Drug and Alcohol-Related Knowledge, Attitudes And Behaviour
A Study of Early School Leavers in the West of Ireland

Sue Redmond and Eva Devaney

Abstract
Substance use can lead to a variety of negative impacts on society and individuals. Early school leaving places a person at increased risk of substance use and potential dependence. This research aims to explore the drug and alcohol related attitudes, knowledge and behaviours of early school leavers (aged 15–20) in the West of Ireland. The findings suggest that use of all substances, except solvents, is high by comparison with school-going counterparts. Alcohol use is widespread and accepted, with knowledge of the harms from alcohol coming from lived experience. Parental influence emerges as important in shaping a young person’s attitudes towards alcohol. A lack of understanding of the link between drugs – mainly cocaine – and addiction was evident. Dissatisfaction with current drugs education was apparent and knowledge level varied considerably within the group studied.

Keywords
Early school leavers; drugs; alcohol; attitudes; behaviours

Introduction
In its founding constitution the World Health Organisation (WHO 1946) declared that ‘health is a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity’. Initiatives in Ireland such as the Health Promotion Strategy (2000), National Alcohol Policy (Health Promotion Unit, 1996) and National Drugs Strategy (Department of Tourism, Sport and Recreation, 2001) all prioritise drugs prevention and education and aim to delay the onset of alcohol consumption or to promote the non-use of drugs. Substance use behaviour can be understood with reference to a range of theories including social cognitive theory (Bandura, 1977a), social learning theory (Bandura, 1977b; Hoffman et al., 2006), the health belief model (Rosenstock, 1966; Becker, 1974), theory of reasoned action (Fishbein and Ajzen, 1967; Morgan and Grube, 1994), and the theory of planned behaviour (Ajzen and Madden, 1986). There are varied reasons why a person uses drugs or alcohol. The initial choice to take is mostly voluntary. The selection of drugs available in Ireland have properties which can stimulate, sedate, cause hallucinations or reduce pain, therefore at any one time a person can obtain a substance to alter the way they feel or behave as desired. Early school leaving is seen as a risk factor for substance use. Education is a basic determinant of
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health (Whitehead 1990; Lalor et al., 2007). Education is fundamental to reducing the health inequalities worldwide; it also provides people with the knowledge and ability to make informed decisions about their health. A lack of educational attainment and potentially fewer opportunities to progress within the workforce and society can place young people at greater risk of substance use and addiction. The European School Survey Project on Alcohol and Other Drugs (ESPAD, 2007) found that 47 per cent of Irish 15-17 year olds had been drunk in the past twelve months compared with an EU average of 39 per cent. The ESPAD (2007) also found that 20 per cent of 15-17 year olds have used cannabis, similar to the EU average of 19 per cent and down on the 2003 figure of 39 per cent (ESPAD, 2003). Inhalant misuse was also higher for young Irish people at 15 per cent compared to the European average of 9 per cent. Other illicit substances, such as LSD, speed, ecstasy, cocaine and heroin were used by 10 per cent of young Irish people compared to a European average of 7 per cent.

Taken together these figures suggest that Irish young people are more likely than their European counterparts to engage in high-risk behaviour such as drug taking. Most previous drug and alcohol research in Ireland has been undertaken with school-going populations, with little specific attention to the most at risk young people, early school leavers. This study therefore set out to explore the attitudes, knowledge and behaviours of early school leavers with regard to drugs and alcohol as well as their views of drug and alcohol education.

Methodology

The research approach is a mixed-method one. It was considered that the research questions posed would be best answered through triangulation, which Cohen et al. (2000:112) describe as ‘the use of two or more methods of data collection in the study of some aspect of human behaviour’. Questionnaires, focus groups and ‘photo-voice’ were the tools used for data collection. The research was conducted in nine Youthreach early school leaver centres in counties Galway, Mayo and Roscommon. Participant, parent and centre consent was sought and granted. Simple random sampling was used in selecting respondents for the questionnaire. Purposive sampling was used to select the participants for the focus groups and ‘photovoice’ exercise (see below): centre coordinators were asked to select participants whom they knew from experience would be willing and interested and would have something to say.

Of the 106 completed questionnaires 47 were male (44.3 per cent) and 59 were female (55.7 per cent). The respondents were aged from 15–20 years with a mean age of 16 years. The total number of students in the combined centres was 290. The total number of young people who attended the centres on the day the questionnaire was administrated was 252, but questionnaires were only distributed to half of these for practical reasons. A total of 121 questionnaires was completed yielding a response rate of 96 per cent. Of the 121 questionnaires, 106 were completed correctly, six were discarded due to ticking ‘Revelin’ the dummy drug and nine due to questionnaires being incomplete or destroyed. This yielded an actual response rate of 84 per cent for valid questionnaires. There were three focus groups as follows:

- Focus group 1 (n=7): four females and three males aged 16–19 years (mean age 17 years).
Focus group 2 (n=8): four females and four males aged 15–17 years (mean age 16 years).
Focus group 3 (n=7): seven males aged 15–18 years (mean age 16 years).

Five males (15–16 years) participated in the photovoice exercise. Photovoice is a ‘process by which people can identify, represent, and enhance their community through a specific photographic technique’ (Wang and Burris, 1997: 369). Participants were invited to create visual images or sculptures expressing their experiences or perceptions of drugs and alcohol, photograph them and then talk about them in the group. Examples of the young people’s photovoice artefacts are given below.

Findings

Table 1 outlines that lifetime reported use of any illegal drug was 51 per cent and lifetime use of any illegal substance, excluding cannabis, was 30 per cent.

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lifetime use of an illegal drug</td>
<td>54</td>
<td>52</td>
<td>106</td>
</tr>
<tr>
<td>Lifetime use of an illegal drug excluding cannabis</td>
<td>32</td>
<td>74</td>
<td>106</td>
</tr>
</tbody>
</table>

Table 1: Lifetime use of illegal drugs

Table 2 outlines the frequency of use of each substance. Tobacco is smoked daily by 66 per cent of respondents. Six out of seven respondents (85.9 per cent) have drunk alcohol, while 70.8 per cent do at least monthly and more than half at least weekly. Cannabis has been used by 44.3 per cent of respondents and 24.5 per cent report at least monthly use. Just over one in ten (12 per cent) have used solvents. Ecstasy has been used by 22.4 per cent of respondents, speed by 17.9 per cent and cocaine by 21.7 per cent. Just under one in twenty (4.7 per cent) report having tried heroin.

<table>
<thead>
<tr>
<th>Reported Use</th>
<th>Tobacco</th>
<th>Alcohol</th>
<th>Cannabis</th>
<th>Ecstasy</th>
<th>Speed</th>
<th>Solvents</th>
<th>Cocaine</th>
<th>Crack Cocaine</th>
<th>Heroin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td>17.9</td>
<td>14.2</td>
<td>55.7</td>
<td>77.4</td>
<td>82.1</td>
<td>87.7</td>
<td>78.3</td>
<td>96.2</td>
<td>95.3</td>
</tr>
<tr>
<td>Once/Twice</td>
<td>11.3</td>
<td>15.1</td>
<td>19.8</td>
<td>7.5</td>
<td>12.3</td>
<td>11.3</td>
<td>14.2</td>
<td>1.9</td>
<td>4.7</td>
</tr>
<tr>
<td>Monthly</td>
<td>2.8</td>
<td>19.8</td>
<td>11.3</td>
<td>12.3</td>
<td>4.7</td>
<td>0</td>
<td>6.6</td>
<td>1.9</td>
<td>0</td>
</tr>
<tr>
<td>Every Week</td>
<td>1.9</td>
<td>36.8</td>
<td>3.8</td>
<td>2.8</td>
<td>.9</td>
<td>.9</td>
<td>.9</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>3+ times/wk</td>
<td>–</td>
<td>12.3</td>
<td>7.5</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Every Day</td>
<td>66.0</td>
<td>1.9</td>
<td>1.9</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Total</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
<td>100.0</td>
</tr>
</tbody>
</table>

Table 2: Frequency of use by substance


**Attitudes and Perceptions**
The general view of cigarette smoking was that people have a right to; that it is an individual’s choice. Smokers were seen to be only doing harm to themselves. For the most part participants perceived alcohol as a positive substance that would enhance their confidence and increase enjoyment. Some risks were highlighted and participants were aware of the impact of heavy drinking on decision making, poor judgement and potential for violence and aggression.

**Parental Influence**
Just over half the respondents, 53.8 per cent, thought that they would not get into trouble with their parents if they drank alcohol (Figure 1). However, parental influence was seen as crucial to behaviour with respect to alcohol. Most participants felt that if parents allowed their teenagers to drink alcohol with them it would instil a more responsible approach to alcohol.

![Figure 1: How likely is it if you drink alcohol in the next month you would get into trouble with your parents?](image)

Table 3 demonstrates that those who drink regularly (i.e. monthly or more often) are less likely to feel that they will get into trouble with their parents for drinking. The differences were statistically significant at p<0.05 level (Chi square=25.260, df=2, p=0.000).

<table>
<thead>
<tr>
<th>Frequency of drinking alcohol</th>
<th>Never N</th>
<th>Once/Twice N</th>
<th>Regular N</th>
<th>Never N</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Trouble with Parents?</strong></td>
<td>Likely</td>
<td>15</td>
<td>10</td>
<td>24</td>
</tr>
<tr>
<td>Unlikely</td>
<td>0</td>
<td>6</td>
<td>51</td>
<td>57</td>
</tr>
</tbody>
</table>

**Table 3:** Frequency of alcohol use by ‘likelihood of getting into trouble with parents’
Attitudes towards Alcohol

The great majority of respondents, 84.9 per cent, believed that drinking alcohol would translate into having more fun (Figure 2).

Figure 2: How likely is it if you drink alcohol in the next month you would have more fun?

In terms of using alcohol as a coping strategy, 47.2 per cent of respondents believed that alcohol could help them to forget their troubles (Figure 3).

Figure 3: How likely is it if you drink alcohol in the next month you would forget your troubles?

The older participants were aware that drinking at fifteen years old was harmful, despite having done so themselves. They felt they had insight into risks it posed to behaviour and decision-making by young people. The younger participants felt strongly that the drinking age should be lowered so that they could drink in pubs in a safe environment and not ‘bushing’ i.e. drinking in fields or parks. When asked whether they believed that Irish people had a problem with controlling their drinking, most felt that it was no more a problem in this country than in any other and that it really was only a small percentage of the population who generally ‘gave the rest a bad name’. Others thought that there was ‘very little to do’ in Ireland as well as ‘bad weather’ which inhibited their creativity and left drinking as the only thing to do. In the main participants felt that alcohol facilitated ‘great fun’ and did not cause huge problems. However there was an awareness of how drinking to excess could lead to an in increased risk of violence and sexual risk taking.

Some participants felt that alcohol increased their likelihood of trying other things, and noted that it was common among some of their typically non-drug using peers to use illicit drugs when under the influence of alcohol and then regret it. Participants felt that there was very little for young people to do in their local area and that this could impact on drug or alcohol use.
Gender Specific Risks
A variety of dangers that girls were at risk of when under the influence of alcohol were highlighted. These included not looking after themselves or each other by walking home alone or leaving friends behind if they did not get into a venue. They also believe they can be vulnerable when they are drunk and may be taken advantage of. They may not ‘have respect for themselves’ when they do get drunk and then do things that they had not intended to or will regret, such as unprotected sex leading to STI’s, unplanned pregnancies or taking drugs. When participants explored the negative consequences of alcohol for boys, universally it was identified that violence and aggression were key risks. Also the male participants believed that they would probably go to greater lengths to attain drugs than their female counterparts and as such were at greater risk of harming themselves and others.

Attitudes towards Drugs
The focus groups revealed a ‘normalised’ attitude towards substance use. All focus group participants believed that cannabis should be legalised. Most felt that cannabis use was widespread and relatively harmless. In general participants were of the opinion that alcohol was more harmful than cannabis. The majority of participants felt strongly that all drugs could not be legalised. One participant felt that less harm would come to individuals if all drugs were legal and regulated. However, the majority of participants did feel that experimenting with drugs was acceptable. Some participants could not understand how substance use lead on to addiction, particularly cocaine. Participants did recognise that if their peers were using substances they were more likely to try them, however they did not generally feel that it was peer pressure that made people try drugs.

Marijuana and illicit substances were not thought to increase a person’s popularity, with the great majority (83.9 per cent) thinking that such use was ‘unlikely’ or ‘very unlikely’ to enhance acceptance with peers (Figure 4). However Table 4 indicates that those who use cannabis regularly (i.e. at least monthly) were more likely to think that they could have fun by using drugs. The differences were statistically significant at p<0.05 level (Chi square=16.065, df=2, p=0.000).

Figure 4: How likely is it that if you took marijuana or other illegal substances in the next month you would be more popular?
Education
The majority of participants believe that most young people do not know enough about alcohol before they start drinking and they felt that they generally learned about alcohol by drinking it themselves. They also felt that a person may learn about alcohol from their parents, particularly if they are allowed to drink with them, but in the main their understanding and knowledge come from first hand experience. Most participants felt that they did not receive enough education around drugs; predominantly they felt they discovered for themselves the effects, influences and often the risks associated with taking drugs.

Drinking and Driving
Attitudes towards drink-driving were predominantly negative, with participants initially saying they would not get into a car with someone who had a few drinks on them. However they felt that if it was late and they had a few drinks themselves they would be more inclined to get in a car with someone who had been drinking. The perception was that the person driving would have to be fairly drunk for them to consider not taking a lift. Overall participants seemed to prefer the idea of getting into a car with someone who would be ‘stoned’ though some participants thought that the driver might be unable to react if too stoned.

Photovoice
‘Photovoice’ (Wand and Burris, 1997) is a visual way of enabling participants to express their attitudes towards substance use in their community. It was used as a descriptive tool to add strength and validity to the focus group and questionnaire findings. Five young men were invited to create sculptures or visual representations expressing their experiences and perceptions of alcohol and drugs, and then to photograph and discuss these. Just two examples will be given here.

James’s image and commentary makes the link between drugs and the impact on relationships with others, and also with mental health. He wanted to illustrate how drugs can at the start be enticing and yet when people become dependent they lose interest in other things such as their appearance, their health and their relationships.
This guy is out of his head. Drugs have made him lose his mind. Drugs affect your brain and this can mean that you act and think differently than normal. This can affect your family and friends’ (James).

Karl wanted to indicate how prevalent cannabis use is in his community, coupled with an expectation to smoke to be 'cool' and to fit in with others.

‘This model also shows how normal cannabis smoking is within our community’ (Karl).

Discussion

The data reveal that when compared with the findings for young people in general a higher percentage of the early school leavers in this study use both legal and illegal substances, putting them at greater risks of health, social, emotional and economic problems. According to this research, 66 cent of early school leavers use tobacco daily, compared with 23 per cent of 15–17 year old school goers who report smoking over 40 times in the ESPAD 2007 study. Six out of every seven early school leavers (85.9 per cent) have drunk alcohol and more than half (51 per cent) do so at least weekly. For school goers, 78 per cent report having drunk alcohol and 21 per cent report having drunk 20 or more times over the past 12 months (ESPAD, 2007).
In terms of cannabis use, 44.3 per cent of these early school leavers report having tried it and 24.5 per cent report at least monthly use. The ESPAD survey (2007) revealed 20 per cent report life-time use of cannabis, and 9 per cent have used in the previous 30 days. The findings of the current study reveal that a higher proportion of early school leavers have tried cannabis and report regular use. This may be in part explained by the fact that the centres involved in the study engage young people who may be more likely to engage in risk taking behaviour, be more ‘like-minded’ or exert greater influence over each other’s curiosity and experimentation, as well has having more money available to them from incentives to attend the programme. Lifetime use of any illicit drug was 51 per cent of the population which was lower than the finding by Mayock and Byrne (2004) that 61 per cent of early school leavers reported lifetime use of an illegal drug. This differential may be due to higher incidences of drug use in Dublin where their study was conducted.

Lifetime use of illicit drugs other than cannabis, such as LSD, ecstasy, cocaine and heroin, was 30 per cent for the early school leavers in the current study compared with 10.9 per cent of school goers (ESPAD, 2007). Early school leavers’ reported use was 7.5 per cent for both magic mushrooms and LSD, 21.7 per cent for cocaine, 22.4 per cent for ecstasy, 17.9 per cent for speed, 4.7 per cent for heroin, 3.8 per cent for crack cocaine. The equivalent findings in the study by Mayock and Byrne (2004) were 29.3 per cent for ecstasy, 17 per cent for magic mushrooms, 4.9 per cent for LSD, 9.8 per cent for amphetamine and/or cocaine. This comparison suggests the variability of drug use within the early school leaving population in different parts of Ireland and also highlights the increased prevalence of cocaine use among the respondents in the more recent study.

The early school leavers in this study are three times more likely to use illicit drugs (other than cannabis) than their school going peers. Reported solvent use was 12 per cent for early school leavers compared with 15 per cent of school goers (ESPAD 2007). Mayock and Byrne (2004) reported solvent use at 7.3 per cent. Kelleher et al. (2003) found that 21.3 per cent of school going adolescents in the mid-west of Ireland had used inhalants. The lower number for early school leavers could be due to the fluctuating nature of solvent use. It may also be due to early school leavers having more money than their school going peers due to attendance incentives in their programme, possibly enabling them to afford more expensive drugs.

The respondents demonstrated ‘normalised’ attitudes towards drugs and alcohol. Cannabis use was perceived to be common within society, and participants demonstrated low levels of concerns about its relationship to depression, paranoia, anxiety and schizophrenia. Other drugs such as ecstasy and cocaine were perceived to be more harmful, but also commonplace. The use of cocaine was predominantly opportunistic with little understanding of how people got addicted to it. Heroin was considered the ‘down and out’ drug and perceived in a more negative light as knowledge of the degeneration, chaos and damage to family life associated with it was better known. Sixsmith and Nic Gabhainn (2008) suggest that the prevalence of drug use is often overestimated by both adolescents and adults, and is therefore perceived as ‘normal’ behaviour which in turn can promote use by suggesting it is acceptable. The current findings bear out such a ‘normalised’ attitude towards drug use among early school leavers and concomitantly a high frequency of use. The benefits of not using or moderate use were only apparent when use was out of control. It would
appear that thrill-seeking behaviour and the association of drugs with enjoyment outweigh any perceived harm. Such an approach to drugs seems in keeping with the health belief model (Rosenstock 1966; Becker 1974), according to which ‘it won’t happen to me’ or ‘most people who take it are fine with it, so it should be fine’.

Young people in this study believed that if parents were to supervise their initial encounters with alcohol they would have a more responsible approach to drinking. This would give them the knowledge and skills to understand how alcohol affects their behaviour, in a safe environment. They believed it could also strengthen their abilities to make safer choices when they drank alcohol with their peers. Peele (2007) outlines how it is important for parents to instil ‘real-life motivators’ to keep young people addiction free and to promote independence, critical thinking, responsibility, and the ability to enjoy life. He shows that adolescents who do not drink at home with their parents are three times more likely to binge drink, and that parents are the most important influence on young people who become addicted. The young people in this study did not feel that they were pressurised to try drugs. They considered if a person was curious about something they were more likely try it, particularly if their friends have access to it. They also maintained that if your experience was a positive one, you were more likely to try it again. In general their responses in this regard are in keeping with the social cognitive theory of Bandura (1977a) according to which behaviour is affected by both personal factors and environmental influences, such as home life or peers.

These results support the findings of Youth as a Resource (National Consultative Committee on Health Promotion, 1999) which highlight early school leaving as a risk factor for substance use. The findings suggest that substantially more early school leavers will engage in substance use and go on to use with greater frequency than their school going counterparts. Early school leaver centres can have a positive impact on a young person’s development and education and enhance their employment prospects, particularly if the mainstream education system does not meet their needs. Young people’s attitudes are significantly shaped by their peers. Having a high proportion of drug accepting peers carries the danger that those young people who have not yet used substances may see the benefit in changing their attitudes to accommodate their new surroundings, as suggested by social learning theory (Bandura 1977b).

There was a perception among respondents that young females who drink excessively are more vulnerable to being taken advantage of. Risks include unprotected sex leading to unplanned pregnancies, and greater danger of sexual assault. Kelleher et al. (2003) found that rates of alcohol use were higher for females than males. The Jakarta declaration (WHO, 1997) stressed the empowerment of women as one of the ‘prerequisites for health’ in the twenty first century. Promoting gender equality and empowering females enables them to develop the skills and knowledge necessary to make healthier life choices, something central to health promotion. This could help reduce unplanned pregnancies, abuse, addiction and poverty that some women experience as a result of alcohol or drug use.

The focus groups in this study also identified that violence and aggression was an issue for males when under the influence of drugs or alcohol. Empowering women without empowering men will not solve the problem of drug and alcohol related violence. Health promotion interventions for young men are therefore also very important. Empowering young men to recognise when alcohol or drugs may be
impacting negatively on their lives could enhance their ability to make healthier choices, readily access services and have more positive relationships.

The participants felt they were ill equipped with knowledge about alcohol before they started drinking, with many reporting drinking as young as 12–13 years old. Drugs education was deemed inadequate by 40 per cent of respondents, and it was often thought that teachers did not feel comfortable delivering it. Morgan (1998) found that many people see themselves as invulnerable to the risks associated with drug use. Morgan also found that many programmes do not in fact 'fail' because they have never actually been implemented and he suggests that programmes needed to focus on attitudes to substances, as knowledge gains are the easiest outcome to achieve but behaviour change is the most difficult. Drug education can not 'inoculate' children against drug use, but it does form part of the range of measures society needs to take to encourage personal development and reduce the harm caused by drugs.

When asked what they believed was effective in drugs education, participants were initially most likely to mention an ex-addict relaying their story; but their interest was perhaps as much in hearing the addict’s story as having their own substance-use behaviour changed. Upon further discussion respondents expressed the opinion that ‘scare tactics’ do not work, and balanced information and decision making were most important. In connection with this, Tobler et al. (1997) found that programmes that rely on ‘scare tactics’ have not reduced the incidence of harmful drug use. They also found that the ex-addict can gain a heroic status in telling their story and inadvertently glamorise risky behaviour. Montazeri (1998) found that fear-arousing messages may actually encourage resistance among audiences along with denial that the message applies to them, and may even contribute to positive attitudes to the very behaviour that they are intended to counter. The very ethics of this form of education would be questionable as ‘scare tactics’ go against the principles of health promotion such as empowerment and personal development.

To a certain extent the early school leavers in this study already know that drugs and alcohol can have negative impacts on their behaviour, health and lives. However it would appear that despite this knowledge continued and escalating substance use is evident. This links with the health belief model (Rosenstock 1966; Becker 1974) which suggests that behaviour is dependent upon the perception that it will or will not lead to harm. With increased normalisation of substance use within society, and the media’s ability to sensationalise celebrity drug use (Drugscope, 2005), the negative aspects of drugs may seem far removed from the direct experience of young people or their friends, even if the dangers are discussed in class or an ex-addict is brought in to talk to them. This highlights the need for innovative and creative ways of engaging young people in drugs and alcohol education, incorporating critical thinking and decision making skills.

Conclusion
The research reported in this paper explored the drug and alcohol related attitudes, knowledge and behaviours of early school leavers in the West of Ireland. It found that the prevalence of substance use was substantially higher when compared with school attendees, and also found a high level of ‘normalisation’ of attitudes to drugs and alcohol. This highlights the importance of cooperative multi-faceted approaches to
reducing the risks posed to early school leavers. These include enhanced education measures aimed at combating the risks related to substance use and integrative programmes to engage parents, teachers and young people. Responses should also take account of the young people’s own view that greater availability of activities and opportunities where they can be themselves and socialise with friends would provide positive alternatives to drinking and drug use. This study confirms the findings of other research (e.g. Humphreys et al., 2003) that boredom and insufficient services and facilities, particularly in rural and isolated areas, can lead to experimentation with drugs at an early age. The Appendix to this paper presents further recommendations for consideration in the practice context.

Note
This article is based on a dissertation completed for a Masters in Health Promotion and Education at the University of Limerick, completed by Sue Redmond and supervised by Eva Devaney.

References


Appendix:  Practice Recommendations

- Effective law enforcement of current licensed premises to promote non-drunkenness.
- Smaller SPHE group sizes, a maximum of 15 young people so all opinions can be engaged with in a safe environment, in line with group work best practice.
- Further provision for skills based parenting programmes.
- Innovative harm reduction strategies to keep young people safe.
- Enhanced community policing measures to building better relationships between Gardaí and school and youth projects, and an emphasis on understanding the law and how it protects people.
- Alternative activities are a strong motivator for engaging in healthier lifestyles. An emphasis must be placed on the importance of thrill-seeking activities for families, schools and communities to focus on a ‘natural’ high as an alternative to drugs.
- Having services and facilities available to young people and communities when they need them such as youth services on Friday and Saturday evenings, and on-call social work after 5pm.
- As adults have a choice of socialising venues to meet their tastes so too should young people, to ensure all diversities are equally catered for.
- Greater emphasis needs to be placed on developing drugs and alcohol education programmes within schools, which are fully implemented, competently delivered and stringently evaluated, in line with best practice.
- Earlier interventions at national school level, including evaluation of the implementation and effectiveness of the ‘Walk Talk’ programme.
- In-school mentoring programmes between older students and younger students.
- Transition programmes to facilitate the change from primary school to secondary school.
- Further availability of counsellors in schools who are trained to deal with the problems facing young people.
- Yearly secondary school student needs analysis and accompanying the findings with requisite training for all teachers to be mindful of issues specific to the young people in their school.
- Play therapists for primary schools which allow children express their experiences and feelings through a natural, self-guided, self-healing process.
- Nationwide provision of home-work clubs to assist people from an early age with learning difficulties, including parental literacy assistance.
Biographical Note
Sue Redmond is the Best Practice Unit Manager in Foróige and previously worked as the Regional Drug Education Worker for the west of Ireland. She holds a Masters in Health Promotion/Education from the University of Limerick.

Eva Devaney lectures on the Post-Graduate Diploma/M.A. in Health Promotion/Education and is joint course director for the Diploma in Drug and Alcohol Studies at the Department of Education and Professional Studies, Faculty of Education and Health Sciences, University of Limerick.

Contact Details
Susan Redmond,
Best Practice Unit,
Foróige,
Block 12D Joyce Way,
Park West, Dublin 12.
Email: Sue.redmond@Foroige.ie