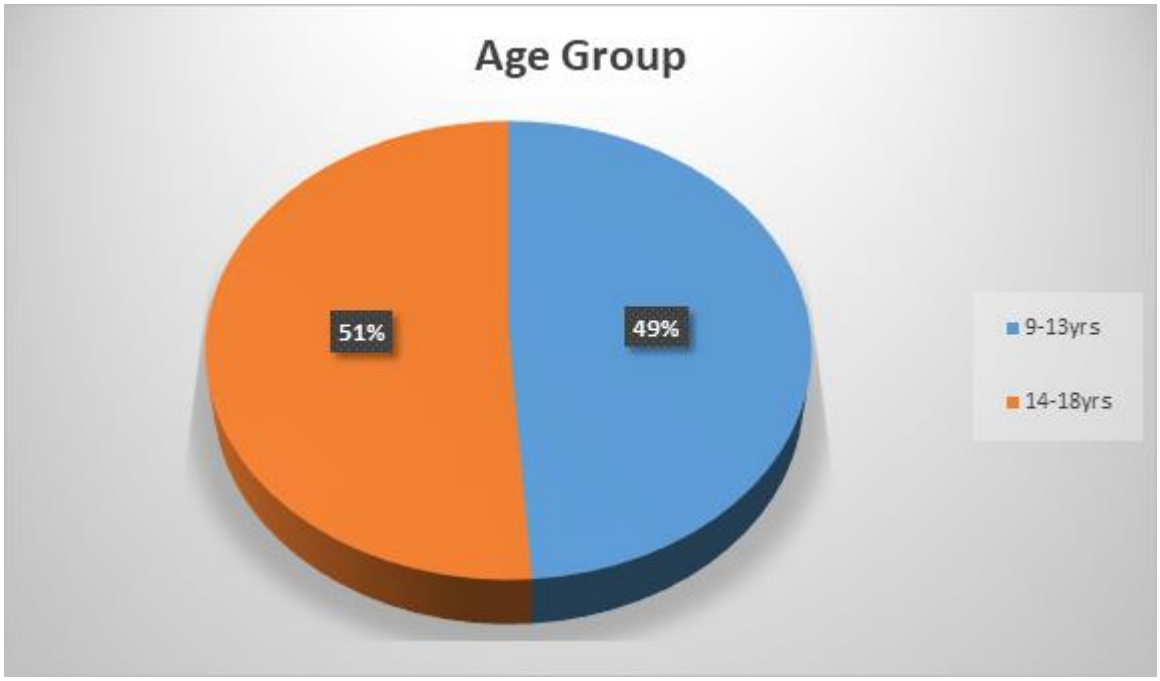
8.4 Youth work survey

In the development of this report we engaged youth organisations through an electronic survey which was sent to all registered youth organisations through EA operations. There were 89 responses to the survey from a range of organisations across Northern Ireland.

After the Youth Work Survey, overseen by ASCERT, for the EA Drug and Alcohol Curriculum Regional Development Project was completed by participants, all answers were collated and from this it has been reviewed to highlight the main themes and responses from the organisations who completed it to inform our project further.

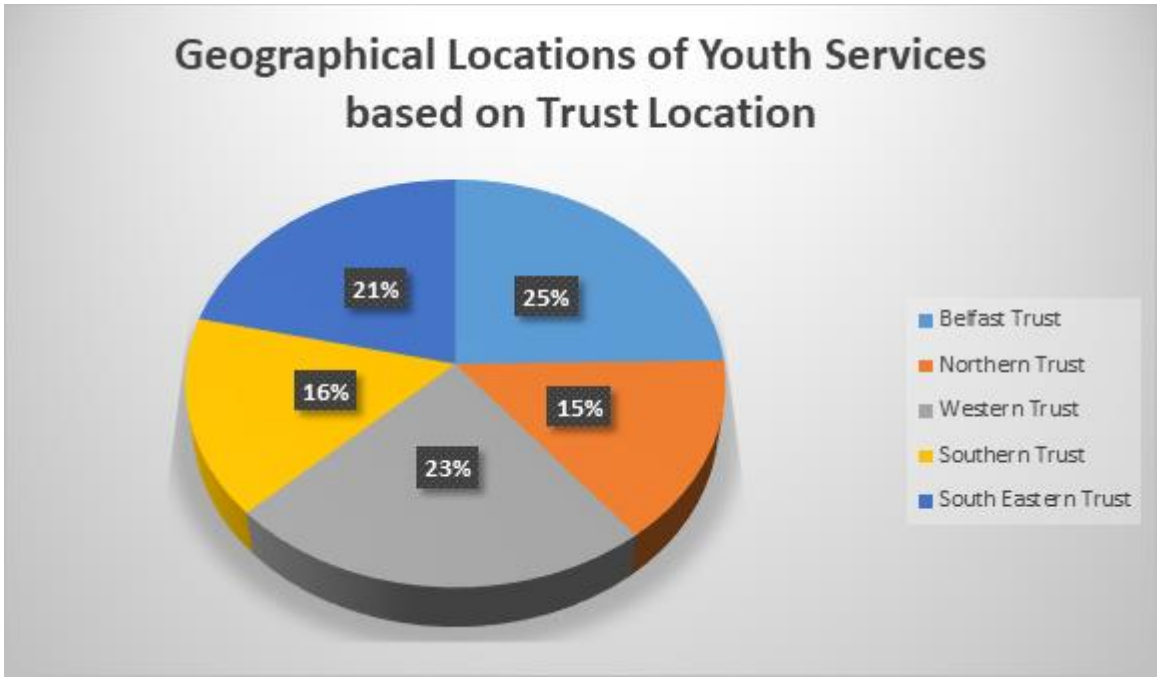
Based on the responses of the youth work survey, the majority of responses seemed to indicate that they had a crossover and worked with both age groups; 9-13 year olds and 14-18 year olds.

Pie Chart Showing the Percentages of the Ages Covered by the Organisations



The responses had a large spread of locations throughout Northern Ireland from Newry to Derry and Belfast, therefore when gathering the locations they were placed into groups based on their trust area.

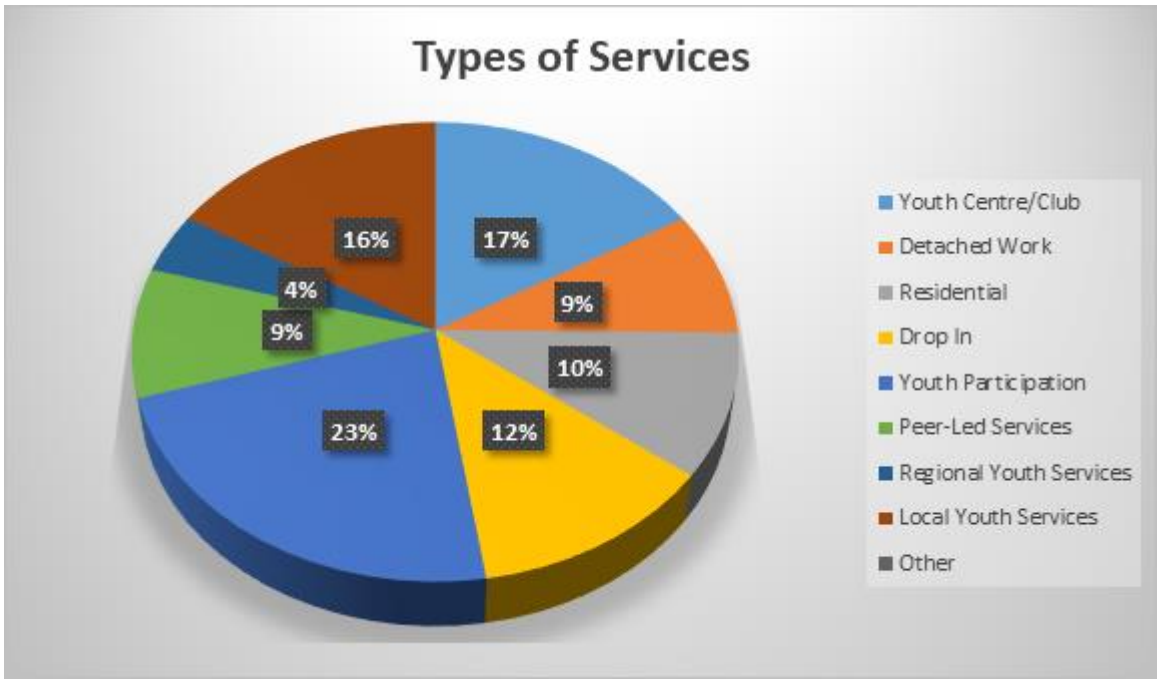
Graph highlighting the Percentages of Locations Based on Trust Area



In regards to the type of services which the organisations provide, there was a range of answers from respondents which were not included as an option, the options provided were:

- Youth centre
- Detached work
- Residential
- Drop in
- Youth participation
- Peer-led services
- Regional youth services
- Local youth services

Pie Chart Showing Percentages of Services

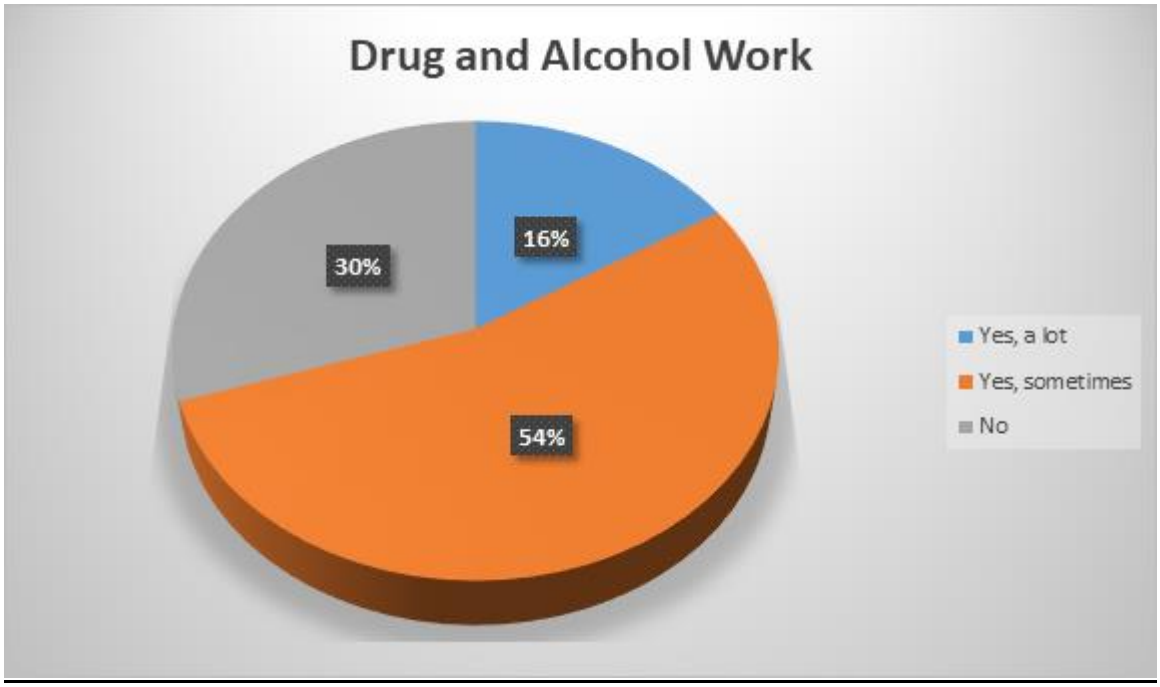


On top of these answers, respondents indicated they worked within:

- Training programmes
- Sporting clubs
- Uniformed youth organisation
- Life skills
- Scout groups

The answers established organisations varied in how much work they had done based on drug and alcohol issues. The below graph highlights the percentages of drug and alcohol work which is included in their organisation.

Pie Chart Showing the Percentage of Drug and Alcohol Work Carried Out by The Organisations

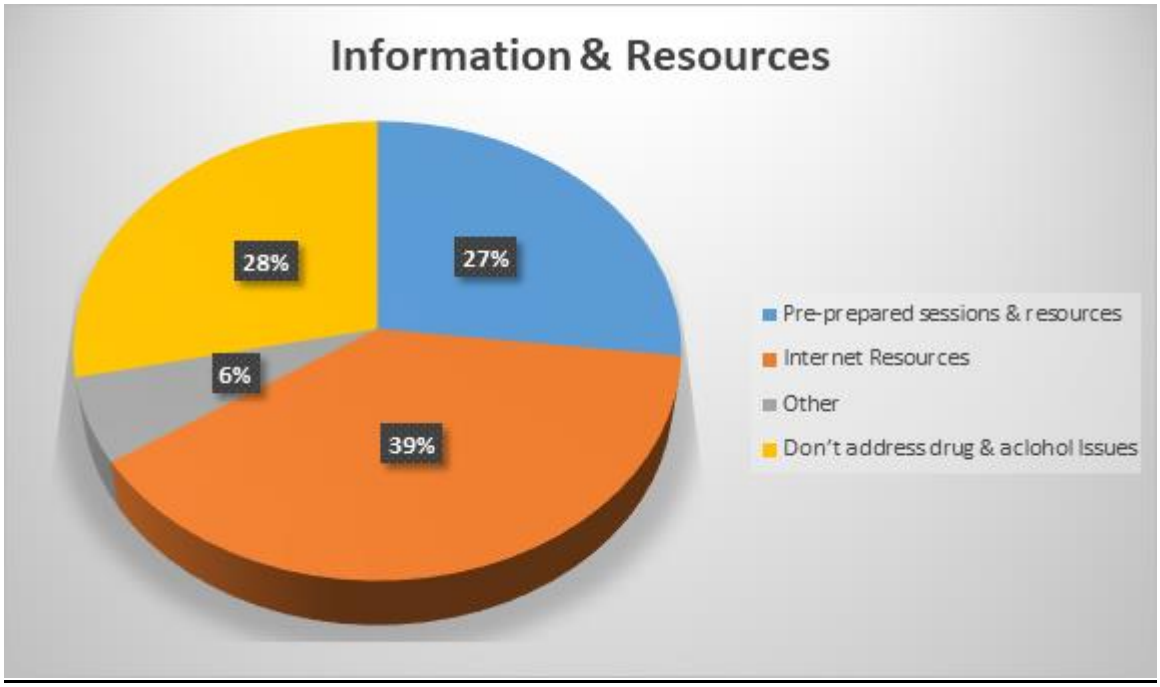


When asked if they said yes, the main areas in how they addressed drug and alcohol issues were:

- Awareness raising workshops
- Bring in outside facilitators (PSNI, health experts, previous users)
- Use of beer goggles
- Group work projects

The survey also inquired as to where the organisations get their information and resources for dealing with drug and alcohol issues from. The main area for getting information was the internet followed by pre-prepared sessions and resources, however, 19% (17 respondents) did not address drug or alcohol issues at all.

Chart Showing where the Organisations Currently get their Information and Resources for Dealing with Drug and Alcohol Use.



Based on the follow up answers on this area, many respondents maintained they got their resources from the internet or already had pre-prepared information from over the years. However, they would try to update all information and resources regularly with relevant material and facts. As well as this, they would bring in external organisations and professionals such as the PSNI to complement their programme with an outside voice.

On the other hand there were answers which highlighted that internet resources were not always relevant to the area in which they were working and they would prefer information which was more applicable to those they are working with.

When questioned about what tools/resources they found useful for dealing with drug or alcohol issues with young people, the answers which were most common from the respondents were:

- Beer goggles
- Drug and alcohol boxes/kits
- Guest speakers/ real life stories
- PSNI
- Visual & hands on aids

The follow up to this question was where they got these resources and the main answers again were the internet, PSNI, health trust and the youth service.

The survey asked what would be most useful to them to support in the delivery of sessions and programmes around drug or alcohol use, they were given 7 options to rate on a scale from 1-5 (5 being the most useful). The answers were:

- Drug and alcohol training for you
- Drug or alcohol information for you
- Information resources for young people
- Example sessions to use in delivery
- Example exercises to use in delivery
- Videos for young people to watch
- Other (explain below)

Based on the answers from the organisations, 5 was the highest rated answer for each option, highlighting that they felt that each option would be highly beneficial to their delivery of sessions.

The main ideas given by the respondents of what they felt would be helpful were:

- Specialist speakers
- Interactive elements
- Training and support
- Relatable content

The organisations were requested to highlight what topics they thought would be most relevant to drug and alcohol issues to help inform the development of our resources, the most frequent answers were:

- Long term effects of drug and alcohol use on development, prospects, family & relationships
- Alcohol more so than drugs
- Coping strategies
- Dealing with peer pressure and social media
- Most up to date drugs and street names
- Signs of drug/alcohol problems
- Social, physical and psychological difficulties

In summary, based on the findings from the Youth Work Survey, it was apparent that many of the respondents were carrying out all their drug and alcohol work through pre-prepared resources that have been in their organisation for years or sourcing information and materials from the internet. These findings highlight that the resources which are being used may not be not entirely applicable to their groups based in Northern Ireland,

therefore, it is important for us to make our resources relevant to the youth of Northern Ireland.

It is also essential to note that due to a large number of respondents using pre-prepared resources that they have had for years or from the internet, they all largely felt that drug and alcohol information and training for them along with example sessions and resources would be highly beneficial to them. Therefore it will be integral to put in place elements which covers these areas to meet the needs of the Youth Workers and those they are working with.

There was a recurring theme throughout the Youth Work Survey from respondents, it being that they used or thought that the best way to carry out drug and alcohol work was bringing in outside speakers, health professionals or previous drug/alcohol users to speak as a 'scare tactic', however, as found from our research from other countries and studies, this is not a prevention strategy which has proven results. Therefore, based on further research into other programmes and results from the survey, the programme will be better based on coping strategies based on relatable content which uses interactive elements rather than a lecture based technique.

8.5 Regional examples

A Guide to the Effective Involvement of Children and Young People[82]
Engaging with young people takes many forms, from supporting an individual to make decisions about their own life, right up to participating in strategic decision-making. All levels of engagement are valuable and valid, both to young people and to adult decision-makers, however different outcomes will require involving young people in different ways and at different stages in the process.

Methods of engagement
Engagement
The processes and methods of empowering young people to recognise their right to and the benefits of getting involved in decision-making; and supporting them with the skills and tools to do so.

Involvement
The inclusion of children and young people in decision-making processes at one of four levels: being informed, expressing an informed view, having that view taken into account, and being the main or joint decision maker. (Lansdown, 2005) (Lansdown, G., (2005) The Evolving Capacities of the Child, Save the Children, Unicef).

[82] *Guide to Involving Children and Young People.pdf (nwleics.gov.uk)*

Participation
"A process where someone influences decisions about their lives and this leads to change." (Treseder, 1997) (Treseder, P., (1997) Empowering Children and Young People, London: Save the Children)

Co-Production
"A way of working that involves people who use […] services, carers, and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation." (NHS/Coalition for Collaborative Care). (NHS/Coalition for Collaborative Care, http://coalitionforcollaborativecare.org.uk/a-co-production-model/)

At all levels of engagement, it is important to recognise that decision-making abilities change over time, and young people's evolving capacities should be taken into consideration. In addition, no decision should be taken as concrete; a decision reflects the young person's situation and thoughts at the point that it was made, and these may change.

8.6 International examples

United Nations Convention on the Rights of the Child[83]
This convention contains 52 standards that set out the Rights of a Child. Most countries including the United Kingdom have signed up to the convention. Many countries use the standards wholly or in part to promote children and young people's involvement. The standards of most relevance to the participation of service users are:

Article 12: Children and young people have the right to say what they think should happen, when adults are making decisions that affect them, and to have their opinions taken into account.
Article 13: Children and young people have the right to get and to share information, as long as the information is not damaging to them or others.
Article 17: Children and young people have the right to receive, seek and give information.
Article 23: Disabled children and young people have the right to active participation in their community.
Article 2: Requires all of the rights in the convention on the Rights of the Child to be implemented for every child, without discrimination.

Benefits to participation
The benefits of participation can be seen from two aspects:

[83] *OHCHR | Convention on the Rights of the Child*

- Benefits for children and young people and parents
- Success of projects and initiatives develop sustainability.
- Improved skills and knowledge ranging from practical skills such as presenting ideas, speaking in and to groups, writing and preparing reports, newsletters, letters, posters, negotiation and public speaking.
- Improved confidence, in feeling valued, being of some worth to friends and peers, and feeling successful.
- Developing relationships with other children and young people and parents/carers.
- A feeling of ownership over the services they access.
- Greater awareness of children and young people's rights.
- Greater awareness of participation and decision making
- Benefits for projects, organisations and management boards.
- Improved, better targeted and more effective services for children and young people, and their families.
- It supports and complements service planning, development and evaluation.
- Meets user's needs more effectively.
- Improved partnership working.
- Best use of financial resources.
- Meets government objectives and inspection processes

9. Key topics and the curriculum

A dedicated cadre of professional and focused individuals – both globally and locally – have developed topics and learning modules for young people with an emphasis on learning styles, a clear sense of purpose, and evidenced outcomes.

In addition, the most successful interweave knowledge, skills and values into the platform from which learning is delivered.

Research and best practise

In preparing to develop localised and targeted sessions, it is very useful to review some of the leading approaches.

9.1 Public Health England

The PSHE Association drug and alcohol schemes of work for key stages 1-4 have been developed for Public Health England. This resource pack includes lesson plans and resources

for each key stage, as well as a comprehensive teacher guidance document, knowledge organisers and an evidence review of effective drug and alcohol education practice.

At key stages 1 and 2 (ages up to11)

Pupils build age-appropriate foundational skills and underpinning knowledge including:

- Safety rules at home for medicines and household products, including what medicines and vaccinations are and how they help to keep people healthy
- The risks and effects of using tobacco, alcohol and other drugs
- Managing pressure and influences including that from peers and the media
- How to seek help and support for themselves or others in relation to health and/or substances

At key stages 3 and 4 (ages 11 – 16)[1]

Students build age-appropriate foundational skills and underpinning knowledge including:

- The risks and effects of a range of substances including alcohol, tobacco and other drugs
- Attitudes towards the use of alcohol and other drugs, including positive social norms that highlight the low rates of use
- About the law in relation to alcohol and other drugs, including longer term impacts of drug-related charges
- How to assess and manage risk and decision-making in relation to alcohol and other drugs
- How to manage pressure, influence and seek support for themselves or others in relation to alcohol and other drugs

Public Health England lays out guidance[2] on what works for positive outcomes and features linked to negative outcomes (in a school setting). Fuller details can be found online.[3]

Intervention Type: Early Adolescence

PHE lays out its programme for Early Adolescence which takes an intervention approach and is a prevention education programme based on personal and social skills and social influence (universal/ selective). Within those skills-based prevention programmes, trained teachers engage students in interactive activities to give them the opportunity to learn and practice a range of personal and social skills.

These programmes focus on encouraging substance and peer refusal abilities that support young people to counter social pressures more generally.

On analysis of this approach, PHE has delineated the features which are linked to positive and negative outcomes and its basis of evidence is rated as being particularly strong.

Features linked to positive outcomes

1. Should provide an opportunity to practice and learn a wide array of personal and social skills, including coping, decision making and resistance skills - particularly in relation to substance use

2. Impact perceptions of risks associated with substance abuse, emphasising immediate consequences

3. Dispel misconceptions regarding the normative nature and the expectations linked to substance abuse

Features linked to negative outcomes

1. Utilise non interactive methods, such as lecturing, as a primary delivery strategy

2. Information-giving alone, particularly fear arousal

3. Based on unstructured dialogue sessions

4. Focus only on the building of self-esteem and emotional education

5. Address only ethical/moral decision making or values

6. Ad-hoc use of ex-drug users or police officers in the delivery of the programme

Intervention Type: Middle childhood

The pathway for the programme for Middle Childhood also takes an intervention approach and is a prevention education programme based on personal and social skills (universal). The delivery is based on the model where trained teachers engage children in interactive activities to give them the opportunity to learn and practice a range of personal and social skills. These programmes are typically delivered to all children via a series of structured non-drug specific sessions aiming to build individual resilience around risk taking.

Once again, PHE has delineated the features which are linked to positive and negative outcomes.

Features linked to positive outcomes

1. Aims improve a range of personal and social skills – not just drugs or alcohol

2. Delivered through a series of structured sessions, often providing booster sessions over multiple years

3. Delivered by trained staff or facilitators

4. Sessions are primarily interactive

Features linked to negative outcomes

1. Using non interactive methods, such as lecturing, as the main delivery method

2. Providing information on specific substances, including fear arousal

The life skills approach involves a wide range of diverse learning elements, which include:

Knowledge: Understanding of topics such as laws and rules, the democratic process, the media, human rights, diversity, money and the economy, sustainable development, the world as a global community, and of concepts such as democracy, justice, equality, freedom, authority, and the rule of law

Skills and aptitudes: Critical thinking, analysing information, expressing opinions, taking part in discussions and debates, negotiating, dispute resolution and participating in community actions

Values and attitudes: Respect for justice, democracy and the rule of law, openness, tolerance, courage to defend a point of view, and a willingness to listen to, work with and stand up for others.

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[1] *KS3-4 Drug & alcohol education — lesson plans, resources & knowledge organisers 0.pdf (pshe-association.org.uk)*

[2] *The international evidence on the prevention of drug and alcohol use - Summary and examples of implementation in England - Preventing drug and alcohol misuse - international evidence and implementation examples (publishing.service.gov.uk)*

[3] *Drug and alcohol education | www.pshe-association.org.uk*

9.3 NHS Greater Glasgow and Clyde toolkit

The Substance Misuse Toolkit[84] aims to reduce harm caused by substance misuse by:

- Equipping staff with the knowledge and confidence they require to teach pupils about the effects, risks and consequences of substance use by providing them with a range of materials and methodologies
- Encouraging learners to make informed choices about alcohol, drugs and tobacco

[84] *NHSGGC : Substance Misuse Toolkit*

- Supporting an age appropriate and inclusive approach to education in relation to substances within the context of a Curriculum for Excellence
- Identifying evidence based resources and approaches and share good practice with staff across the Greater Glasgow and Clyde area
- Ensuring that resources are up to date and fit for purpose

9.3 Northern Ireland Curriculum

In Northern Ireland, drugs education is provided in the curriculum[1] which is taught to all pupils of compulsory school age in grant-aided schools. In primary schools, pupils have opportunities to learn about keeping themselves healthy and safe through the Personal Health element of the Personal Development and Mutual Understanding area of learning.

In post-primary schools, pupils have opportunities to learn how to look after their health and well-being, keep safe and cope with their environment, and explore the risks and consequences of the misuse of drugs through the Personal Development element of the Learning for Life and Work area of learning.

The outline for this enhances the curriculum delivered in schools in Northern Ireland and using a life skills approach compliments the development of skills and capabilities of the young people of Thinking, Problem Solving and Decision Making, Being Creative, Communication, Managing Information, Self Management and Working with Others. And to be delivered within the AYWP, particularly that of Health and Wellbeing (Health and the Whole person in schools). All the Life Skills modules are designed to help the young people effectively manage the challenges of daily life by improving their confidence, assertiveness and decision-making, as well as their ability to stay safe and healthy.

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[1] *Northern Ireland Curriculum » INSYNC (nicurriculum.org.uk)*

10. Developing our approach

Building on good practice, the Drugs and Alcohol Curriculum Resources Programme Team have developed sessions for delivery in youth settings. Aligned with Priority for Youth and based on the input of young people, the resources provide Drugs and Alcohol curriculum resources for youth work to enable the delivery of sessions on a range of key topics important to children and young people aged 9-13 years and 14-18 years.

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"*The consequences of taking drugs and alcohol was a clear message from the young people. They were keen to participate in health based programmes exploring these issues*".

Youth Service Regional Assessment of Need 2020 - 2023

Having reviewed the material available locally, nationally and internationally, and examined good practice, effective outcomes, frameworks and toolkits, the Drugs and Alcohol Curriculum Resources Programme has developed a set of sessions for delivery to young people. Aligned with Priority for Youth and based on the input of young people, the resources provide Drugs and Alcohol curriculum resources for youth work to enable the delivery of sessions on a range of key topics important to children and young people aged 9-13 years and 14-18 years.

In developing our own bespoke curriculum, having reviewed the work elsewhere, the Drugs and Alcohol Curriculum Resources Programme team considered the underpinning legal imperatives which shape the learning of our young people in Northern Ireland.

As a starting point, The Education (Curriculum Minimum Content) Order (Northern Ireland) 2007[1], which delineates the statutory responsibility for delivering drugs education (and covered in more detail in the Section entitled Northern Ireland in Context), provided the foundation for the programme content. This is specifically developed to build and augment current delivery of the legal imperative.

The Order is currently delivered within the school curriculum for Personal Development and Mutual Understanding in Key Stages 1 and 2 and in the Personal Development strand of Learning for Life and Work in Keys Stages 3 and 4.

The outcomes relevant to alcohol and drug education at each key stage are as follows:

Key Stage 1: Understand that medicines are given to make you feel better, but that some drugs are dangerous.

Key Stage 2: Know about the harmful effects tobacco, alcohol, solvents and other illicit and illegal substances can have on themselves and others.

Key Stage 3: Investigate the effects on the body of legal and illegal substances and the risks and consequences of their misuse.

Key Stage 4: Develop an understanding of how to maximise and sustain their own health and well-being.

Themed by topic and with clear aims, the sessions accord with the Priority for Youth Framework of Outcomes of enhanced personal capabilities; development of thinking skills; life and work skills; development of positive relationships with others; increased participation and active citizenship.

Taking this into consideration for the purposes of this programme, we focus on life skills relating to five main topic areas of:

- Health and Wellbeing
- Communication
- Dealing with Difficult Emotions
- Decision making and Risk Taking
- Appropriate and safe use of Media

and includes the curriculum specific areas of

- The risks and effects of using tobacco, alcohol and other drugs
- Managing pressure and influences including that from peers and the media
- How to seek help and support for themselves or others in relation to health and/or substances
- Attitudes towards the use of alcohol and other drugs, including positive social norms that highlight the low rates of use
- About the law in relation to alcohol and other drugs, including longer term impacts of drug-related charges
- How to assess and manage risk and decision-making in relation to alcohol and other drugs
- How to manage pressure, influence and seek support for themselves or others in relation to alcohol and other drugs

(Note those topics are drawn from those developed within the PHE programme).

Session overview

Full individual session plans are available in the Pilot Evaluation document which details each delivery module and activities therein while still maintaining an agile approach which adapts to suit the group and the context. However, broadly, they take the overarching thematic and operational impetus from the core tenets of what works and the dynamics of the requirements of the Northern Ireland curriculum.

In doing so, the project group have identified five thematic areas that best suit the needs of the age range: Health and Wellbeing; Decision Making/ Risk Taking; Dealing with Difficult Emotions; Communication; and Social Media.

Details of the aim of each theme, its objectives and the topics covered are outlined below:

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[1] *The Education (Curriculum Minimum Content) Order (Northern Ireland) 2007 (legislation.gov.uk)*

Health and Wellbeing
Aim: To Increase understanding of health & wellbeing.
Objectives:

- Explain at least two consequences of not looking after yourself.
- Identify three things that contribute to good health
- Identify three things that contribute to good wellbeing

Topics: explore different aspects of being well and some effects of drugs & alcohol.

Decision Making/ Risk Taking
Aim: To explore decision-making processes with young people to reduce harm and engagement in risk taking scenarios.
Objectives:

- To understand different types of risk and how this can be perceived differently
- Increase awareness of why teens take risks
- Understand how to make decisions around risk
- What is Risk?

Topics: Define risk and highlight any positive or negative perception around it.

Dealing with Difficult Emotions
Aim: To Increase the understanding of emotions and their role in people's lives.
Objectives:

- To be able to name different emotions

- To know the difference between responding and reacting
- To use problem solving to manage difficult emotions

Topics: Naming Emotions, use scenarios to identify and name different emotions, escalating and managing Emotions

Communication

Aim: To understand how to communicate effectively and common barriers to effective communication.

Objectives:

- To explore types of communication
- To understand barriers in communication
- Identify how communication can be impacted by drugs and alcohol

Topics: An introduction activity into types of communication, activities in communicating with barriers, how communication can become unclear and distorted.

Social Media

Aim: To explore the use of social media, its appropriateness and impact on young people.

Objectives:

- To explore how young people use social media
- To identify and understand appropriate and inappropriate use
- To understand the impact of social media on young people

Topics: What is Media? What do you use?

Define what is meant by media and what young people use, explore headlines and how media can be flipped to portray positive trends with young people and substances, explore positive aspects of individuals and how we portray this on media compared to how we behave in real life.