

SUBSTANCE MISUSE

Education &
Prevention Policy

MIDLAND HEALTH BOARD

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Index

Preface	4
Introduction	5
Background	7
Extent of Substance Misuse	9
Principles and Themes Underlying Substance Misuse Prevention & Education Work	14
The Substance Misuse Education and Prevention Work Undertaken By MHB	18
Educational Approaches to Substance Education	21
Staff Development, Training and Support Issues	23
Treatment And Rehabilitation	24
Information, Research and Evaluation	25
Role And Responsibilities	26
Moving the Policy Forward	27
Bibliography	28

Preface

On a regional and national basis, substance misuse remains a serious problem. Recent surveys indicate an increase in the use of illegal substances.^{1,2,3} Alcohol remains the favourite substance^{4, 5} of both the young⁶ and adults. Smoking is on the increase particularly among young females.⁷ Illegal substances are now more widely available than ever before. For the purposes of this policy the term substance misuse⁸ refers to the taking of a legal and illegal substances, which harm the physical, social or mental well being of the individual, the group or society. This policy therefore refers to the misuse of certain legal substances such as alcohol or prescription drugs, the use of illicit substances and tobacco usage.

We live in a substance using society. A wide spectrum of mood altering substances are used, ranging from tea or coffee right through to intravenous use of heroin.⁹ The costs to individuals, to families and communities of substance misuse are very high in terms of health, family disharmony, employment, educational disadvantage and of course legal problems.¹⁰

Much work is going on at statutory, voluntary and community levels to develop responses to substance misuse. The involvement of local drug awareness groups in Athlone, Mullingar, Longford and Portarlinton are key indicators of the progress within the community that has been made. At regional level, the Regional Drugs Co-ordinating Committee is part of the overall response to combating substance misuse.

Progress has been made recently in the Midland Health Board region in responding to the problems of substance misuse, in terms of prevention and treatment. In addition to an existing health education post, the appointment of a Health Promotion Officer, a Senior Health Education Officer, four new Health Education Officers (Substance Misuse) and two Health Education Officers

(Schools) will strengthen this response. On the treatment and rehabilitation side the Board has a Community Addiction Counselling Service in place for the past number of years.

This policy is geared to build on the current valuable work, to look at future needs and to develop a long-term strategy. The key to this approach is partnership, because of the complexity of substance misuse problems and the fact that essentially no one organisation or agency can deal with the issue – it is everybody's business.¹⁰ This policy has as its aim the provision of a consultative framework for the development of a multi-agency strategy on substance misuse. The Midland Health Board will facilitate the development of a regional long-term strategy on substance misuse.¹¹ at regional level this will be assisted by the Regional Drugs Co-ordinating Committee, which brings together representatives from the statutory, voluntary and community sectors, in addition to interagency work at local level. The Midland Health Board will work closely with all relevant groups in developing appropriate strategies to combat substance misuse.

Introduction

The Midland Health Board believes that effective education/prevention will contribute to a reduction in the demand for substances. The costs to individuals and society of the misuse of substances such as alcohol, illicit substances, prescription and over the counter medicines, solvents and the use of tobacco is well known and well documented.⁸ Not all of the costs are due to illegal substances and many result from substances used quite widely in everyday life. Alcohol for example is a widely used substance from which many people derive pleasure and enjoyment. It is the most frequently used substance by young people and adults. In a recent national survey, only 9% of men and 16% of women reported that they had never consuming alcohol.⁷ However, alcohol misuse has wide ranging consequences and is implicated in many health problems, accidents, particular road traffic accidents, public order offences, violence, harm to family life, and in the workplace, through increased absentessism, decreased work performance and accidents.¹³







Tobacco is, according to the W.H.O. (1985) the single most damaging psychoactive substance. Its use accounts for six times as many deaths as all other avoidable causes combined. Recent research from the W.H.O., suggests that half of all smokers will die from smoking related diseases.

Serious risk of damage to health and well being of individuals can be caused by the misuse of any substance. The precise effects depend on a number of factors including, what substance is taken, the quality, the quantity, frequency with which it is taken, the physical and mental state of the individual and previous experience of substance-taking. Problems may arise from acute and chronic substance use including

direct health effects, intoxication, the effect of withdrawal as well as physical and psychological dependence. Injecting substances may lead to infection with bacteria, HIV, Hepatitis B and C or other blood-borne viruses. Substance misuse also carries a heavy social cost, often affecting education and employment opportunities. It can lead to breakdown of family and other relationships and also to involvement in crime in order to support the habit.

The harm associated with the use of illegal substances often has a higher profile than that of alcohol or tobacco.¹³ Illegal substance use is seen in its many forms as inherently dangerous and harmful, with consequences for the individual and society in terms of ill health, legal and social problems. There are wide ranging problems associated with the use of illegal substances that require a co-ordinated response. However it must also be remembered that the misuse of legal substances including alcohol, prescribed substances and the use of tobacco often result in many of the same problems described above.

For the purposes of this policy the term misuse refers to the taking of legal and illegal substances, which harm the physical, social or mental well being of the individual, group or society. Therefore, this policy addresses a range of substances and covers:

-  The use of tobacco
-  The misuse of alcohol
-  The use of illegal substances
-  The use of volatile substances
-  The misuse of prescription substances
-  The misuse of over the counter medicine

Statement of Purpose

The purpose of this substance misuse education and prevention policy is to:

1. Outline the aims of the Midland Health Board in responding to substance misuse in terms of:
 - ✚ Preventing substance misuse, particularly amongst young people.
 - ✚ Providing interventions, including counselling, treatment and support for those with problems associated with substance misuse.

2. Provide a consultative framework for the development of a multi-agency strategy on substance misuse in the Midland Health Board region.

Background To Policy

This policy builds on existing national/regional policies and more recent developments with regard to developments in the health services at a regional level.

Development of this Education and Prevention Policy

The Health Promotion Service and the Community Drugs and Alcohol Service initially developed a draft policy over a nine-month period. The draft policy was then discussed with the Regional Intersectoral Drugs Committee and senior management of the Midland Health Board. Staff with an interest in the area were then consulted. In addition external agencies such as the Department of Community Health, TCD, were asked to contribute and critically examine the policy. The Midland Health Board acknowledges and extends its thanks to those who contributed to the policy.

National Policy

The Government's overall strategy for combining substance misuse has been outlined in a number of policy documents in recent years.¹⁵ The 1991 Government strategy¹⁵ to prevent substance misuse recognised the difficulties and complexities of responding to the licit/illicit substance problem (excluding alcohol and tobacco).

The National Health Care strategy 1994, (Shaping a Healthier Future, A strategy for effective health care in the 1990's), emphasised Health Promotion, prevention, treatment and rehabilitation as important tools to combat substance misuse.

In 1996 the National Alcohol Policy⁴ was published with the overall policy objective of promoting moderation in alcohol consumption for those who wish to drink and to reduce the





prevalence of alcohol related problems in Ireland.

The publication of the first and second reports of the Ministerial Task Force 1996¹⁵ and 1997¹⁰ focused on measures to reduce demand for substances, with a policy emphasis on greater involvement of community groups and Intersectoral approaches (Health Education, Housing, Estate management, Employment, Recreation and Sport)

The development of smoking policies within organizations is an important support for those wishing to cease smoking, while protecting the rights of non-smokers. The health promotion service of the Board can help organisations to develop appropriate policies for dealing with smoking and other substances related situations. The Board encourages workplaces to develop smoking policies and Employee Assistance Programmes to assist staff with alcohol or substance problems. The existing addiction and counselling services of the Midland Health Board are available through personnel services for staff of the Health Board. Smoking cessation clinics are also available to staff.

Midland Health Board Regional Policy

The Midland Health Board exists to seek to improve the health (health gain) and quality of life (social gain) of the people living in counties Longford, Westmeath, Offaly and Laois. It seeks to do this by

-  Promoting healthy lifestyles
-  Preventing, diagnosing and treating ill health
-  Caring for those suffering from long term illness and disabilities
-  Providing social services to individuals and families at risk.

With regard to substance misuse the Board has a responsibility for the development and implementation of services. It has a specific role in developing a partnership model with the statutory and voluntary sectors in the provision of support and training for community/youth groups involved in providing education and prevention programmes.³

The Board has established the Regional Intersectoral Drugs Committee¹¹. Membership of the committee is drawn from both the Statutory and Voluntary sectors. A review of the Community Alcohol and Drugs Service, entitled 'Report of the Working Party

on Misuse of Drugs and Alcohol 1999' is now complete.

In 1997 the Health Promotion Service, Department of Public Health, developed a structure for the delivery of health education and prevention programmes through the appointment of a Health Promotion Officer and Health Education Officers – Substance Misuse. This will further strengthen the Board's responses to substance misuse

Extent of Substance Misuse Problem

In considering responses to substance misuse it is necessary to understand the context of substance misuse. This information is crucial for the development of appropriate strategies to respond to substance misuse. The aim of this section is to briefly review current information on the nature and extent of substance misuse.

In 1998, personal expenditure on alcohol was 2.46 Billion⁵ and research across the country shows that more young people are starting to drink at a younger age with underage drinking prevalent across the country.^{3, 15} The Midland Health Board's research indicates that 25% of adolescents at school aged 16 – 18 have taken illegal substances, whereas 88% of those surveyed claimed to have taken alcohol on at least one occasion and 34% were current smokers. After alcohol, cannabis is easily the most commonly used substance among the young, followed by amphetamines, LSD, and Ecstasy.

More recently the National Health and Lifestyles Surveys⁷ indicate that 31% of the adult population are current smokers. Rates are highest in lower social classes. Smoking levels are on the increase amongst adolescents, smoking rates for girls aged 15-17 years now exceed boys, indicating how the burden of ill health will develop among women in years to come. The same survey showed that overall, 27% of males and 21% of females consumed more than the recommended amount of alcohol. Eleven percent of the population reported drinking alcohol at least 5 days per week. Only 9% of men and 16% of women reported that they had never consumed alcohol.

These findings reflect national and international surveys^{1, 3, 5, 17} which demonstrate

that substance misuse is a problem among all groups, particularly for young people and

that alcohol and tobacco are by far the most commonly misused substances.

Official statistics provide further information on the level of substance misuse. These statistics relate to people who have come to the attention of the Health/Treatment Services and the law enforcement agencies through direct misuse or activities associated with such misuse. The figures are not necessarily representative of the substance misusing population but provide an indication:

- (a) Of the level of criminal activity directly related to substance misuse.
- (b) The number of people seeking help with substance problems.

The secretive nature of using illegal substances limits the extent to which estimates of the numbers of people using such substances (habitually experimentally or recreationally) are accurate. Therefore it can be assumed that numbers detected through enforcement agencies are lower than the real prevalence of use.

For this education and prevention policy, data were available from the Garda Síochána Report 1995 and 1997. Table 1 shows that prosecutions relating to illicit substance misuse are primarily a male problem over the age of 21 years. Cannabis, Ecstasy and Amphetamines are the most frequently detected substances (Table 2). Most prosecutions relate to personal possession rather than intention to supply (Table 3), and there does not appear to be any major differences in prosecution rates across the region (Table 4).

Table 1**Garda Division of Longford/Westmeath****Persons prosecuted for drug offences by age and gender.**

Male	Under 17 yrs.	1	1
Female	Under 17 yrs.	1	0
Male	17-21 yrs.	15	15
Female	17-21 yrs.	1	0
Male	Over 21 yrs.	8	25
Female	Over 21 yrs.	0	2
Male	Total	24	41
Female	Total	2	2

An Garda Siochana Annual Report

Table 2**Garda Division of Longford/Westmeath****Offences where proceedings commenced by year and drug type.**

Cannabis	4	3
Cannabis Resin	10	21
Cannabis Plant	0	0
Heroin	0	0
Morphine	0	0
LSD	4	0
Ecstasy	6	10
Amphetamine	0	4
Cocaine	0	0
Other	2	3
Totals	26	41

An Garda Siochana Annual Report

Table 3**Garda Division of Longford/Westmeath****Persons prosecuted for possession/supply offences**

Section 3 MDA (Possession Only)	26	37
Section 15 MDA (Supplier/Dealer)	0	6

MDA refers to Misuse of Drugs Act.

An Garda Siochana Annual Report

Table 4**An Garda Siochana Eastern Region 1997****Persons Prosecuted for drugs offences by age and gender**

Laois/Offaly	1	0	31	4	22	1	54	5
Longford/Westmeath	1	0	15	0	25	2	41	2
Total	2	0	46	4	47	3	95	7

An Garda Siochana Annual Report 1997

The Midland Health Board data shows that psychiatric admissions are most likely to relate to alcohol rather than illicit substance dependence (Table 5). Reflecting the age profile for prosecutions the most frequent age of clients presenting to the Community Alcohol and Drugs Service of the Board are between 15 and 29 years (Table 6). Unlike the prosecutions rates the Community

Alcohol and Drugs Service of the Board encounter opiate use as a primary illicit substance of use (Table 7). This reflects the highly addictive nature of opiate use. The Board figures also shows the high level of males presenting for treatment, reflecting the higher rates of substance misuse among men (Table 8).

Table 5**Midland Health Board – Psychiatric Admissions 1996.**

St. Fintan's, Portlaoise	Alcoholic Disorders	155
	Illicit Drug Dependence	4
St. Loman's, Mullingar	Alcoholic Disorders	204
	Illicit Drug Dependence	10

National Psychiatric Inpatient Reporting System 1996

Table 6

**Clients Presenting to
Community Alcohol and Drugs Service, MHB 1995 & 1998 – Age Profile**

Under 15 yrs.	17	30.4	2	2.4
15 – 19 yrs.	15	26.8	26	30.6
20 – 24 yrs.	13	23.2	29	34.1
25 – 29 yrs.	5	8.9	10	11.8
30 – 39 yrs.	5	8.9	12	14
40 yrs. plus			4	4.7
Total	55	98.2	83	97.6
Not Known	1	1.8	2	2.4
Total	56	100.0	85	100.0

National Drug Treatment Reporting System HRB, 1995 & 1998

Table 7

**Clients Presenting to
Community Alcohol and Drugs Service, MHB 1995 & 1998 – Main Drug of Use**

Opiates	10	17.9	23	27.1
Stimulants	10	17.9	7	8.2
Hypnotics/Sedatives	5	8.9	3	3.5
Hallucinogens			1	1.2
Inhalants	3	5.4	5	5.9
Cannabis	28	50.0	46	54.1
Total	58	100.0	85	100.0

National Drug Treatment Reporting System HRB, 1995 & 1998

Table 8

**Clients Presenting to
Community Alcohol and Drugs Service, MHB 1995 & 1998 – Gender**

Male	43	76.8	72	84.7
Female	11	19.6	12	14.1
Not Known	2	3.6	1	1.2
Total	56	100.0	85	100.0

National Drug Treatment Reporting System HRB, 1995 & 1998

Unlike areas such as Dublin, the Midland Health Board area does not have a substantial problem with substances such as heroin or intravenous substance misuse. Consequently the spread of HIV and other blood-borne viruses through injecting substance misuse has not been a substantial problem to date. Nevertheless, there is no room for complacency.

There is a very strong correlation between the use of illegal substance and the use of volatile substances, tobacco and alcohol amongst young people. There is increasingly strong evidence that the earlier a young person starts using substances the greater the chance that he/she will develop serious substance misuse problems. For early to mid teens, there are strong links between substance misuse problems, truancy from school, break-up of the family and initiation into criminal activities. For older teenagers and people in their 20's there are strong links

between substance misuse problems and unemployment, homelessness and other features of social exclusion.^{1,3,5,17,18}

Conclusion

In summary it can be stated that alcohol is the most used and misused substance by young people and adults and that policies and strategies should address this issue. Tobacco use is still prevalent amongst large sections of the community and is especially so amongst adolescent girls and young women.⁷ Illicit substances are more widely available and more widely used than at any time in the recent past. Nevertheless illicit substance misuse remains a minority activity.

Substance misuse is a complex problem and no single agency or approach can tackle the problem in isolation. Action must be taken across a broad range of fronts, involving many organisations and individuals in the statutory and voluntary agencies. This suggests the need to consult widely and build on the principles of partnership, which underpin current policy and practice.

Principles & Themes Underlying Substance Misuse Education and Prevention

Causes of Substance Misuse

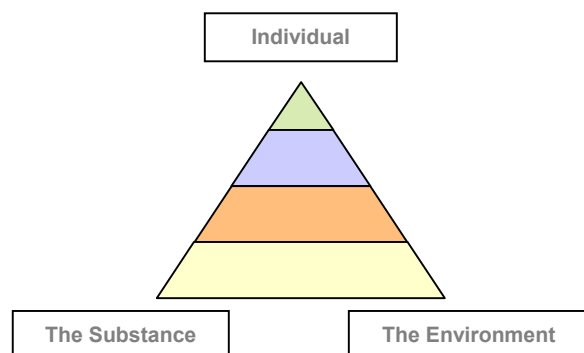
The nature and extent of substance misuse differs depending on many factors – region, age, sex, and socio-economic status of users. A report of the Royal College of Psychiatrists¹⁹ in 1987 stated:

“It is now widely accepted that there is no single cause or reason for a person to use drugs. The causes are multiple, varied and interrelated”

In any discussion of substance misuse and issues surrounding it, three key factors involved in substance misuse emerge: (Health Education Research – Theory & Practice 2(4): 433-8 1987)

- (a) The individual
- (b) The substance chosen
- (c) The environment or context in which the substance is taken.

These three factors each affect the extent and type of substance misuse. For example an individual from a background where substances are commonly misused is likely to use substances if presented with opportunities. Use of heroin and tobacco by their addictive nature are more likely to become habitual. In the development of health education/prevention programmes these three factors are crucial in understanding the issues associated with substance misuse.



In examining causes of substance misuse it is important to discriminate between experimental, recreational and dependent use as these affect the attitude and control of the individual over the substance. The divisions are important in prevention, treatment and the development of appropriate matching responses.

Substance misuse is a complex social problem, it cuts across all social classes and age, but illicit substance misuse dominates in areas of low economic activity, high unemployment and poor housing. Health promotion involves the whole population and not just those involved with substances or at high risk. The implications of this means responding to the social factors, such as poverty and rural/urban regeneration are crucial.

This policy is not based on any single model of causation. The individual, socio-economic, environmental factors and the availability of substances must all be taken into account when developing a comprehensive strategy. The approaches adopted by the Board are described below.

Equity, Accountability And Quality

Within the health services the three principles of equity, accountability and quality underpin all work.²⁰ Equity means the delivery of services based on need rather than geographical location or ability to pay. Substance misuse work is based on knowledge of the extent and nature of problems within the region.

Substance misuse, especially illicit substance use can be an emotive subject and our responses must be based on accurate research and information, not on hearsay or misinformation. The Board has a responsibility to ensure mechanisms are in place to deliver, monitor and evaluate effectiveness across the [redacted]

strives to evaluate activities to ensure consistent good practice.

The Midland Health Board believes that effective education and prevention approaches will contribute to a reduction in the demand for substances.¹⁰ Health Promotion is the process of enabling people to increase control over, and to improve their health".¹² It applies to both those who are healthy and also those who are experiencing ill health. Health Promotion involves the creation of supportive healthy environments, creation of healthy public policy, the development of personal skills, the mobilisation of community resources and the reorientation of the health services towards health promotion. There is a particular role for health professionals in health promotion. As such, the Midland Health Board has a particular role in the reduction of the demand for substance misuse through the work of those involved in prevention and health promotion.

Multi-Stranded Approach

There are many different approaches to the prevention of substance misuse and professionals working within the field use a variety of theoretical models to guide work. While the Board has a specific role in terms of treatment services, all sectors both statutory and voluntary share a responsibility to act as a resource to communities in tackling substance misuse.

It is the policy of the Midland Health Board to work within a multi-stranded approach, which involves individuals, parents, communities, voluntary and statutory agencies. A multi-stranded approach focuses on involving the mainstream health services, parents, and youth, social and community services to devise comprehensive education, prevention, treatment and rehabilitation policies and to develop structures to deliver these policies. It is the Board's belief that all activities should be integrated into the work of existing community care services, counselling, general medical care and emerging youth and community development projects.

Individuals and Families

The reasons for substance misuse are multiple varied. Education and prevention programmes must be designed to reflect these reasons. Such programmes should be set within the wider context of health promotion. In doing so the attitude of the individual towards their own and others' use of substance, both legal and illegal should not be ignored or underestimated.

The misuse of substances has become a part of youth culture for some young people. Therefore, to make the healthy choice the easier choice, it is important to provide information on the dangers of substances, while at the same time building on the individual's confidence and skill's process. It is important that parents have access to information and help in developing skills to enable them to discuss the subject of substance misuse with their children.

Community

For health promotion to be effective public participation is required, both in the planning and delivery of programmes. Health promotion recognises the importance of community development approaches, which involve communities in identifying and meeting needs. Community development for health can be defined as 'a process by which a community defines its own health needs, considers how these needs can be met and decides collectively on priorities for action.'²¹ Therefore, a community development approach involves health care professionals and communities working together. The

health service cannot 'solve' the problem of substance misuse **for** communities – it must be done **with** communities.

In the development of appropriate responses the Board recognises its role as a resource to the community. The Board aims to consult and work with local people and groups in

developing new and innovative projects in their communities to tackle the issue of substance misuse. Such a partnership approach enables the community to:

- ✚ Identify needs
- ✚ Source resources to meet those needs
- ✚ Implement demand reduction programmes
- ✚ Monitor progress.

Inter-Agency Approach

It is the Board's belief that an inter-agency approach to the issues of substance misuse is essential as no one organisation can respond to the issues associated with substance misuse in isolation.

A Regional Drugs Intersectoral Committee¹¹ has been established and is presently functioning in accordance with Department of Health guidelines to combat substance misuse¹⁰. At local level drug awareness groups have been established in Athlone,

Mullingar, Longford and Portarlington. Further groups will be established as the service develops.

Harm Reduction

In developing education and prevention programmes the issue of harm reduction cannot be ignored. Where substance use is prevalent, an emphasis needs to be placed on the prevention of substance misuse, rather than simply to eliminate substance use altogether.²² This is the essence of harm reduction strategies.

In real terms, there is a difficult balance to be struck between the ultimate goal of a society free from substance misuse and the pragmatic objective of minimising the harm both for those individuals using substances and for society as a whole. In appropriate circumstances, harm minimisation has an important role to play in the prevention and education effort. This is not to condone substance taking, but simply to acknowledge its existence and attempt to limit the harm associated with use. However, in applying the harm minimisation approach, the risks in substance misuse should never be underplayed and the message that abstinence is the only risk-free option must be emphasised.

Substance Misuse Education & Prevention Work within the MHB

It is the aim of this chapter to outline the aims of the Midland Health Board for substance misuse prevention. The concept of prevention employed by the Midland Health Board acknowledges that different substances are used in different ways with differing intensities, by different people with different levels of risk and in many different circumstances. Prevention is not just about “drugs” but a wide range of substances misused. It is the position of the Midland Health Board that prevention must involve different levels of activity. These include activities that prevent initiation into substance use, (e.g. smoking and illicit substance use)² and further activities, which discourage continued use or offers an alternative.²³ These areas of work can be summarised as follows:

- ✚ Primary prevention – preventing the start of substance misuse. (E.G. schools health education work, lifeskills development in community youth projects)
- ✚ Secondary prevention – assisting those misusing to stop using substances. (E.G. smoking cessation, addiction counselling,)
- ✚ Tertiary prevention – enabling those already committed to substance misuse to have control over their life

through a harm reduction approach. (E.G. methadone maintenance, other harm reduction approaches)

Prevention is “ the responsibility of many organisations and includes a diverse set of activities carried out by and through co-operation between drug agencies; professionals working in education health and welfare and enforcement, the national and local media, community groups and the private sector.”²⁴

Goal of the Substance Misuse Education and Prevention Work

The ultimate goal of the substances education and prevention work undertaken by the Midland Health Board is to promote a reduction in the misuse of substances in the region though:

- ✚ The delivery of an effective education/ prevention programme.
- ✚ The provision of a range of effective care, treatment and rehabilitation services for those misusing substances and their families.

Aims and Objectives of Substance Misuse Education and Prevention

The Midland Health Board Aims:

1. To enable people to make healthier choices with respect to all substances.
2. To assist and support individuals and families involved with substance misuse.
3. To reduce the demand for substances through the facilitation of educational approaches in partnership with other agencies.
4. To support work undertaken by other agencies to reduce the supply of illegally used substances.
5. To promote an evidence based, co-ordinated approach to substance misuse education work and the monitoring of substance misuse.
6. To maximise the potential for health care professionals to recognise substance misuse and act accordingly.
7. To evaluate substance misuse education initiatives.

The Aims will be achieved by the following Objectives:

1. To provide accurate advice and information to the public on substance related issues.




2. To develop educational and developmental programmes for parents in community settings.
3. To facilitate training of those working with young people in formal and non-formal educational settings, in evidence based substance education.
4. To build on the existing community actions.
5. To support whole community initiatives by empowering them to develop local strategies based on a consultation process regarding the needs of the community.
6. To provide information and training in substance education, intrasectorally and intersectorally for staff working in the area of substances education.
7. To work in partnership with other statutory agencies. (County Council, Vocational Education Committee's, Department of Education, Justice, Area Partnerships, etc) and community groups in the development of substances education strategies and supportive environments.
8. To advocate for and advise in the development of policies at Government, Board and local level that promote effective substance prevention measures.
9. To develop an integrated approach to substance misuse

initiatives in the Midland Health Board Region

10. To prioritise work within services, so that those most at need are reached.
11. To plan long-term substance education strategies and report on all substances education initiatives using an appropriate planning model. (Such as the 'Drugs, Questions, Local Answers'⁹, project management approach) based on best practice, cost effectiveness, and consumer participation.
12. To monitor and research on an ongoing basis attitudes to substances and substance use in various settings.
13. To ensure services for substance misuse are accessible and local.
14. To evaluate initiatives using appropriate evaluation models.

-  **The provision of training to all those involved in the field, but particularly those working with youth in the non-formal setting.**
-  **Development of more comprehensive responses to smoking, particularly among the young.**
-  **Development of structures to ensure the availability of good quality information on substance misuse.**
-  **Further development of partnerships at community level.**
-  **Lobbying for the development of social responses including anti-poverty strategies, urban regeneration, and access to training and employment for substance abusers.**

Priority Actions

-  **The development of a substance misuse prevention strategy through consistent, co-ordinated regional and local planning with a range of agencies. This strategy should include comprehensive substance misuse education in primary, second level and special schools and the non-formal youth sector.**
-  **Early intervention and prevention targeted at high-risk children and families.**
-  **Development of comprehensive schools health education programmes.**

Educational Approaches to Substance Misuse

The development of appropriate health education strategies at community, family, and individual levels requires the use of appropriate education methods. The Board recognises that there are many approaches to substance misuse education and does not feel there is only one correct 'approach' to substances education, as the needs and skills of individuals vary. In saying that, the Board feels that any approach must be evidence based on knowledge of good practice. Therefore, all approaches will be 'person' centred and based on the needs of the person.

Summary of Effective Approaches to Substance Misuse Education

The table below summarises the Board's position on effective approaches to substance misuse education. The Board recognises its particular role in supporting young people and youth organisations working with those at risk.²⁵

Effective Substance Misuse Education:

- ✚ Increase people's awareness of **substance** use in society.
- ✚ Prepares people for present and future experiences.
- ✚ Enables people to make their own informed decisions.
- ✚ Minimises the harm from **substance** use to individuals and communities

A Good Substance Misuse Programme:

- ✚ Considers the wide range of attitudes towards **substance and substance use**.
- ✚ Provides a view of substance use in a range of cultures and environments
- ✚ Meets the needs of all those involved in the programme.
- ✚ Provides accurate and up-to-date information.
- ✚ Equips young people with the knowledge and skills to cope in a **substance using world**

Substance Misuse Education Should Not Be:

- ✚ Intended to scare people.
- ✚ Giving one-off talks.
- ✚ Giving propaganda and biased information.

- ✚ Simply bringing in an 'expert'
- ✚ Just giving the facts
- ✚ Over-reacting in a crisis

Good Practice in Substance Misuse Education:

- ✚ Is based on working in needs and experiences of people
- ✚ Is integrated into the whole programme within a **school, youth work or community setting**.
- ✚ Is about creating a climate where people, especially young people and those who work with them feel free to talk honestly and openly.
- ✚ Involves people in participating actively in learning, using a wide range of approaches and methodologies.
- ✚ Is supported by a health education or **substance** policy for the organisation.
- ✚ Encourages people to listen to and support one another.
- ✚ Involves other appropriate at local level, promoting and inter-agency approach.
- ✚ Ensures adequate resources in terms of time, materials, staff development and training.

Adapted from the Youth Workers Support Pack for Dealing with Drug Issues. NYCI.

Staff Development, Training and Support Issues

It is the policy of the Board to enable staff to engage in health promotion activities in the context of their own work. To facilitate this, training will be provided to staff on an ongoing basis in brief interventions training (to more effectively assist clients in smoking and alcohol cessation), substance misuse and other areas of health promotion skills development.

Priority Actions

- ✚ Staff working within the substances education and addiction services will undertake to update their knowledge in the area. The Board will commit to support this education.**
- ✚ The Board will affirm its support to staff within departments working in the field of substance misuse education and addiction services.**
- ✚ Joint meetings, policy review and communications via the staff magazine will facilitate staff communication between departments with an involvement in substance misuse education.**
- ✚ The Board will take a particular role in the provision of training to those working with young people in schools, youth organisations and community groups to enable more effective work on the ground with young people.**

Treatment & Rehabilitation

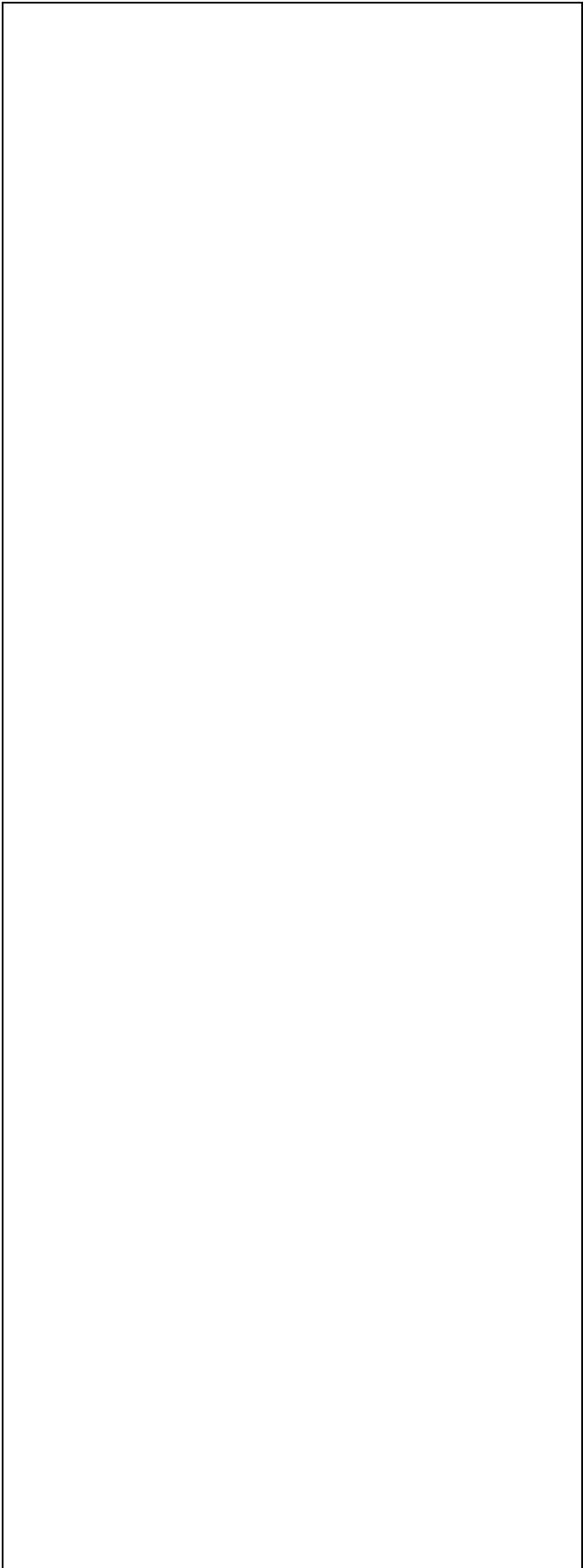
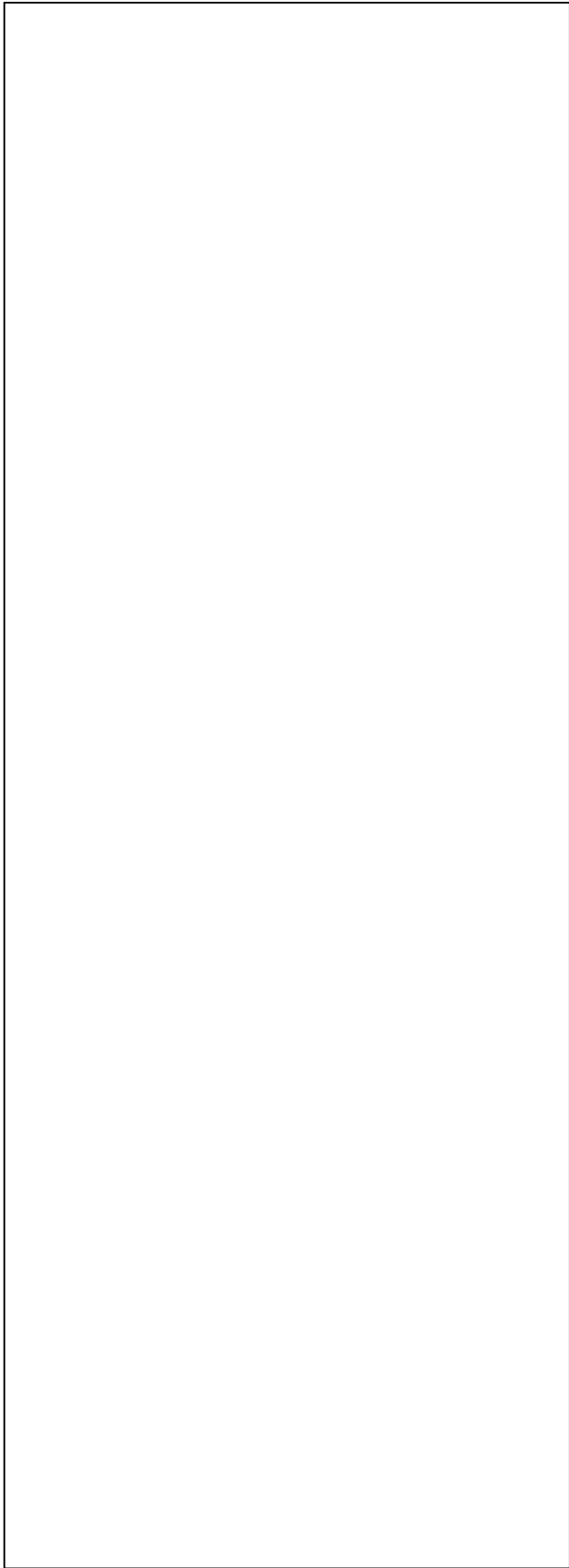
In an ideal world there would be total abstinence from the misuse of substances. However there will always be those who continue to misuse substances with consequential health and social problems. Therefore, there will be a requirement to provide a range of health and social services to meet the needs of such individuals, with a view to assisting them eventually to abstain from misusing substances. It is important that local services should continue to be based on local needs, with the focus of treatment 'community based', supported as required by in-patient facilities.

The objectives of this priority area are to enable those who misuse substance to stop and/or to reduce the health and social damage inflicted upon themselves, their families and the wider community.

The review of Community Alcohol and Drugs Service entitled 'Report of the Working Party on Misuse of Drugs and Alcohol' is now complete. This will further develop priority areas for action.

Priority Actions

- ✚ Ensuring that all who misuse substances have access to a range of helping services such as advice, counselling, treatment, rehabilitation and after-care services.**
- ✚ Ensuring that professionals providing health and social services have access to training, clinical supervision, support and guidelines to assist in the management of substance misuse problems.**
- ✚ Ensuring the extent of the substance misuse problem is monitored so that additional measures can be introduced if and when they become necessary.**



Roles & Responsibilities

Many organisations and agencies, statutory and non-statutory, are engaged in tackling the problem of substance misuse. In addition to young people themselves and their families, these include health, social services, education, youth and community services, law enforcement agencies, voluntary organisations, church-based groups and others. These organisations do not operate in isolation and it is important to create a genuine partnership so that efforts are mutually reinforcing. There will be a need to share experiences and expertise so that respective skills and resources can be brought to bear on the problem in an appropriate and timely manner.

The Midland Health Board has a critical role to play in establishing policy for the health-related aspects of substance misuse. This includes the provision for:

- (a) The control and safe custody of substances (household or medical)
- (b) The commissioning and funding of surveys and research on substance misuse at regional level.
- (c) Providing guidelines to update clinicians who work in this area, in the light of changing circumstances.
- (d) The co-ordination and implementation of measures to reduce substance misuse.

The Midland Health Board is in the front line of dealing with the problem of substance misuse by the provision of health promotion/education and prevention programme, the provision of treatment, care, after-care and rehabilitation services through an integrated team approach.

The Board will continue to work with other agencies – statutory, voluntary and community sectors in developing locally based strategies and actions to deal with substance misuse problems in our region and to respond in a flexible manner to problems as they arise.

Definitions

Drugs are frequently understood to represent illegal drugs only, whereas alcohol and tobacco also represent a threat to health. This policy prefers to use the term substances.

Definitions of terms used in this policy are given below:

Substances:

Defined as mood-altering substances, either legal (prescribed or freely available) or illegal. Therefore, this includes alcohol, tobacco, prescribed substance in addition to illegal substance.¹

Substance Misuse:

Defined as "The taking of a legal and/or illegal substances or substance which harm the physical, mental or social well-being of the individual or society."²

Supply Reduction:

Defined as activities, which control or reduce the supply or availability of substances.

Demand Reduction:

Defined as activities which aim to:

- ✚ Stop people experimenting with substances in the first place
- ✚ Delay the onset of experimentation
- ✚ Reduce the numbers who use substances
- ✚ Stop substance use altogether – abstinence goal

Harm Reduction:

Defined as any activity, which aims to reduce the harm, caused by substance misuse.²⁶

Volatile Substance:

Defined as a wide range of common household materials which give off gases or vapours and when inhaled can produced drug like effects.²⁶

Moving the Policy Forward

This policy will be evaluated within a period of five years. During this time it is expected that the policy will be translated into strategies for tackling substance misuse. These strategies will form part of the Annual Service Plans of the Board and will be routinely evaluated by the departments responsible for implementation.

BIBLIOGRAPHY

1. Midland Health Board, Dept. of Public Health. (1996) REPORT ON SCHOOL SURVEY OF SECOND LEVEL STUDENTS IN THE Midland Health Board AREA. MHB, Tullamore.
2. NYCI/Couanbeny. (1997) THE VOICE OF YOUTH – ARE YOU LISTENING? NYCI, Dublin.
3. O'Brien M. and Moran R. (1998) OVERVIEW OF DRUG ISSUES IN IRELAND. Health Research Board, Dublin.
4. Dept. of Health. (1996) NATIONAL ALCHOL POLICY. Government Publications, Dublin.
5. Morgan M. and GrubJ. (1994) DRINKING AMONG POST – PRIMARY SCHOOL PUPILS. The Economic and Social Research Institute, Dublin.
6. World Health Organisation. (1985) TARGETS FOR HEALTH FOR ALL. W.H.O., Copenhagen.
7. Health Promotion Unit/NUI (Galway), (1999) SLAN THE NATIONAL HEALTH & LIFESTYLE SURVEY. SURVEY OF LIFESTYLES, ATTITUDES AND NUTRITIONAL STATUS AND HEALTH BEHAVIOUR IN SCHOOL AGED CHILDREN. Dept., of Health & Children, Dublin.
8. Health Promotion Unit (1994) FACTS ABOUT DRUGS ABUSE IN Ireland 3rd Edition. Compiled by Dr. D. Corrigan, T.C.D.
9. Health Promotion Unit (1995) DRUG QUESTIONS LOCAL ANSWERS. Health Promotion Unit, Dublin.
10. Government Publications (1997) 2nd REPORT OF THE MINISTERIAL TASKFORCE ON MEASURES TO REDUCE THE DEMAND FOR DRUGS. Government Publications Office, Dublin.
11. Midland Health Board (1999) SERVICE PLAN – PURSUING HEALTH GAIN For The People Of Laois, Offaly, Westmeath and Longford. MHB, Tullamore
12. Seedhouse D. (1997) HEALTH PROMOTION, PHILOSOPHY, PREJUDICE AND PRACTICE. Wiley & Sons, UK.
13. Conniffe D. & McCoy D. (1992) ALCOHOL USE IN IRELAND – THE ECONOMIC AND SOCIAL IMPLICATIONS. Economic and Social Institute, Dublin.

14. Laffey M. et al (1995) ACCIDENTIAL INJURY IN IRELAND, PRIORTIES FOR PREVENTION. Office for Health Gain, Dublin.
15. Government Publications (1996) REPORT OF THE 1ST MINISTERIAL TASKFORCE ON THE MEASURES TO REDUCE THE DEMAND FOR DRUGS. Government Publications Office, Dublin.
16. Dept. of Health (1994) SHAPING A HEALTHIER FUTURE. Government Publications, Dublin.
17. Swedish Council for Information on Alcohol and Other Drugs (1997) THE 1995 EUROPEAN SCHOOL SURVEY PROJECT ON ALCOHOL AND OTHER DRUGS. ESPAD, Sweden.
18. Dept. of Justice, Equality and Law Reform (1995, 1997 & 1998) GARDA SIOCHANA ANNUAL REPORT. Dept. of Justice... Dublin.
19. Royal College of Psychiatrists (1997) Cited in IRISH PSYCHIATRIC ACTIVITIES. Keogh et al (1994). Health Research Board, Dublin.
20. Dept. of Health (1995) A HEALTH PROMOTION STRATEGY. Dept. of Health, Dublin.
21. Naido & Wills (1997) HEALTH PROMOTION. FOUNDATION FOR PRACTICE. Bellier Tindall, London.
22. Murphy T. (1996) – Cited in O'Brien et al 1998, OVERVIEW OF DRUG ISSUES IN IRELAND. Health Research Board, Dublin.
23. ACDM (1998) ADVISORY COMMITTEE ON DRUGS MISUSE IN THE UK. ACDM, England.
24. Dorn Murji. (1992) DRUG PREVENTION A REVIEW OF ENGLISH LANGUAGE LITRITURE. England.
25. NYCI (1996) THE YOUTH WORKERS SUPPORT PACK FOR DEALING WITH DRUG ISSUES. NYCI, Dublin.
26. HPA, NI. ILLICIT DRUG USE IN NORTHERN IRELAND. A Handbook for Professional. Belfast