

UNDERSTANDING PREVENTION

Prevention is often misunderstood, so in this chapter we will try to explain it and show where it fits into the overall response to drug and alcohol problems. In particular, we will look at how a parish can contribute to the prevention of drug and alcohol problems.

Five Pillars

The National Drugs Strategy (interim) 2009–2016 mentions five ‘pillars’ that support the strategy:

1. Supply Reduction
2. Prevention and Education
3. Treatment
4. Rehabilitation (‘rehab’)
5. Research.

In this handbook, we will focus mainly on Prevention and Education, though a parish group might also choose to explore some of the other pillars.

Prevention and Education

Prevention and education can take place in at least three settings, and the parish can contribute significantly to all three:

1. The school
2. The family
3. The community.

Prevention and Education in the School

Most parishes are involved with schools and with their management, so the parish is well positioned to ensure that schools play a significant part in preventing drug problems. It will come as a surprise to many to learn that information and scare stories about the dangers of drugs are quite ineffective in preventing misuse. People (young and old) can easily convince themselves that the harmful effects ‘won’t happen to me’.

So, what does work? In the school setting, the important components are:

1. The school's Substance Use Policy (SSUP), which should address substance use as part of an overall 'whole school' strategy. There are guidelines for compiling the SSUP on the internet at www.education.ie. A good school policy covers the whole school community: students, teachers, non-teaching staff and visitors. It includes alcohol, tobacco and medicines, as well as illegal drugs. It reflects on whether (and how) alcohol is used by adults at school celebrations as well as on regulations about students and alcohol.
2. The Social Personal Health Education programme that is available in schools both North and South is a programme in which students learn not only about drugs and alcohol, but also about self-care, relationships, decision-making, assertiveness, feelings, healthy eating, etc. All the modules of the SPHE programme, whether they mention the word 'drug' or not, contribute to prevention of substance use problems.
3. In many primary schools, the Confirmation preparation programme offers a unique opportunity for the involvement of parents and young people together in reflection and dialogue on the subjects of alcohol and other drugs.

External Speakers in Schools

Schools often find themselves under pressure from outside influences to allow guest speakers to address students on the topics of drugs and alcohol or to allow 'Drug Awareness Journals', which are funded by advertising, to be distributed to pupils. These are not always good practice. The Department of Education and Science, based on indicators from research, regards the teachers themselves as the best-placed resource for prevention. The SPHE teachers contribute to the prevention of substance use problems through all of the modules of the SPHE programme. Other teachers (and other staff) support this effort by their example and lifestyles, and by the discussions they may have with students.

Well-meaning people from outside or inside the school may suggest inviting speakers to talk about the dangers of drugs. However, experience and research have found that, while such speakers may be fascinating to the students, they have very little influence on students' choices and behaviour. The development of the students through the sustained delivery of a good quality SPHE programme is found to have more lasting value.

On the other hand, a visiting speaker can be of value in certain circumstances. The Drug Education Workers' Forum (DEWF) has drawn up quality standards, which are upheld by the new National Drugs Strategy (interim) 2009–2016. These include the following: 1

All external speakers, programmes and events should:

- 1 Be carefully planned and negotiated;
- 1 Be complementary to substance use education programmes on the curriculum;
- 1 Be appropriate to the age, culture, environment and developmental stage of the students;
- 1 Use appropriate messages;
- 1 Use appropriate methodologies;
- 1 Be delivered by personnel with appropriate skills and competencies;
- 1 Be evaluated by students, teachers and facilitators.

In other words, external speakers should not replace the teacher as educator, but should complement and fit in with the teacher's work.

The Targets and Aims of Substance Use Prevention and Education

The National Drug Strategy (interim) 2009–2016 points out that, in addition to the general or universal prevention programme in schools, other more targeted interventions may be needed for certain groups of young persons who may be more at risk. For instance, a school may have a school completion project for those at risk of early school leaving and individual counselling might be offered to individuals who need it. This table shows how the focus moves from the wider group ('universal') to the individual as the type of prevention moves from primary to tertiary.

Prevention and Education in the Family

At the start of this section on understanding prevention, we mentioned three settings for prevention: the school, the family and the community. If all three of these pull together, the impact is greatly enhanced.

How can families help? First of all, adults can educate themselves about alcohol and drugs and about prevention – especially regarding 'what works'. This helps parents to feel confident about their own role in prevention, which, in turn, encourages parents to support each other.

The parish can help by involving parents in the parish drug awareness group and by supporting seminars or information evenings for parents. With busy lives, many parents find it hard to make time for attending seminars, so creative planning is called for. Certainly, parents do not like to hear stories laden with

doom and gloom about the risks faced by their children. They need to learn the positive skills of good parenting.

It is important to recognise that we all have an important part to play in drug prevention and that even the simplest actions can be effective. For example, parents could use the REACH model for effective drug prevention. This simple approach can be used with the child from a very early age. It is important to recognise that drug prevention should begin before the child starts to use or think about using drugs. The REACH model is essentially a tool for promoting the healthy development of the child's personal and social development.

Let's look at what the five elements are:

R stands for Relationship. If the parent has a good relationship with the young person, that is the best foundation that they can lay for preventing drug problems later in life. Parents don't need to be experts on drugs to achieve this relationship: all they need to do is occasionally have chats whereby they make a space for the young person. Also, a good relationship would allow for communication not to break down between parent and child if the parent did suspect that the child might have used or might be using a substance. Banishing the child to their bedroom or cutting off good communication with the child will only make matters worse. If this foundation of a good relationship is laid right from the beginning of the child's life, it will still stand as a positive force in their life even if he/she should become involved with drugs later on.

E is for Example. Parents lead by example, so their use of drugs sets an example for the child. Hence their use of alcohol, medicine and their avoidance of illegal drugs all have an impact on the child regarding these various substances.

A is for Attitudes. The young person forms their own attitude towards drugs by what they see and hear around them. So, for example, if the parent says, 'I'm not drinking tonight because I'm driving' or 'I'm not driving tonight because I'm drinking', even if the child is as young as six years old, they hear this and it becomes part of the mechanism that helps them form their own attitudes about alcohol. How we converse about drugs to each other is important in the formation children's attitudes about drugs.

C is for Confidence. Parents need to help their children to grow up with a healthy sense of confidence. A young person growing up with good self-esteem is much less likely to run into problems with drugs, even if they do experiment with drugs later, than a person who has low self-esteem. Therefore, it is important for parents to praise their children when they do something good and also to show loving affection by hugging them and showing them that they are loved. Indeed, how parents show affection to each other is important for the

building of security and confidence of the child. Confidence will stand to the young person in a situation where peer pressure is a factor in their decision regarding drugs. Confidence could enable the young person to say, 'No'.

H is for How to say, 'No'. One way to address this question is for parents to discuss hypothetical situations with the young person where they might find themselves being offered drugs. If the child has anticipated this situation and has asked themselves, 'What would I do in this situation?', then they are more likely to be prepared and handle such a situation.