

POLICY PAPER

The Precarious Position of Drug Education Workers in Ireland

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Abstract: This article examines the position of drug education workers who deliver drug education in non-formal education settings to children and young people in Ireland. Employing secondary data and document analysis, the paper analyses three national drug strategies and the annual reports of 21 local and regional Drug and Alcohol Task Forces (DATFs), in order to determine the prominence of drug education workers within the statutory response to illicit drug use in Irish society. Drug education has been on the Irish Government agenda since the 1970s; however, drug education continues to remain a small field in Ireland, underfunded and without any national representative voice. This paper argues that drug education in Ireland is becoming subsumed into the formal education sector and positioned primarily within the remit of teachers of Social, Personal and Health Education (SPHE). Drug education workers who provide educational programmes in non-formal education settings are unacknowledged in Ireland's most recent national drug strategy and this poses a risk to education programmes that take place in non-formal settings, and diminishes the role of youth and community services/organisations in abating illicit drug use at local and community levels.

I INTRODUCTION

Drug education has been on the Irish Government agenda since the 1970s and at that time was deemed a priority in combating Ireland's growing drug problem (DoH, 1974). Despite drug education being formally recognised as an important element of drug prevention, today it remains a small, under-represented

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field, and without any national representative voice. Drug education (or substance use education as it is also referred to in Ireland) is understood as being “a range of interventions across multi-disciplinary settings and includes education programmes, policies and guidelines” (Mannix-McNamara and Moynihan, 2013, p. 8). Despite acknowledgement that drug education occurs across multi-disciplinary settings, this article demonstrates that in Ireland drug education is being gradually subsumed into the formal education system, putting drug education programmes (and workers) in non-formal settings in a precarious position.

This article is structured as follows: it first outlines the origins of drug education in Ireland, providing information on the Irish drug landscape and the context behind the emergence of drug education programmes. It then discusses the establishment and subsequent demise of the Drug Education Workers Forum (DEWF). An analysis of three national drug strategies (DoTSR, 2001; DoCRGA, 2009; DoH, 2017) and the annual reports of 21 local and regional Drug and Alcohol Task Forces (DATFs) is then conducted to determine the prominence of drug education workers in the Irish State’s response to illicit drug use. The article concludes by arguing that drug education workers who provide educational programmes in non-formal settings are unacknowledged in Ireland’s latest national drug strategy (DoH, 2017) and discusses the risk this poses to education programmes that take place in non-formal settings.

II ORIGINS OF DRUG EDUCATION IN IRELAND

Whilst illicit drug use has been in evidence in Ireland since the 1960s (O’Gorman, 1998), the extent of Ireland’s drug problem was not fully acknowledged until the 1980s (Butler, 1991; O’Gorman, 1998). The 1971 Report of the Working Party on Drug Abuse (WPoDA, 1971) estimated there were 2,000-2,500 illicit drug users in Ireland at that time, while a study conducted in 2006 estimated there were “20,790 opiate users” in Ireland (EMCDDA, 2017, p. 6). Recent data from a general population prevalence survey conducted between 2014-2015 indicates that lifetime use of illicit drugs has risen to approximately one-in-four Irish adults (26.4 per cent of those aged between 16-64 years)(NACDA, 2016).

Illicit drug use has become a feature of Irish society and a programme of drug education was identified as a necessary response to the issue in the early 1970s, even when Ireland’s drug problem was diminutive compared with today (WPoDA, 1971). Stemming from the WPoDA (1971) report, a Committee on Drug Education was established in 1972 (DoES, 2014). The Committee on Drug Education advocated the view that “prevention is better than cure” and placed the primary onus of the delivery of drug education to children and young people in the realm of the State and the responsibility of schools (DoH, 1974, p. 11). However, the committee was holistic in their recommendations and they identified a broad range

of actions to educate and inform “various professionals” and other relevant adult groups (DoH, 1974, p. 35).

The committee recommended that drug education should form part of a broad health education programme “beginning in infancy”; that it include skills development rather than information giving or scare tactics; and that a health education authority should be established to oversee the implementation of drug education as part of a health education programme in schools (DoH, 1974, p. 13). Despite the recommendations of the Committee on Drug Education, the development and implementation of drug education programmes in Ireland was slow. During the 1990s a drug prevention programme for second level schools was developed called “On My Own Two Feet” (DoES, 1994). This was later followed by the introduction of Social, Personal and Health Education (SPHE) curriculum for primary and post-primary schools, which includes a substance use education module (DoEs, 2009; DoES, 2014). SPHE was developed to provide young people with

... a unique opportunity develop the skills and competence to learn about themselves and to care for themselves and others and to make informed decisions about their health, personal lives and social development (DoES, 2014, p. 19).

Whilst the provision of drug education to children and young people had been placed firmly within the remit of teachers and schools, it was not limited to formal education settings. Drug education was also provided in non-formal education settings, such as community/voluntary youth groups and clubs (Morgan, 1999; Nic Lughadha, 2000). Some youth service providers were providing drug education programmes to primary schools, prior to the introduction of the SPHE curriculum (Morgan, 1999; BDAF, 2018). With the formation of Local Drugs Task Forces¹ in the late 1990s and Regional Drugs Task Forces in the early-to-mid 2000s (Haase and Pratschke, 2017), funding was made available to employ drug education workers in locations significantly impacted by problem drug use. Task Forces were established

... to assess the extent and nature of the drug problem in their areas and to develop and monitor the implementation of action plans to respond to the problem as identified (DAG, 2011, p. 11).

The Irish State devised a response to the growing drug problem that involved four inter-linked pillars: Supply Reduction; Prevention (to include education and awareness); Treatment (including rehabilitation); and Research (DoTSR, 2001).

¹ LDTFs were later to include alcohol in their remit becoming Local Drugs and Alcohol Task Forces (LDATFs).

Key actions under the Prevention Pillar included the provision of “community-based drug awareness programmes in schools, youth clubs and other places where young people congregate” (DoTSR, 2011, p. 62). Many local and regional LDTFs funded community and voluntary organisations to provide drug education and prevention programmes that would target young people at risk of illicit drug use. Community/youth workers were trained to deliver drug education programmes in both formal and non-formal settings. This led to the emergence of drug education workers and the establishment of the Drug Education Workers Forum (DEWF) in Ireland.

III ESTABLISHMENT AND SUBSEQUENT DEMISE OF DRUG EDUCATION WORKERS FORUM

The DEWF arose from the need to “identify and provide some coherence for the voluntary, community and statutory agencies involved in the development or delivery of drug education programmes” (Mannix-McNamara and Moynihan, 2013, p. 8). The forum was established in 2000 as a voluntary organisation and provided a collective voice for its multi-disciplinary members. The forum set out to provide a space for drug education workers to network, to exchange information on drugs and drug use issues in their locality, and to provide peer support and work toward the development of policy. DEWF identified the “need for clear, practical information on best practice in substance use education in Ireland” and advocated for their development and implementation (DEWF, 2007, p. 4). The forum set about to develop a clear set of standards to guide drug education work taking place in a range of settings and to “raise the standards of substance use education in Ireland” (DEWF, 2007, p. i). Based on a comprehensive review of the literature at that time (2002 to 2007), DEWF worked to develop a manual on Quality Standards in Substance Use Education (QSSE), to support Drug Education Workers, Youth Workers, and a range of other Community Education/Development/Health Promotion Workers. The QSSE was developed to provide an overarching framework and guidelines for practitioners of drug education and those commissioning drug education programmes.

In 2007, DEWF was successful in its aim and with funding under the National Drugs Strategy 2001-2007 it published “A Manual in Quality Standards in Substance Use Education” (DEWF, 2007). A programme was developed to train DEWF members and a range of other relevant professionals in the QSSE. This was rolled out between 2008-2012, with a total of 521 participants completing the QSSE training programme. Dr Patricia Mannix-McNamara and Sharon Moynihan, from the University of Limerick, conducted an evaluation of this training on behalf of DEWF and their report was published in 2013 (Mannix-McNamara and Moynihan, 2013). The report includes the views of training participants about the QSSE

manual. However, between the publication of QSSE in 2007 and the publication of the Evaluation Report in 2013, Ireland experienced a significant financial crisis and entered into a deep economic recession. The collapse of Ireland's economy, "The Celtic Tiger", resulted in a significant programme of economic austerity. This resulted in significant cuts to the community and voluntary sectors and a redeployment of workers who had been previously seconded from other posts to administer DEWF. The culmination of these factors led to a significant reduction in the number of drug education projects/workers funded by local and regional LDTFs and ultimately the eventual demise of DEWF.

By the time the Evaluation Report on the QSSE was published in 2013, DEWF was in its final death throes and the field of non-formal drug education was greatly reduced. It is ironic that DEWF collapsed at a time when they were starting to receive recognition as a legitimate actor in the drug policy landscape. Since the DEWF Evaluation Report of 2013 (Mannix-McNamara and Moynihan, 2013), drug education workers have been largely voiceless at national platforms, with no representative organisation and their numbers reduced. This article now analyses three national drug strategies (DoTSR, 2001; DoCRGA, 2009; DoH, 2017) and the annual reports of 21 local and regional Drug and Alcohol Task Forces (DATFs), in order to provide an explanation for these developments and to locate the field of drug education (and its practitioners) within the broader Irish drug policy landscape.

IV METHODOLOGY

Employing document analysis as a "systematic procedure for reviewing and evaluating documents" (Bowen, 2009, p. 27), this article seeks to locate drug education workers within three national drug strategies (DoTSR, 2001; DoCRGA, 2009; DoH, 2017) and within the annual reports of 21 local and regional Drug and Alcohol Task Forces (L/RDATFs) from 2016 (DoH DPU, 2018). The purpose of this analysis is: firstly, to determine the prominence of drug education workers in the State's response to illicit drug use, within the broader landscape of national drug policy; and secondly, to establish some estimation of the number of drug education workers, and by extension form a picture of the field of non-formal drug education in Ireland.

V RESULTS

Locating Drug Education Workers in National Drugs Strategies and Drug and Alcohol Task Forces

An analysis of three national drugs strategies was conducted as part of this study: "Building on Experience, National Drug Strategy 2001-2008" (DoTSR, 2001);

“National Drugs Strategy (interim) 2009-2016” (DoCRGA, 2009); and “Reducing Harm, Supporting Recovery – A health-led response to drug and alcohol use in Ireland 2017-2025” (DoH, 2017). Each of these documents was searched for a number of key words (see Table 1). Key words included: “drug education workers”, “youth workers”, “Drug Education Workers Forum (DEWF)”, “drug education”, “education and prevention”, “teachers” and “Social, Personal and Health Education (SPHE)”. Whilst DEWF had been established prior to the publication of “Building on Experience” in 2001, neither “drug education workers”, nor “DEWF” are mentioned in the strategy. “Youth workers” are mentioned twice in comparison to “teachers” who are mentioned eight times. “Education and prevention” receives five mentions, whilst “drug education” and “SPHE” receive six each. “Building on Experience” identifies that drug education is a new introduction to Irish schools; however, it also acknowledges that “there is a requirement that drug education and awareness programmes are integrated into broader community-based approaches” (DoSTR, 2001, p. 105). The strategy does not provide any specific detail on how these community-based approaches are to be delivered and by whom.

The subsequent “National Drugs Strategy (interim) 2009-2016” includes some noteworthy differences from its predecessor. This strategy was developed in consultation with a number of sectoral groups and organisations. The strategy steering group was composed of representatives from statutory, voluntary and community organisations/agencies (DoH, 2017, p. 108); however, DEWF was not a member of this steering group. DEWF did make a written submission to the strategy steering group as part of the consultation process (DoCRGA, 2009, p. 110). The National Drug Strategy (interim) 2009-2016 identifies “inconsistent approaches to drug education” and the need for a “uniform approach to drugs education in school, youth and community settings throughout the country” (DoCRGA, 2009, p. 33). The 2009 National Drugs Strategy, whilst not specifically mentioning drug education workers per se, does acknowledge the role DEWF played in the development of QSSE but places the role of formally recognising the QSSE as a set of “national standards” with the Office of the Minister for Children and Youth Affairs (OMCYA) (DoCRGA, 2009, p. 33). This significantly diminishes DEWFs importance as a key player in the drug policy landscape and their role in upholding QSSE. Whilst the strategy acknowledges DEWF and drug education in non-formal settings, the strategy places significant emphasis on the role of teachers as drug educators and firmly positions the Social, Personal and Health Education curriculum as the State’s formative drug education provision. This strategy makes 13 references to teachers and 38 references to SPHE; in comparison, youth workers and drug education workers receive no mention in the document. However, DEWF is referred to five times in the strategy.

Ireland’s most recent national drug strategy “Reducing Harm, Supporting Recovery – A health-led response to drug and alcohol use in Ireland 2017-2025” (DoH, 2017) presents a significant shift in policy approach to Ireland’s drug

Table 1: Analysis of National Drugs Strategies - Comparison of references to Drug Education (and Workers/Forum/Teachers/SPHE)

<i>Strategy & Government Dept. with responsibility</i>	<i>Drug Education Workers</i>	<i>Youth Workers</i>	<i>Drug Education Workers Forum (DEWF)</i>	<i>Drug Education and Prevention</i>	<i>Teachers</i>	<i>Social Personal & Health Education (SPHE)</i>
	Number of times mentioned					
Building on Experience National Drugs Strategy 2001-2008 <i>Dept. of Tourism, Sport & Recreation</i>	0	2	0	5	8	6
National Drugs Strategy (<i>interim</i>) 2009-2016 <i>Dept. of Community, Rural and Gaeltacht Affairs</i>	0	0	5	2	13	38
Reducing Harm, Supporting Recovery A health-led response to drug and alcohol use in Ireland 2017-2025 <i>Dept. of Health</i>	0	1	0	3	3	9

Source: Author's analysis.

problem and more specifically the provision of drug education. This is evident by the sheer absence of references to drug education within the strategy. Whilst prevention features prominently within this policy, drug education does not. “Reducing Harm, Supporting Recovery” makes no references to drug education workers, it does not mention DEWF or the QSSE, and refers to drug education only once. The single reference to drug education in the prevention component of the strategy is in relation to

.. the development of IT/web based drug education, harm reduction and brief advice tools targeted at third-level students, which have a component signposting to locally available supports (DoH, 2017, p. 30).

The demise of DEWF and a diminished drug education field have resulted in drug education being significantly sidelined from this national policy. Furthermore, the shift to a health-led policy and greater emphasis on harm reduction as a preventative approach to Ireland’s drug problem appears to be to the detriment of drug education.

Given the demise of DEWF and the absence of non-formal drug education (and workers) in Ireland’s most recent national drug strategy (DoH, 2017), this article also seeks to ascertain how many drug education workers remain in Ireland. This is important as it provides some picture of drug education as a professional field in Ireland and helps in understanding the diminishing prominence drug education maintains in national drug policy. Without the structures of the Drug Education Workers Forum, establishing the number of drug education workers in Ireland poses a challenge. To provide an estimate of the number of drug education workers, the annual reports of 21 local and regional DATFs were examined for details pertaining to the funding of drug education workers. The annual report of each local and regional DATF for 2016² was examined for details relating to funded post holders, employed as drug education workers (see Table 2).

Out of the 21 local and regional DATFs, seven are without any specifically funded drug education workers. This is not to say drug education is not occurring in these DATF areas, rather that funding has been allocated to other projects that may have a more generalist or holistic remit under the Prevention Pillar. These other projects include drug prevention projects in the form of youth groups/clubs and some of the youth workers in these projects may consider themselves drug educators. Indeed, drug education may take place within these projects. However, only 14 out of the 21 DATFs fund a post holder to specifically work in the area of

² The most recent annual reports for L/RDATFs available for inspection date to 2016. However, in some cases no annual reports for 2016 were available. In such cases, the next available annual report was examined i.e. the 2014 or 2015 report.

drug education. Nationally, there are 13 full-time and five part-time workers funded through L/RDATFs who hold the title of drug education worker/coordinator (or similar). As of 2016, two of the five part-time workers' positions were either discontinued or subsumed into another role within a statutory organisation. Based on this data, it appears the number of drug education workers funded by L/RDATFs is small. L/RDATFs are however not the only providers of drug education in non-formal settings. Other organisations with alternative funding sources, such as local/regional youth or social care services, may employ professionals who consider themselves drug education workers, or professionals who are delivering drug education programmes as part of their work. However, based on the data from L/RDATFs it would appear the number of drug education workers (who deliver drug education programmes in non-formal settings) in Ireland is low.

Table 2: Drug Education Workers by Local and Regional DATFs

<i>LDATFs</i>	<i>2016 Annual Report</i>	<i>Project Code</i>
1 Ballymun	1 Prevention and Intervention Officer	BM10
2 Blanchardstown	1 Education/Prevention Coordinator, 1 Drug Education Worker	BL2-B3, BL2-3
3 Bray	1.5 Drug Education & Prevention Workers	B-9
4 Finglas Cabra	1 Health Promotion Worker	FC2-11
5 Canal Communities	1 Regeneration Worker / 7 other funded projects	CC2-24
6 Clondalkin	No named post holder / Prevention and education programmes named	na
7 Cork	No named post holder / 17 youth service initiatives funded under education and prevention	na
8 Dublin 12	1 Drug Education Resource Worker	D2-6
9 Dublin North East	1 Prevention Education Worker	NE2-1
10 Dun Laoghaire	1 P/T Development Worker (with drug education remit) - funding discontinued	DLR2-6
11 North Inner City	No named post holder / 9 prevention and education projects funded (*2015 data)	na
12 Tallaght	1 Develop. Worker acting as TF Coordinator, 0.5 Alcohol Develop. Worker (Temp.)	na

Table 2: Drug Education Workers by Local and Regional DATFs (Contd.)

<i>RDATFs</i>	<i>2016 Annual Report</i>	<i>Project Code</i>
1 East Coast	1 Youth Outreach Worker (*2014 Data)	EC-12
2 Midlands	1 Youth Health Worker - funding discontinued at end of 2016	M10
3 Mid-West	CYS Drug Education and Prevention Project / No named post holder	MW33
4 North Dublin	No named post holder - generic youth projects / family support / Traveller spec. proj.	na
5 North-East	No named post holder / 7 prevention and education projects funded (*2015 data)	na
6 North-West	1 Education & Prevention Coordinator, 1 Youth Drug & Alcohol Worker	NW10, NW12
7 South-East	1 CRYSD BDI Worker - half of post subsumed into HSE at end of 2016	SE-15
8 South-West	No named post holder / Drug Prevention Education Initiative (DPEI)	na
9 Southern	No named post holder / 12 named prevention projects	na

Source: Data from 2016 Annual Reports.

* In cases where no Annual Report for 2016 was available, data were obtained from earlier reports (2014/2015).

VI DISCUSSION

This article set out to determine the prominence of drug education workers in the State's response to illicit drug use within the broader landscape of national drug policy and secondly, to establish some estimation of the number of drug education workers in Ireland. Analysis of Ireland's national drug strategies, in particular the most recent of these (DoH, 2017), reveals that drug education (particularly in non-formal education settings) maintains a precarious position in the statutory response to Ireland's drug problem. An analysis of the annual reports of L/RDATFs suggests the number of drug education workers in Ireland is very low. The demise of DEWF and reduced funding to L/RDATFs has diminished drug education as a field in Ireland. One of the possible reasons drug education has lost prominence in Ireland stems from the argument that there is a lack of evidence to demonstrate its effectiveness as a form of drug prevention (HRB, 2014). However, a lack of

evidence to support the efficacy and effectiveness of drug education programmes can stem from poor quality measurement/evaluation. Moreover, the placing of drug education within a prevention framework, and measuring a programme of education within such a framework, is problematic. Drug education should be measured within an education framework, not prevention. In this way, it is possible to measure the learning that takes place in drug education programmes and document the educational benefit to participants.

Drug education and drug prevention are often grouped together in the Irish context; whilst they can overlap, they are also mutually exclusive and can take very different forms with separate intended outcomes. The fact that drug education and drug education workers maintain a low prominence in the Irish State's response to illicit drug use ensures this field will struggle to grow in the Irish context. This places Irish drug education workers in an extremely precarious position. How can practitioners develop a field when their numbers, funding and prominence are significantly limited? One of the most significant setbacks to drug education in Ireland was the demise of DEWF in recent years. In order for drug education to grow and develop as a field in Ireland, there needs to be a national representative organisation that can advocate on behalf of drug education workers, promote best practice and develop innovative ways of delivering, and measuring the effectiveness of, drug education. DEWF should either be resurrected or a similar organisation established. However, this will not occur without necessary resources and the participation and will power of drug educators and policymakers.

A number of limitations to this study need acknowledging. This is a small-scale scoping study that relied on secondary data and employed document analysis. Whilst the data and method of analysis used were appropriate based on the aims of the study, it would be advantageous to utilise other methods to establish more accurately the number of drug education workers delivering drug education programmes in non-formal education settings in Ireland. Moreover, it would be useful to gather the views of such drug education workers and of those who develop drug policies to form a broader view of the prominence of drug education. This would help inform the future development of drug education as a field in Ireland.

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