

INTO Submission

Supporting Teachers in Youth Drug Education and Prevention in Schools





John Boyle

Introduction

The Irish National Teachers' Organisation (INTO) welcomes the opportunity to present our statement on school-based drugs prevention at primary level. As the oldest and largest teachers' union in Ireland, representing 54,000 members across the island, the INTO has long advocated for the health, safety and wellbeing of all pupils.

While the majority of primary-aged children are not directly involved in drug or alcohol use, it is clear that early, age-appropriate prevention and wellbeing supports can reduce future risk and enable pupils to develop the knowledge and confidence they need to make safe and healthy choices.

The INTO and our members understand this and remain steadfast proponents of evidence-informed substance-use prevention education in our primary schools.

However, schools cannot be expected to deliver high-quality prevention and wellbeing programmes in the absence of adequate resources and appropriate external services. Effective prevention requires clear national policy, adequate staffing, sufficient resources, sustained professional learning and access to external health and community supports. It must also respect the realities of teachers' workload and the complex needs of the pupils in today's classrooms.

John Boyle
INTO General Secretary

The current situation in primary schools

Substance-use prevention education in primary schools is currently delivered through Social, Personal and Health Education (SPHE) supported by the *Walk Tall* programme, the Department of Education and Youth's (DEY) recommended resource for promoting healthy choices and personal safety.

Walk Tall was originally developed in response to the 1996 *Ministerial Task Force on Substance Misuse*, which recognised the value of early, skills-based prevention before experimentation. Primary teachers who gave their time freely to engage with programme training received two extra personal leave days in return. In 2016, the programme was revised following stakeholder feedback to align it with modern classroom practice and to better represent the increased diversity of the pupil population.

The HSE, through their 2024 submission to the NCCA on the redeveloped primary curriculum, noted that *Walk Tall* remains broadly aligned with international evidence on effective school-based prevention, being skills-focused and developmentally sequenced. However, they also highlighted in their submission that effectiveness requires sufficient instructional time, high-quality implementation and regular updating to match evolving substance use patterns.

Currently, under the 1999 *Primary Curriculum*, pupils from third to sixth class learn to understand what a drug is, distinguish between helpful/harmful and legal/illegal substances, explore reasons why people use or misuse substances, examine the role of peer influence and personal choice and develop attitudes that support healthy decision-making. These topics are most commonly taught using the *Walk Tall*

programme, with 94% of schools reporting its use in the 2015 *Lifeskills Survey*. In the same survey more than half of schools described teaching substance misuse as challenging, despite the availability of the *Walk Tall* programme.

In practice, primary schools continue to deliver prevention education conscientiously, but face systemic pressures including limited time, little access to quality training and increasing complexity in pupils' lived experiences. The forthcoming curriculum provides a timely opportunity to update resources, strengthen teacher support and ensure schools are equipped to support pupils within a realistic and well-resourced framework. Without this scaffolding, the curriculum will have little impact.

Conditions for successful implementation

If primary schools are to deliver high-quality drug prevention education, the conditions in which this learning takes place must be realistic and properly supported. At present, schools are facing a scale of change that is unprecedented. The coming years will see the enactment of the redeveloped *Primary Curriculum*, the introduction of the new DEIS plan, training linked to new *Child Protection Procedures*, the revised *Code of Behaviour*, the NCSE's *Relate*, and *Guidelines for Addressing Behaviours of Concern*, to name but a few initiatives. These programmes are arriving at a pace that schools cannot cope with, and the cumulative effect is clear. Schools are stretched beyond capacity, with many principals and teachers reporting that they are now at breaking point.

Alongside these changes, schools are managing an ever-increasing workload related to pupils with additional needs. Teachers are supporting significantly more pupils who require more differentiation and targeted interventions, most of whom are included in the largest classes in Europe.

International research is clear that drug prevention programmes are only effective when specific conditions are in place (Tobler & Stratton, 1997; Cuijpers, 2002; Durlak et al., 2011). Successful programmes require adequate instructional time, structured and sequenced lessons, and opportunities for pupils to learn skills actively rather than passively. They require teachers who feel confident and supported, and who are given the professional space to work with colleagues on planning and implementation. They also require support for school leaders, a whole-school approach, a positive school climate and access to specialist therapeutic services. Studies from New Zealand, Australia, Canada, and the United Kingdom (New Zealand Ministry of Education

2014; Teesson et al. 2017; Canadian Centre on Substance Abuse 2010; Public Health England 2014) consistently highlight that schools cannot deliver effective prevention without the time and supportive structures necessary to make it work. Classroom teachers are the key to success; therefore, any programme that is simply added to an overloaded system is unlikely to achieve the outcomes that national policy intends.

In preparing this submission, the INTO engaged with members. The message was consistent: primary teachers reported that overcrowded classes, a lack of protected time for planning and collaboration with colleagues and the increasingly complex needs of pupils mean they are struggling to implement the existing curriculum as effectively as they would like to. Many noted that while they value SPHE and wellbeing education, they often struggle to give it the time and attention it deserves because of competing pressures. They stressed that without appropriate planning time and manageable class sizes, the redeveloped curriculum and its strategies to address substance misuse cannot be delivered.

The INTO has previously called for the provision of six non-pupil contact days each year to enable the DEY to provide training for school staff and to allow staff to plan for the implementation of initiatives. This remains a necessary and urgent measure. This non-contact time which is a central component in education systems worldwide would allow principals to sit with their staff, to plan collaboratively, reviewing the needs of their schools and ensuring that teaching and learning are being supported consistently. With the scale of change now facing schools, this ringfenced time is essential. It would also support the implementation of drug-prevention education, since evidence

shows that programmes succeed when schools have planned approaches, clear leadership input and opportunities to reflect on practice.

The *Walk Tall* programme itself predates the redeveloped curriculum and does not fully align with the new learning outcomes under the wellbeing specification. This committee should therefore recommend that the *Walk Tall* programme be revised without delay to bring it into full alignment with the redeveloped curriculum and to ensure that teachers have a contemporary and well-structured programme to deliver. Schools need materials and resources that reflect current realities and that support the new curriculum in a practical way.

If drug prevention education is to succeed, primary schools require manageable class sizes, sufficient time, modernised resources and sustained training. These are the foundational conditions that the INTO has identified as necessary for meaningful and lasting impact.

Family, community and wider supports

Schools cannot be expected to do this work alone. A much wider lens must be adopted. Drug prevention education, like all wellbeing and safeguarding work, cannot be separated from the broader society within which children live. Cross departmental cooperation is needed, particularly between the DEY, the Department of Health and the Department of Children, Disability and Equality. These departments must act together. Policy alignment, shared planning and joined-up delivery are essential conditions for supporting children, parents, teachers and principals.

Early intervention is critical. When children receive timely therapeutic, counselling and social supports, the risks associated with later substance misuse are significantly reduced. Yet we continue to hear of long waiting lists for assessments, limited access to child mental-health services, insufficient family support provision and inconsistent engagement from community agencies. Any government that declares it is committed to investing in the future of children and young people must back that statement up with real action. Without access to these vital services, teachers can only do so much. Our teachers are increasingly expected to carry responsibilities that are the remit of health and social care practitioners. This cannot be allowed to continue any longer.

Families must be supported, community services must be accessible and functioning, and the work of teachers must be complemented by the expertise of professionals in health, therapeutic services and social care. Schools cannot be expected to carry this burden alone. A truly preventative approach requires a holistic Government commitment to the wellbeing of children.

Conclusion

In conclusion, the INTO recognises the importance of effective substance-use prevention education in primary school education. Our members remain committed to the welfare and education of the pupils in their care, but they cannot deliver this work without the time, training and inter-agency support that we have identified as essential.

The INTO again thanks the Joint Committee on Drugs Use for the opportunity to make this submission on the topic of substance misuse prevention education. We hope our contribution assists the committee in its consideration of how best to support primary schools with this important work.

Contact

For any queries in respect of this submission, please contact David Geary, INTO Assistant General Secretary/ Director of Communications at **dgeary@into.ie**.

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