LORETO SECONDARY SCHOOL,

CLONMEL

# Substance Use Policy

**Ratified by**

**The Board of Management**

**on 24th February 2021**

**Mission Statement**

The Loreto Philosophy of Education is centred in God, rooted in Gospel values and derives its objectives and specific expression from the insights and vision of St. Ignatius of Loyola and Mary Ward. It underpins our Missions Statement, which states:

> *Our school is a caring Christian Community in which students have the opportunity to achieve academic excellence and to grow spiritually, emotionally, socially, creatively and physically in a healthy environment.*

**Definition**

***A substance/drug can be defined as a chemical which alters how the body works, or how the person behaves or feels.***

**Context and Rationale**

Why a Policy on Substance Use? The world in which we live presents young people with many challenges that affect their health and well-being. Exposure to alcohol, tobacco, and substances is part of this reality. Schools need to reflect upon how they might provide for the needs of their student cohort and respond appropriately to what are sometimes sensitive and emotive issues.

- The Education Act (1998) provides that schools should promote the social and personal development of students and provide health education for them.
- *The Minister of State for Health Promotion and the National Drugs Strategy* launched the 'Reducing Harm, Supporting Recovery' which is now Government policy and it requires schools to have a Substance Use policy in place.

**Reducing Harm, Supporting Recovery**
**'A health-led response to Substance and Alcohol use in Ireland 2017-2025'**

**School-based interventions**

Most universal prevention programmes take place in an educational setting. In Ireland, Substance Use Education in Primary and Post-Primary schools has been developed through Social, Personal and Health Education (SPHE).

Building the capacity of young people to take charge of their own physical and mental health and wellbeing is at the heart of a whole-school health promotion approach to substance misuse. The Action Plan for Education 17 aims to ensure resilience and personal wellbeing are integral parts of the education and training system.

Evidence suggests that comprehensive school-based programmes that combine social and personal development and provide information about substance use are more likely to be effective in preventing early substance use. This approach is a key component of a new wellbeing area of learning at Junior Cycle level since 2017.


Schools have flexibility in designing their Wellbeing Programme to ensure that it suits their students and their local context. We are encouraged to work towards a shared vision and set of indicators which describe what is important. Active, responsible, connected, resilient, respected and aware are the six indicators which have been identified as central to wellbeing.

It will also be important to ensure that SPHE teachers and guidance counsellors are given the opportunity to avail of continuing professional development to build their capacity to deliver substance use education.

In addition, Wellbeing Guidelines and the Wellbeing Policy Statement and Framework for Practice 2018-2023, provide a clear and rational structure to support the promotion of health and wellbeing in all schools.

**School policy**

**What is a Substance Use / Abuse Policy and how is it developed?**

A Substance Use Policy sets out, in writing, the framework within which the whole school community manages issues relating to substance use. It reflects the unique ethos of the school and aims to develop a shared understanding of the term 'substances/drugs'. The partnership approach based on the 'whole school' model was used for the development of this policy. The policy applies to the entire school community.

In our school policy, the word "substance" refers to any chemical substances, which alter the way, the body functions and/or the person behaves. "Substances" will include illegal drugs such as cannabis, ecstasy etc. and legally available drugs such as painkillers, alcohol, tobacco, which includes electronic nicotine delivery systems (ENDS) and heated tobacco products (HTPs) also called electronic cigarettes (known also as vaping), caffeine and solvents. Tippex and similar type products are also considered as "substances" under this policy.

**Drug Definition** - A term of varied usage.

In medicine, it refers to any substance with the potential to prevent or cure disease or enhance physical or mental welfare, and in pharmacology to any chemical agent that alters the biochemical physiological

processes of tissues or organisms. Hence, a drug is a substance that is, or could be, listed in a pharmacopoeia. In common usage, the term often refers specifically to psychoactive drugs, and often, even more specifically, to illicit drugs, of which there is non-medical use in addition to any medical use.

Professionals often seek to make the point that formulations of caffeine (in particular caffeine based drinks e.g. Red Bull, Boost, Monster, and similar drinks), tobacco which includes electronic nicotine delivery systems (ENDS) and heated tobacco products (HTPs) also called electronic cigarettes (known as vaping), alcohol, and other substances in common non-medical use are also drugs in the sense of being taken at least in part for their psychoactive effects (World Health Organisation, WHO).

Loreto Secondary school pursues a holistic ethos with the care and wellbeing of each student forming a core part of the school's philosophy of education/curriculum. As an educational community we believe that the personal and social development of each member of the school community is important. Good relationships are fostered, people feel valued and respected and there is genuine tolerance, fairness and support for those in difficulty.

As a health promoting school, we have an important role in enabling students to enhance their resilience and improve their mental and emotional health and wellbeing.

The wellbeing of students is enhanced by:

- Providing a safe and healthy environment
- Promoting positive attitude towards physical, emotional and mental health
- Increasing knowledge about health
- Actively promoting self-esteem and self-awareness
- Working in partnership with parents/guardians and students

The world in which we live presents young people with many challenges which affect their health and wellbeing. Exposure to alcohol, tobacco and substances is part of this reality. We as a school, aim to provide for the needs of our students and respond to what are sometimes sensitive issues. The use of non-prescribed substances, including tobacco and alcohol is illegal and has no place in the healthy environment that schools strive to achieve, so that students do not put themselves at risk of suffering damage or causing social harm. If an incident does occur the response will be in keeping with the Loreto Secondary School Code of Behaviour and Departmental Guidelines.

**Programmes for Alcohol and Drug Education**

The policy is focused on four key areas:

- Alcohol, Tobacco and Substance Education Programmes
- Managing Substance Use Related Incidents
- Training and Staff Development
- Monitoring, Review and Evaluation

Loreto Secondary School is committed to providing a comprehensive and timetabled Substance Use Education programme for all students which will be incorporated into the Social Personal and Health Education Programme currently running in the school. This will be supported by other subject areas, including but not limited to the following: Religious Education, Physical Education, Science, Home Economics and Wellbeing programmes.

**Our educational aims in relation to Substance Use Education are:**

- To increase the self-esteem and confidence of the students
- To equip students with personal and social skills
- To enable students to make informed, healthy and responsible choices
- To provide honest and age appropriate information on substance use and substance misuse.

**These aims will be met through the following:**

**Training and Staff Development**

- The school's policy is that all teachers involved in teaching SPHE are given the opportunity to avail of training in group facilitation skills and personal development through the PDST and the school encourages staff to attend in-service and provides substitution for in-service attendance where possible.
- Staff teaching Wellbeing are given the opportunity to attend further training in the area of Substance Use programmes and related areas.

**External Agencies/Outside Speakers**

Trained teachers are in the best position to carry out Substance Use Education but sometimes it may be appropriate to use external agencies/an outside speaker to supplement or reinforce the work done in Loreto Secondary School. The contribution of external agencies to Substance Use Education programme complements the teaching that takes place across the curriculum. All external agencies/guest/outside speakers will be part of a co-ordinated approach involving other Substance Use Education programmes during the school's curriculum.

**Procedures for Managing Alcohol, Tobacco, Drug Related or Substance Abuse Incidents**

**Managing Alcohol, Tobacco and Drug Related Incidents**

Loreto Secondary School acknowledges that in all situations involving substance use, there needs to be a balance between the needs of the young person and the needs of the school community. Listening, establishing facts and support those involved will be our initial approach to the situation. The school's Code of Behaviour will apply.

**Recognising Substance Use**

Drug effects are strongly influenced by the amount taken, how much has been taken before, what the user wants and expects to happen, the surroundings in which it is taken, and the reactions of other people. All of these influences are themselves tied up with social and cultural attitudes to and beliefs about drugs, as well as more general social conditions. The same person will react differently at different times. So, it is usually misleading to make simple cause-and-effect statements about drugs, such as 'drug X always causes condition 'Y'.

Substance use can often result in behavioural changes and you may need some prior knowledge of the person to make an accurate comparison. Such changes can be obvious or very subtle and may be due to another reason totally unconnected with drug use.

Behavioural signs can include:

- Efforts to hide substance use through lying, evasiveness and secretive behaviour
- Sudden and regular changes of mood
- Bouts of talkative, excitable and overactive behaviour
- Unsatisfactory reasons for unexpected absences or broken promises
- More time spent away from home
- Changes in friendships
- Loss of appetite
- Unusually tired
- Unable to sleep at night
- Changes in priorities, including less concern with school/college, less care of personal appearance, non-attendance at usual recreational/leisure activities
- Efforts to get money for substance use, ranging from saving dinner or allowance money, borrowing from friends and relatives and selling own possessions, stealing from friends, school and home and involvement in petty crime
- Secretive behaviour
- Disruptive in school
- Not engaging in school curriculum activities.

**Other possible signs include:**

- Being very knowledgeable about substances and the local substance use scene
- A defensive attitude towards substances
- A defensive attitude towards substance use
- Unusual outbreaks of temper
- Absence from class and school
- Poor performance at school (academic or extra-curricular)

**Correlates of Drug Use**

Research with drug users has identified certain factors, or correlates, as being either positively or negatively associated with drug use.

A positive correlation indicates that drug use tends to occur when certain specific factors or variables are present, e.g.

- Knowledge of substances
- Intentions to use
- Impulsive behaviour
- Excessive personal stress
- Boredom
- Anti-social tendencies
- Scepticism about school Substance Use Education and media prevention efforts
- Peer pro-substance use attitudes and behaviour
- A lack of parental concern

A negative correlation indicates that substance misuse tends not to occur when other specified factors/variables are present e.g.

- Good self-esteem
- Liking school
- Achievements academically, sports or other interests
- Religious beliefs
- Optimism about future
- Parental intolerance of deviance
- Presence of rules and regulations in the home

*It's important to remember that correlates do not necessarily indicate someone's reason to use or not use substances.*

**Substance use incidents**

The following are examples of substance abuse incidents:

- Emergencies when the person may be unconscious
- Intoxication/unusual behaviour
- Suspicion/rumour of substance abuse
- Disclosure by another person
- Possession of a legal drug for non-medical use
- Possession of an illegal drug on the school premises or on a school related activity
- Selling/supplying illegal drugs/supplying legal drugs for non-medical use
- Person seeking help from a member of staff
- School grounds being used for substance use activity
- Substance use paraphernalia found on school property

**Action Required**

In all of the listed incidents, it is essential to inform the school Principal or Deputy Principal as soon as possible. Professional help should be contacted if necessary.

**Assessing a substance use incident**

Never respond to an incident on your own. All staff are advised to familiarise themselves with "Responding to Critical Incidents – Resource Materials for Schools" and our schools Critical Incident Plan. In all cases where there is no immediate danger to the young person/s, it is important to take time to assess the situation before responding. The substance use incident report form should be completed. (see Appendix 1).

**Recording Procedure**

All staff should be aware of the signs of substance use and be alert for changes in behaviour. Adolescence is a period of great change and rumour must not be taken as evidence of substance use. In all incidents the Principal is to be notified and the incident report form (see Appendix 1) will be completed by the relevant member of staff and submitted to the Principal.

**The Involvement and roles of various parties in an incident investigation**

***Managing a substance use incident***

It is important in all suspected or confirmed substance use incidents that a limited number of people are involved in managing the incident. People will be informed on a "need to know" basis.

The Principal or Deputy Principal, Guidance Counsellors and person/s directly involved in the case will be informed and all written documentation will be held confidentially (as per GDPR) by the Principal. When a staff member identifies a substance use incident, it is important not to under or over-react.

*Note: Any queries, contact the HSE Substance Misuse Treatment Service, South Tipperary for professional advice. Phone 052 6177900*

**Involvement of Parents/Guardians**

In any incident involving unauthorised substances the school will normally involve the child's parent/guardian. If by contacting parents/guardians a student's safety may be at risk the child protection procedures will be followed.

Parents/Guardians are encouraged to approach Loreto Secondary School if they are concerned about any issue related to substance use and their child. Loreto Secondary School may refer

parents/guardians to other sources of help, e.g. HSE Substance Misuse Treatment Service, South Tipperary.

**An Garda Síochána Involvement**

The Principal or Deputy Principal will contact An Garda Síochána in the event of a suspicious substance being found on school grounds. This substance will be stored in a secure place until An Garda Síochána arrive.

**Pastoral Care/Counselling**

For some young people, their involvement with substance use may be masking some underlying difficulties and for others it may be a phase of experimentation which they will pass through safely. If appropriate counselling may be offered or outside professional help may be recommended. If the person has a substance use problem, then a referral to GP/CareDoc/Emergency Department and or HSE Substance Misuse Treatment Service, South Tipperary will be recommended.

**Disciplinary Procedures**

Substance use incidents are complex and in situations where the school rules regarding substance use are broken the school's Code of Behaviour will be implemented.

**Confidentiality**

Staff cannot offer total confidentiality to a young person. (This is clearly explained in SPHE classes from their first class in first year, and each year onwards). A student who makes a disclosure regarding substance use will be informed that this information will be made known to the Principal. The wellbeing and welfare of the student will be the primary focus.

**Media**

The Principal or a nominated spokesperson will handle all media queries. The staff will not comment on any individual case but will refer all queries to the principal or nominated person.

**Parents/Guardians and Boards of Management**

The school may provide opportunities for Parents/Guardians and Board of Management members to attend information evenings, etc. on issues relating to substance use and the updating and review of the school's Substance Use Policy.

**Policy Review and Evaluation**

This policy will be reviewed every 4 years in line with ESPAD Report which is launched every 4 years; i.e. in 2025 in line with the next ESPAD report.

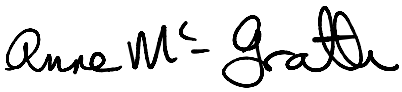
**Dissemination of the policy**

The policy will be available on the school website.

**This policy was agreed on the date noted below.**

**Signed:**  **Date:** 24/02/2021

Ms. Mary Ryan, Chairperson of Board of Management

**Signed:**  **Date:** 24/02/2021

Ms. Anne Mc Grath, Principal

**Appendix 1**

Incident Report Form for completion by member of teaching staff

*Name of student(s):*

| |
|---|
| |

*Date of incident(s) occurring:*

| |
|---|
| |

*Details of Incident*

Only details which are pertinent to the incident should be recorded. Please attach any written accounts by students.

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| **Signature of Teacher:** | | **Date:** | |

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| **Signature of Year Head/ Deputy Principal/Principal:** | | **Date:** | |

## Appendix 2

**The 2019 European School Survey Project on Alcohol and other Drugs (ESPAD) reported the following:**

**Cigarette use**

Cigarettes are one of the most easily accessible substances, with about 60 % of the students in the participating countries reporting that it would be 'fairly easy' or 'very easy' (hereafter referred to as 'easy') for them to get hold of cigarettes if they wanted to. Students in Denmark were most likely to find them easy to obtain (79 %). In Sweden, Poland, Slovakia and Czechia, the perceived availability was also comparatively high, with over 70 % of the students reporting access to be easy. Perceived availability was lowest in Kosovo (24 %), and figures of less than 50 % were observed in five other countries: Romania (39 %), Ukraine (42 %), Georgia (45 %), Iceland (47 %) and North Macedonia (49 %). Gender differences for perceived availability were small at the aggregate level (61 % for boys versus 59 % for girls).

More than one in six ESPAD students (18 %) had smoked cigarettes at age 13 or younger. The proportions varied ESPAD Report 2019 13 considerably across countries, from 5.4-8.5 % in Iceland, Malta and Norway to 31-33 % in Latvia and Lithuania. Both on average and in almost all participating countries, more boys than girls had smoked cigarettes at age 13 or younger. On average, 2.9 % of the students began smoking cigarettes on a daily basis at age 13 or younger. The rates were highest in Slovakia (6.0 %) and Bulgaria (5.8 %) and lowest in the Netherlands (0.9 %), followed by Iceland, Greece and Slovenia (1.2-1.4 %).

In ESPAD countries 41 % of students had smoked cigarettes at least once in their lifetime, and one fifth of the sample (20 %) could be considered to be current smokers, i.e. had smoked cigarettes during the last 30 days. The average lifetime prevalence of cigarette smoking was about the same among boys (43 %) and girls (40 %). Furthermore, on average, 10 % of students reported that they had smoked daily in the last 30 days. The rates of daily cigarette smoking ranged from 1.9 % in Iceland and Norway to 22 % in Bulgaria. No differences were found in the average rates of daily smoking between boys and girls.

Trend data indicate an overall constant decrease since 1995 in lifetime, last-30-day and daily cigarette use. However, if the 2019 cigarette and electronic cigarette (e-cigarette) use is analysed as a combined value (ESPAD 2019 is the first data collection in which information about e-cigarettes is available for all countries), the prevalence is higher than in 2015 (when the item for nicotine consumption did not distinguish between the use of traditional cigarettes and the use of e-cigarettes). In fact, considering them together, for the first time we seem to observe a trend reversal for cigarette consumption, with consumption starting to grow again, reaching 54 % for lifetime use, 27 % for current use and 12 % for daily use.

**Electronic cigarette use**

More than one in 10 ESPAD students (11 %) had tried e-cigarettes at age 13 or younger, with figures varying across countries, from 4.3 % in Montenegro and 4.4 % in Serbia to 19 % in Lithuania and 20 % in Estonia. Boys were more likely than girls to have used e-cigarettes early in life in the vast majority of countries. On average, 1.7 % of students had begun using e-cigarettes on a daily basis at age 13 or younger. The highest rates were found in Kosovo (3.2 %), Cyprus (3.1 %), Slovakia and Ukraine (2.8 % each), Lithuania (2.7 %) and Bulgaria (2.5 %). In all ESPAD countries the rate of early onset of daily e-cigarette use was higher for boys than girls; however, because of the small proportion of students reporting onset of daily e-cigarette use at an early age, gender differences were generally small.

Lifetime prevalence rates for the use of e-cigarettes ranged between 18 % in Serbia and 65 % in Lithuania, with an ESPAD average of 40 %. In nine of the 35 ESPAD countries more than half of the students had tried e-cigarettes at least once. Boys were generally more likely than girls to have tried e-cigarettes (boys 46 % versus girls 34 %). On average, one in seven students (14 %) reported having used e-cigarettes during the last 30 days, with the highest rate found in Monaco (41 %) and the lowest in Serbia (5.4 %). Concerning gender differences, the average rate for boys (16 %) was higher than that for girls (11 %). With regard to the frequency of use in the last 30 days, overall, 10 % of students reported e-cigarette use less than once per week, 4.1 % reported use at least once a week and 3.1 % reported use almost every day or every day, with the highest rate of daily or almost daily use reported in Lithuania (14 %).

**Alcohol use**

Alcoholic beverages are perceived to be easy to obtain compared with other substances, with almost 80 % of ESPAD students stating that they would find it easy to get to hold of an alcoholic beverage if they wanted to. In Denmark, Germany and Greece, this percentage rises to more than 90 %. The lowest proportions were found in Kosovo (38 %), which was also the only country where the proportion was less than 50 %, followed by Lithuania (61 %), Iceland (62 %) and Romania (63 %). Overall, alcohol was perceived to be easily available by slightly more girls than boys (79 % for girls versus 77 % for boys), although in most countries the rates among boys and girls were rather similar.

Over one third of the students who participated in the ESPAD study (33 %) had first tried an alcoholic drink at age 13 or younger. The highest proportions of students reporting alcohol use at an early age were found in Georgia (60 %) and Latvia (48 %). The countries with the lowest rates of early alcohol use were Iceland (7.1 %), Kosovo (12 %) and Norway (13 %). In almost all ESPAD countries, boys were more likely than girls to have first tried alcohol at an early age.

On average, 6.7 % of students had experienced alcohol intoxication at age 13 or younger. This proportion varied substantially across countries, from 1.8 % in Iceland to 25 % in Georgia. Higher rates were more likely to be found in the eastern part of Europe and, in general, more boys than girls reported intoxication at an early age (ESPAD average: 8.0 % for boys versus 5.4 % for girls).

In all ESPAD countries except Kosovo (29 %) and Iceland (37 %), over half of the students reported having consumed alcohol at least once during their lifetime. The ESPAD average was 79 % (range 29-95 %). The highest rates of lifetime alcohol use (more than 90 %) were found in Hungary, 14 ESPAD Report 2019 Denmark and Czechia. In addition to Kosovo and Iceland, Norway and Sweden had relatively low rates of lifetime alcohol use (less than 60 %). Overall, more than one in 10 students (13 %) reported having been intoxicated in the last 30 days.

Students who reported alcohol use in the last 30 days drank alcohol on 5.6 occasions on average. Among this group, students from Germany and Cyprus consumed alcohol on 8.0 and 7.5 occasions, respectively, and students from Sweden, Finland, Lithuania, Iceland, Estonia, Latvia and Norway drank alcohol on fewer than four occasions on average. In most countries, boys who drank in the last month did so more frequently than girls, with a difference of more than three occasions in Germany, Serbia and Montenegro. One in three students (34 %) reported heavy episodic drinking (five or more glasses of alcoholic beverages on one occasion at least once in the past month). This drinking pattern was found

more often in Denmark, Germany and Austria, where it was reported by between 49 % and 59 % of students. The lowest figures were found in Iceland (7.6 %), followed by Kosovo (14 %) and Norway (16 %). The difference between boys and girls was about 3 percentage points on average, with generally higher figures for boys. Students had drunk an average of 4.6 centilitres of alcohol on the last drinking day. The amount of alcohol consumed was highest in Denmark (8.8 centilitres), followed by Norway (6.7 centilitres) and the Netherlands (6.6 centilitres), and was lowest in Kosovo (2.5 centilitres) and Romania (3.0 centilitres). Boys reported consuming higher volumes than girls in the majority of countries. On average, spirits (38 %) and beer (31 %) were the preferred alcoholic beverages. In Spain (83 %), Portugal (59 %), Lithuania (57 %), Sweden (52 %) and Malta (51 %), more than half of the students who drank alcohol preferred spirits, while a similar preference was found for beer in Kosovo (62 %), Serbia (52 %), Poland and North Macedonia (49 % each). Wine was preferred over spirits and beer in Ukraine (26 %), over spirits but not over beer in Georgia (36 %), and over beer but not over spirits in Slovakia (27 %). Premixed drinks accounted for about one quarter of the alcohol consumed in Germany (26 %), Finland and Denmark (each 23 %). In the Faroes, Ireland, Norway and Sweden, cider accounted for at least one quarter of the alcohol consumed. In these countries, cider was the second most preferred alcoholic beverage after spirits.

Despite alcohol consumption remaining very popular, temporal trends between 1995 and 2019 indicate a slow but steady general decrease in both lifetime and last-30-day use of alcohol. A positive development can be observed in the temporal trend of heavy episodic drinking, with the ESPAD average peaking in 2007 and then starting to decrease, reaching its lowest level in 2019. Comparing the 2019 rate with the 1995 rate, an overall increase in heavy episodic drinking can be noted among girls (from 30 % to 34 %) and a decrease among boys (from 41 % to 36 %), resulting in a narrowing of the gender difference over time.

**Illicit drug use**

Cannabis is perceived to be the easiest illicit substance to get hold of, with around one third of ESPAD students (32 %) rating cannabis as easily obtainable. More students in the Netherlands, Denmark, Czechia, Slovenia and Slovakia than in the other ESPAD countries perceived cannabis to be easily available (rates from 45 % to 51 %). The countries with the lowest perceived availability of cannabis were Kosovo (11 %), Ukraine (13 %), Romania (16 %) and North Macedonia (19 %). Boys were more likely than girls to consider cannabis to be easily available (ESPAD average: 34 % for boys versus 30 % for girls).

Compared with cannabis, perceived availability was low for ecstasy (MDMA) (14 %), cocaine (13 %), amphetamine (10 %) and methamphetamine (8.5 %). These drugs were perceived to be more easily available in Bulgaria, Sweden and Denmark than elsewhere in Europe.

The perceived availability of ecstasy was highest (over 20 %) in Slovakia, Czechia, Slovenia and the Netherlands, whereas for cocaine it was highest in Denmark and Ireland (22 % each). The countries with the lowest perceived availability of nearly all illicit drugs were Kosovo, Georgia and Romania.

On average, 2.4 % of the ESPAD students reported having used cannabis for the first time at age 13 or younger. The highest proportions were found in France (4.5 %), Italy (4.4 %), Latvia (3.8 %), Cyprus (3.6 %) and Estonia (3.5 %). Rates of early onset of amphetamine/methamphetamine use were lower

(ESPAD average: 0.5 %), with the highest proportion in Bulgaria (1.8 %). Boys were more likely than girls to have used cannabis or amphetamine/ methamphetamine at age 13 or younger. Similar results were found for early onset of ecstasy and cocaine use.

The average prevalence of lifetime use of illicit drugs was 17 %, with considerable variation across ESPAD countries. It should be noted that this mainly relates to cannabis use (average lifetime prevalence of 16 %). The highest proportions of students reporting lifetime use of any illicit drug were found in Czechia (29 %), Italy (28 %), Latvia (27 %) and Slovakia (25 %). Particularly low levels (10 % or less) of lifetime illicit drug use were noted in Kosovo, Iceland, North Macedonia, Ukraine, Serbia, Sweden, Norway, Greece and Romania.

In most ESPAD countries, the prevalence rates were higher among boys than among girls. On average, 19 % of boys ESPAD Report 2019 15 and 14 % of girls had used illicit drugs at least once during their lifetime. Noticeable gender differences were found in Georgia (24 % for boys versus 8.8 % for girls), Monaco (29 % versus 17 %), Cyprus (17 % versus 7.0 %) and Ireland (25 % versus 15 %).

Considering the ESPAD average, the lifetime prevalence of illicit drug use increased from 1995 to 2011 and has declined since then.

Cannabis was the most widely used illicit drug in all ESPAD countries. On average, 16 % of students had used cannabis at least once in their lifetime. The countries with the highest prevalence of cannabis use were Czechia (28 %), Italy (27 %) and Latvia (26 %). The lowest levels of cannabis use (2.9- 7.3 %) were reported in Kosovo, North Macedonia, Iceland and Serbia. On average, boys reported cannabis use to a larger extent than girls (18 % versus 13 %). This was the case in all countries except Bulgaria, Slovakia, Malta, the Netherlands and Czechia.

Among all students who had used cannabis in the last 12 months (13 % of the total), the drug was used on average on about 10 occasions (9.9). In France, Italy, Serbia, Austria and Cyprus, cannabis was used once a month on average (12 or more occasions). The lowest average frequency of cannabis use was found in the Faroes (4.4 occasions). Overall, boys reported a higher frequency of cannabis use than girls.

Overall, 7.1 % of the students had used cannabis in the last 30 days. A high variability was found among ESPAD countries, with the maximum rate observed in Italy (15 %) and the minimum in Kosovo (1.4 %). More boys than girls reported cannabis use in the last 30 days (boys 8.5 % versus girls 5.8 % on average), with statistically significant gender differences found in more than two thirds of ESPAD countries.

To estimate the risk of cannabis-related problems, a core module, the CAST (Cannabis Abuse Screening Test) scale, was included in the ESPAD questionnaire. The prevalence of high-risk cannabis users (see the methodology section for a definition) ranged from 1.4 % to 7.3 % across countries, with an average of 4.0 %. Overall, the prevalence of high-risk cannabis users was higher among boys than girls (4.7 % versus 3.3 %). At the country level, statistically significant gender differences with higher rates among boys were found in 16 ESPAD countries. Trends in cannabis use indicate a general increase in both lifetime and last-30-day use between 1995 and 2019, from 11 % to 16 % and from 4.1 % to 7.4 %, respectively. Both prevalence rates reached their highest levels in 2011, with lifetime use slightly decreasing thereafter and current use levelling off.

On average, 1-2 % of the ESPAD students had ever used an illicit drug other than cannabis at least once. After cannabis, the most widely used illicit drugs were ecstasy (MDMA), LSD (lysergic acid diethylamide) or other hallucinogens, cocaine and amphetamine. Lifetime prevalence rates for methamphetamine, crack, heroin and GHB (gammahydroxybutyrate) were lower than those for the other illicit drugs (about 1.0 % on average). At the country level, higher rates of lifetime use were found in Estonia and Latvia (lifetime use of ecstasy, LSD or other hallucinogens of about 5.0 %).

**Other substance use**

On average, the lifetime prevalence of use of new psychoactive substances (NPS) was 3.4 %, with the highest rates observed in Estonia (6.6 %) and Latvia (6.4 %) and the lowest rates observed in Finland, Portugal and North Macedonia (about 1 %). The average prevalence of lifetime use was the same for boys and girls, and gender differences within ESPAD countries were generally small. With regard to specific substances, 3.1 % of the ESPAD students (average calculated across 20 out of 35 countries) reported having used synthetic cannabinoids at least once in their lifetime, ranging from 1.1 % in Slovakia to 5.2 % in France. Similarly, 1.1 % of students reported lifetime use of synthetic cathinones (average calculated across 19 out of 35 countries), with the highest figures found in Ireland (2.5 %) and Cyprus (2.4 %). On average, boys had a slightly higher prevalence of use than girls of both types of substance.

Lifetime use of inhalants was reported by 7.2 % of the students, with large differences between countries. The countries with the highest proportions of students who had tried inhalants were Latvia (16 %), Germany and Croatia (15 % each). The lowest rate was found in Kosovo (0.5 %). No gender differences were observed. The trend in the use of inhalants shows a steady increase until 2011, with a decrease observed thereafter. The gender-specific curves from 1995 to 2019 reveal a progressive narrowing of the gender gap, which has disappeared since 2011.

There was a wide variation between countries in the prevalence of lifetime use of pharmaceuticals for nonmedical purposes (which include tranquillisers and sedatives without a prescription, painkillers taken to get high and anabolic steroids), ranging from 2.8 % to 23 %. The average rate was 9.2 % and the rates were highest in Slovakia (23 %), Latvia (22 %) and Lithuania (21 %). The lowest levels of nonprescription use of tranquillisers or sedatives (approximately 2.0 %) were reported by students from Ukraine, Romania, Bulgaria and Croatia. With regard to the use of painkillers in order to get high, the ESPAD countries with the highest prevalence rates were Slovakia (18 %) and Czechia (10 %). 16 ESPAD Report 2019 Both on average and in the vast majority of the ESPAD countries, girls were more likely than boys to have tried pharmaceuticals for non-medical purposes. Few students in the participating countries reported use of anabolic steroids (ESPAD average: 1.0 %). The highest proportions were found in Montenegro (2.7 %), followed by Cyprus, Bulgaria, Malta, Poland and Ireland (about 2.0 % each).

**Gambling and online gambling**

On average, 22 % of students reported gambling for money (gambling money on games of chance) on at least one type of game in the last 12 months. Among students who had gambled in the last 12 months, the predominant gambling activities were lotteries, reported by nearly half of gamblers, followed by

sports or animal race betting (45 %) and cards or dice (44 %). The least popular gambling activity was slot machines (reported by 21 % of gamblers).

The highest rates of students with gambling experience in the last 12 months were found in Greece and Cyprus (33 %), followed by Italy and Montenegro (32 %) and Finland (30 %). Gambling for money was not as common in Malta (14 %), Georgia (13 %), Denmark (12 %) and Kosovo (11 %). In all countries, considerably more boys than girls reported having gambled in the last 12 months (29 % for boys versus 15 % for girls on average).

Almost 7.9 % of students reported having gambled for money on the internet in the last 12 months. The highest rates of students reporting gambling online were found in Cyprus (17 %) and Kosovo (16 %). The lowest rates (below 5 %) were found in Germany, Malta, Norway, Iceland, Spain and Austria. In all countries, considerably more boys than girls had gambled online in the last 12 months (13 % for boys versus 2.7 % for girls).

The estimated proportion of students who had engaged in excessive gambling activity (see the methodology section for a definition) among those who had gambled in the last 12 months was 15 %, which corresponds to a prevalence of 3.8 % among the total ESPAD sample.

The highest proportion of students who had engaged in excessive gambling activity was found in Montenegro (35 %), whereas the lowest proportions (less than 10 %) were found in the Netherlands, Iceland, Greece and Malta. Overall, a higher proportion of boys than girls who had gambled in the last 12 months had engaged in excessive gambling (see the methodology section for a definition) (19 % for boys versus 5.9 % for girls).

The estimated proportion of students who had engaged in problem gambling (see the methodology section for a definition) among those who had gambled in the last 12 months was 5.0 %, which corresponds to a prevalence of 1.4 % among the total ESPAD sample.

The highest proportion of students who had gambled in the last year and met the criteria for problem gambling behaviour was reported in Georgia (12 %), whereas the lowest proportion was found in the Netherlands (1.3 %). In about one third of the ESPAD countries the proportion of students who had engaged in problem gambling among those who had gambled in the last 12 months was higher than 5.0 %. In almost all countries, the proportion of students who had gambled in the last 12 months and who were liable to have a problem gambling behaviour was higher among boys than girls (6.3 % for boys versus 2.4 % for girls on average).

**Social media and gaming**

About 94 % of the ESPAD students reported use of social media (e.g. WhatsApp, Twitter, Facebook, Skype, Blogs, Snapchat, Instagram, Kik) in the last 7 days. On average, users spent 2-3 hours on social media on a typical school day and about 6 or more hours on a typical non-school day. Fewer online hours on a non-school day were reported in Austria, Czechia, Iceland, Slovenia, Denmark, Kosovo, Georgia, Bulgaria, Cyprus, North Macedonia and Slovakia. In total, 10 % or more of the students reported no use of social media on any day in Kosovo, Georgia and Bulgaria. In most of the countries girls reported using social media on non-school days more frequently than boys.

About 60 % of the ESPAD students reported having played digital games on a typical school day within the last 30 days, with 69 % reporting playing digital games on a non-school day within the last 30 days. The exceptions were Bulgaria and Sweden, where almost 70 % and almost 80 % of students reported having played games on school days and non-school days, respectively. In the majority of countries, the most commonly reported amount of time spent on gaming on a typical school day was half an hour or less, while the most commonly reported amount of time spent on gaming on a typical non-school day was 2-3 hours.

Overall, boys reported more frequent use of digital games than girls, on both school days and non-school days, with boys spending twice as much time gaming than girls in most countries.

With regard to potentially risky levels of social media use and gaming, almost half of the students (46 %) scored 2-3 points on the self-perceived risk scale for social media use (see the methodology section for a description of this measure), suggesting a higher risk of problems related to social media use; this ranged from 31-32 % in Denmark, Poland and ESPAD Report 2019 17 Iceland to 63 % in Montenegro. On the other hand, 21 % of students scored 2-3 points on the self-perceived risk scale for gaming (see the methodology section for a description of this measure), suggesting a higher risk of problems related to gaming; this ranged from 12 % in Denmark to 44 % in Georgia.

**Appendix 3**

**(sections 2/3/5/19/24)**

**Misuse of Drugs Acts 1977 & Criminal Justice (Psychoactive Substances) Bill 2010**

Misuse of Drugs Acts 1977 An Act to prevent the misuse of certain dangerous or otherwise harmful drugs, to enable the Minister for Health to make for that purpose certain regulations in relation to such drugs, to enable that Minister to provide that certain substances shall be poisons for the purposes of the pharmacy acts, 1875 to 1962, to amend the pharmacopoeia act, 1931, the poisons act, 1961, the pharmacy act, 1962, and the health acts, 1947 to 1970, to repeal the dangerous drugs act, 1934, and section 78 of the health act, 1970, and to make certain other provisions in relation to the foregoing. [16th may, 1977]

**Section 2**

**Controlled drugs** (1) In this Act "controlled drug" means any substance, product or preparation (other than a substance, product or preparation specified in an order under subsection (3) of this section which is for the time being in force) which is either specified in the Schedule to this Act or is for the time being declared pursuant to subsection (2) of this section to be a controlled drug for the purposes of this Act.

**Section 3**

**Restriction on possession of controlled drugs** (2) A person who has a controlled drug in his possession in contravention of subsection (1) of this section shall be guilty of an offence.

**Section 5**

**Regulations to prevent misuse of controlled drugs**

(1) For the purpose of preventing the misuse of controlled drugs, the Minister may make regulations—

(a) prohibiting absolutely, or permitting subject to such conditions or exceptions as may be specified in the regulations, or subject to any licence, permit or other form of authority as may be so specified—

(i) the manufacture, production or preparation of controlled drugs,

(ii) the importation or exportation of controlled drugs,

(iii) the supply, the offering to supply or the distribution of controlled drugs,

(iv) the transportation of controlled drugs,

**Section 19**

**Occupiers etc. permitting certain activities to take place on land, vehicle or vessel to be guilty of an offence**

1. A person who is the occupier or is in control or is concerned in the management of any land, vehicle or vessel and who knowingly permits or suffers any of the following to take place on the land, vehicle or vessel, namely—

i. the cultivation contrary to section 17of this Act of opium poppy or any plant of the genus Cannabis,

ii. the preparation of opium for smoking,

iii. the preparation of cannabis for smoking,

iv. the smoking of cannabis, cannabis resin or prepared opium,

v. the manufacture, production or preparation of a controlled drug in contravention of regulations made undersection 5of this Act,

vi. the importation or exportation of a controlled drug in contravention of such regulations,

vii. the sale, supply or distribution of a controlled drug in contravention of such regulations,

viii. any attempt so to contravene such regulations, or

ix. the possession of a controlled drug in contravention of section 3of this Act,

x. shall be guilty of an offence.

**Section 24**

**Powers to inspect and demand production of drugs, books or documents**

(1) For the purpose of enforcing this Act and regulations made thereunder, a member of the Garda Síochána or a person authorised in that behalf by the Minister in writing may at all reasonable times—

a. enter any building or other premises in which a person carries on business as a producer, manufacturer, seller or distributor of controlled drugs,

b. require any such person, or any person employed in connection with such a business, to produce any controlled drugs which are in his possession or under his control,

c. require any such person, or any person so employed, to produce any books, records or other documents which relate to transactions concerning controlled drugs and which are in his possession or under his control, and

d. inspect any controlled drug, book, record or other document produced in pursuance of a requirement under this section.

## Appendix 4

## CRIMINAL JUSTICE (PSYCHOACTIVE SUBSTANCES) ACT 2010

**Section 1-Interpretation**

(1) In this Act—

"Act of 1977" means the Misuse of Drugs Act 1977; "Advertisement" includes every form of **advertisement**, whether or not to the public, in a newspaper or other publication, on television or radio, by display of a notice, by electronic communication, including by means of the internet, or by any other means;

"**Consumption**", in relation to a psychoactive substance, means to consume the substance (whether or not the substance concerned has been dissolved or dispersed in or diluted or mixed with any other substance)—

(a) orally,

(b) by smoking, insufflating or inhaling it,

(c) by injecting it,

(d) by applying it externally to the body of the person, or

(e) by otherwise introducing it into the body of a person;

"**Controlled drug**" has the same meaning as it has in section 2 of the Act of 1977;

"**Psychoactive substance**" means a substance, product, preparation, plant, fungus or natural organism which has, when consumed by a person, the capacity to— (a) produce stimulation or depression of the central nervous system of the person, resulting in hallucinations or a significant disturbance in, or significant change to, motor function, thinking, behaviour, perception, awareness or mood, or (b) cause a state of dependence, including physical or psychological addiction;

**Prohibition of sale, etc. of psychoactive substances**

A person who sells a psychoactive substance knowing or being reckless as to whether that substance is being acquired or supplied for human consumption shall be guilty of an offence.