

INTO Opening Statement

Supporting Teachers in Youth Drug Education and Prevention in Schools





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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.

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 1996, and in 2024 the HSE noted that it remains broadly aligned with international evidence on effective school-based prevention, being skills-focused and developmentally sequenced.

However, *Walk Tall* predates the redeveloped curriculum and does not fully align with the new learning outcomes under the wellbeing specification. This committee should therefore recommend that *Walk Tall* 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, and materials that reflect current realities.

In practice, primary schools 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

International research is clear that drug prevention programmes are only effective when specific conditions are in place¹. 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.

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*, *Guidelines for Addressing Behaviours of Concern*, and NCSE's *Relate* – 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, most of whom are included in the largest classes in Europe. Any programme that is simply added to an overloaded system is unlikely to achieve the outcomes that national policy intends.

Teachers value SPHE and wellbeing education, but struggle to give it the time and attention it deserves because of competing pressures. Without appropriate planning time and manageable class sizes, the redeveloped curriculum and its strategies to address substance misuse cannot be delivered.

¹ (Tobler & Stratton, 1997; Cuijpers, 2002; Durlak et al., 2011)

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 staffs to plan for the implementation of initiatives. This remains a necessary and urgent measure.

Family, community and wider supports

Schools cannot be expected to do this work alone. 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. 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 children face long waiting lists for assessments, limited access to mental health services, insufficient family support provision and inconsistent engagement from community agencies. Without access to these services, teachers can only do so much. Our teachers are not social workers, counsellors or therapists, yet they are increasingly expected to carry responsibilities that ought to be the remit of health and social care practitioners.

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.

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