



Growing up in the west

COUNTY REPORT
ROSCOMMON

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1 EXECUTIVE SUMMARY

Planet Youth is an international evidence-based primary prevention model, developed in Iceland, that has been used to reduce substance use rates amongst adolescents.

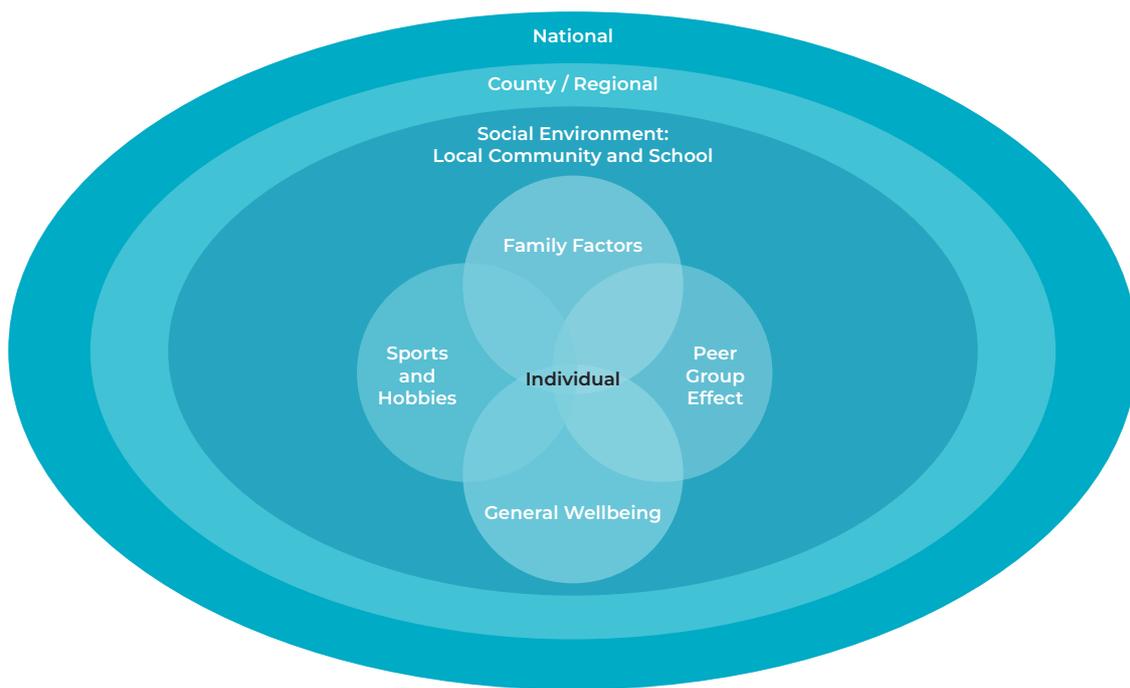
The model's whole population approach offers an opportunity to improve public health outcomes in many areas. It works by directly targeting the risk and protective factors in young people's lives that determine their substance use behaviours and enhancing the social environment they are growing up in. By developing targeted interventions that seek to reduce the identified risk factors and strengthen the identified protective factors the problems associated with adolescent substance use can be reduced or prevented before they arise.

Data

The Planet Youth model relies on the data derived from biennial surveys using the Planet Youth questionnaire. This comprehensive lifestyle questionnaire is administered to the 15-16 year olds in the target community. There are questions on their substance use, health, mental health, physical activity, family and school experience, internet use, bullying etc. There are 77 primary questions in the current Planet Youth questionnaire and a total of 1,590 variables; all of which can be examined and cross-tabulated.

Risk and protective factors

The survey results provide the information for planning, selecting key factors requiring attention, designing suitable interventions and tracking trends and changes in young people's behaviours and well-being over time. The main risk and protective factors lie within the domains outlined in the diagram below.



Major domains of intervention

Survey

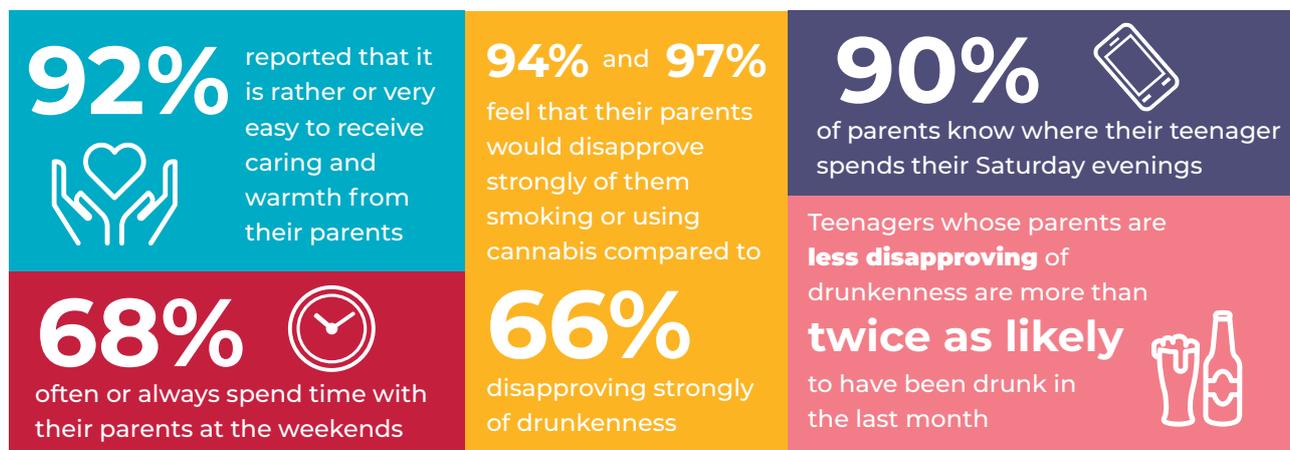
In October 2018 all of the pupils in Roscommon that returned to school after sitting the Junior Certificate were invited to complete the Planet Youth questionnaire. This report summarises the findings from the 9 schools and 2 Youthreach centres in the county and comprises 480 respondents.

Key Findings

Prevalence of substance use in young people



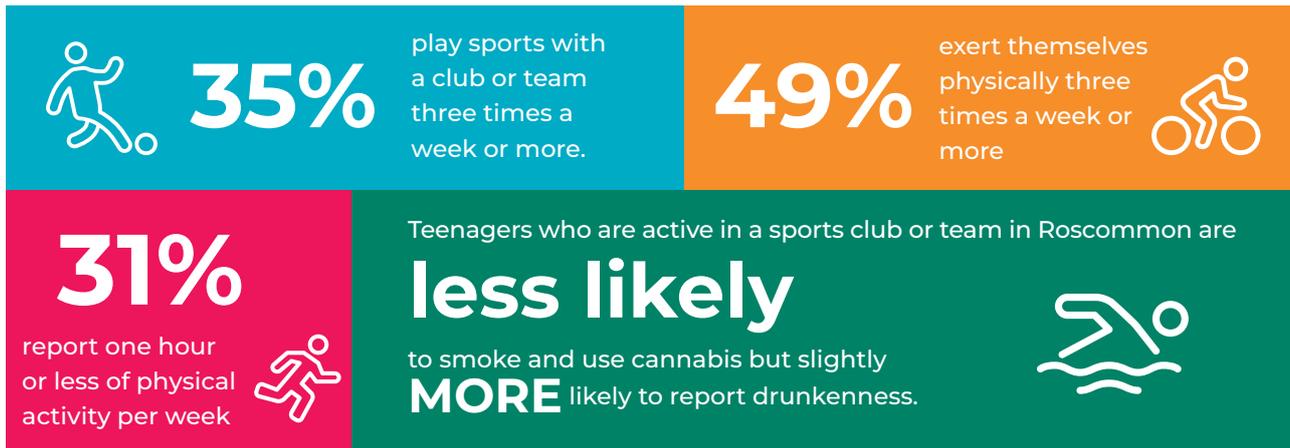
Family Factors



Peer Group Effects



Extracurricular Activities



General wellbeing, including school and social environment



RECOMMENDATIONS

- 1** Improve parental knowledge of the impact of alcohol and other drugs.
- 2** Utilise the strong connections and communication between young people and their parents.
- 3** Strengthen collaboration and connections between families.
- 4** Improve parental knowledge of the impact of unstructured leisure time on substance use.
- 5** Increase knowledge of peer factors related to substance use.
- 6** Utilise and develop parental networks.
- 7** Decrease peer-facilitated access to alcohol and other substances.



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INTRODUCTION

Planet Youth

In the 1990s Iceland had the highest levels of alcohol and substance misuse among adolescents in Europe. A group of social scientists at the Icelandic Centre for Social Research and Analysis (ICSRA), along with policy makers and practitioners, began collaborating in an effort to better understand the societal factors influencing substance use among adolescents and identify potential approaches to prevention. Together they developed an approach founded on three pillars:

1. Evidence-based practice
2. Using a community-based approach
3. Creating and maintaining a dialogue between research, policy and practice

The model has evolved and is now known as Planet Youth. The Planet Youth model has demonstrated that it is possible to develop evidence based interventions to promote and facilitate social capital on the local community level, in order to decrease the likelihood of adolescent substance use by strengthening the supportive role of parents and schools and the network of opportunities around them.

The evidence for community based approaches and participatory stakeholder dialogue is based on a validated survey of adolescent behaviours and attitudes. The same survey, with minor local contextual modifications, is used in all the countries involved and is repeated at biennial intervals.

The prevention model that has emerged continuously links local level data collection from the survey with local-level reflection and action to increase social capital suitable to the needs of the community. The data guides the development of suitable and effective interventions that reduce the identified risk factors and strengthen the protective factors for young people.

Five Guiding Principles of Planet Youth

1. Planet Youth is a primary prevention approach that is designed to enhance the social environment.
2. Planet Youth emphasizes community action and views schools as the natural hub of neighbourhood/area efforts to support child and adolescent health, learning, and life success.
3. Planet Youth engages and empowers community members to make practical decisions using local, high-quality, accessible data and diagnostics.
4. Planet Youth integrates researchers, policy-makers, practitioners, and community members into a unified team dedicated to solving complex, real-world problems.
5. Planet Youth matches the scope of the solution to the scope of the problem, including an emphasis on comprehensive, long-term intervention and efforts to marshal adequate community resources.

Planet Youth Roscommon

The Western Region Drug and Alcohol Task Force (WRDATF) conducted a detailed Planet Youth survey on the experiences of teenagers living in their communities in County Roscommon in October 2018. The target population was all of the 15 and 16 year-old post-Junior Certificate students in every secondary school and Youthreach centre in the county. Each one of the 11 secondary schools and Youthreach centres in the county was invited to take part and all of them participated. Out of the 557 pupils who sat the Junior Certificate in June 2018, 533 of them filled in the survey document on their return to school after the summer.

The Planet Youth survey document has 77 questions containing 1,590 variables that comprehensively examine young people's lives and lifestyles. It identifies substance use behaviours and the risk and protective factors that influence these behaviours.

The Planet Youth survey is repeated on alternate years amongst the same age-group in order to assess changing trends in behaviours and to evaluate the effectiveness of interventions that have been introduced.

The completed survey forms were sent to ICSRA for scanning and processing and this report is based on the 480 valid questionnaires remaining after data verification and quality checks.

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SURVEY**Survey Document**

The Planet Youth survey questionnaire is a standardised document that is used in each Planet Youth community. The questions asked and the document layout are the same from country to country to ensure the document scanning process is simplified; this enables the prompt return of data to each community. In Ireland, prior to the administration of this first Planet Youth survey, the questions in the document were localised to be more suitable in an Irish context.

A copy of the Planet Youth questionnaire used in Ireland can be downloaded from www.planetyouth.ie.

Survey Methodology

The Planet Youth survey is administered via a paper-based questionnaire amongst the 15 and 16 year-olds in the target community. This survey was undertaken in October 2018. The students who were targeted for inclusion were all those still in school that had sat the Junior Certificate examination in June 2018.

The sequence of events related to the administration of the survey are detailed below:

1. An ethical review was conducted and approval granted by the Royal College of Physicians of Ireland (RCPI).
2. Localisation of the survey was completed through consultation with agencies and youth groups.
3. Principals of all of the secondary schools and Youthreach Centres in Roscommon were approached in advance of the survey to explain the Planet Youth project and the purpose of the survey.
4. A support services card was developed to be issued alongside the surveys in order to ensure participants had access to contact details of support services if required.
5. All students and parents were given copies of information about the survey and were invited to opt out if they so wished.
6. The survey documents, support services cards and blank A4 envelopes were all boxed and prepared for each school. A careful record was kept of the sequence of documents that went to each school.
7. Each school was visited by a member or members of the project team who brought the survey documents. The school visits were scheduled so that none of the surveys were conducted by school staff.
8. The surveys were completed by the students, placed in blank A4 envelopes and sealed. All of the completed documents were returned to the Western Region Drug & Alcohol Task Force (WRDATF) offices in Galway.
9. The completed sealed documents were then packaged and transported to Reykjavik for processing at the Icelandic Centre for Social Research and Analysis (ICSRA).
10. The forms were scanned and parsed by ICSRA and the results and dataset returned to Ireland.

The survey was conducted during class hours, taking approximately 40 minutes to complete. Students were instructed not to write their names or any other identifying information anywhere on the questionnaire and they were also informed of the purpose of the support services card. When finished, students were asked to seal their completed questionnaire in an envelope provided for this purpose

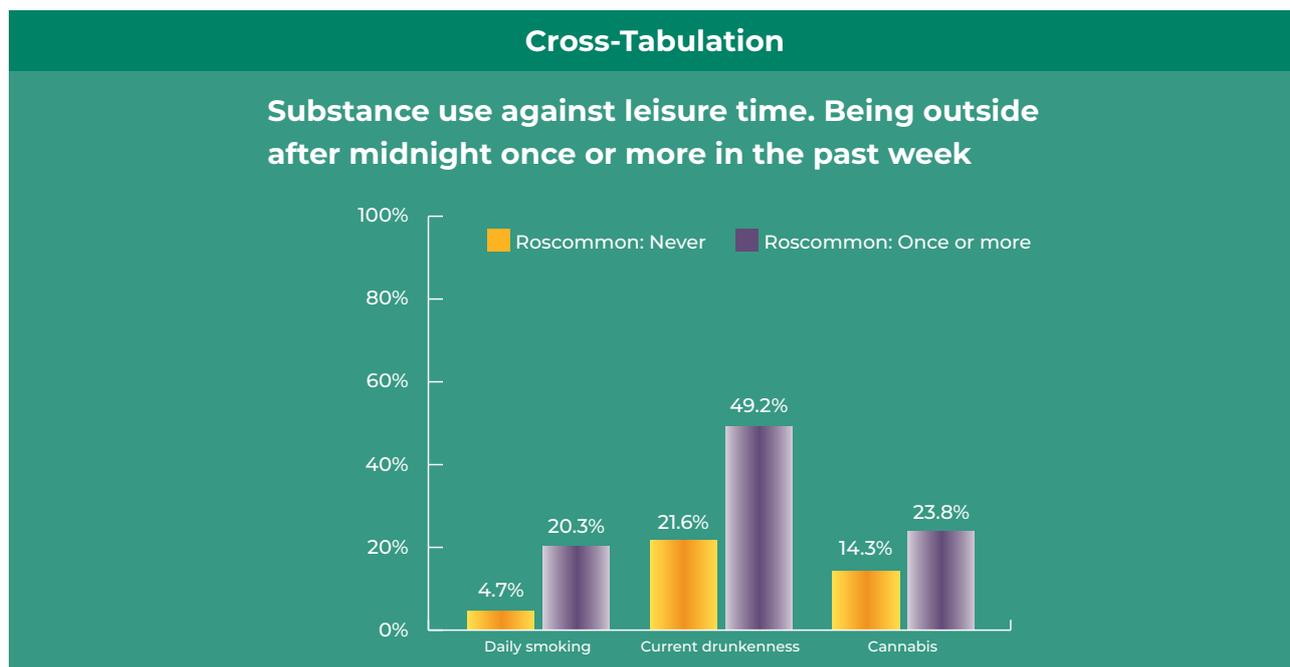
The total number of returned survey forms collected in Roscommon was 533. This is 95.7% of the 557 students who sat the Junior Certificate.

To ensure survey accuracy some questionnaires were eliminated as part of the data cleansing process in Reykjavik. The criteria for elimination included insufficiently complete forms, reporting the use of a fictitious drug or reporting to have tried every substance 40 times or more. Seventeen year-old pupils were also excluded. The final number of completed and parsed questionnaires that make up the results of the Planet Youth Roscommon survey is 480, representing 86.2% of the cohort.

How to Interpret the Cross-Tabulations

The cross-tabulations shown in the document are used to indicate the relationship between one variable and another. Cross-tabulations can demonstrate the effect and importance of different risk and protective factors. This is a method of quantitatively analysing the relationship between multiple variables by examining correlations within the data that may not be readily apparent otherwise.

Cross-tabulations are used throughout the survey findings to examine the risk and protective factors in different domains. They can highlight factors that are working well and also those that seem to be working poorly or that are unusual in some other way and so worthy of investigation.



Cross-tabulation example. Proportion of pupils that smoke daily, became drunk in the last 30 days and have used cannabis once or more in their lifetime compared against the parental monitoring factor of being outside after midnight in the last week.

The yellow bar in this example shows the substance use behaviours of adolescents who had not been outside after midnight in the past week contrasted against the purple bar representing the substance use behaviours of those adolescents who had been outside after midnight once or more.



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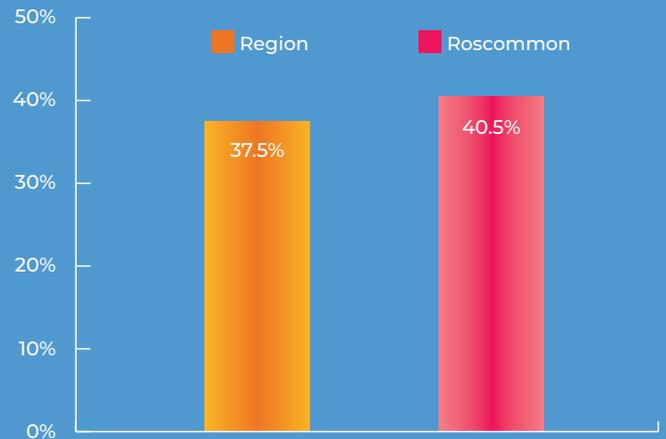
SURVEY RESULTS

Number of participants

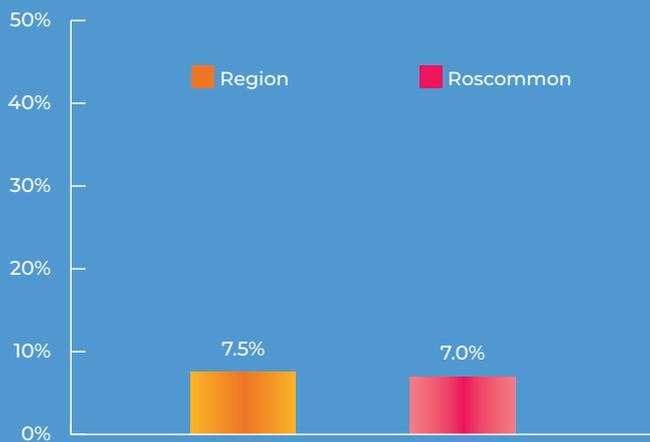
	Male	Female	Total
Region	2,216	2,264	4,480
Roscommon	248	222	480

Substance Use

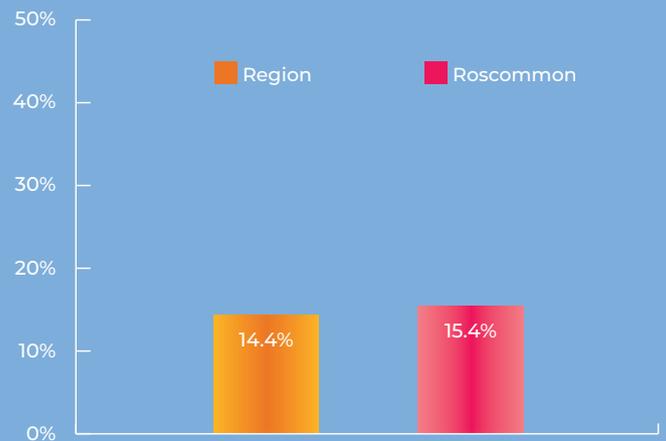
Pupils in Roscommon who have smoked cigarettes once or more in their lifetime



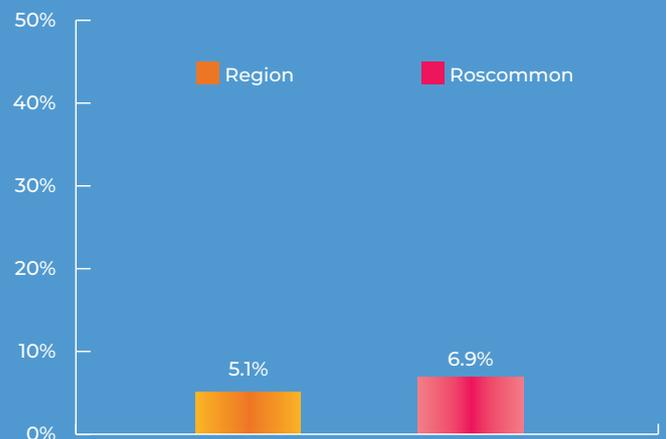
Pupils in Roscommon who smoke cigarettes daily



Pupils in Roscommon who have used electronic cigarettes once or more in the past 30 days

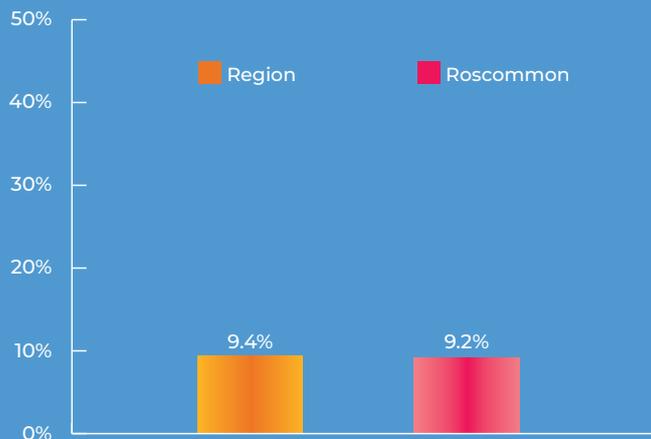


Pupils in Roscommon who use electronic cigarettes daily

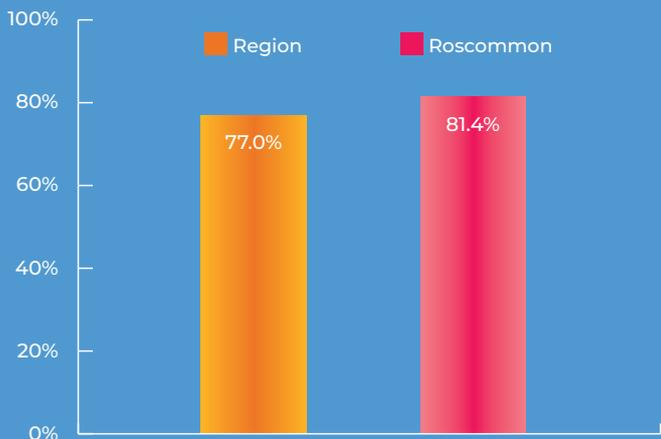




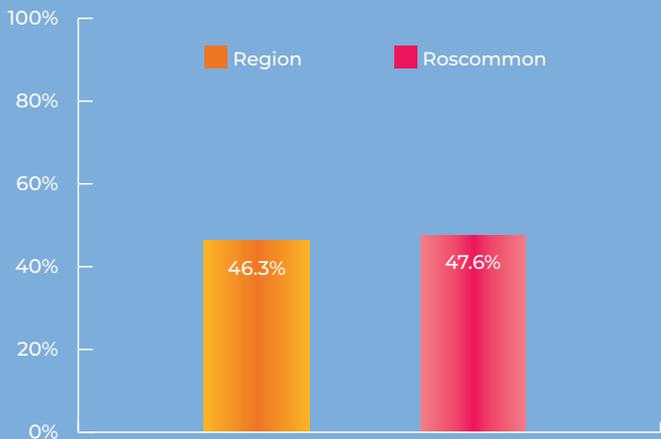
Pupils in Roscommon who have used a bong once or more in their lifetime



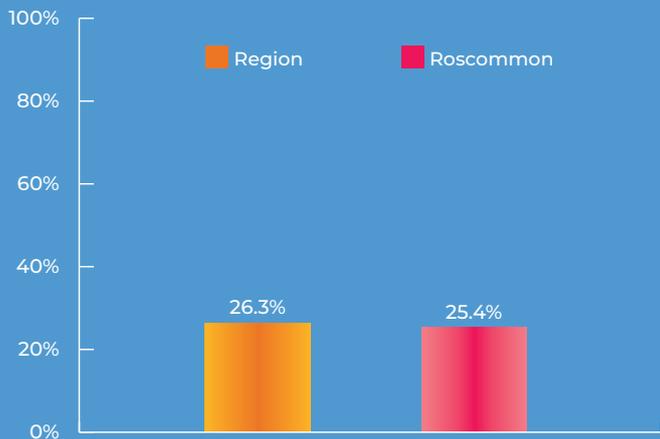
Pupils in Roscommon who have had a drink of alcohol once or more in their lifetime



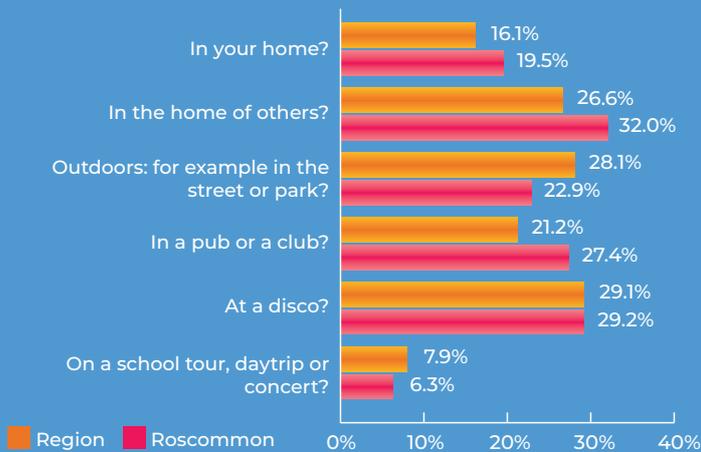
Pupils in Roscommon who have become drunk once or more in their lifetime



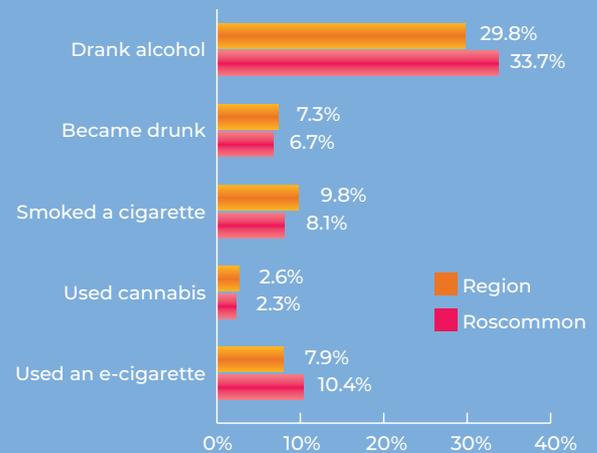
Pupils in Roscommon who have become drunk once or more in the past 30 days



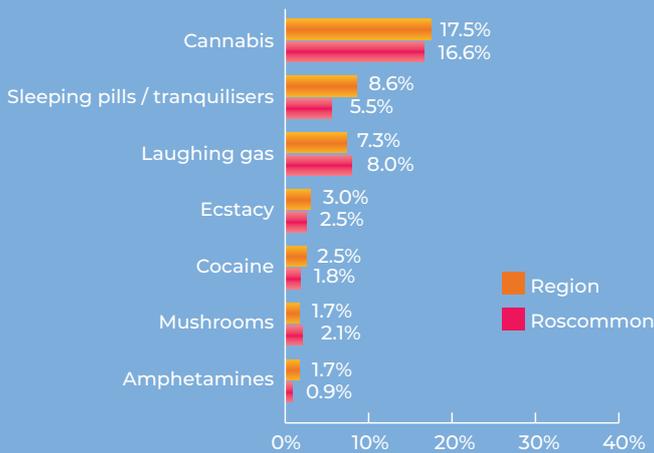
Pupils in Roscommon who drink alcohol sometimes or often in the following places



Pupils in Roscommon who did the following for the first time at 13 years or younger

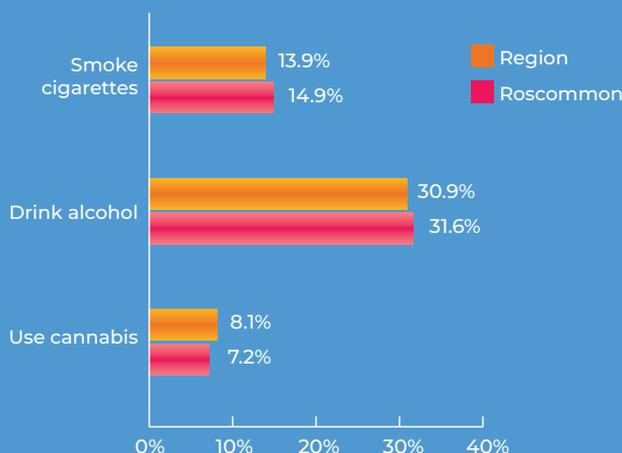


Pupils in Roscommon who have used the following substances once or more in their lifetime



Peer Group

Pupils who strongly agree or agree somewhat that it is sometimes necessary to do the following in order not to be left out of the group

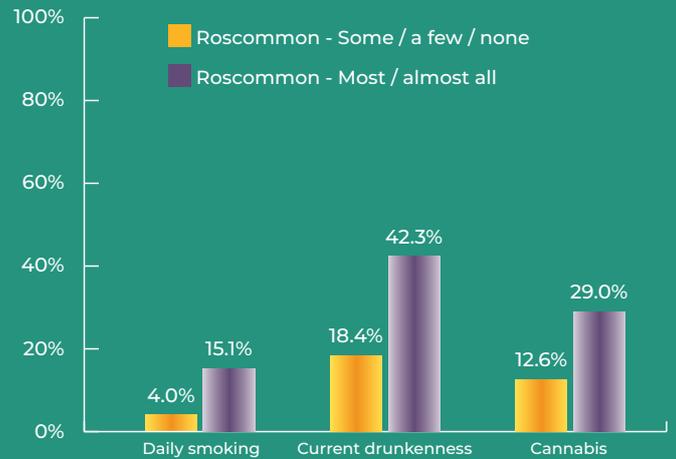


Pupils in Roscommon who think that most / almost all of their friends do the following

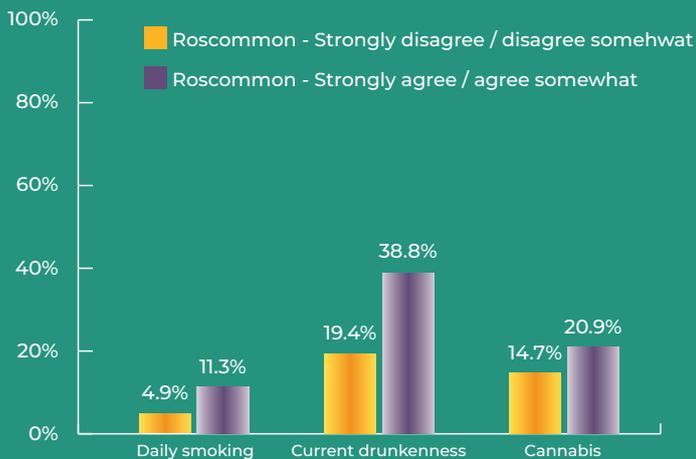


Cross Tabulations

Substance use against perceived level of peer monthly drunkenness

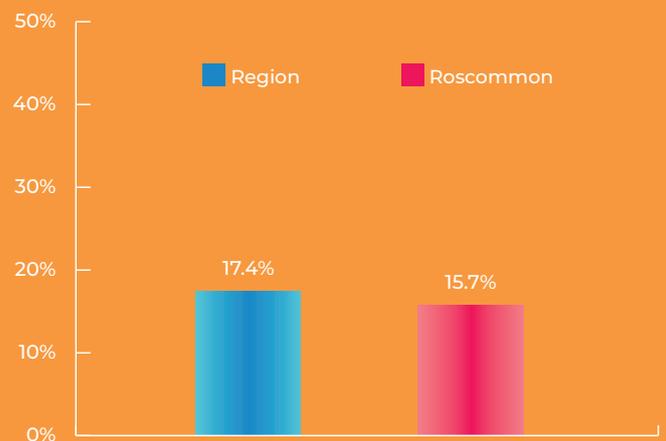


Substance use against peer acceptance. Sometimes it is necessary to drink alcohol in order to not be left out of the peer group.



Leisure Time

Pupils in Roscommon who were outside after midnight once or more in the past week





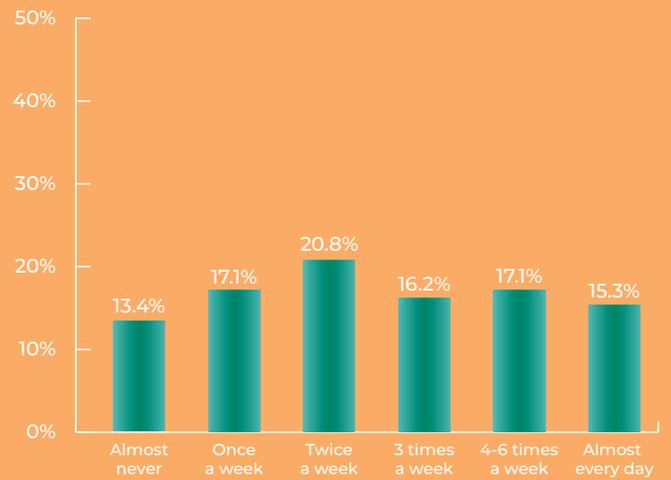
Pupils in Roscommon who play sports with a club/team three times a week or more and exert themselves physically three times a week or more



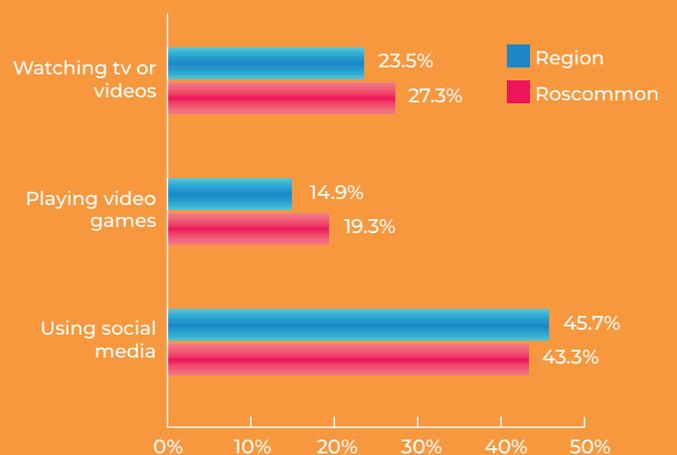
Pupils in Roscommon who participate in organised recreational/extracurricular activities twice a week or more



On how many occasions in the past week have you done a total of 60 minutes or more of physical activity?

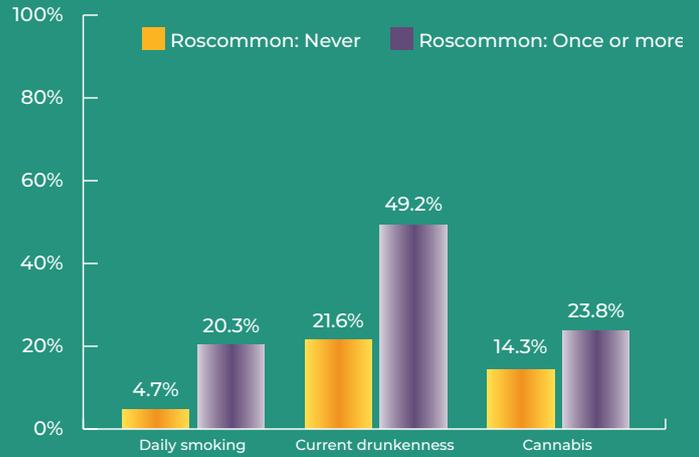


Pupils in Roscommon who report spending on average 3 hours or more on the following

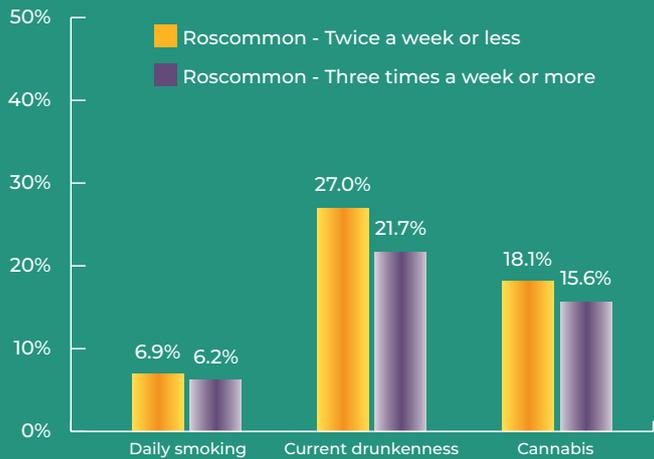


Cross Tabulations

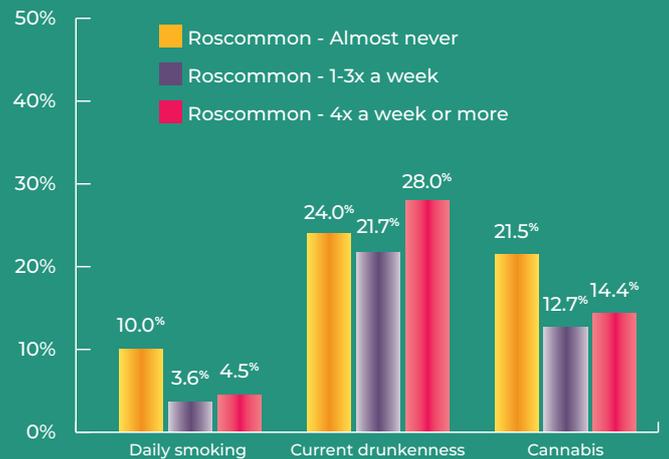
Substance use against leisure time. Being outside after midnight once or more in the past week



Substance use against physical activity in the previous week

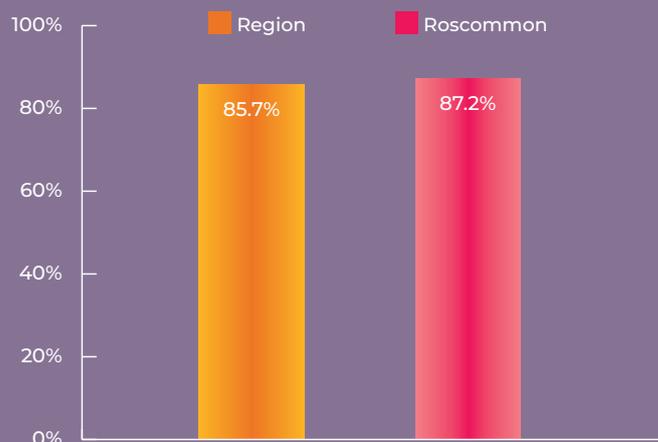


Substance use against sports participation with a club or team

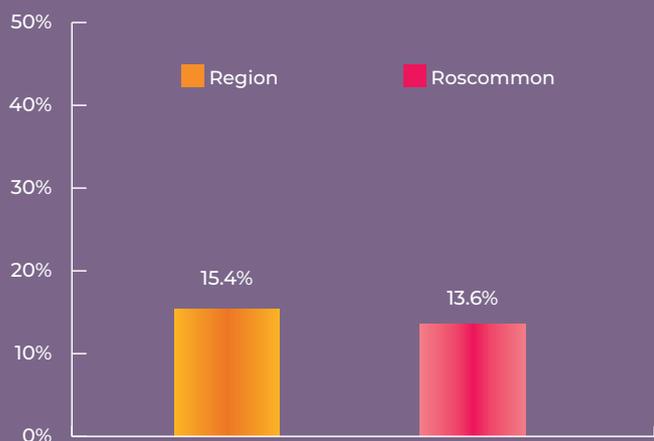


School

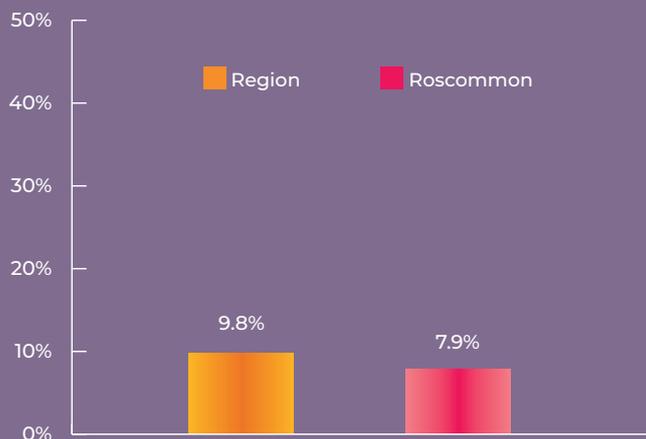
Pupils in Roscommon who often or almost always feel safe at school



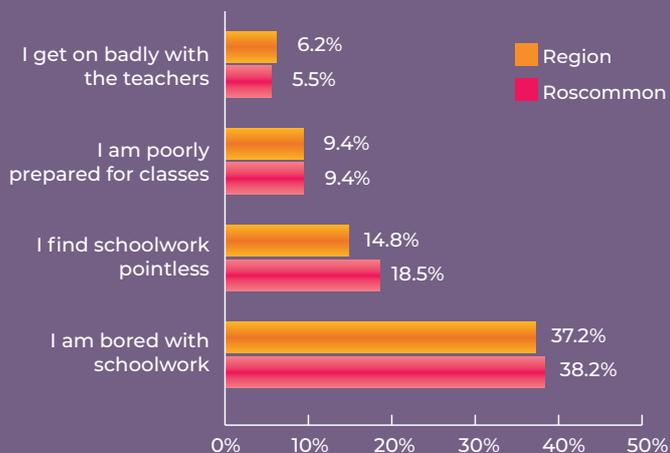
Pupils in Roscommon who often or almost always feel bad at school



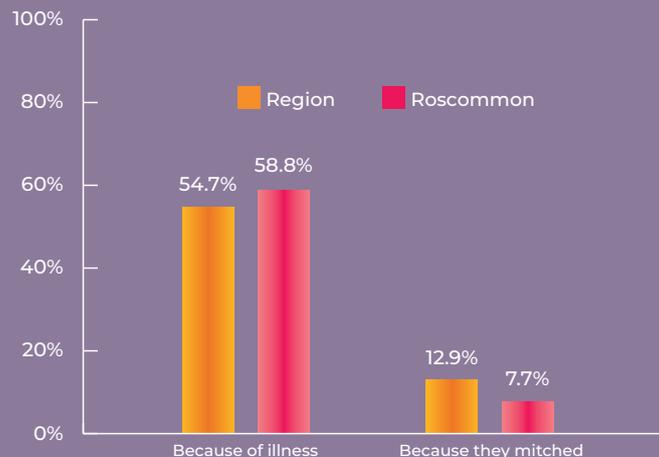
Pupils in Roscommon who often or almost always want to change schools



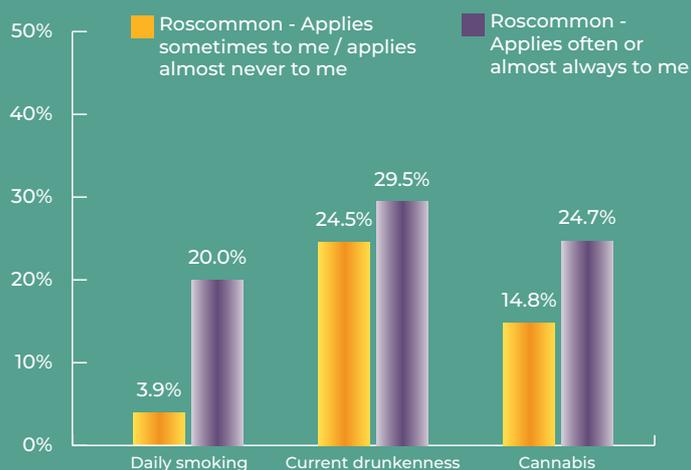
Pupils in Roscommon who say that the following applies often or almost always to them



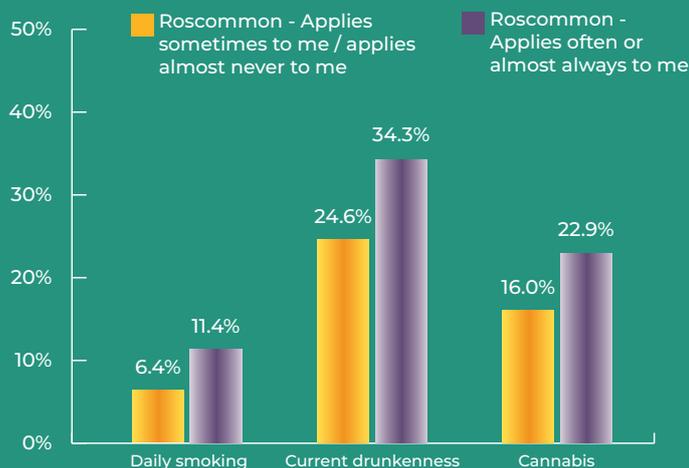
Pupils in Roscommon who have missed school once or more in the past 30 days



Substance use against attitude towards school: I find schoolwork pointless.



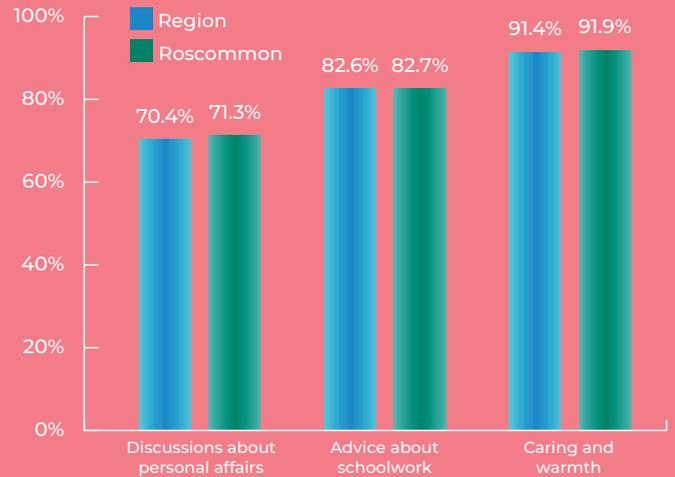
Substance use against attitudes towards school: I want to change schools.



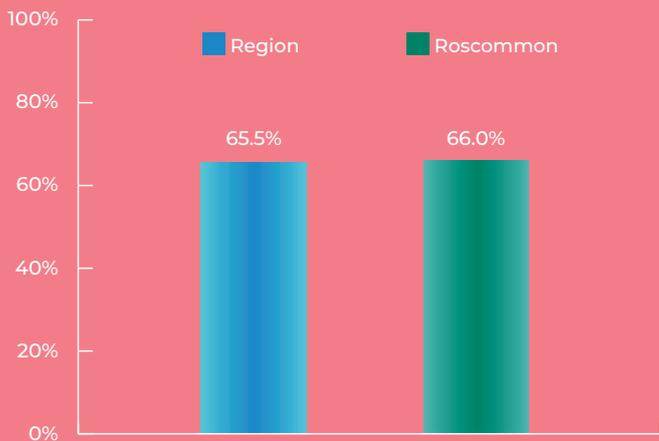
Cross Tabulations

Parents & Family

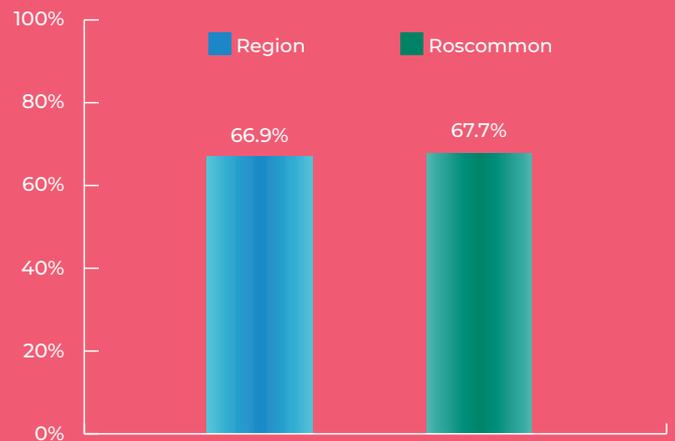
Pupils in Roscommon who say that it is rather or very easy to receive the following parental support



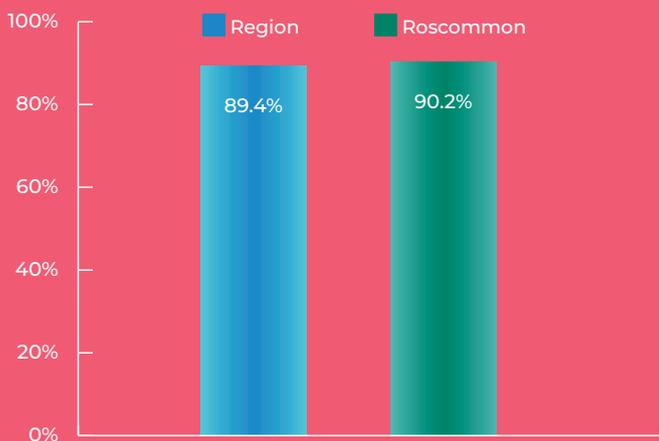
Pupils in Roscommon who spend time with their parents often or always on working days



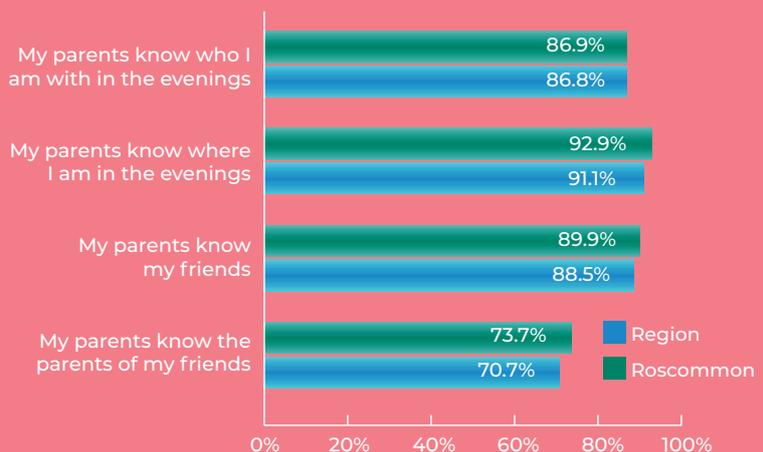
Pupils in Roscommon who spend time with their parents often or always on weekends



Pupils in Roscommon who say their parents often or always know where they spend Saturday evenings



Pupils in Roscommon who say that it applies rather or very well that:

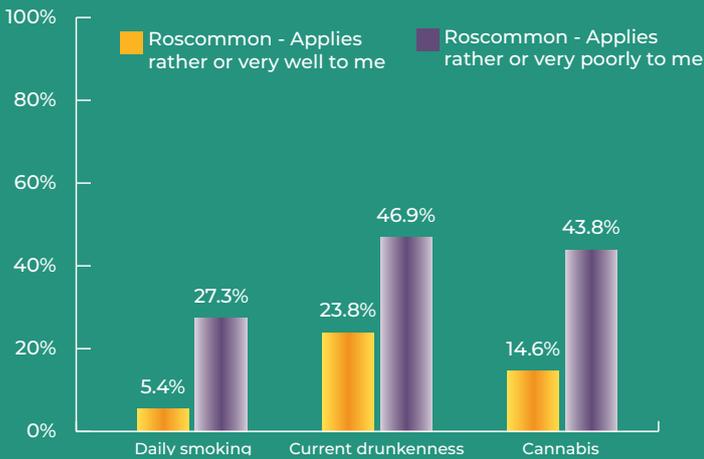


Pupils in Roscommon who say that their parents would be very much/totally against:

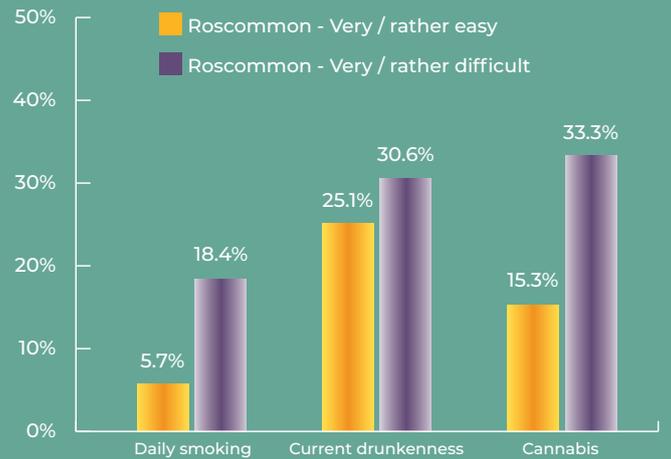


Cross Tabulations

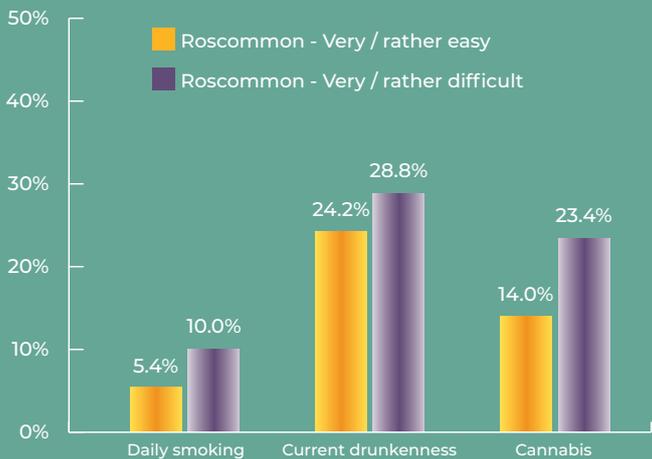
Substance use against parents knowing their child's whereabouts in the evenings



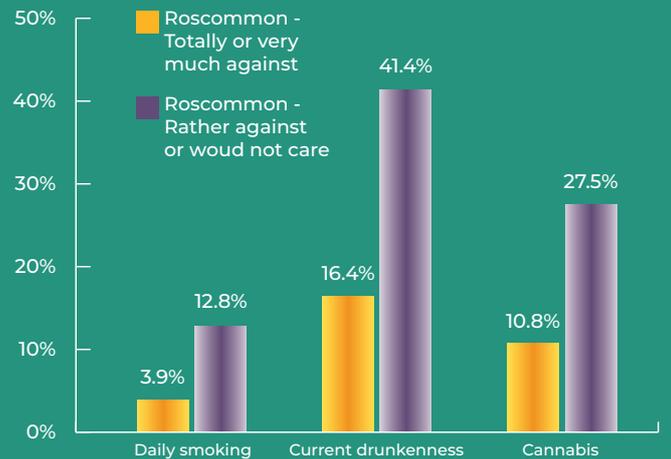
Substance use against how easy/difficult it is to receive caring and warmth from parents



Substance use against how easy/difficult it is to discuss personal affairs with parents

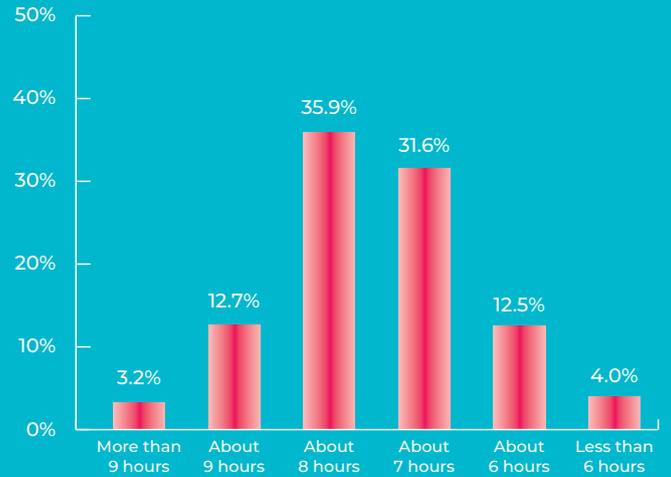


Substance use against perceived parental reactions to becoming drunk

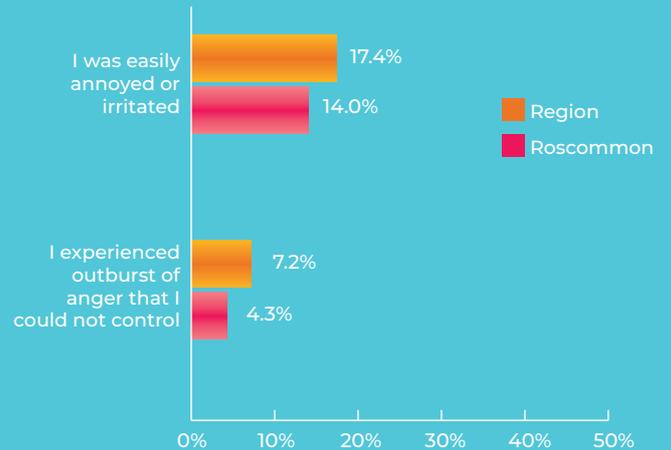


Wellbeing Indicators

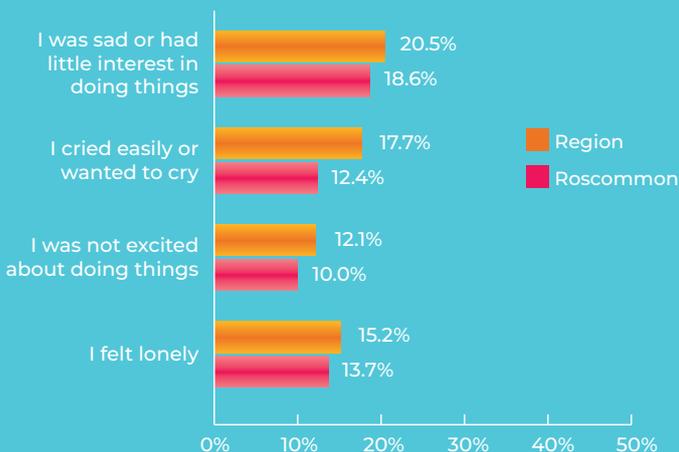
Average hours of sleep amongst pupils in Roscommon



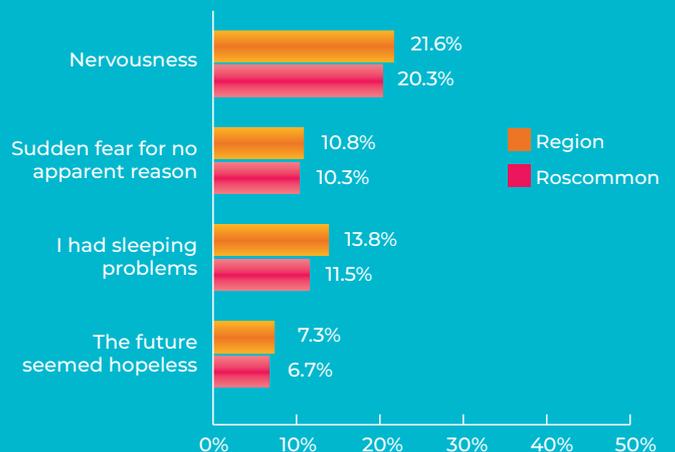
Pupils in Roscommon reporting the following symptoms often in the past week



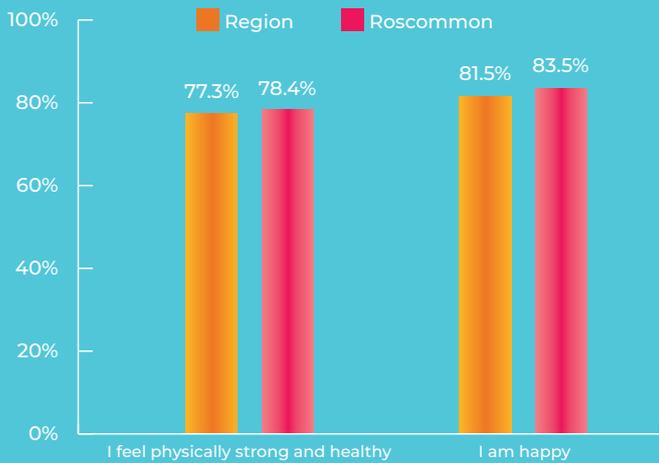
Pupils in Roscommon reporting the following symptoms often in the past week



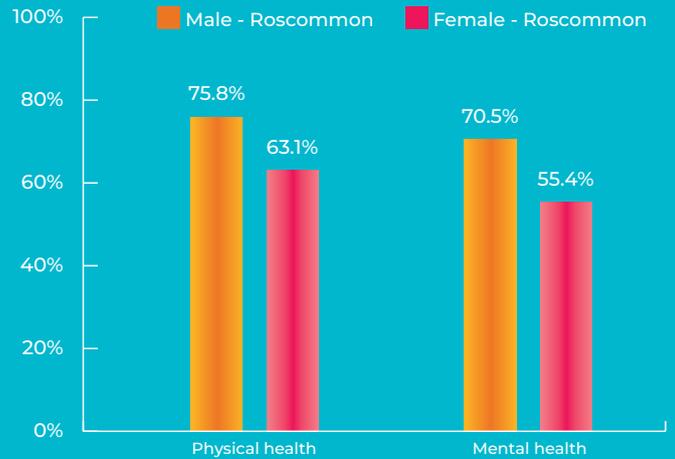
Pupils in Roscommon reporting the following symptoms often in the past week



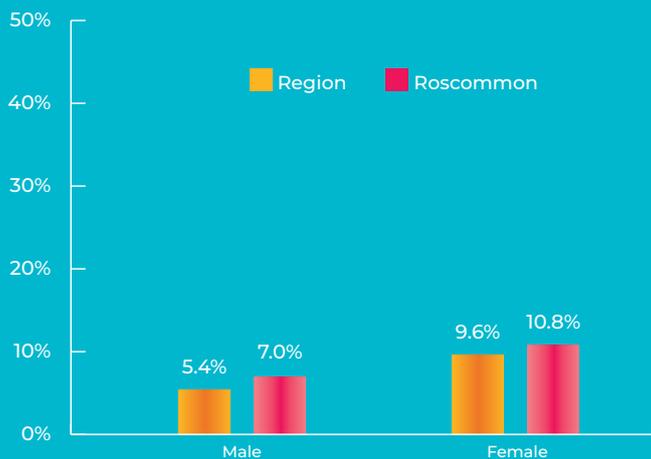
Pupils in Roscommon who say that the following applies rather or very well to them



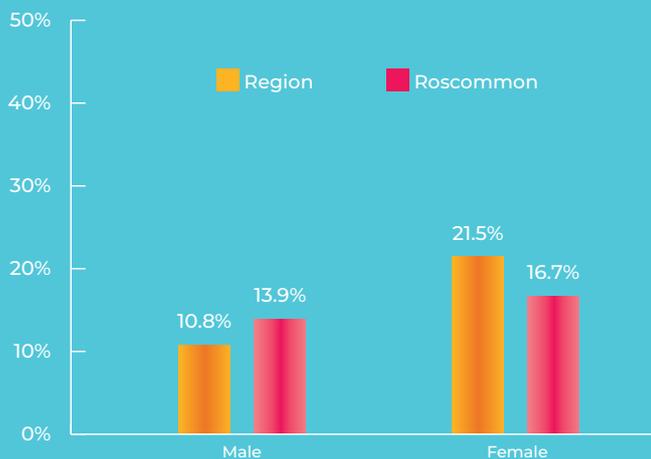
Girls and boys in Roscommon who rate their physical health and mental health as good or very good



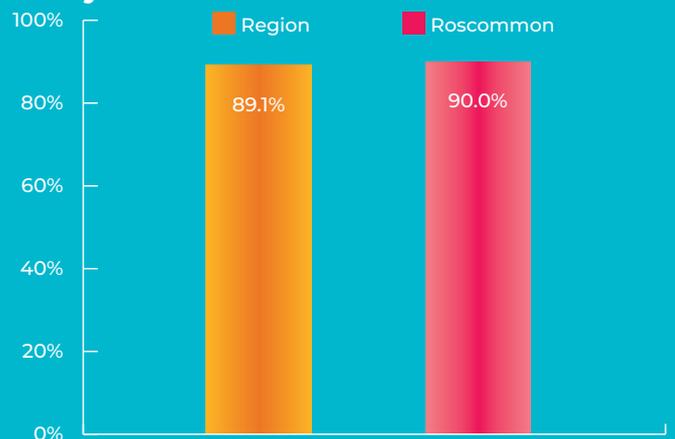
Girls and boys in Roscommon who rate their physical health as bad or very bad



Girls and boys in Roscommon who rate their mental health as bad or very bad



Pupils in Roscommon who report feeling safe in their community often or almost always



5

CONCLUSION

There are a lot of positive findings to report from the survey. The majority of young people have good relationships with their parents and report being happy and safe in their schools and communities. Additionally, parent and family factors scored very highly with strong connections between parents and high levels of parental support and monitoring. These protective factors should all be utilised in primary prevention.

A broad societal tolerance towards underage alcohol use is apparent in the findings. Alcohol consumption seems to be an integral part of Irish social life and this is accepted by most people. Alcohol plays an important role in social, cultural and sporting activities. This acceptance permeates into adolescent decision-making and norms and needs to be challenged. The use of other drugs enjoys no such cultural accommodation and, as a result, are less frequently used or tolerated within family or peer settings.

There is a large proportion of young people in Roscommon that are active in both sports and other extracurricular activities and young people report high levels of community and school safety and attachment. Regular participation in sports and other extracurricular activities should be a protective factor for all substances but that is not the case in Roscommon when it comes to alcohol use. Consideration needs to be given as to why this is the case.

The degree and nature of substance use is not inevitable but depends upon the configuration of risk versus protective factors in the environment a young person grows up in. The Planet Youth primary prevention model offers an opportunity to address these issues.



6

RECOMMENDATIONS AND SUGGESTED ACTIONS

1 Improve parental knowledge of the impact of alcohol and other drugs.

1. Conduct parent meetings in schools that use local survey findings to demonstrate the preventive impact of family factors.
2. Provide parent educational programs related to the impacts of alcohol and other drugs.
3. Connect families to existing educational resources in their community.
4. Initiate regular ongoing educational communications and reminders through social media, text alerts and mailings.
5. Ensure parents can identify and access educational and treatment resources related to substance use.

2 Utilise the strong connections and communication between young people and their parents.

1. Increase the amount of quality time parents spend with children each week.
2. Increase teenager's perceptions of the quality and value of time spent with family members by setting aside routine daily or weekly family time.
3. Increase parental monitoring to ensure parents are consistently aware of where young people are, who they are with, and what they are doing.
4. Have clear and consistent parental messaging about expectations related to substances.
5. Ensure all children can identify at least one adult they can ask for help with issues.

3 Strengthen collaboration and connections between families.

1. Increase social cohesion amongst families through shared activities and communications.
2. Increase parental co-monitoring/co-communication about their children's activities and whereabouts.
3. Use parental contracts to agree on common goals and behavioural limits for their children.
4. Assemble a group of parents that engage in regular parental walks around the community.
5. Develop parental agreements with consistent messages regarding substances.

4 Improve parental knowledge of the impact of unstructured leisure time on substance use.

1. Conduct parent, policy-maker, and other community member meetings in schools that use local survey findings to demonstrate the preventive impact of leisure time factors on substance use.
2. Increase opportunities for structured and organised leisure time activities.
3. Raise municipal and area-based funding for organised activities.
4. Make organised leisure time activities accessible to all children.

5. Increase the number and range of leisure time options to reflect a wide range of children's interests.
6. Provide safe and healthy places for adolescents to spend time and engage with each other.
7. Increase availability of area-based youth clubs for all ages.
8. Decrease the number of unstructured and unmonitored leisure time hours among adolescents.
9. Reduce adolescent access to substances during leisure time.

5 Increase knowledge of peer factors related to substance use.

1. Conduct parent meetings in schools that use local survey findings to demonstrate the impact of peer factors on substance use.
2. Use local survey findings to describe peer norms related to substance use amongst young people.
3. Provide student education workshops focused on building prosocial peer relationships and peer support for positive substance-related decision-making.

6 Utilise and develop parental networks.

1. Seek to develop parental networks. Strengthen the knowledge amongst parents of the protective value of collaboration.
2. Increase the number of parent-supervised activities that include children's friends.
3. Increase the number of family-to-family activities.
4. Increase rates of parents attending student events featuring their children and their children's friends.
5. Encourage peer group attendance at structured and supervised leisure time activities.
6. Encourage peer group attendance in structured and supervised youth centres.
7. Identify and champion adult and teen role models demonstrating prosocial relationships and choices at home, at school, through sport and in the community.

7 Decrease peer-facilitated access to alcohol and other substances.

1. Increase associations with prosocial peers and decrease associations with peers using substances.
2. Monitor outlets and enforce laws related to the sale of alcohol and tobacco to minors.
3. Reduce access to substances in the home.
4. Use parent, school and community meetings to demonstrate the importance of reasonable limits around late outside hours.

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