

Reducing Harm, Supporting Recovery

A health-led response to drug
and alcohol use in Ireland 2017-2025



Contents

Foreword by An Taoiseach	3
Foreword by Minister of State for Health Promotion and the National Drugs Strategy	4
Acknowledgements by Chair of Steering Committee	6
CHAPTER 1 – Introduction	7
Context	8
CHAPTER 2 – Vision, Values and Goals	16
Vision	16
Values	16
Goals	17
CHAPTER 3 – Goal 1: Promote and protect health and wellbeing	19
Objective 1.1: Promote healthier lifestyles within society	21
Objective 1.2: Prevent use of drugs and alcohol at a young age	22
Objective 1.3: Develop harm reduction interventions targeting at risk groups	28
Performance indicators related to Goal 1	32
CHAPTER 4 – Goal 2: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery	33
Objective 2.1: To attain better health and social outcomes for people who experience harm from substance misuse and meet their recovery and rehabilitation needs	33
Objective 2.2: Reduce harm amongst high risk drug users	49
Performance Indicators related to Goal 2	53
CHAPTER 5 – Goal 3: Address the harms of drug markets and reduce access to drugs for harmful use	54
Objective 3.1: Provide a comprehensive and responsive misuse of drugs control framework which ensures the proper control, management and regulation of the supply of drugs	54
Objective 3.2: Implement effective law enforcement and supply reduction strategies and actions to prevent, disrupt or otherwise reduce the availability of illicit drugs	59
Objective 3.3: Develop effective monitoring and responses to evolving trends, public health threats and the emergence of new drug markets	61
Performance indicators related to Goal 3	62

CHAPTER 6 – Goal 4: Support participation of individuals, families and communities	63
Objective 4.1: Strengthen the resilience of communities and build their capacity to respond	63
Objective 4.2: Enable participation of both users of services and their families	66
Performance Indicators related to Goal 4	68
CHAPTER 7 – Goal 5: Develop sound and comprehensive evidence-informed policies and actions	69
Objective 5.1. Support high quality monitoring, evaluation and research to ensure evidence-informed policies and practice	69
Performance Indicators related to Goal 5	72
CHAPTER 8 – Strengthening the performance of the strategy	73
CHAPTER 9 – Conclusion	81
CHAPTER 10 – Strategic action plan for the period 2017-2020	82
APPENDIX 1 – Membership of the Steering Committee on the National Drugs Strategy	98
APPENDIX 2 – List of relevant inter-connected strategies and policies	99
Glossary of Terms	100
References	102

Foreword

For the ideal of a Republic of Opportunity to be meaningful, it must apply to all. Treating substance abuse and drug addiction as a public health issue, rather than as a criminal justice issue, helps individuals, helps families, and helps communities. It reduces crime because it rebuilds lives. So it helps all of us.

Ireland has a problem with substance misuse. Rates of drug use in Ireland have risen significantly over the past decade, with the greatest increases among younger people. Many Irish people engage in harmful drinking patterns and alcohol has become a major drugs issue. The rise in the number of families affected by the loss of a loved one due to drug use is a serious cause for concern. These issues highlight the need to intervene effectively to reduce the harms associated with substance misuse, and combat the underlying reasons for the demand for drugs.

Reducing Harm, Supporting Recovery represents a whole-of-government response to the problem of drug and alcohol use in Ireland. The strategy draws upon a range of government policy frameworks in order to reduce the risk factors for substance misuse, such as social or educational disadvantage, family circumstances or poor health. It recognises the importance of supporting the participation of communities in key decision making structures, so that their experience and knowledge informs the development of solutions to solve problems related to substance misuse in their areas.

Reducing Harm, Supporting Recovery emphasises a health-led response to drug and alcohol use in Ireland, based on providing person-centred services that promote rehabilitation and recovery. A person-centred approach means giving people a say in their own treatment and supporting them to play a role in their own recovery. This approach also requires services to work together so that people do not fall through the cracks, as they navigate the different services required to meet their specific needs.

The strategy recognises the need for a balanced approach, which involves reducing the demand for drugs and reducing access to illegal drugs. It outlines the key law enforcement strategies to protect the public from the harms of illegal drug markets and the monitoring arrangements required to meet Ireland's international obligations at EU and UN level.

I welcome the initiative of the Minister for Health, Simon Harris TD and the Minister of State for Health Promotion and the National Drugs Strategy, Catherine Byrne TD, in bringing forward this strategy to respond to the problem of drug and alcohol use in Ireland.

This government will work to build a Republic of Opportunity that means something in people's lives, especially those who have not had many opportunities in the past. I hope the new strategy will make a real difference and encourage everyone to put their own health and wellbeing first, so that we can realise the vision of this strategy for a healthier and safer Ireland.

Leo Varadkar, T.D.

Taoiseach



Foreword

As Minister I firmly believe in a health-led and person-centred approach to our drug and alcohol problem. Following my recent appointment as Minister of State for Health Promotion and the National Drugs Strategy, my ministerial remit has been extended to include the Healthy Ireland Framework. Alcohol and drug policy are now core elements of my portfolio in line with the central vision of Reducing Harm, Supporting Recovery, a health-led response to drug and alcohol use in Ireland.

Through my involvement in the public consultation for this strategy, I heard how drug and alcohol use affects individuals, families and communities across the country and what key issues should be addressed in the new response. The need for a more compassionate approach to drug use was raised repeatedly in the course of the consultation, with many people calling for drug use to be treated as a health issue, rather than a criminal issue. I was also struck by the fact that so many contributors to the public consultation believed that drug and alcohol education needs to start in primary school and continue through secondary school.

The importance of high quality drug and alcohol education is recognised in the strategy, which recommends that substance use education should be provided alongside wellbeing programmes, information campaigns and other preventative measures. Together these initiatives, if effectively delivered, give young people the tools to make informed choices about substance use and encourage them to embrace positive lifestyle changes, which can improve their health and wellbeing.

The independent expert panel, that conducted a review of our previous drug strategy, characterised alcohol as the elephant in the room, in considering Ireland's response to the drug problem. This strategy acknowledges that alcohol, while legal, is a drug like any other and prioritises an integrated public health approach to drug and alcohol use. I hope this approach will be strengthened in the coming years. The strategy contains many measures which should contribute towards a reduction in alcohol-related harm and delay early alcohol use among young people. The Public Health (Alcohol) Bill which is currently being progressed, contains legislative provisions to reduce alcohol consumption in Ireland, and this will also be a key step forward.

A lot of work has been done over the past two decades to develop comprehensive drug and alcohol services that are capable of dealing with all substances. There is still considerable scope for improvement. That's why this strategy contains a series of actions which aim to reduce waiting times, provide more equity of access to services around the country and remove potential barriers to accessing treatment by those with complex needs. The introduction of a pilot supervised injecting facility in Dublin's city centre and the establishment of a working group to examine alternative approaches to the possession of controlled drugs for personal use, are among a number of initiatives contained within the strategy to promote a harm reducing and rehabilitative approach to drug use.

The strategy also highlights the importance of continuing support for law enforcement in an effort to combat organised crime groups which traffic illegal drugs into Ireland. The importance of monitoring changing illegal drug markets, against the background of national, EU and broader international experience and best practice, is also emphasised in the strategy. Drug-related intimidation is a further area of concern addressed in the strategy which I believe requires special attention, as it presents a real threat to public safety in communities.

Finally, I would like to thank the many people who have been involved in the development of this strategy and have been working intensively on this process since December 2015. I would particularly like to thank John Carr, for his able stewardship of the Steering Committee on the National Drugs Strategy. I would like to pay a special tribute to the service users and recovery champions who addressed the public consultation events in Dublin, Limerick, Cork, Galway, Kilkenny and Carrick-on-Shannon. They demonstrated that with the support and help of their families, communities and the staff of the drug and alcohol services, people can rebuild their lives after addiction and that recovery is an attainable goal.

Catherine Byrne, T.D.

Minister of State for Health Promotion and the National Drugs Strategy



Acknowledgements

As independent chair of the National Drugs Strategy Steering Committee, I was keen to ensure that the Committee would provide a forum for all perspectives to be heard so that the new strategy would benefit from the collective expertise and experience of those around the table. To maintain the integrity and independence of the process, I also chaired the Focus Groups that were convened to advise the Steering Committee on actions to address gaps in the response.

I would like to thank everyone who contributed to the success of the project, most notably;

- the members of the Steering Committee, whose dedication and commitment, enabled us to develop the policy and related actions in “Reducing Harm, Supporting Recovery”, on the basis of consensus;
- the members of the Focus Groups on Supply Reduction, Education and Prevention, Continuum of Care and Evidence and Best Practice for their contribution to the Strategic Action Plan;
- Paul Griffith, Scientific Director and Nicola Singleton, Scientific Analyst at the European Monitoring Centre on Drugs and Drug Addiction and Professor Sir John Strang, Director, National Addictions Centre, Kings College London who participated on the panel which carried out a Rapid Expert Review of the current drugs strategy;
- all who participated in the public consultation and RPS Project Communications, who compiled the report;
- The Centre for Public Health at Liverpool John Moores University for their assistance in developing the evidence base;
- the Health Research Board, especially Brian Galvin, for his sterling support during the drafting phase; and
- Susan Scally and her team from Drugs Policy Unit, for their professionalism, commitment and support, in particular, Dairearca Ní Néill, Jane-Ann O’Connell, John Kelly and Mary T Hally, secretary to the Steering Committee.

It is true to say that a significant effort has gone into the development of “Reducing Harm, Supporting Recovery”. This has involved a wide range of sectors, stakeholders and interests working together. If we harness this energy and revitalise the partnership approach which characterised previous drug strategies, I have no doubt that we can deliver on the ambitious goals of this strategy and achieve better outcomes for those whose lives have been impacted by drug and alcohol use.

John Carr

Chair of the National Drugs Strategy Steering Committee

CHAPTER 1 – Introduction

Reducing Harm, Supporting Recovery sets out the Government's strategy to address the harm caused by substance misuse in our society up to 2025. It identifies a set of key actions to be delivered between 2017 and 2020, and provides an opportunity for the development of further actions from 2021 to 2025 to address needs that may emerge later on in the lifetime of the strategy.

The strategy aims to provide an integrated public health approach to substance misuse. Substance misuse means the harmful or hazardous use of psychoactive substances, including alcohol, illegal drugs and the abuse of prescription medicines. The public consultation which informed the strategy highlighted changing attitudes towards people who use drugs, with calls for drug use to be treated first and foremost as a health issue.

Ireland's previous national drugs strategies covered the period from 2001 to 2008¹ and 2009 to 2016² respectively. Both strategies aimed to reduce the harm caused by the misuse of drugs, through a concerted focus on supply reduction, prevention, treatment, rehabilitation and research. The new strategy will also advocate a harm reduction approach, but will place a greater emphasis on supporting a health-led response to drug and alcohol use in Ireland.

Partnership between the statutory, community and voluntary sectors was a major factor in the success of previous strategies, and will continue to be the cornerstone of the new strategy. Drug and Alcohol Task Forces (DATFs) will play a key role in coordinating interagency action at local level and supporting evidence-based approaches to problem substance use, including alcohol and illegal drugs. The new strategy will provide a way of measuring the collective response to the drug problem, through a performance measurement framework.

The Healthy Ireland Framework³ provides an overarching context for the development of this new strategy and its actions will contribute towards improving the health, wellbeing and safety of the population of Ireland in the coming years. The new strategy will foster a person-centred approach to those who develop drug or alcohol-related problems, while underlining the need for a whole-of-Government response to the socio-economic, cultural and environmental risk factors contributing to the causes of substance misuse.

This Chapter sets out the context for the strategy and outlines the vision for the future. Chapter 2 describes the vision, values and goals linked to the overall strategic vision.

The five key goals set out to realise the vision are discussed in Chapters 3, 4, 5, 6 and 7. Chapter 3 outlines the work underway to promote and protect health and wellbeing related to substance misuse, and proposes some specific actions to strengthen the response in this area. Chapter 4 describes the measures that have been undertaken to minimise the harm caused by the use and misuse of substances and promote rehabilitation and recovery, and proposes a range of new measures to improve health and social outcomes for people affected by substance misuse. Chapter 5 discusses the key measures being undertaken to address the harms of drug markets and reduce access to drugs for harmful use. Chapter 6 examines the arrangements in place to support the participation of individuals, families and communities in the development of solutions to respond to the drug problem and to provide safe, person-centred services. Chapter 7 considers the evidence needed to inform the development of policy, initiatives and interventions to address problem substance use.

Chapter 8 outlines the arrangements required to support the effective implementation of the strategy, including the structures through which this will be done. It also describes the performance measurement system which will be used to measure the collective response to the drug problem. Chapter 9 sets out the key conclusions from the strategy, which will inform the policy direction to the drug problem in future years. The strategic action plan for the period 2017-2020 is outlined in Chapter 10.

Vision

Our vision is for:

“A healthier and safer Ireland, where public health and safety is protected and the harms caused to individuals, families and communities by substance misuse are reduced and every person affected by substance use is empowered to improve their health and wellbeing and quality of life”.

To realise this vision, five strategic goals have been identified:

1. Promote and protect health and wellbeing.
2. Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery.
3. Address the harms of drug markets and reduce access to drugs for harmful use.
4. Support participation of individuals, families and communities.
5. Develop sound and comprehensive evidence-informed policies and actions.

Context

Since the first drugs strategy was introduced in 2001¹, much has been done to improve access to treatment and provide a wider range of services for those who develop health problems as a result of the consumption of alcohol and other drugs. Methadone maintenance treatment has become more widely available, particularly in inner city areas, and in those parts of the country with higher rates of heroin use. Local and Regional Drug and Alcohol Task Forces (DATFs) have supported the development and expansion of integrated and accessible community-based services. This has resulted in greater access at local level to harm reduction initiatives, such as methadone and needle exchange and other wrap-around services and supports, such as advice and information, family support, childcare and complementary therapies.

In cooperation with family support networks, community and voluntary-led providers and peer networks, the Health Service Executive (HSE) has provided training in the administration of the opioid anti-dote naloxone to reduce the incidence of fatal overdoses among people who inject drugs⁴. Additional HSE funding has also resulted in an increased number of residential addiction beds providing treatment, detoxification and aftercare services. However, it is acknowledged that there is a need to provide wider geographic access to addiction services and to continue to diversify the range of treatment options available to meet current and emerging needs.

An Garda Síochána and Revenue's Customs Service have worked effectively with partners at EU and other international levels to intercept drugs, and precursors for diversion to the manufacture of drugs, being trafficked to Ireland. Strategic partnerships between Ireland's law enforcement authorities and their international law enforcement colleagues have resulted in significant seizures and the disruption of organised crime networks involved in the importation, distribution and sale of illegal drugs in this country. Recent years have also seen a decisive response to the proliferation of headshops selling new psychoactive substances across the country. Legislation preventing the sale of psychoactive substances in headshops has been introduced and new controls have been put in place to remove these harmful substances from our streets⁵. However, drugs continue to be widely and easily accessible and the range of methods by which drugs can be sourced has expanded significantly in recent years, in particular through the internet. In tandem with this, escalating levels of violence related to the drugs trade have had a serious impact in a number of communities.

While communities experiencing large-scale social and economic deprivation and marginalisation continue to be disproportionately affected by drugs issues, the impact of the drug problem has extended across the country into other cities, towns and rural areas over the course of the last two decades. The nature of problem drug use has also changed; a wide range of drugs are now being used, including legal drugs, illegal drugs and alcohol. The illicit trade in prescribed medications, such as benzodiazepines and z-drugs, has created a serious threat to public health, particularly among the population of people who are homeless and use substances.

Substance misuse affects people from all walks of life, from different backgrounds and communities. The 2014/15 drugs prevalence survey ⁶ found that one in four Irish adults (26.4%) has tried an illegal drug at least once in their lifetime. Trends over the past decade point to an increase in the rate of last year (an indicator of recent use) and last month (an indicator of current use) drug use, with the greatest increases in drug use amongst younger people. In common with other European countries, the use of cannabis is considerably higher than any other form of drug, with 6.5% of adults using this drug in the last year. Younger people are more likely to use cannabis than older adults. In relation to illegal drug use, cannabis is the most commonly used drug among children in the 15-16 year age group.

A recent study indicates that the prevalence of problematic opiate use in Ireland has stabilised ⁷. Based on 2014 figures, there are an estimated 18,988 opiate users in Ireland. While the overall prevalence is stabilising, the spread of opiate use across the country is apparent, although highest prevalence rates are still recorded in Dublin.

One of the most devastating consequences of problem drug use is drug-related poisonings that lead to a loss of life. Data from the National Drug-Related Deaths Index (NDRDI), a national surveillance database which records drug-related deaths (such as those due to accidental and intentional overdose) and deaths among drug users (such as those due to Hepatitis C and HIV), shows overdose deaths increased in Ireland from 301 in 2005 to 354 in 2014, representing an increase of 17.6% ⁸.

New patterns of drug use and related harms have emerged over the past decade that need to be considered in developing an effective response to the drug problem. These include high risk behaviours associated with substance use, increased use of cannabis and ecstasy, particularly amongst younger people, and a rise in cannabis-related problems that may be associated with the increased use of more potent strains of domestically produced herbal cannabis.

Against this background, the Minister with responsibility for the National Drugs Strategy has been tasked by Government to put a new strategy in place which would address current and emerging challenges into the future.



Methodology

Steering Committee

On 8 December 2015, the Minister of State with responsibility for the National Drugs Strategy established a Steering Committee to advise on the development of a new strategy and appointed an independent chair to guide the Committee in its work. The Terms of Reference of the Committee were as follows:

- Provide guidance and advice to assist the Minister of State in the development of a new National Drugs Strategy from 2017 onwards;
- Develop an integrated public health approach to substance misuse, which is defined as the harmful or hazardous use of psychoactive substances including alcohol and illicit drugs, incorporating the relevant recommendations of other related policies including the National Substance Misuse Strategy ⁹;
- Review the report of the Expert Review Team on the National Drugs Strategy 2009-2016 ¹⁰ and the evidence briefing by the Health Research Board on the drugs situation in Ireland ¹¹ and international best practice in responses ¹²;
- Review the operational effectiveness of the structures and co-ordination mechanisms of the National Drugs Strategy, including the Drug and Alcohol Task Forces, NACDA, NDRIC, OFD, NCC and carry out a SWOT analysis on the partnership approach;
- Examine the relevance of the existing strategy in tackling the current nature and extent of problem drug use in Ireland, including emerging trends and cross-cutting issues having regard to the available research, information and data sources. This will identify any gaps presenting and indicate how they might be addressed;
- Examine developments in drug policies and identify international best practice in dealing with problem drug use generally, at EU and international level;
- Conduct a consultative process and draw conclusions from same;
- In light of the foregoing, consider how a new strategy post-2016 should address problem drug use, including the structures through which this could be done, and incorporating performance indicators to measure the future effectiveness of the new Strategy; and
- Present Report to the Oversight Forum on Drugs for discussion and submission to the Minister of State, who will submit the proposals for a new strategy to the Cabinet Committee on Social Policy and Public Service Reform for approval.

The Committee met 19 times and its membership is set out at Appendix 1.

Focus Groups

To enable engagement with statutory, community and voluntary bodies who have a role in the delivery of the objectives of the strategy, the Steering Committee convened four focus groups. Each focus group was asked to give their views on the relevance of the current strategy in responding to problem drug use in Ireland, to identify any gaps presenting, and to indicate how they may be addressed. To ensure the independence of the process, the Chair of the Steering Committee also chaired the focus groups. A focus group was established to examine each of the following areas:

- Supply reduction;
- Education and Prevention;
- Continuum of care, encompassing treatment, rehabilitation and recovery; and
- Evidence and best practice.

Each focus group produced a position paper proposing measures to address gaps in the current response to the drug problem, which were considered by the Steering Committee and formed the basis for the strategic action plan.

Public Consultation

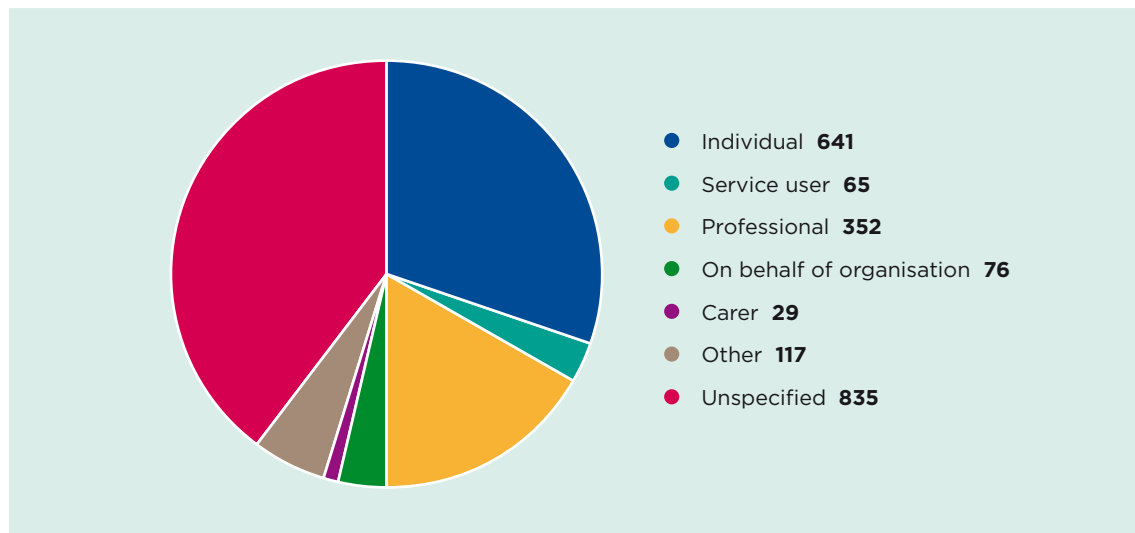
This strategy was informed by a public consultation which was undertaken by RPS Project Communications, (part of the RPS group), on behalf of the Department of Health. The aim of the public consultation was to engage with the general public, people who use services, families, communities and organisations across society and to obtain their views on the drugs issue in Ireland to help inform the new strategy. Specifically, the public consultation sought to obtain views from the public on:

- the supply reduction, prevention, treatment, rehabilitation and research pillars of the 2009-2016 National Drugs Strategy;
- the key issues that the Department of Health should consider in the development of the new strategy;
- the roles involved in the management of the drugs issue in Ireland; and
- emerging trends about drugs misuse in Ireland.

A range of options were provided for feedback, including email, post, telephone, an online questionnaire or through attendance at 6 regional events held in Carrick-on-Shannon, Limerick, Cork, Dublin, Galway and Kilkenny. A separate questionnaire was developed for young people to ensure that everyone who would be affected by the new drugs strategy had the opportunity to inform and shape it.

Nearly 3,000 individuals and organisations from across Ireland provided feedback to the public consultation. A breakdown by background of 2115 respondents to the on-line questionnaire is set out in Figure 1. 835 respondents did not indicate any of the choices available and are categorised as “unspecified”.

Figure 1: Summary of background information provided by respondents



Source: Public Consultation Report.⁶³

The following is a summary of the key issues raised repeatedly by respondents in the language provided via the submissions and questionnaires. The full findings are detailed in the public consultation report, which is available at: <http://health.gov.ie/>

Perceptions of the National Drugs Strategy

- While 27% of those responding to the consultation questionnaire were aware that Ireland had a drugs strategy, overall awareness was low.
- Of those who were aware, there was feedback that the strategy was broad-ranging, comprehensive and focussed, and has ensured Ireland's drugs issues remain on the national agenda.
- Those who cited awareness of the strategy felt that it was well assembled in terms of content and is largely consistent with the drug strategies and action plans of many other EU Member States.
- There was also feedback that the pillar structure is not integrated/co-ordinated enough.

Supply Reduction

- The need to change negative attitudes towards people who use drugs was a recurring theme, with calls for drug misuse to be treated as a medical and health issue, rather than a criminal issue.
- Drugs are not just a city or urban issue but are available throughout Ireland in small towns and villages and rural areas. Drugs are also an issue across all social demographics.
- Reducing supply is only part of the problem – demand is what drives availability and the reasons for demand need to be addressed.
- Many people who use drugs said they are subjected to debt intimidation and violence.
- Legal and illegal drugs should be reclassified based on their level of risk for real physical and/or mental harm.
- There were calls for legalisation and/or decriminalisation of drug use.
- The potential medical benefits of cannabis were cited frequently in questionnaire responses, with calls for cannabis to be legalised for medical use and available on prescription for this purpose.
- There were also calls, on a lesser scale, for other addictions such as gambling, tobacco and caffeine to be considered within the strategy.

Prevention

- Alcohol should be recognised as a major drugs issue in Ireland, particularly among younger people and alcohol should be integral to the new strategy.
- Education should begin in primary school and many service users felt children aged 6-11 should be provided with factual information about the effects of drugs.
- More education and public awareness campaigns are needed and information should be provided through schools, parents, communities, television, internet, social media and mobile phone apps.
- There should be a focus on mental health as a means to address prevention.
- Calls for services for children to be improved, including safeguarding for young people whose families/caregivers are affected by addiction.

Treatment

- Service users want a sense of choice and to have a say in their treatment options.
- Fear of legal ramifications and stigma was suggested as a barrier to seeking treatment for illegal drug use.
- There were views in support of and against injection centres.
- Calls for more GPs to be involved in prescribing methadone, particularly outside the Dublin area, and in promoting and encouraging detoxification.
- There were calls for Suboxone to be provided as an alternative to Methadone and for the wider roll-out of the opioid overdose anti-dote, Naloxone.
- A belief that there are significant blocks in the system for people who have both a mental health and addiction issue was a recurring theme.
- A lack of transport and significant travel times for those in rural communities was cited as a significant barrier to accessing services.
- People are coping with rural isolation through the use and misuse of legal drugs such as alcohol and prescription drugs.
- A need was identified for designated assessment centres in the community for all drugs and alcohol use, with care-pathways to other supportive specialist services in primary care, community services, tertiary services and residential services.
- There are no programmes aimed at the recreational drug user who may not consider themselves addicted to drugs.
- There was feedback that a holistic approach to treatment is needed with greater inter-agency working, communication and co-ordination.

Rehabilitation

- People should be helped to meet their goals using a case management process, and service users should have a distinct say in their own rehabilitation.
- Families should have a role in in treatment and rehabilitation; there is a need for services for families; and for them to be more integral to how services are developed.
- To maintain recovery requires a range of services, including housing, family support, education, community employment (CE) programmes, free legal aid, social welfare advice and budgeting services and support to return to employment.
- Many called for mutual aid, support networks and continued aftercare to be made more widely available, including mutual aid, such as AA, for younger people.

Research

- A wide range of research themes were identified, including research into:
 - how addictive and damaging occasional use of different substances is;
 - the extent and patterns of substance use in Ireland (including rural areas);
 - what substances are most misused and underlying reasons for use;
 - accurate death tolls;
 - “secret” behaviours, such as drinking in middle class homes; and
 - the cost effectiveness of the ‘war on drugs’.

Evidence Review

The Health Research Board (HRB) commissioned the Centre for Public Health at Liverpool John Moores University to prepare a trends analysis on the drugs situation in Ireland ¹¹ and a report on the most recent international evidence on responses to problem drug use ¹². *The drugs situation in Ireland: an overview of trends from 2005 to 2015* ¹¹ reviews the current drug situation in Ireland, analysing ten years of data up to the most recent data available with respect to the five European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) key indicators (prevalence of drug use, high risk drug use, treatment demand, drug-related deaths and mortality and drug-related infectious diseases) as well as drug-related crime and supply. In addition to presentation of national trends, this report includes additional evidence looking at trends in data relating to specific sub-populations including people who inject drugs, prisoners, homeless individuals, sex workers and the Travelling community.

The effectiveness of interventions related to the use of illicit drugs: prevention, harm reduction, treatment and recovery. A 'review of reviews' ¹² examines evidence on effective delivery of interventions in the areas of prevention, harm reduction, treatment and recovery relating to illicit drug use with the overarching aim of reducing the use of illicit drugs and related harms, and increasing successful recovery and rehabilitation following drug misuse.

The primary research questions for this review were:

- Which interventions are effective for reducing the initiation, or continued use, of illicit drugs and related harmful behaviours amongst children and young people aged up to 25 years?
- Which interventions are effective for reducing harmful behaviours related to illicit drug use?
- Which interventions are effective at treating drug misuse amongst people who misuse or who are dependent upon illicit drugs?
- What interventions are effective at supporting people who misuse illicit drugs to fully recover from their illicit drug misuse and become better reintegrated into the community following/alongside treatment?

The review highlighted a number of drug prevention, harm reduction and treatment interventions that are supported by evidence as having positive effects on drug-related outcomes.

Rapid Expert Review

The Minister appointed an independent international expert panel to carry out a rapid review of the 2009-2016 strategy ¹⁰. The panel was chaired by Paul Griffiths, Scientific Director, EMCDDA and included Professor Sir John Strang, Director, National Addictions Centre, Kings College London and Nicola Singleton, Scientific Analyst, EMCDDA. The main objectives of the Rapid Expert Review were to examine the progress and impact of the strategy and to highlight areas for consideration in the development of this Strategy.

The expert panel considered the 2009-2016 strategy to have been 'well-crafted and comprehensive' when compared to other European strategies and focused on issues that were a priority at the time, such as heroin use, particularly in inner city areas. Several issues have emerged since 2009, which require an up-to-date response in the opinion of the panel, in particular, the use of cocaine, new psychoactive substances, and the emergence of a more diverse social profile of users, including an aging population of opioid users. Their report also noted that the drug market has become increasingly globalised and that the internet has presented particular challenges to law enforcement.

Many key stakeholders interviewed by the panel highlighted the fact that the current Drug and Alcohol Task Force boundaries were no longer adequately reflecting the pattern of drug problems around the country. As a result, the panel formed the view that there are gaps in service provision and inequitable allocation of resources. They recommended a review of Task Force boundaries in light of current needs and suggested that the results of the 2014/15 general population survey and estimates of opiate prevalence would provide a good basis for such a review.

The panel considered that the five pillar format of the strategy, which focused on supply reduction, prevention, treatment, rehabilitation and research, had encouraged joined up inter-agency working, but may have been unhelpful in facilitating cross-pillar coordination where actions related to a number of pillars. To provide greater coherence, they recommended an overarching long-term vision, a few key goals with specific objectives, related actions and appropriate performance indicators. They also highlighted the importance of developing synergies with other relevant strategies, such as the alcohol-focused National Substance Misuse Strategy⁹, mental health strategies and policy documents related to homelessness and Healthy Ireland.

For the future, they recommended that the strategy should focus on achieving equality of access to evidence-based services that adhere to quality standards and are responsive to changing needs, such as new drugs, new patterns of use and new groups of users. They said that the perspective and engagement of those affected by substance misuse should be integral to the process of developing the new strategy.



CHAPTER 2 – Vision, Values and Goals

Vision

The vision of the strategy aims to create:

“A healthier and safer Ireland, where public health and safety is protected, and the harms caused to individuals, families and communities by substance misuse are reduced and every person affected by substance misuse is empowered to improve their health, wellbeing and quality of life.”

This vision recognises the importance of responding to the harms caused by substance misuse which impacts on individuals, families, communities and wider society, and helping those who develop drug or alcohol problems to address their personal health needs and improve their health, wellbeing and quality of life.

Values

The new strategy is guided and underpinned by the following values:

- *Compassion*
A humane, compassionate approach focused on harm reduction which recognises that substance misuse is a health care issue.
- *Respect*
Respect for the right of each individual to receive person-centred care based on his or her specific needs and to be involved in the development of their care plan.
- *Equity*
A commitment to ensuring people have access to high quality services and support regardless of where they live or who they are.
- *Inclusion*
Diversity is valued, the needs of particular groups are accommodated and wide-ranging participation is promoted.
- *Partnership*
Support for maintaining a partnership approach between statutory, community and voluntary bodies and wider society to address drug and alcohol issues.
- *Evidence-informed*
Support for the use of high quality evidence to inform effective policies and actions to address drug and alcohol problems.

Taken together, these values underpin the goals, objectives and actions in this strategy and reinforce the Government’s commitment to adopt a health-led approach to substance misuse and to provide the supports that are necessary to help people recover their health, wellbeing and quality of life.

Goals

Goal 1

Promote and protect health and wellbeing

A healthy population is a major asset for society, and improving the health and wellbeing of the nation is a priority for the Government and the whole of society. Healthy Ireland³, Ireland's framework for improved health and wellbeing, aims to support people and communities in making more positive changes, to address the social determinants of health and thereby reduce health inequalities, and to influence the wider environment to enable healthier choices by everyone. This strategy aims to protect the public from threats to health and wellbeing related to substance misuse by preventing early use of alcohol and other drugs among young people, influencing behaviour and challenging social norms and attitudes and providing targeted interventions aimed at minimising harm for those who have already started to use substances.

Goal 2

Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery

This goal recognises the role of the individual in addressing his or her dependence on alcohol and other drugs, and that the context within which drug dependency develops has a fundamental impact on the type of response that is most appropriate to addressing it. It also acknowledges that substance misuse affects not only those who have developed a drug or alcohol problem, but also their families, the community and the wider society. Therefore, interventions and supports are needed to target not only those who have developed a problem due to the misuse of substances, but also those harmed by another person's drug and alcohol use. It is also important to provide tailored interventions to effectively address the needs of those who face a higher risk of substance misuse because of their lifestyle or because they belong to a specific group or community of interest.

Goal 3

Address the harms of drug markets and reduce access to drugs for harmful use

Protecting the public from dangerous or potentially dangerous substances and their harmful effects is a core objective of Ireland's drug control framework. Gathering information and intelligence at national and international level is a vital part of the work involved in intercepting drugs destined for the Irish drug market. It strengthens the response to organised and gang-related crime, involved in the supply of drugs and related criminal activities. Effective monitoring of the drugs situation, and the public health threats associated with the supply of illegal substances, including new drugs, is required to address the harms of the drug market and reduce access to drugs for harmful use. Addressing the harmful aspects of the drugs situation in communities, such as drug-dealing and drug-related crime and intimidation, requires a collaborative effort, across a range of agencies and sectors of society.

Goal 4

Support participation of individuals, families and communities

Building the capacity of communities to respond to the drugs situation is a key goal of *Reducing Harm, Supporting Recovery*. Building social capital is seen as particularly important in those communities that are most impacted by socio-economic disadvantage, marginalisation and exclusion, as such communities may require more targeted interventions to address the issues they face. The full involvement of all stakeholders, including people who use services and others affected by problem substance use, in the design, implementation and review of services, policies and strategies is also of vital importance. Throughout this strategy, the term service

user is used to include people who use healthcare services, their parents, guardians, carers and families, organisations and communities that represent the interests of people who use health and social care services, as well as potential users of healthcare services such as people who currently use drugs. Family members have a particularly important role to play, as they may be involved in supporting a loved one with a drug problem and may be service users in their own right.

Goal 5

Develop sound and comprehensive evidence-informed policies and actions

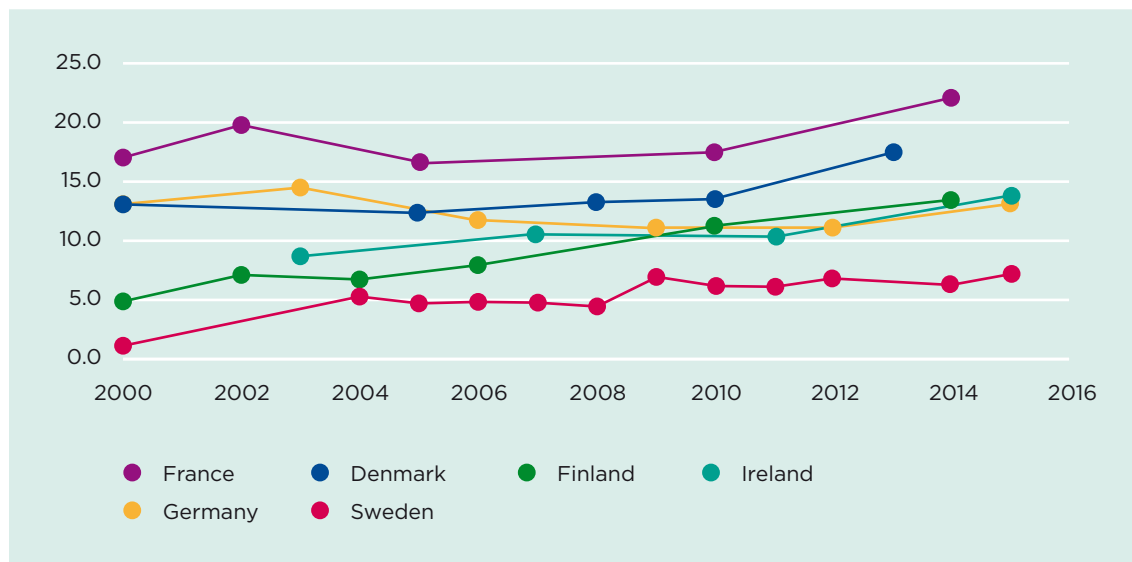
Improving our knowledge and understanding of the drugs problem is a core objective of *Reducing Harm, Supporting Recovery*. For this reason, a sound and comprehensive evidence-base is needed for policies and actions. Information systems which monitor trends and patterns in drug use and availability, and evaluation of programmes and research into the causes and consequences of substance misuse will be supported under the new strategy.

CHAPTER 3 – Goal 1: Promote and protect health and wellbeing

Introduction

As a nation, we are seeing increasingly higher rates of substance use. One in four (26.4%) adults has tried an illegal drug at least once in their lifetime and about 24% of the population have used cannabis at some point in their lives. The 2014/15 All Ireland Drug Prevalence Survey ⁶ shows higher rates of cannabis use in the last year, (an indicator of recent use) and last month, (an indicator of current use), than previous surveys. As illustrated in Figure 2 below, the rising trend in last year cannabis use evident in Ireland can also be seen in other northern European countries, while the long-term decreasing trends in Spain and the United Kingdom have stabilised ¹³.

Figure 2: Last year prevalence of cannabis use among young adults (15-34): selected trends

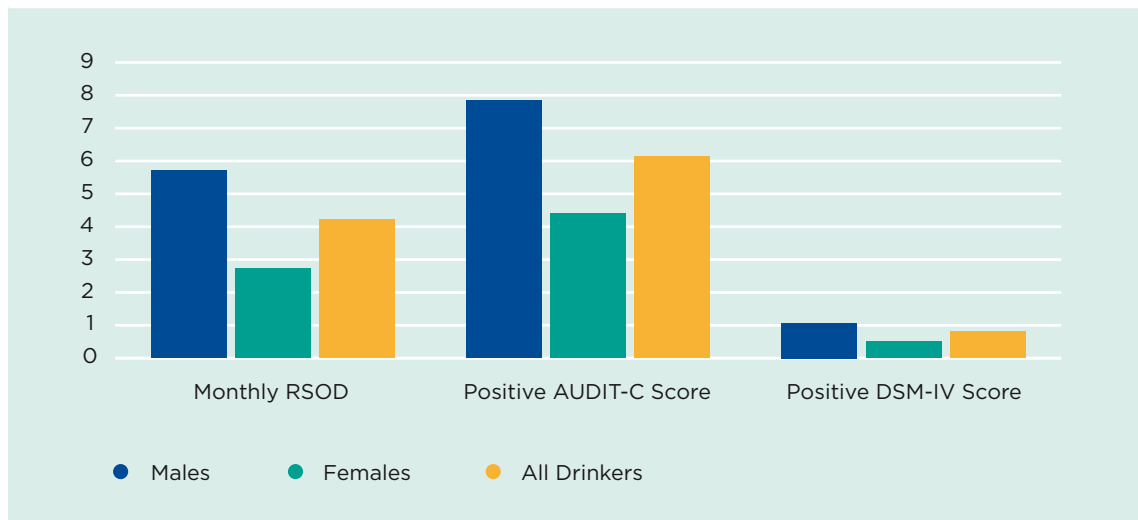


Source: (EMCDDA, 2017)

Ireland also has a high level of alcohol consumption and many Irish people engage in harmful drinking patterns which have significant health, social and economic costs. Alcohol consumption in 2014 was 20.9% higher than the target of 9.1 litres per capita per annum, recommended in the National Substance Misuse Strategy. Survey data from the 2013 National Alcohol Diary Survey ¹⁴ indicate that drinkers in Ireland consume alcohol in an unhealthy pattern:

- 37.3% of drinkers engaged in monthly risky single-occasion drinking (RSOD), more commonly known as binge drinking, in the previous year;
- 54.3% of drinkers had a positive score on the AUDIT-C screening tool and would be classified as harmful drinkers, indicating that there are 1.35 million harmful drinkers in Ireland;
- 6.9% scored positive for dependence, which indicates that there were somewhere between 149,300 and 203,897 dependent drinkers in Ireland in 2013; and
- At least three-quarters of the alcohol consumed was done so as part of a risky single-occasion or binge drinking session.

Figure 3: Harmful drinking patterns among 18–75 year-old Irish drinkers (National Alcohol Diary Survey 2013)



The figures presented here are probably an underestimate of the extent of harmful drinking as there is strong evidence that surveys of self-reported alcohol consumption result in estimates of per capita consumption well below the level calculated from alcohol sales data.

People who use substances in a harmful way can be influenced by a complex set of factors, including the publicity messages to which they are exposed, the availability of alcohol, tobacco and illegal drugs and social, cultural and environmental norms.

This strategy adopts a population health approach to addressing the underlying reasons for substance misuse, recognising that behaviour change is complex, challenging and takes time. It puts the needs of people and communities at the centre of the response to substance misuse and empowers people to take charge of their own health. It reinforces key measures in the National Substance Misuse Strategy⁹, which aim to support people and communities in making more positive changes and to influence the wider environment so that the healthier choice is the easier one for everyone. It complements the Public Health (Alcohol) Bill¹⁵, which contains the proposed legislative provisions to provide a public health response to issues associated with alcohol consumption in Ireland.

The measures contained in the Public Health (Alcohol) Bill relate to the recommendations contained in the Steering Group Report on a National Substance Misuse Strategy. The Public Health (Alcohol) Bill aims to reduce alcohol consumption and to reduce the harms associated with alcohol.

The strategic objectives of the Bill are to:

- reduce consumption to the OECD average by 2020 (i.e. 9.1 litres of pure alcohol per capita);
- ensure that the supply and price of alcohol is regulated and controlled in order to minimise alcohol-related harm; and
- delay children and young people using alcohol.

Recognising that there is no single simple answer, the Public Health (Alcohol) Bill includes a range of measures designed to collectively have a positive impact on the health and well-being of Irish people. Those measures include introducing a minimum unit price for alcohol, health labelling on products that contain alcohol, restrictions on the advertising and marketing of alcohol, the separation of alcohol products in retail outlets and the regulation of sponsorship and promotions.

Objective 1.1: Promote healthier lifestyles within society

Substance misuse prevention strategies targeting families, schools and communities are an effective way of promoting health and wellbeing among the general population and result in wider benefits for society in terms of savings in future health, social and crime costs. Prevention strategies include measures to prevent early use of alcohol and other drugs among young people, reduce the misuse of alcohol and other drugs, and minimise harm, where drug use has already started.

Raising awareness of the risks of substance use and increasing understanding of the harmful effects of substance misuse on the health of the user and other people in the person's life is an important part of the work of prevention. DATFs have made a significant contribution in this area through organising local and regional awareness initiatives and promoting evidence-based approaches to community action on alcohol that raise awareness of alcohol-related harm. Support for these initiatives will continue under the new strategy.

Evidence suggests that education and awareness programmes that are delivered alongside other measures, and build the lifeskills and confidence necessary to support positive behaviours and choices, are more likely to be effective in encouraging protective and healthy behaviour than stand-alone measures. On the other hand, initiatives that use scare tactics or testimonials from ex-drug users to discourage drug use can be counterproductive and may have little impact on changing behaviour¹².

Effective drug prevention involves integrated holistic policies and actions, which take account of the different risk factors for substance use, such as parental substance misuse, family circumstances, peer pressure, school or work life, lifestyle reasons and socio-economic factors. Promoting a joined up approach between different government policies and strategies that may have a bearing on the risk factors for substance misuse is important in this context.

Prevention is a collaborative effort, which involves a range of stakeholders, including parents and families, those working in education, DATFs, family support networks, youth services, student unions, sporting organisations and networks of people who use drugs. Prevention programmes should be evidence-based, adhere to quality standards and involve participants in programme design and implementation.

Using manual-based programmes, which set out the practical aspects of the intervention and ensuring programmes are implemented and regularly evaluated, all increase the likelihood of success and better outcomes. A coordinated and consistent approach to prevention and education interventions will be achieved by supporting specific capacity building initiatives aimed at the relevant sectors and interests groups involved in drug and alcohol education.

No.	Strategic Action	Delivered by:	Lead Agency	Partners
1.1.1	Ensure that the commitment to an integrated public health approach to drugs and alcohol is delivered as a key priority.	<ul style="list-style-type: none"> a) Developing an initiative to ensure that the commitment to an integrated public health approach to drugs and alcohol is delivered as a key priority; and b) Promoting the use of evidence-based approaches to mobilising community action on alcohol. 	DOH	HSE, DATFs
1.1.2	Improve the delivery of substance use education across all sectors, including youth services, services for people using substances and other relevant sectors.	<ul style="list-style-type: none"> a) Organising a yearly national forum on evidence-based and effective practice on drug and alcohol education; and b) Developing a guidance document to ensure substance use education is delivered in accordance with quality standards. 	HRB	HSE, DOH, DES, DCYA

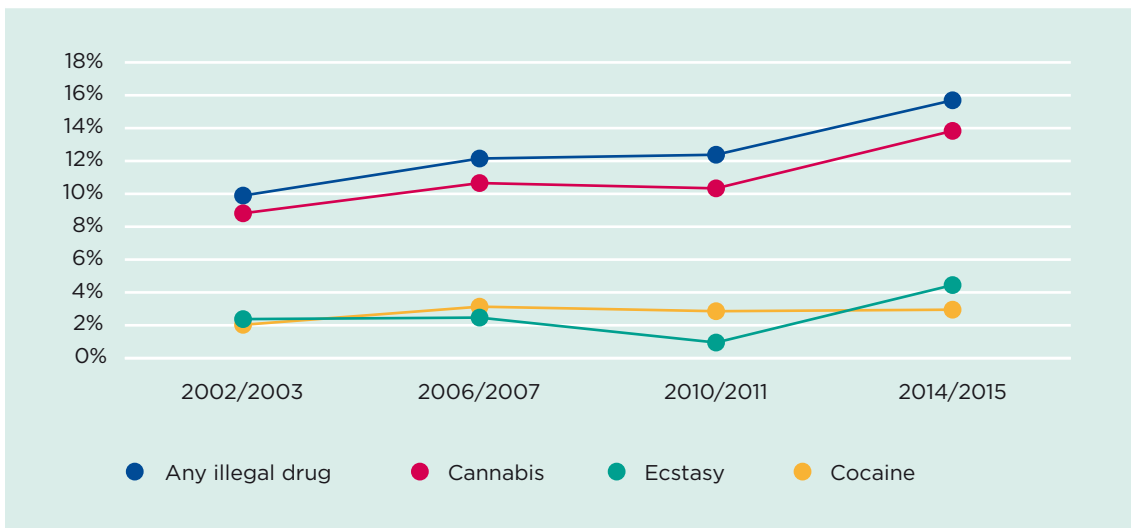
Objective 1.2: Prevent use of drugs and alcohol at a young age

*Better Outcomes, Brighter Futures*¹⁶, the national policy framework for children and young people, 2014-2020, provides an additional context for this strategy to promote and protect the health and wellbeing of children and young people. In particular, Better Outcomes, Brighter Futures commits to a whole-of-Government and whole-of-society approach to supporting children and young people achieve good physical, mental, social and emotional health and wellbeing to make positive choices to be safe and protected from harm and realise their potential.

Preventing or delaying substance use aims to reduce the negative health and social consequences of drug and alcohol use in society and is therefore an important element in promoting healthier lifestyles and a healthy society generally. Using substances at a young age increases the likelihood of developing problems with alcohol and other drugs later in life. There are physical health risks associated with drug and alcohol use, and adolescents who use substances expose themselves to those risks over a longer period of time. Family circumstances, socio-economic status and a lack of educational attainment can be underlying reasons for early substance use, and drug use in adolescents frequently overlaps with other mental health problems.

Surveys from the past ten years show that the greatest increases in drug use are amongst younger people⁶. Figure 4 illustrates that the proportion of young people consuming illegal drugs in the last year has risen since 2002/03. Last year use of ecstasy among 15-34 year olds rose sharply from 0.9% in 2010/11 to 4.4% in 2014/15.

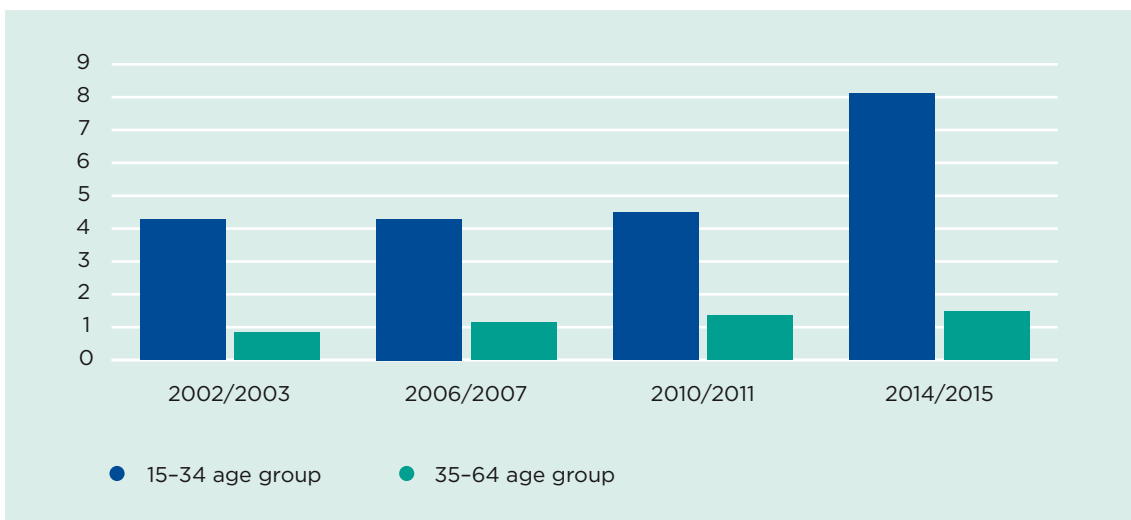
Figure 4: Last year prevalence of substance use among 15-34 year olds



Data Source: Prevalence of drug use and gambling in Ireland and Northern Ireland. Bulletin 1

The proportion of 15-34 year olds reporting using cannabis in the last month has almost doubled since 2010/11 as illustrated in Figure 5.

Figure 5: Last month prevalence of cannabis use (%)



Source: Prevalence of drug use and gambling in Ireland and Northern Ireland. Bulletin 1



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). The 2015 Life Skills Survey (forthcoming) indicates that more than 90% of schools provide their students with information on alcohol and drug misuse through SPHE and other means and that 95% of post-primary schools have, or are progressing, a substance abuse policy. DATFs can play a valuable role in supplementing, complementing and supporting a planned, comprehensive and established SPHE programme.

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 Education¹⁷ 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 is the approach recommended in the Action Plan for Education¹⁷ and will be a key component of a new wellbeing area of learning to be introduced at Junior Cycle level from 2017 onwards.

Schools will have flexibility in designing their Wellbeing Programme to ensure that it suits their students and their local context. They will be encouraged to work towards a shared vision and set of indicators which describe what is important. Activity, responsibility, connectedness, resilience, respect and awareness are the six indicators which have been identified as central to wellbeing.

It will also be important to ensure that SPHE teachers, guidance counsellors and Home School Liaison co-ordinators are given the opportunity to avail of continuing professional development to build their capacity to deliver substance use education in line with the Action Plan.

In addition, Wellbeing Guidelines that provide a clear and rational structure to support the promotion of health and wellbeing in all schools, have been developed by the Department of Education and Skills, the Department of Health and the Health Service Executive and the Action Plan is committed to the roll out of a national programme to support the implementation of these guidelines in all primary and post-primary schools.

Out-of-school interventions

Youth services

Youth services play an important role in developing the confidence, social skills, wellbeing and resilience of young people. The Department of Children and Youth Affairs' Value for Money Policy Review (VFMPR)¹⁸ in 2014 recommended changes to youth funding programmes to ensure evidence-based, effective, value for money services that secure the best outcomes for young people, particularly, vulnerable young people.

The VFMPR examined three targeted programmes including the Young People's Facilities and Services Fund (YPFSF), which was established in 1998, as part of the Government's overall strategy to address drug misuse, in order to assist with the development of youth facilities (including sport and recreational facilities) in areas where a significant drug problem exists or has the potential to develop. The review recommended amalgamation of the three programmes into one targeted programme for youth, as there was significant cross-over in the 'types' of needs targeted by the programmes, in particular addressing concerns relating to drugs misuse, crime/anti-social behaviour and educational disadvantage. This recommendation was accepted by Government and is now Government policy. The target groups of young people are unchanged under the new scheme.

The review recommended that service provision for young people would aim to achieve seven key outcomes which could have a positive impact on delaying the onset of substance misuse. These seven outcomes are:

- Communication;
- Confidence/agency;
- Planning and problem-solving;
- Relationships;
- Creativity;
- Resilience and determination; and
- Managing feelings.

In order to address the above outcomes, DATFs will be supported to develop targeted, appropriate and effective services for young people at risk of substance misuse, focused on social and economically disadvantaged communities.

Family-based interventions

Children living in communities with higher prevalence of problem substance use are at increased risk of developing problems themselves. For some of these children there are early identifiable behaviour patterns that indicate possible problems with substances later in life ¹². Personal trauma or life difficulties are associated with risk taking and resultant harm and very particular, targeted programmes may offset these risks and reduce the possibility of future harms. However, these risk factors are not always apparent and even those who may not be identified as being at risk may develop substance use problems given certain conditions.

Parental involvement and concern are the most important protective factors when it comes to consuming alcohol, cannabis and other drugs for both early-school leavers and those who remain in school. Substance use by either parent may increase the likelihood of young people consuming the same substance. On the other hand, a family environment in which substances are not used on a regular basis can reduce this risk by limiting experimentation at a young age and providing positive role models. Awareness of these risk and protective factors can provide parents with the tools to protect their children against the risks of early substance use.

Young people living with family members who have substance use problems can be supported through the use of programmes specifically designed for these groups and delivered in informal settings by youth workers and other support staff. Family-based interventions may reduce initiation and use of cannabis among adolescents and this approach may be particularly beneficial in communities most affected by problem drug use ¹².

Early school leaving and substance use

Early school leaving rates in Ireland currently stand at 6.9%, compared with an EU average of 11% ¹⁹. Nonetheless, those who leave school early are an important target group for prevention programmes, as there is a substantial overlap between risk factors for early school leaving and substance use. A 2010 study ²⁰ found that those who left school before completion were more than twice as likely to have tried cannabis and other drugs, while having a positive experience of school and learning reduces the risk of substance misuse. Recent educational research ²¹ shows that student disaffection, a lack of connectedness to school, as well as a poor school climate, are themes in accounts of early school leaving.

Social class and gender can influence the risk of early school leaving. Developmental issues, emotional and behavioural disorders, mental health concerns, poor attainment and learning disabilities are also risk factors, which can lead young people to struggle with the curriculum, peer relationships and the school community. This can result in a gradual disengagement, early school leaving and consequent greater risks of substance misuse.

There are a number of initiatives and programmes that aim to address the factors that influence early school leaving and improve school retention rates. These include:

- the School Completion Programme and the Home School Community Liaison Scheme;
- the Department of Education’s Programme “Delivering Equality of Opportunity in Schools” (DEIS), which has seen significant improvements in retention rates in DEIS schools in recent years;
- Meitheal, the TUSLA national practice model, an interagency model of work to ensure the effective delivery of services for “at risk” young people; and
- the Department of Housing, Planning and Local Government’s Social Inclusion and Community Activation Programme (SICAP), which provides supports to children and young people from target groups who are at risk of early school leaving and/or not in employment, education or training aged between 15 and 24.

Providing a continuum of support and ensuring access to resilience building programmes, counselling/guidance supports, educational or psychological assessments are ways in which young people at risk of early school leaving can be supported. There are a number of further measures planned in the coming years which aim to benefit young people who may be at risk of disengaging from school.

During 2017, a School Completion Strategy will be developed by the Department of Children and Youth Affairs in collaboration with TUSLA Educational and Welfare Services and the Department of Education and Skills, and a review of senior cycle programmes and vocational pathways will be undertaken by the Department of Education and Skills to ensure that those who do not seem to thrive in a traditional academic setting complete their education. The review will include all those in the 16-18 age range and cover the range of programmes and vocational pathways currently provided in this regard - Leaving Certificate, Leaving Certificate Applied, Leaving Certificate Vocational Programme, Transition Year, Youthreach and Community Training Centres, Special Education, and other relevant programmes.

The State has invested a lot of resources in providing some excellent facilities for schools. The availability of such school facilities outside the times they are required to deliver mainstream education could facilitate many positive initiatives, particularly in disadvantaged areas, such as sport, recreation, music and artistic activities. This would enable communities to meet the needs of young people and the wider community much more effectively, at little extra cost to the State.

No.	Strategic Action	Delivered by:	Lead Agency	Partners
1.2.3	Support the SPHE programme.	<ul style="list-style-type: none"> a) Promoting continued effective communications between local schools and Drug and Alcohol Task Forces given the importance placed on the continued building of strong school community links; and b) Ensuring that all SPHE teachers, guidance counsellors and Home School Community Liaison co-ordinators can avail of continuing professional development. 	<p>DES, DATFs (Joint)</p> <p>DES</p>	
1.2.4	Promote a health promotion approach to addressing substance misuse.	<p>In line with the Action Plan for Education</p> <ul style="list-style-type: none"> a) Commencing and rolling out a national programme to support the implementation of the Wellbeing Guidelines to all primary and post-primary schools; and b) Developing Wellbeing Guidelines for Centres of Education and Training. 	DES	DOH/HSE
1.2.5	Improve supports for young people at risk of early substance use.	<ul style="list-style-type: none"> a) Providing a continuum of support including a Student Support Plan as appropriate, for young people who are encountering difficulty in mainstream education; b) Providing access to timely appropriate interventions such as resilience-building programmes, and/or counselling, educational assessments and/or clinical psychological assessments, as appropriate; c) Implementing School Attendance Strategies in line with TUSLA's guidance; d) Prioritising initiatives under the new DEIS programme to address early school leaving; and e) Providing supports including homework clubs, additional tuition, career guidance/counselling support, community awareness of drugs programme and youth work in collaboration with schools and other youth programmes/schemes. 	<p>DES</p> <p>DES HSE TUSLA (Joint Leads)</p> <p>TUSLA</p> <p>DES</p> <p>DES</p> <p>DHPLG</p>	<p>HSE</p> <p>DES</p> <p>TUSLA</p>
1.2.6	Ensure those who do not seem to thrive in a traditional academic setting complete their education.	Reviewing Senior Cycle programmes and Vocational Pathways in senior cycle with a view to recommending areas for development.	DES	



No.	Strategic Action	Delivered by:	Lead Agency	Partners
1.2.7	Facilitate increased use of school buildings, where feasible, for afterschool care and out of hours use to support local communities.	Engaging with property owners and school authorities to facilitate increased use of school buildings, where feasible, for afterschool care and out of hours use to support local communities.	DES	
1.2.8	Improve services for young people at risk of substance misuse in socially and economically disadvantaged communities.	Developing a new scheme to provide targeted, appropriate and effective services for young people at risk of substance misuse, focused on socially and economically disadvantaged communities.	DOH	DCYA, HSE, DATF.

Objective 1.3: Develop harm reduction interventions targeting at risk groups

Children at risk

Children of parents who misuse substances are more likely to be at a higher risk of physical, psychological and emotional harm, compared to children whose parents do not misuse drugs or alcohol ²². As the effects of parental substance misuse on children can be difficult to detect, this phenomena is often described as “Hidden Harm.”

Not all children in homes where substances are misused experience harm as a result, but children living with parental problem substance use are more likely to experience mental health problems, academic under-achievement, have poor social skills and be more prone to developing substance misuse problems themselves later in life. Genetic factors combined with physical and emotional neglect and exposure to poor parenting can impact on a child’s social and emotional maturation, development of social competencies and undermine reliance and the capacity for emotional regulation, all established determinants for substance misuse in adulthood.

Analysis of general population survey and treatment data can provide estimates of the numbers of children of parents who misuse substances and may help in determining the scale of the interventions needed to respond to this problem. For family-based interventions, prevention experts recommend approaches that involve the whole family rather than those that train parents alone.

Evidence suggest that prevention interventions targeting those at risk may be more effective if they involve both schools and parents, are interactive and have positive goals. There is some evidence that family interventions may be effective in delaying or reducing drug use but there is not a great deal of research on family interventions targeted at children of drug-using parents ²³.

A coordinated response to the needs of children in families where substances are misused will help to protect these children from harm. Addiction and other services providing support to children can work closely together and agree protocols for exchanging information, agreeing on referrals and for sharing other responsibilities in this sensitive area.

For young people with substance use problems, family therapies may be effective in reducing drug use frequency and severity in comparison to other interventions among adolescents, including cognitive behavioural therapy (CBT). For very young at-risk children, interventions that are aimed at strengthening relationships between children and their parents and developing parenting skills can impact on child behaviour. As with universal prevention programmes these interventions are more likely to be successful if they are delivered by trained professionals through frequent sessions. There is a need to ensure continued support for family support programmes. Strengthening Families, Parenting under Pressure and the 5 step method (Stress-Strain-Coping-Support model) are examples of programmes that have been supported in Ireland to build the resilience of families and support them in their own right.

Children leaving care

Young people leaving care and detention services, particularly from residential or hostel accommodation, are more at risk than the general population of homelessness, mental health, addiction problems, and isolation. The Ryan Report ²⁴ recommends that consideration be given as to how best to provide necessary once-off support to young people leaving care to help them gain practical life-long skills in order to reduce their risk of developing substance use problems. Specific psychological programmes and mental health information are necessary to help them build their resilience to cope as independent adults and to develop protective factors against substance use. The Meitheal interagency model can make a key contribution towards ensuring the delivery of effective services for 'at risk' young people who face multiple challenges, such as young people leaving care.

Risks associated with belonging to particular groups or sub-populations

Research suggests that third level students and Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) young people may be far more likely to take illegal drugs and/or binge drink than the general population. The most recent results of the National Student Drug Survey ²⁵ found that 82% of respondents had tried illegal drugs, with 35% of respondents binge-drinking on at least a weekly basis. In an earlier online survey of LGBTI youth, 65% of respondents had taken drugs, the majority of which had taken some drug within the preceding month.

The "Men who have sex with men internet survey Ireland" ²⁶ (MISI) published in 2016, reported that 36% of respondents had used recreational drugs within the previous 12 months: the most commonly used were cannabis (28%), MDMA (17%) and cocaine (13%). Over half (58%) of respondents reported that they binge drank on a typical drinking occasion, and 44% binge drink every week. Separately, a 2016 survey of men attending the Gay Men's Health Service (GMHS) in Baggot Street, Dublin noted that 27% of respondents reported that they had engaged in chemsex (used drugs for or during sex) within the previous 12 months; the most commonly used drugs were gamma-hydroxybutyric acid/gamma-butyrolactone (GBH/GBL), cocaine, ketamine and crystal methamphetamine.

While prevalence of new psychoactive substances (NPS) use is relatively low in the general population, the increase in the rate of deaths involving NPS from 8 in 2012 to 28 in 2013, and 23 in 2014 is a cause for concern ⁸. Moreover polydrug use, including alcohol can increase the risks associated with NPS use. This underlines the ongoing need for targeted initiatives to raise awareness of the dangers and significant mental and physical health effects that can be caused by NPS use.

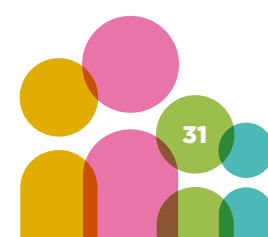
Use of image and performance enhancing drugs (IPED) can also put people at risk. Service providers report an increase in clients of their needle exchange programmes who use IPED, such as steroids. Existing harm reduction services are traditionally geared towards users of psychoactive substances. Given the divergent profile and nature of substance use among IPED users, there is a need to develop a tailored approach in response to the profile of harm within this group. Expanding the range and nature of models of practice may serve to enhance accessibility, engagement, and effectiveness. There may be a case for developing a specialised IPED clinic for those currently using mainstream needle exchange services ²⁷.

These findings point to the need for targeted harm-reduction, education and prevention measures that are tailored towards these higher risk groups. These may include education, information and interaction with people who use drugs in environments where drug taking can occur (e.g. festivals, nightclubs etc.). Harm reduction initiatives and drug welfare are becoming a mainstream part of festivals in many European countries and there have been similar initiatives in Ireland. The development of IT/web based drug education, harm reduction and brief advice tools targeted at 3rd level students, which have a component signposting to locally available supports, will be a key element of the prevention strategy. The development of such initiatives will need to be compatible with national drug prevention programmes and involve the relevant networks, such as student and LGBTI organisations. The engagement of people who use drugs and/or services in the development and roll-out of any awareness campaigns is particularly important to ensure relevance and accuracy.

Examples of awareness initiatives targeting 3rd level students include the “*What’s In The Pill?*” campaign, and SpunOut’s targeted online advertising. Online awareness campaigns along the lines developed by Drugs.ie, which use advertisements on Facebook and Twitter, as well as active engagement with online discussion sites and other online media outlets frequented by young people, play an important role in highlighting the risks of psychoactive substances. Similarly, targeted awareness campaigns, such as the Drugs.ie campaign on the use of GBH/GBL, highlight particular issues among high-risk groups or about particular patterns of drugs use.

In order to respond to emerging trends such as high risk behaviours associated with lifestyle choices or risky patterns of substance use, a need has been identified to establish a working group to undertake an examination of the evidence on the effectiveness of early harm reduction responses, such as targeted information campaigns, drug-testing and amnesty bins. This will be pursued by the HSE in conjunction with other relevant stakeholders.

No.	Strategic Action	Delivered by:	Lead Agency	Partners
1.3.9	Mitigate the risk and reduce the impact of parental substance misuse on babies and young children.	<ul style="list-style-type: none"> a) Developing and adopting evidence-based family and parenting skills programmes for services engaging with high risk families impacted by problematic substance use; b) Building awareness of the hidden harm of parental substance misuse with the aim of increasing responsiveness to affected children; c) Developing protocols between addiction services, maternity services and children's health and social care services that will facilitate a coordinated response to the needs of children affected by parental substance misuse; and d) Ensuring adult substance use services identify clients who have dependent children and contribute actively to meeting their needs either directly or through referral to or liaison with other appropriate services, including those in the non-statutory sector. 	HSE, TUSLA (Joint Leads)	NFSN C&V sectors
1.3.10	Strengthen the life-skills of young people leaving care in order to reduce their risk of developing substance use problems.	Considering how best to provide necessary once-off supports for Care Leavers to gain practical life-long skills in line with Action 69 of the Ryan Report in order to reduce their risk of developing substance use problems.	TUSLA	
1.3.11	Strengthen early harm reduction responses to current and emerging trends and patterns of drug use.	Establishing a working group to examine the evidence in relation to early harm reduction responses, such as drug testing, amnesty bins and media campaigns, to current and emerging trends including the use of new psychoactive substances and image and performance enhancing drugs and other high risk behaviours, including chemsex.	HSE	DOH



Performance indicators related to Goal 1

- Reduction in the use of illegal drugs in the last year (Drug Prevalence Survey).
- Reduction in the alcohol consumption rate (Drug Prevalence Survey).
- Increase in knowledge with respect to the harms of alcohol, cannabis and other drugs (Drug Prevalence Survey, other sources).
- Delaying the age of first use of illicit drugs (ESPAD survey).
- Delaying the age of first drink (Drug Prevalence Survey, ESPAD survey).
- Reduction in binge drinking among young people (ESPAD, Drugs Prevalence and HBSC Surveys).
- Stabilisation in recent and reduction in current prevalence of illicit drugs in 15-24 year old population (Drug Prevalence Survey).
- Prevalence of children living with parental substance misuse (GUI survey (Growing up in Ireland), NACDA research on children living with parental substance misuse).
- Identify the number of children who come to the attention of child protection services as a result of parental substance misuse (Children in Care dataset, HSE).

CHAPTER 4 – Goal 2: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery

Introduction

Problem substance use is a chronic, often recurring condition that can cause substantial harm to the person concerned. As a result, recovery is often seen as a journey, and rehabilitation as a process, that supports and encourages the individual at each stage along the pathway to recovery. Recovery is a personal matter. A successful outcome or improvement for one person may involve improving their quality of life and overcoming reliance on their primary drug of dependence. For another person, the ultimate goal for their own recovery may be to become drug free. In order to promote recovery and minimise the harms caused by substance misuse, timely access to appropriate services relevant to the needs and circumstances of the person concerned is of fundamental importance.

Objective 2.1: To attain better health and social outcomes for people who experience harm from substance misuse and meet their recovery and rehabilitation needs

Continuum of care model

The HSE has developed a 4-tier person-centred model of rehabilitation based on the principle of a “continuum of care” that allows the individual to access the range of supports they need to achieve their personal recovery goals in line with their needs and aspirations ²⁸. This model of care is designed to enable people to receive the support they need as close to home as possible, and at the level of complexity that best corresponds to their needs and specific circumstances. The various types of intervention and the settings in which they are provided are set out in Figure 6 below.

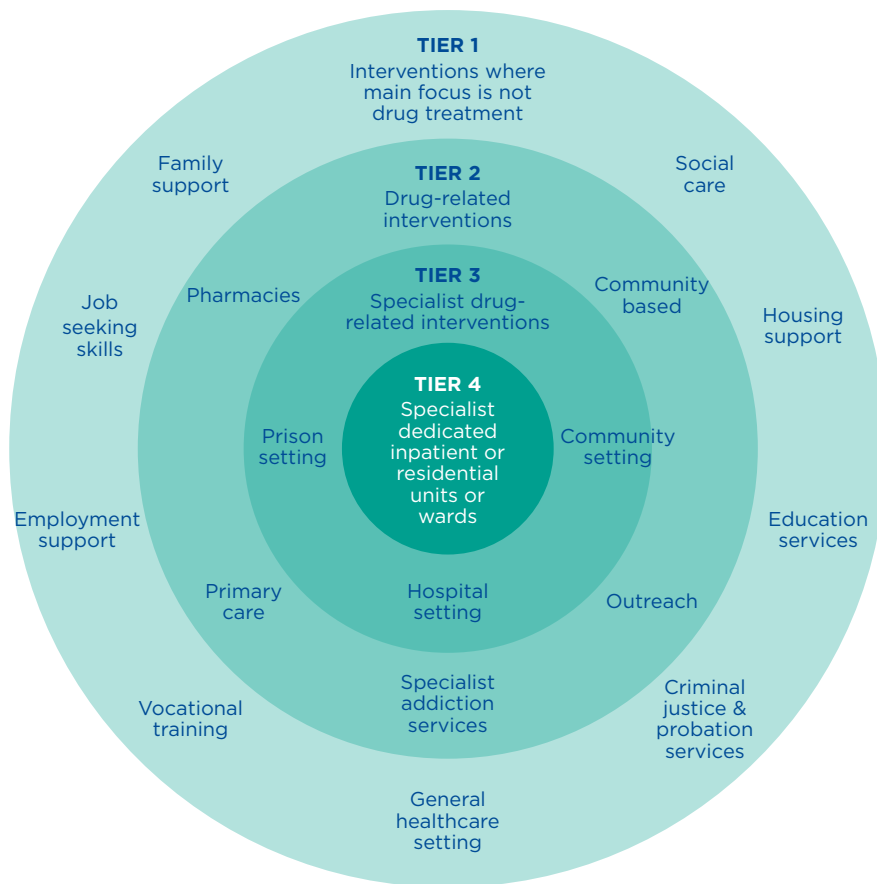
Information, advice and referral interventions are provided through Tier 1 of the model. Tier 1 interventions also include the type of social reintegration and rehabilitation support and wraparound services that a person may need following specialist treatment provided in Tier 3 or Tier 4 settings. These interventions are made available through an integrated system of support that includes education and training, employment, housing, family support, general health and other services.

Tier 2 includes harm reduction support, which may be provided by a pharmacy or in a community setting, and also includes some specialist addiction services. Many of these services are provided by agencies which adopt a low threshold approach, meaning that the requirements to access these services are kept to a minimum.

In Tier 3 treatment and rehabilitation services provide specialist interventions in a range of settings dedicated to this purpose.

Specialised and dedicated inpatient or residential units or wards provide Tier 4 interventions, which include inpatient detoxification, sometimes linked to residential rehabilitation units, or assisted withdrawal and stabilisation.

Figure 6: The Four Tier Model of Care



Source of image: Doyle J, Ivanovic J National Drugs Rehabilitation Framework Document. National Drugs Rehabilitation Implementation Committee. Dublin: Health Services Executive 2010.

The recognition that no one service can cater for the diverse needs of the service user is key to improving health and social outcomes for people who experience harm as a result of substance misuse. Case management aims to increase engagement with different services and to achieve common goals through providing an integrated care pathway for the service user. Evidence suggests that it is an effective approach to retaining people in treatment.

The HSE has developed a National Drugs Rehabilitation Framework ²⁹ (NDRF) which acknowledges that the integrated care pathway is the shared responsibility of a range of agencies. These may include education, training and employment, health, welfare and housing sectors, depending on the circumstances of the individual concerned. The framework contains broad national protocols to facilitate inter-agency working, covering issues such as confidentiality, common assessment tools, referral procedures and conflict resolution between agencies.

As part of the NDRF, the HSE has devised a structured and evidence-based model of screening and brief intervention that is undertaken prior to the key working, care planning and case management phases of service provision. It enables an initial assessment to be made in relation to problem alcohol and substance use in order to intervene early with at-risk groups in a variety of settings and refer the person on to relevant services as appropriate.

The HSE has also developed a series of training programmes on the NDRF, including an online training package on key working and care planning, aimed at drug and alcohol services, and homeless services involved in the rehabilitation process. The intention is to expand this training to a range of other services and settings in order to achieve integrated case management, seamless transition between services and optimal pathways to recovery for people who use addiction services. This will include training on screening and brief intervention.

Improving access to services

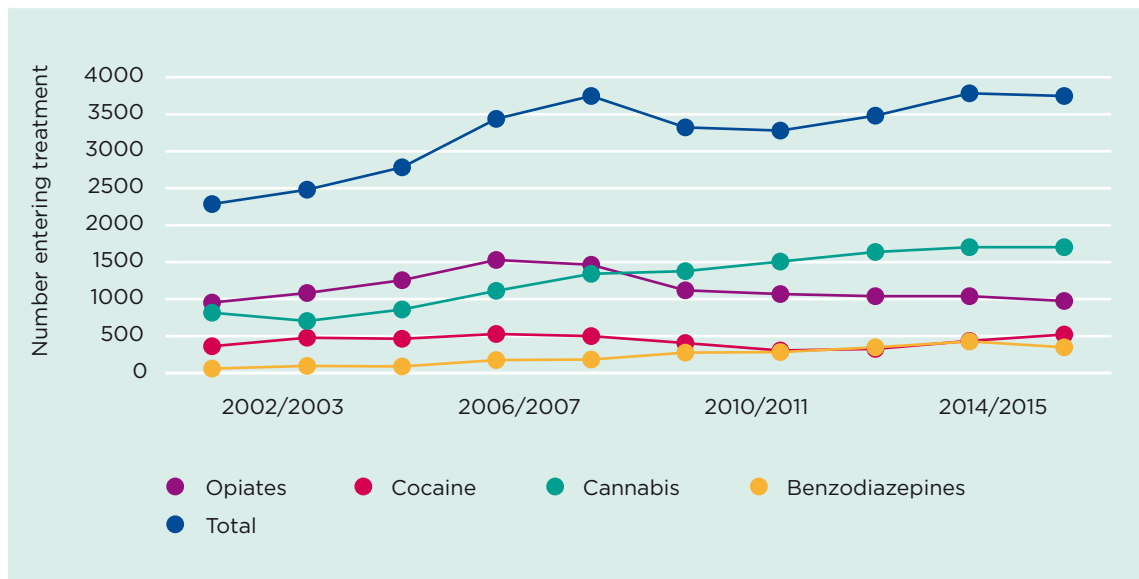
Ensuring timely access to health and social care services and extending the range of treatment options available is integral to achieving better outcomes. Recent evidence provides some indication of likely future trends and the types of challenges in the years ahead. An aging heroin-using cohort, the proliferation of new psychoactive substances, polydrug use and the changing geographic and demographic profile of the drug problem are among the issues that will contribute to the demand for services under this strategy.

Drug treatment services have been expanded throughout the country over the past decade to respond to a rising demand for drug treatment. Much of this expansion has concentrated on improving access to opioid substitution treatment (OST) and harm reduction initiatives, such as needle exchange programmes, outside Dublin, especially in areas of the country that have experienced opioid problems more recently. Community-based drug projects have contributed towards expanding the network of services by delivering an integrated holistic service on the ground in their communities on behalf of statutory agencies.

In the past ten years, the number of residential beds has increased significantly, largely due to the increased provision of beds in community-based residential facilities. The most recent figures available (including private provision) estimate current provision at 787 residential beds, comprising 23 inpatient unit detoxification beds, 117 community-based residential detoxification beds, 4 adolescent residential detoxification beds, 625 residential rehabilitation beds and 18 adolescent residential beds.

The rising demand for drug treatment is evident in the treatment figures in the past decade¹¹. The numbers of new treatment cases, excluding alcohol, increased from 2,278 to 3,742 between 2006 and 2015³⁰. The most notable changes were in the numbers of new cases treated for problem cannabis use, which rose rapidly in the time period, and for benzodiazepines, which rose steadily between 2008 and 2014, with a small decrease recorded in 2015.

Figure 7: New treatment cases by drug type 2006-2015

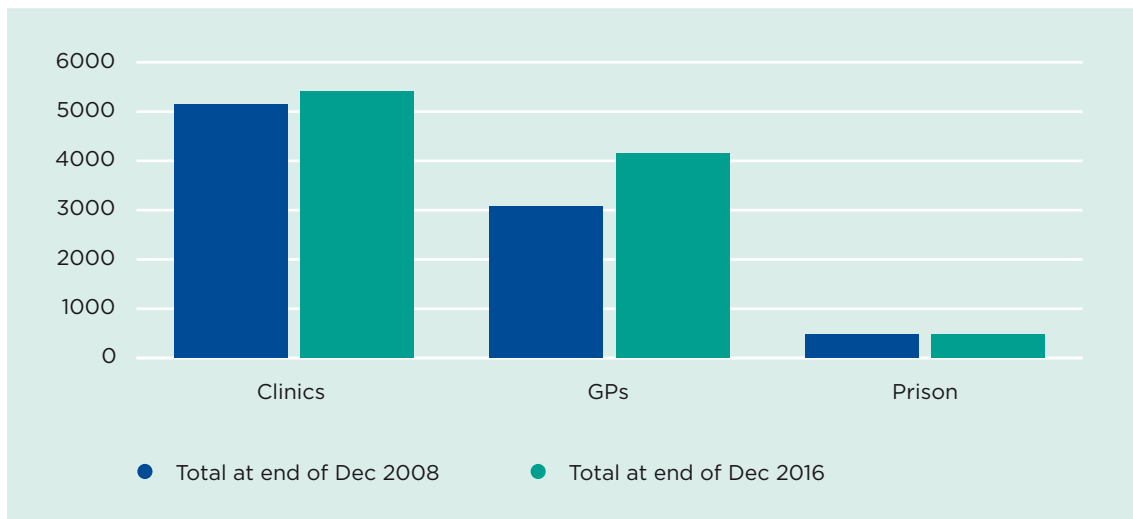


Data source: National Drug Treatment Reporting System ³⁰

Ireland remains a country with a relatively large opiate problem, and although the characteristics of this group are changing, they remain a key target for drug treatment services. Since 2009, the HSE has provided wider access to Opioid Substitution Treatment (OST) around the country. This has been achieved through the establishment of new treatment centres, the participation of more GPs in the prescribing of OST and the involvement of more pharmacies in the dispensing of methadone.

Reflecting the wider availability of OST, the number of clients in receipt of OST as of 31st December each year increased steadily from 7,260 in 2005 to 10,087 in December 2016. At the end of December 2008, there were 5,181 patients attending clinics, with a further 452 receiving OST in prison. At the end of December 2016, the figures were 5,438 and 465 respectively. Within a GP setting there have been even greater increases. At the end of December 2008, there were 3,085 patients receiving OST in GP settings, which had increased to 4,184 at the end of December 2016 (an increase of more than 35%) ³¹.

Figure 8: Numbers in OST treatment by provider



Data Source: Data provided by the Central Treatment List

Despite improvements in service provision, people report having to travel a significant distance to access more specialist treatments, especially in rural areas. The time involved, the cost of travel, the need for childcare or the absence of a support network can result in barriers to accessing treatment for some people, even when there are financial supports available. Difficulties in accessing OST also include a lack of local services and waiting times. A range of options will therefore be explored to facilitate wider access to OST in the community. This includes measures to involve more GPs in prescribing OST, an examination of the feasibility of nurse-prescribing of OST and the provision of OST in a wider range of settings, such as community-based initiatives or homeless services.

In conjunction with the Irish College of General Practitioners, the HSE is working to increase engagement of all GPs who are trained at Level 1 and Level 2 throughout the country. Level 1 training provides the foundation for treating stable methadone maintained patients. Having successfully managed a number of patients for at least one year and having completed an external clinical audit, a GP may progress to Level 2. A Level 2 GP may initiate treatment, stabilise doses and provide ongoing maintenance treatment to a drug user in the primary care setting. Ideally all stable methadone patients who are registered with a Level 1 GP should be transferred to their own GP, where appropriate, provided their own GP has Level 1 training.

People who are dependent on opiates, are engaged in high risk drug use such as injecting, or who are using multiple substances can also experience barriers to accessing treatment, especially residential treatment¹¹. At the end of 2014, there were 9,764 people availing of OST. The national prevalence estimate of opiate users in 2014 was between 18,720 and 21,454, which would suggest that there is a considerable number of people who use opiates not currently in treatment⁷. All the participants in a 2009 Irish study on sex work³², had a history of injecting drug use and half reported recently injecting drugs. This highlights the need for an effective response for those with complex interlocking needs.

Some residential services do not have the appropriate level of clinical governance to respond to those with more complex needs, and may have entry thresholds in place which exclude those who have more unstable patterns of drug use. Standardising referral processes and lowering the entry criteria for accessing residential treatment services, while ensuring appropriate levels of clinical governance, would make it easier for people with more complex needs to access treatment. The development of residential services that can cater for the needs of those who use a variety of substances will be particularly important in this context.

It is also intended to improve treatment choices for people who are not clinically suited to methadone treatment, but require medication-assisted therapy to address dependence on opiates. There is a commitment in the 2017 HSE Service Plan to provide wider access to alternative OST products containing buprenorphine or buprenorphine/naloxone.

The National Clinical Effectiveness Committee (NCEC) Standards for Clinical Practice Guidance (2015) promote consistency of approach for the development of guidelines and guidance such as policies and protocols. These NCEC National Clinical Guidelines and National Clinical Audit endorsed by the Minister for Health are mandated for implementation in the Irish health system and their implementation will be monitored through HSE Performance Assurance Reports, compliance with the *National Standards for Safer Better Healthcare* and increased alignment with the Clinical Indemnity Scheme.

The HSE has published national clinical guidelines for OST to ensure that the quality and safety of care to the patient is maintained and improved where necessary. The HSE will implement these guidelines until National Clinical Effectiveness Committee guidelines are in place ³¹.

Mapping the range of services currently available against underlying need in order to identify gaps in provision across the country will help to ensure that there is an appropriate mix of quality services to respond to changing trends and patterns of drug use, including the rising demand for treatment for cannabis-related problems. It will also be important to continue developing the capacity of services to respond to those with more complex needs, including vulnerable groups, such as Travellers or those affected by homelessness, or those with more high-risk behaviours or patterns of use.

No.	Strategic Action	Delivered by:	Lead Agency	Partners
2.1.12	Strengthen the implementation of the National Drugs Rehabilitation Framework.	<ul style="list-style-type: none"> a) Developing a competency framework on key working, care planning and case management; and b) Extending the training programme on the key processes of the National Drugs Rehabilitation Framework. 	HSE	

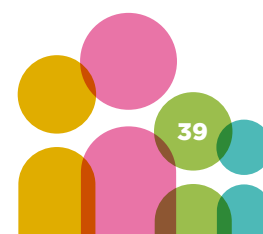
No.	Strategic Action	Delivered by:	Lead Agency	Partners
2.1.13	Expand the availability and geographical spread of relevant quality drug and alcohol services and improve the range of services available, based on identified need.	a) Identifying and addressing gaps in provision within Tier 1, 2, 3 and 4 services; b) Increasing the number of treatment episodes provided across the range of services available, including: <ul style="list-style-type: none"> ● Low Threshold; ● Stabilisation; ● Detoxification; ● Rehabilitation; ● Step-down; and ● After-Care. c) Strengthening the capacity of services to address complex needs.	HSE	C&V sectors, DATFs
2.1.14	Improve the availability of Opioid Substitution Treatments (OSTs).	Examining potential mechanisms to increase access to OSTs such as the expansion of GP prescribing, nurse-led prescribing and the provision of OSTs in community-based settings and homeless services.	HSE	DOH
2.1.15	Enhance the quality and safety of care in the delivery of Opioid Substitution Treatment (OST).	Implementing the HSE National Clinical Guidelines on OST and reviewing in line with National Clinical Effectiveness Committee processes.	HSE	DOH

Promoting recovery by improving access to services for specific groups of people

The location of services is only one barrier to accessing treatment. Some people may face additional barriers to accessing treatment because of their own personal circumstances or because they belong to a particular group or community. In addition, some people do not have the internal and external resources needed to achieve and maintain recovery from substance misuse, as well as make behavioural changes. Internal resources may include their resilience, whereas external resources may be their social networks, family or community supports. These resources are also referred to as “recovery capital”³³.

Helping individuals to build their recovery capital is at the heart of the continuum of care model, which is centred on the individual and their needs at each stage in their personal recovery pathway. A variety of elements can support or jeopardise recovery; these include social networks, physical, human, cultural and community issues. In the circumstances, developing social, educational and employment skills should form a key part of individual care plans.

Building a sustainable network of positive relationships contributes to developing recovery capital. Families can provide practical and emotional support to the person in recovery and reinforce the beneficial effects of positive social networks. Reconciliation services can support those who wish to re-establish links with families from whom they have been estranged. Self-help, mutual aid and peer support can also be beneficial to help build positive social networks that support people in sustaining their recovery.



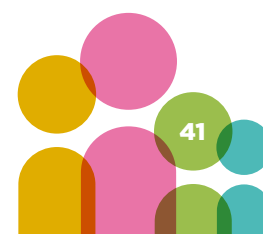
Community Drug Projects play an important role in building recovery capital by delivering an integrated holistic service on the ground in their communities in partnership with statutory agencies. They are well placed to adapt and respond to the changing needs of service users, their families and the wider community. A rehabilitation project based in Dublin's north-inner city is a good example of a community-based interagency initiative. It provides a structured assets-based programme of learning and development which gives educational opportunities to people in recovery who may have left school at a young age.

The contribution that a job can make to progressing and maintaining recovery is well established³⁴. The Department of Social Protection's (DSP) Community Employment Programme aims to support the development of personal and employment skills and act as the labour market element in the Continuum of Care. This programme allocates 1,000 places to people in recovery through a number of dedicated Drug Rehabilitation CE schemes. Building on the key role of Community Employment (CE) in relation to the rehabilitation, progression and reintegration into society of recovering drug users, the implementation of the DSP Programme Framework for CE Drug Rehabilitation Schemes will be monitored under this strategy to improve overall progression rates.

Often a number of issues need to be addressed before individuals can progress to activation and job search. Therefore, undertaking wellbeing/self-esteem/confidence building work is often a starting point for progression towards employment or further education. The Social Inclusion and Community Activation Programme (SICAP), which is overseen and managed by Local Community Development Committees (LCDCs) in each local authority area, supports individuals and marginalised target groups experiencing educational disadvantage or unemployment so they can participate fully, engage with and progress through life-long learning opportunities through the use of community development approaches. SICAP programme implementers engage with participants on a one-to-one basis and agree a personal action plan. SICAP supports include educational supports, labour market training and occupational specific skills, career advice and guidance support, employment supports and self employment supports which assist in moving individuals closer to or into the labour market, which has a positive effect on the individuals, their families and the wider community. During 2016, 55,890 children received educational and/or developmental support under SICAP, of which, 782 were identified as being at risk of early school leaving and a further 5,373 young people aged between 15 and 24 years old who were not in employment, education or training were also supported.

Poverty, deprivation and inequality contribute to the vulnerability that may lead to dependency and harm and act as barriers to recovery and leading a fulfilling, safe and healthy life. Those who have completed treatment programmes will continue to need access to aftercare services and other progression options to enable them to sustain recovery. These options may include educational support, personal development, training and employment opportunities, as well as continued access to peer-support. In order to help such groups maintain their recovery, it will be necessary to increase opportunities for their progression. Identifying and remedying any barriers to accessing such supports will be important in this context.

No.	Strategic Action	Delivered by:	Lead Agency	Partners
2.1.16	Improve relapse prevention and aftercare services.	Developing and broadening the range of peer-led, mutual aid and family support programmes in accordance with best practice.	HSE	C&V sectors, UISCE, NFSN
2.1.17	Further strengthen services to support families affected by substance misuse.	<ul style="list-style-type: none"> a) Developing addiction specific bereavement support programmes and support the provision of respite for family members; b) Supporting families with non-violent resistance training to address child to parent violence; and c) Supporting those caring for children/young people in their family as a result of substance misuse to access relevant information, supports and services. 	TUSLA	HSE, NFSN
2.1.18	Help individuals affected by substance misuse to build their recovery capital.	<ul style="list-style-type: none"> a) Monitoring and supporting the implementation of the Department of Social Protection's Programme Framework for Community Employment Drug Rehabilitation Schemes, based on an integrated inter-agency approach; and b) Utilising SICAP to improve the life chances and opportunities of those who are marginalised in society, living in poverty or in unemployment through community development approaches, targeted supports and interagency collaboration. 	DSP DHPLG	HSE Other relevant Departments & Agencies, C&V sectors
2.1.19	Increase the range of progression options for recovering drug users and develop a new programme of supported care and employment.	<p>Establishing a Working Group to:</p> <ul style="list-style-type: none"> a) Examine the range of progression options for those exiting treatment, prison, Community Employment schemes including key skills training and community participation with a view to developing a new programme of supported care and employment; and b) Identify and remedy the barriers to accessing the range of educational, personal development, training and employment opportunities and supports, including gender specific barriers and the lack of childcare provision, for those in recovery. 	DOH	HSE, DSP, IPS, Other relevant Departments & Agencies



Improving access to services for women, children and young people

Women

Women can experience barriers to engaging and sustaining involvement with treatment and rehabilitation services. Many women in addiction have experienced domestic violence (in their family of origin and/or in intimate partner relationships) and services should be equipped to respond appropriately to this issue. There is a need for greater awareness of the implications of domestic violence, trauma and mental health for treatment and rehabilitation of women with addictions.

The absence of childcare can be a barrier for women attending treatment and after-care services. While there are good examples of wrap-around services for female drug-users in recovery and their children, there is only one residential treatment service located in west Dublin, where mothers can keep their babies with them during treatment. There is a need to increase the range of wrap-around services and supports to facilitate more women with children or who are pregnant taking up treatment.

There are currently three Drug Liaison Midwives, with each attached to one of the three Dublin maternity hospitals (the Rotunda, the National Maternity Hospital and the Coombe Women & Infants University Hospital). They are employed by the Addiction services and work in special clinics in each of the hospitals. The Drug Liaison Midwives see pregnant opioid dependent women in their clinics, support them throughout their pregnancy and for six weeks post-natal. They can arrange for inpatient detoxification or stabilisation if necessary and have contributed significantly to reducing stigma and harm to this vulnerable group of patients.

A study in the Coombe Women & Infants University Hospital ³⁵ in Dublin showed that 4.6% of women who registered for care reported using drugs during pregnancy, the vast majority of which related to methadone. These women have complex medical and social needs and are at an increased risk of having babies with low birth weights and other complications. Their involvement with the maternity services provides an opportunity to reduce their drug dependence and improve their social circumstances and wellbeing.

While recent years have seen a decrease in the number of opiate dependent women attending these services, there are concerns about alcohol use during pregnancy. A 2017 Lancet study ³⁶ found that, of the 50 countries for which data were available, Ireland was one of the five countries with the highest prevalence of alcohol use during pregnancy.

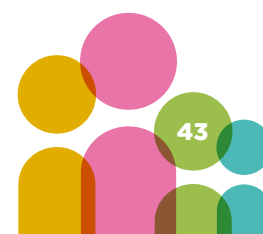
A National Women & Infants Health Programme (NWIHP) has been established within the HSE to lead the management, organisation and delivery of maternity, gynaecological and neonatal services across primary, community and acute care. The National Maternity Strategy ³⁷ made the following recommendations regarding alcohol and drugs misuse:

- The NWIHP will examine the need to provide drug liaison midwives and specialist medical social workers in all maternity networks;
- Maternity hospitals/units will strengthen their methods of detecting alcohol abuse and supporting women to reduce their intake; and
- The NWIHP will develop a consistent approach to informing women about the risks of alcohol consumption during pregnancy.

Children and young people

The National Substance Misuse Strategy ⁹ highlighted the need to expand services for people under 18 years of age who are experiencing problems as a result of using substances. Most young people can be treated in the community, but some will need more specialised services, including residential rehabilitation and detoxification facilities. Many young people with substance use issues may also be experiencing mental health problems which need to be addressed as part of their treatment. The Youth Drug and Alcohol Service (YoDA) based in west Dublin provides assistance and treatment to those under 18 who are having problems related to their drug or alcohol use. A 2013 study of users of the service ³⁸ found that 48% had a lifetime history of psychiatric disorders, with deliberate self-harm being the most common condition.

No.	Strategic Action	Delivered by:	Lead Agency	Partners
2.1.20	Expand addiction services for pregnant and postnatal women.	<ul style="list-style-type: none"> a) Strengthening links between maternity services and addiction services; b) Quantifying the need for additional residential placements for pregnant and postnatal women who need in-patient treatment for addiction to drugs and/or alcohol across the country; c) Developing services to meet that need ensuring that such facilities support the development of the mother-baby relationship; d) Providing dedicated support for pregnant women with alcohol dependency, including examining the need to expand the role of the Drug Liaison Midwife (DLM) in this regard. Any such expansion will likely generate a need to further increase the number of such midwives; e) Resourcing the National Women and Infants Health Programme (NWIHP) to provide drug liaison midwives and specialist medical social workers in all maternity networks; f) Supporting maternity hospitals/units to strengthen their methods of detecting alcohol abuse and supporting women to reduce their intake; and g) Engaging the NWIHP to develop a consistent approach to informing women about the risks of alcohol consumption during pregnancy. 	DOH	HSE



No.	Strategic Action	Delivered by:	Lead Agency	Partners
2.1.21	Respond to the needs of women who are using drugs and/or alcohol in a harmful manner.	a) Increasing the range of wrap-around community and residential services equipped to meet the needs of women who are using drugs and/or alcohol in a harmful manner, including those with children and those who are pregnant; and b) Developing interventions to address gender and cultural specific risk factors for not taking up treatment.	HSE	DOH, DATFs
2.1.22	Expand the range, availability and geographical spread of problem drug and alcohol services for those under the age of 18.	a) Identifying and addressing gaps in child and adolescent service provision; b) Developing multi-disciplinary child and adolescent teams; and c) Developing better interagency cooperation between problem substance use and child and family services.	HSE, TUSLA	C&V sectors, DATFs

Improving access to services for people with more complex needs

There is a need to recognise the diversity evident among drug users and to take steps in providing services that can accommodate this diversity and address the needs of particular groups in relation to problem drug and alcohol use. Specific groups with more complex needs include:

- Long-term substance users;
- People with co-morbid mental health and substance use problems;
- Members of the Traveller community and other minority ethnic communities;
- Homeless people, people in prison and sex workers; and
- Lesbian, gay, bisexual, transgender and intersex communities.

The HSE is currently examining the most practical, sustainable means of supporting staff to deliver services in culturally competent ways in consultation with traveller representative organisations. Cultural competence is defined as the ability of service providers and organisations to effectively deliver health care services that meet the social, cultural and linguistic needs of those who use services. Service-delivery staff should uphold fundamental values and attitudes (such as equality, empathy and engagement) towards all service users.

Long-term substance users

The number of people who are older and availing of treatment for heroin use is increasing³⁹. Over 40s comprised 42% of OST clients in 2015, up from 31% of clients in 2013. This cohort is likely to suffer from negative social consequences of long term drug use such as unemployment, social exclusion, marginalisation and homelessness. In addition to conditions associated with the normal aging process they are prone to a range of health-related problems including dental deterioration, hepatic damage, often exacerbated by excess alcohol use, and chronic lung, venous and arterial damage. They are also at risk from harm as result of the interactions between methadone and medications used to treat other diseases.

People with a co-occurring mental health and substance use problem

A recurring theme in the public consultation was a concern about access to services for people who have a co-occurring mental health and substance use problem, often called “dual diagnosis”. Ensuring that people with a dual diagnosis receive an assessment, an onward referral and timely access to appropriate treatment is extremely important. They may be dealing with the impact of trauma or a psychiatric disorder as well as experiencing problems as a result of alcohol and/or drug use. These individuals may also have physical and psychological health problems, disabilities, or problems with housing, employment and relationships or have a history of offending.

The HSE’s Mental Health Division is working with the Clinical Strategy and Programmes Division to develop a new Mental Health Clinical Programme called “Dual Diagnosis: mental illness and co-morbid substance misuse”. The aim of this Programme is to develop a standardised evidence-based approach to the identification, assessment and treatment of co-morbid mental illness and substance misuse. This includes increasing awareness of the frequent coexistence of mental illness and substance misuse; ensuring there is a clear clinical pathway for management of people with such a dual diagnosis, including when they present to Emergency Departments; ensuring a standardised service is provided throughout the country; and ensuring adolescents are also included within the scope of this Clinical Programme.

An integral part of the Dual Diagnosis Programme will be to devise a model of care that will ensure that all adolescents and adults suspected of having a moderate to severe mental illness coexisting with significant substance misuse have access to a timely mental health service delivered on a regional basis. The service will be provided in an integrated manner across the Primary Care Division and the Mental Health Service. There will also be close working relationships with the relevant specialities in Acute Hospitals to deal with any medical co-morbidities that may occur, particularly in those with alcohol misuse.

People who are homeless

People who are homeless are at a far higher risk of problem drug use than people in secure housing, with particularly high levels of use and risk amongst rough sleepers and those using emergency accommodation. While substance misuse can lead to homelessness, homelessness can also contribute to the development of substance misuse problems. This underlines the importance of homelessness services and substance misuse services working together in a collaborative way, such as through the nine regional homelessness forums ⁴⁰. Although a lack of housing is currently a society-wide issue, providing independent tenancies to homeless people with appropriate supports offer the best outcomes for individuals that have successfully completed treatment and rehabilitation.

In *Rebuilding Ireland: Action Plan for Housing and Homelessness* ⁴¹, the Government committed to a tripling of the target for tenancies to be provided. Housing led/housing first programmes, which provide for accommodation with supports as required, are internationally considered as best practice in addressing the needs of people who are long-term homeless and with complex needs. The success of such initiatives depends not just on housing but also, crucially, on drug and alcohol, mental health, and community integration services being available.

People in contact with the criminal justice system

Prisoners

Lifetime prevalence of cannabis, cocaine and heroin is at a far higher rate among prisoners than in the general population and notably female prisoners report higher lifetime and past month use of heroin and both crack and powder cocaine ⁴². Between 2009 and 2015, 5,450 cases received treatment in prison. This represents more than 9% of the total treatment cases in the country during this period.

There is a range of drug rehabilitation programmes available for prisoners that involve a significant multidimensional input by a diverse range of general and specialist services provided both by the Irish Prison Service (IPS) and visiting statutory and non-statutory organisations⁴³. The programmes seek to reduce the demand for drugs within the prison system through education, treatment and rehabilitation services for prisoners with addictions. Particular initiatives include the provision of detoxification, methadone maintenance, education programmes, addiction counselling and drug therapy programmes. The delivery of these services is being achieved in partnership with community-based services and has brought a significant improvement in the range, quality and availability of drug treatment services in the prisons.

The IPS continues to work to decrease the availability and use of illicit drugs in the prison environment. These efforts will need to take into consideration the challenges posed in responding to the newer drugs of choice, in particular, new psychoactive substances, in the prison environment. These newer drugs will require more contemporary and advanced strategies to meet the physical, procedural and related security requirements.

The IPS is committed to providing healthcare, including specialist addiction services, to those in custody on an equivalent basis to that available to the general population. It remains important that particular attention continues to be paid to identifying risk factors as a result of drug use and to providing the necessary drug treatment services to support positive changes in behaviour. Ensuring that people leaving prison can continue to access treatment in the community is essential and continues to be one of the key objectives of the National Drugs Rehabilitation Framework.

People engaged with Probation Service

There is a clear association between substance misuse and offending behaviour. Substance misuse is harmful to the individual and can lead to an increase in criminal activity, causing harm and victimisation in communities. Where this is the case, the importance of access to targeted substance misuse interventions for those subject to criminal justice sanctions in the community, such as probation supervision, can provide an opportunity to support and effect change in the lives of these individuals and their communities.

Improving access to services for specific populations

Members of the Travelling community

Poor living conditions and high levels of unemployment and educational disadvantage contribute to the higher risk of drug and alcohol misuse among members of the Travelling community. While Travellers represent just over one half per cent of the population, 3.6% of those treated for problem drug use in 2015 were from the Travelling community³⁰. Compared to the general population, the main problem drug reported by Travellers accessing treatment between 2007 and 2010 was more likely to be opiates (37% vs 29%). During the same period there was an increase in the number of Travellers seeking treatment for benzodiazepines and cannabis and this was above the rate of increase in the general population. The prevalence of main problem drugs were similar for male Travellers as the general population, but amongst female Travellers, opiates were reported more frequently as the main problem drug.

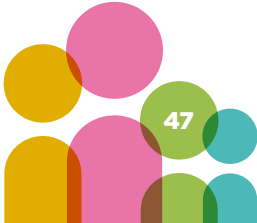
Although male Travellers entering drug treatment were less likely to have lifetime prevalence of injecting drug use compared to the general population, female Travellers reported higher rates of injecting; 24% compared to 16% in the general population. Travellers entering drug treatment were more likely to report polydrug use, with cannabis the most frequently reported second problem substance ¹¹. Good practice guidelines, produced on behalf of this community, provide useful and practical advice on supporting Travellers who need to use treatment services.

Other groups with complex needs

The LGBTI community are another group which face higher risks of problem substance use. A recent national study reports that recreational drug use amongst LGBTI is two times higher than in the general population ⁴⁴. Over 50% of LGBTI people have taken drugs recreationally, with cocaine-based drugs and ecstasy being the most common drugs used.

Migrant communities may also experience barriers to accessing services or maintaining treatment, for a variety of reasons. Marginalised members of society and hard to reach groups may need targeted interventions, as equality of access does not always result in quality of participation or of outcomes.

No.	Strategic Action	Delivered by:	Lead Agency	Partners
2.1.23	Improve the response to the needs of older people with long term substance use issues.	Examining the need for the development of specialist services to meet the needs of older people with long term substance use issues.	HSE	C&V sectors, DATFs
2.1.24	Improve outcomes for people with co-morbid severe mental illness and substance misuse problems.	<ul style="list-style-type: none"> a) Supporting the new Mental Health Clinical Programme to address dual diagnosis; and b) Developing joint protocols between mental health services and drug and alcohol services with the objective of undertaking an assessment with integrated care planning in line with the National Drug Rehabilitation Framework. 	HSE	DOH, IPS, C&V sectors



No.	Strategic Action	Delivered by:	Lead Agency	Partners
2.1.25	In line with Rebuilding Ireland, improve the range of problem substance use services and rehabilitation supports for people with high support needs who are homeless.	a) Increasing the number of detoxification, stabilisation and rehabilitation beds;	HSE	C&V sectors
		b) Providing additional/enhanced assessment, key working, care planning and case management. This entails person-centred holistic care planning, including identifying and building social and recovery capital;	HSE	LAs, C&V sectors
		c) Ensuring in-reach support during treatment and rehabilitation to prevent homelessness on discharge to ensure that housing and supports are in place;	HSE	LAs, C&V sectors
		d) Ensuring resourcing and enhanced cooperation arrangements between non-governmental service providers and State organisations, involved in the delivery of addiction treatment and housing services, so that the drug rehabilitation pathway is linked to sustainable supported housing-led/housing first tenancy arrangements; and	DOH DHPLG	HSE, LAs, C&V sectors
		e) Developing the provision of gender and culturally specific step down services, particularly housing, for women and their children progressing from residential rehabilitation treatment who are at risk of discharge into homelessness.	LAs, HSE	DHPLG, DOH, C&V sectors
2.1.26	Intervene early with at risk groups in criminal justice settings.	a) Providing training to enable the delivery of screening, brief intervention and onward referral in line with national screening and brief intervention protocols for problem substance use;	IPS, PS	AGS, HSE
		b) Further developing the range of service specific problem substance use interventions in line with best international practice; and	IPS, PS	
		c) Determining the prevalence of NPS use in prison settings with a view to developing specific training for staff and appropriate interventions.	IPS	HSE

No.	Strategic Action	Delivered by:	Lead Agency	Partners
2.1.27	Improve the capacity of services to accommodate the needs of people who use drugs and alcohol from specific communities including the Traveller community; the lesbian, gay, bisexual, transgender and intersex community; new communities; sex workers and homeless people.	<ul style="list-style-type: none"> a) Fostering engagement with representatives of these communities, and/or services working with them, as appropriate; b) Considering the need for specialist referral pathways for specific groups who may not otherwise attend traditional addiction services (i.e. those who engage in chemsex); c) Providing anti-racism, cultural competency and equality training to service providers; and d) Ensuring all services engage in ethnic equality monitoring by reporting on the nationality, ethnicity and cultural background of service users for the NDTRS and treat related disclosures with sensitivity. 	HSE	C&V sectors

Objective 2.2: Reduce harm amongst high risk drug users

People who inject drugs (PWID) are a particularly vulnerable population that are susceptible to harm and need carefully managed supports to enable them attain stability and a safer and healthier life ¹¹. Infectious diseases are among the most serious health consequences of injecting drug use. Injecting drug use is one of the main modes of transmission of hepatitis C (HCV) infection in Ireland. The number of HCV cases reported to the Health Protection Surveillance Centre (HPSC), where injecting drug use was identified as a risk factor has been declining since 2010 when 728 such cases were reported. In 2015, 169 such cases were reported ⁴⁵. Nevertheless, PWID make up the majority of all cases of HCV in Ireland. Chronic HCV infection may cause liver cirrhosis, hepatocellular carcinoma and liver failure.

HPSC data show a gradual decline in new cases of HIV amongst PWID from 2005 to 2012. The number of such cases began to rise in 2013 and continued to rise to 27 cases in 2014. In 2015, 9% (45) of newly diagnosed HIV cases were PWID. This is the highest number of new HIV cases among PWID recorded since 2008 ⁴⁵.

Ensuring access to needle exchange, harm-reduction advice promoting sexual health and screening programmes will continue to play an important role in reducing the risk of contracting blood-borne viruses such as HCV and HIV. Needle exchanges are provided in counties Dublin, Kildare and Wicklow by a mix of static and outreach services. The National Pharmacy Needle Exchange programme provides needle exchange interventions outside of these areas. At the end of 2016, there were 109 pharmacies participating in this programme ³¹. An average of 1,330 individuals attended pharmacy-based needle exchanges each month in 2014.

Many respondents in the public consultation highlighted ease of access to prescription medication, particularly benzodiazepines and so-called z-drugs (zopiclone and zaleplon), through the internet, with direct delivery to a person's door. This is reflected in figures for the last 10 years which indicated an increase in treatment demand relating to benzodiazepines, as well as a rapid increase in related deaths, in Ireland in comparison to other European countries.



The National Drug-Related Deaths Index (NDRDI) indicates that prescription drugs were implicated in three in every four, or 259, poisoning deaths during 2014. Benzodiazepines were the most common prescription drug group implicated and diazepam (a benzodiazepine) was the most common single prescription drug implicated in 115 (32%) of all poisoning deaths in that period ⁸.

The illegal trade in so-called z-drugs, has exacerbated the problem particularly among those who inject drugs. The Minister for Health has amended the Misuse of Drugs Regulations to tighten controls on benzodiazepines and z-drugs. It will be important to ensure that the health needs of people, who can no longer gain access to these substances through the illegal drug market are addressed when such controls are in place.

There is a recognised problem with street injecting in Ireland, particularly in Dublin City centre. This practice poses a significant health risk for people who use drugs, and results in discarded needles which presents a public health risk to others. Mounting public concern and campaigning by harm reduction advocates led to a proposal for the establishment of supervised injecting facilities (SIF) to ameliorate these problems and the Programme for Government contains a commitment to legislate for such facilities.

On 16 May the Misuse of Drugs (Supervised Injecting Facilities) Act 2017 (No. 7 of 2017) ⁴⁶ was signed by the President having been passed by the Oireachtas on 10 May. The Act will allow for the licensing and establishment of supervised injecting facilities by the Minister for Health. The HSE plans to establish the first SIF on a pilot basis in order to determine its utility, safety and cost effectiveness in an Irish context.

Risk of Overdose and Drug-Related Deaths

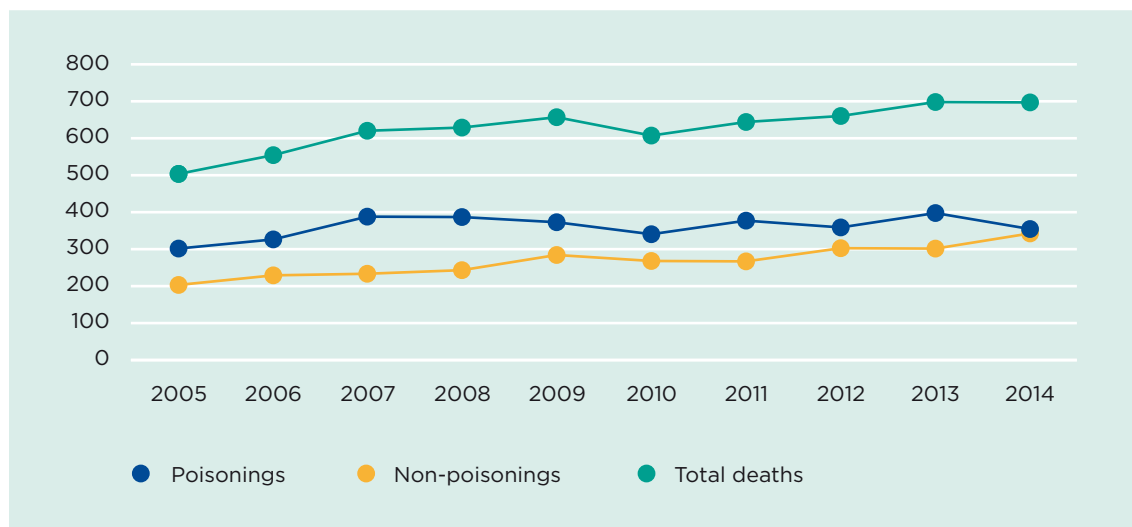
The Rapid Expert Review ¹⁰ noted that “drug-related overdose and other forms of avoidable mortality associated with drug use has to be a major concern for any future drug strategy as it is in this area that a large share of the health costs associated with drug use are accrued and thus also the area where the greatest potential benefits from intervening effectively may be obtained”.

There is a worrying level of overdose rates in Ireland. 4,256 non-fatal overdose cases, or poisoning by alcohol and/or other drugs, were recorded as being admitted to Irish hospitals in 2014. This reflected a marginal increase from 4,233 cases in 2013, but trends over time indicate a decrease from 2005 when there were 5,012 cases ⁴⁵.

In 2014, the EMCDDA reported the mortality rate due to overdoses (poisonings) in Europe was estimated at 18.3 deaths per million population for people aged 15–64 ⁴⁷. Estimates for overdose mortality rates in Ireland are much higher, at 71 per million, the third highest in Europe after Estonia (113 per million) and Sweden (93 per million). However, caution is required when interpreting overdose data across the EU for reasons which include systematic under reporting in some countries and registration processes that result in reporting delays.

According to the latest NDRDI figures available, the total number of drug-related deaths rose from 505 to 697 over the period 2005 to 2014 inclusive. The NDRDI reports on poisoning deaths (also known as overdose) which are due to the toxic effect of a drug, or combination of drugs, and on non-poisonings which are deaths among people who use drugs, as a result of trauma or medical reasons ⁸.

Figure 9: Drug-Related Deaths in Ireland 2005-2014



Source: National Drug-related Deaths Index

Deaths due to non-poisoning increased at a greater rate than poisoning deaths. Deaths due to poisonings remain a higher proportion of the total: the number of poisoning deaths increasing from 301 to 354 and non-poisonings deaths from 202 to 342, during the 10 year period. Many of these deaths are premature; half of all deaths in 2014 involved people aged 39 years or younger and three in four (523) involved males.

Alcohol was implicated in one in three drug-related deaths and remains the single most common drug implicated in deaths between 2004 and 2014. 59% of deaths where alcohol was implicated involved other drugs, mainly opiates. Three deaths per day in 2013 were alcohol-related and one in three self harm cases during 2013 were alcohol-related. Alcohol alone was responsible for 13% of all poisoning deaths.

The risk of overdose or death due to poisoning or fatalities caused by disease, infection or other effects of drug use is higher among those who inject drugs or those engaged in polydrug use. Opiates were the main drug implicated in deaths due to overdose. Two thirds of those who died in 2014 had taken a mixture of drugs. Benzodiazepines were the most common drug group involved in polydrug deaths.

This points to the need for overdose prevention strategies to reduce the incidence of both fatal and non-fatal overdose through the provision of targeted preventative responses for cohorts of the drug using population at higher risk of overdose. This should involve the targeting of known risk-periods, such as release from prison and leaving drug treatment.

The piloting of the Naloxone Programme by the HSE between 2015 and 2016 is an example of a successful measure to reduce overdoses and drug-related deaths among those who use drugs. The pilot project was supported by voluntary service providers, the Irish Prison Service and the National Family Support Network. The HSE Service Plan for 2017 includes a commitment to further expand the Naloxone Programme to other drug users and their families ⁴⁸. The HSE will continue to strengthen overdose prevention strategies in the coming years in order to maintain the focus on reducing drug-related deaths and non-fatal overdoses.



In addition, a clear ongoing association between certain types of non-poisoning deaths and mental health issues is emerging from the data. This points to a high level of such deaths involving persons experiencing both drug or alcohol misuse and mental health disorders (dual diagnosis). There was a 21% increase in deaths due to hanging between 2013 and 2014 and more than two thirds (67%) of people who died as a result of hanging had a history of mental health illness.

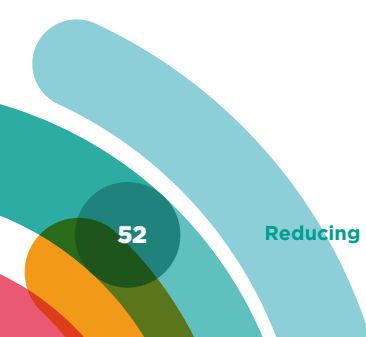
Ireland’s National Strategy to Reduce Suicide “Connecting for Life” sets out a vision of an Ireland where fewer lives are lost through suicide, and where communities and individuals are empowered to improve their mental health and well-being ⁴⁹.

Connecting for Life has seven goals:

1. Better understanding of suicidal behaviour
2. Supporting communities to prevent and respond to suicide behaviour
3. Targeted approaches for those vulnerable to suicide
4. Improved access, consistency and integration of services
5. Safe and high-quality services
6. Reduce access to means
7. Better data and research

This Strategy is being led by the Department of Health and involves actions assigned to the HSE, various Government departments and key statutory and non-statutory agencies in Ireland. Responsibility for monitoring and reporting systems to support the delivery of the Strategy has been assigned to the National Office for Suicide Prevention. The Strategy provides an implementation and evaluation structure to achieve each of the goals it proposes, with defined actions and a lead agency and key partners in place for each individual objective. It also has a strong partnership dimension, and aims for the coordination and implementation of the relevant goals and actions to generate outcomes which may not otherwise be achievable by bodies working in isolation.

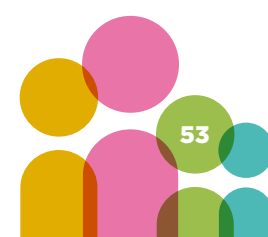
No.	Strategic Action	Delivered by:	Lead Agency	Partners
2.2.28	Continue to expand Harm Reduction Initiatives focused on people who inject drugs.	a) Expanding needle exchange programmes; b) Increasing the availability of screening and treatment for blood borne viruses and communicable diseases; and c) Increasing the uptake of Hepatitis C treatment.	HSE	C&V sectors
2.2.29	Provide enhanced clinical support to people who inject drugs and mitigate the issue of public injecting.	Establishing a pilot supervised injecting facility and evaluating the effectiveness of the initiative.	HSE	DOH, UISCE, Dublin City Council, Relevant Local Authorities, C&V sectors



No.	Strategic Action	Delivered by:	Lead Agency	Partners
2.2.30	Continue to target a reduction in drug-related deaths and non-fatal overdoses.	a) Finalising HSE-led Overdose Prevention Strategy with a particular focus on implementing preventative measures to target high-risk cohorts of the drug-using population and known overdose risk periods;	HSE	DOH
		b) Expanding the availability of Naloxone to people who use drugs, their peers, and family members;	HSE	C&V sectors, UISCE, NFSN, DATFs
		c) Developing synergies between <i>Reducing Harm, Supporting Recovery</i> and other relevant strategies and frameworks in particular "Connecting for Life" whose primary aim is to reduce suicide rates in the whole population and amongst specified priority groups; and	DOH	
		d) Providing suicide prevention training to staff working with young people in the area of alcohol and substance use, in line with Connecting for Life.	HSE	HSE DOH

Performance Indicators related to Goal 2

- % of problem drug users accessing treatment within 1 month of assessment (HSE figures).
- % of problem drug users aged under 18 accessing treatment within 1 week of assessment (HSE figures).
- Mental Health Clinical Programme on Dual Diagnosis and Joint Protocols between Mental Health services and Drug and Alcohol services in place (HSE figures).
- % of successful exits from treatment in a given year (NDTRS).
- % of problem substance users who have an agreed care plan (HSE figures).
- Number of people who received NDRF training (HSE figures).
- Reduction in the number of drug-related poisonings by 2020, as compared with 2016, based on latest data available in the reference period (NDRDI).
- Reduction in the number of deaths where opiates are implicated (NDRDI).



CHAPTER 5 – Goal 3: Address the harms of drug markets and reduce access to drugs for harmful use

Objective 3.1: Provide a comprehensive and responsive misuse of drugs control framework which ensures the proper control, management and regulation of the supply of drugs

Protecting the public from dangerous or potentially dangerous and harmful substances, while facilitating the safe use of certain controlled substances, which though harmful if misused, have medical and therapeutic value, is a core objective of Ireland's drug control framework. In line with our obligations under the international UN conventions, Ireland adopts a balanced approach to the drug problem, based on protecting public health, while engaging in national and international cooperation aimed at combating transnational organised crime and drug trafficking.

Ireland's law enforcement agencies play a vital role in enforcing drug laws and in the national effort to stem the flow of potentially harmful substances entering the illegal drug market. An Garda Síochána, Revenue's Customs Service, the Naval Service and the Health Products Regulatory Authority work together to protect public health and safety from the harms of the illegal drug market.

Ireland's misuse of drugs legislation provides for different levels of control of substances based on their health risk, potential for misuse and validity of legitimate use. Under Irish legislation, unless expressly allowed to do so, it is illegal to possess, supply, manufacture, import or export a controlled substance. Precursor chemicals which can be used in the illegal manufacture of narcotic drugs and psychoactive substances are controlled through an EU legislative framework.

The Misuse of Drugs legislation provides for criminal offences and penalties for these offences, including possession of drugs for personal use. There is a need to keep this legislation under review to respond to the changing drugs situation.

2016 was a significant year in the evolution of global policy on the drug problem. The UN General Assembly convened a special session on drugs in New York in April 2016⁵⁰. This conference was an important milestone in achieving the goals set out in the 2009 Political Declaration and Plan of Action on International Cooperation towards an integrated and balanced strategy to counter the world drug problem.

Ireland participated at UNGASS as a member state of the EU and supported the key strategic position of the EU on drugs policy, which welcomes a steady transition towards a more balanced global approach that includes aspects of public health based policies, while continuing to pursue efforts to counter transnational organised crime and drug trafficking.

New Psychoactive Substances (NPS)

The increased availability of new psychoactive substances (NPS) has been a matter of public concern over the past decade. From 2007/08 onwards, there was a proliferation of headshops in Ireland selling a wide range of substances which, while not then illegal under the Misuse of Drugs Acts, were presenting potential serious health risks for users. Many of these products, although often marketed as bath salts or plant food and not for human consumption, were clearly being sold for the purposes of being consumed for drug-like effects.

In tandem with education and awareness measures, the Government initiated a multi-pronged approach to targeting the activities of head shops and the sale of unregulated psychoactive substances and there were related actions in the 2009-2016 strategy ².

In May 2010, the Government made an order declaring approximately 200 psychoactive substances to be controlled drugs for the purposes of the Misuse of Drugs Acts and the Minister for Health introduced the necessary regulations to control these substances. These instruments, which made the possession and supply of the substances concerned subject to criminal sanctions under the Misuse of Drugs Acts, covered most substances then commonly being sold in head shops. Since that time, more than 260 NPS have been controlled under Misuse of Drugs regulation.

Experience has shown that new psychoactive substances can quickly emerge and there will always be a time lag before such new substances can be made subject to control under the Misuse of Drugs Acts. For that reason, the Government also decided in May 2010 to introduce the Criminal Justice (Psychoactive Substances) Bill as a general criminal justice measure to deal with new psychoactive substances as they emerge on the drug market. The Bill was drafted as a matter of priority and was signed into law on 14 July 2010. The Act ⁵ came into operation on 23 August 2010.

The Criminal Justice (Psychoactive Substances) Act 2010 ⁵ makes it a criminal offence to sell, import or export, for human consumption, a psychoactive substance which is not regulated or controlled under other legislation.

Drug Driving

Driving under the influence of drugs is a problem in Ireland, as it can impair ability to drive. The Medical Bureau of Road Safety (MBRS) found that out of the 9,734 specimens of blood and urine tested for the presence of a drug or drugs between the years 2009 and 2015, 6,232 or 64% tested positive ⁵¹. The Road Traffic Act 2016 ⁶⁴ gives An Garda Síochána new powers to test drivers for drugs at the roadside and in Garda stations. Current provisions for Mandatory Alcohol Testing (MAT) checkpoints will be extended to provide for Mandatory Intoxication Testing (MIT) checkpoints testing drivers for both alcohol and drugs. The new measures commenced on 13th April 2017. The Road Safety Authority has recently launched a campaign to increase awareness of the new measures which will include an ad campaign, a social media campaign and updated leaflets on drugs and driving and taking medicines while driving.

Strategic Review of Penal Policy

The Final Report of the Working Group on a Strategic Review of Penal Policy of July 2014 ⁵² contains recommendations in relation to the extension of Restorative Justice Programmes, the Adult Caution Scheme and Mandatory Minimum Sentencing. This report, which is currently being implemented, will deal with criminal behaviour including drug-offending behaviour. Developments in relation to the implementation of the report will be monitored under the new strategy.

An inter-agency Working Group on Alternatives to Prosecution was established by the Criminal Justice Strategic Committee (CJSC) on foot of separate recommendations from the Penal Policy Review and the Garda Inspectorate that consideration be given to extending the scope of the Adult Caution Scheme. The Inspectorate had further recommended that drug possession offences be specifically considered for inclusion in this Scheme. In its final report to the CJSC, the Working Group recommended (inter alia) the extension of the Scheme to encompass first-time offences involving possession of a controlled substance for personal use ('simple possession'). This recommendation is currently under consideration by the relevant authorities and a decision is expected shortly.

Spent Convictions

The Criminal Justice (Spent Convictions and Certain Disclosures) Act 2016⁶⁵ provides for certain convictions to become spent once 7 years has passed since the date of conviction. The purpose of the legislation is to provide that persons who have made a mistake by committing a minor offence in the past and paid the price, can move on with their lives after the appropriate time and will not be held back. In accordance with the provisions of the Act the following convictions will be spent:

- All convictions in the **District Court** for motoring offences which are more than 7 years old will be spent, with the proviso that spent convictions for dangerous driving are limited to a single conviction.
- All convictions in the **District Court** for minor public order offences which are more than 7 years old will be spent.
- In addition, where a person has one, **and only one**, conviction (other than a motoring or public order offence) which resulted in a term of imprisonment of less than 12 months (or a fine) that conviction will also be spent after 7 years. This provision will apply to either a District Court **or** Circuit Court conviction.

It should be noted that serious offences, including most importantly criminal actions directed against children and vulnerable persons, are not within the scope of the Act.

The Act was commenced in full on 29th April 2016. The Steering Committee is of the view that the operation of the Act should be reviewed after a period in operation to ensure that pathways to rehabilitation and a normal life for those who have committed offences during a period of drug use are not unduly affected by the system of recording of convictions. It was noted by the Steering Committee that the Act will be liable for post-enactment scrutiny at the discretion of the Justice & Equality Committee under the new Dáil procedures.

Sanction Options

Within the Criminal Justice System there are a range of options available to the Court in dealing with those who have committed a criminal offence. The legislature generally sets the maximum sentence that can be imposed within the drugs legislation and it is then a matter for the judiciary to decide what is the appropriate sentence in a particular case taking into account all the circumstances surrounding the crime and the individual offender. The range of options available to the Court in dealing with drug offences can include fines, custody, imposition of a Peace Bond/Probation Order, suspended sentence etc.

Drug Treatment Court

Ireland also provides for a drugs treatment court to assist offenders with drug-related problems. District Courts may refer cases to the Drugs Treatment Court. These cases are in the first instance assessed for participation by the Probation Service and subject to suitability/motivation, their progress will be monitored by the Drugs Treatment Court and monitored/supported through an interagency model. The focus of this intervention is on addressing the substance misuse issues and thereby supporting the offender desist from crime reducing the likelihood of further offending. The process is diversionary and can prevent progression to conviction for those referred. It was noted that this intervention is cross-cutting, involving an alternative to imprisonment and referral to treatment and education interventions.

The Minister for Justice and Equality is examining options as a way forward for the operation of the Drug Treatment Court. The matter will be progressed alongside wider justice reforms that are also under consideration, such as the proposal to establish a Community Court. An independent review of the Drug Treatment Court could inform the Minister's deliberations, and the initiative should continue to be supported in the meantime.

Community Justice Intervention

It should also be noted that a working group within the Justice Sector has been examining proposals for the development of a 'Community Justice Intervention' initiative aimed at tackling low level adult offenders (i.e. those committing relatively minor offences in specific offence categories) and effectively addressing their offending behaviour. This would be a diversion from the courts system and would have the potential to respond more effectively to one-off and repeat, low level offending with the emphasis on speedy processing aimed at reducing the risk of re-offending and also to provide quick referral to the necessary services for those that need them. This work is at the very early stages and is on-going.

Alternative Sanctions for Drug Possession

Many people who use drugs problematically, come into contact with the criminal justice system and acquire criminal convictions, either directly or indirectly related to their drug use. Criminal convictions can represent a serious impediment for people seeking to move on from drug misuse and involvement in crime, particularly in the areas of access to employment, housing and travel.

It is worth noting that "UNGASS 2016" encouraged the development of "alternative or additional measures with regard to conviction or punishment in cases of an appropriate nature, in accordance with the three international drug control conventions" ⁵⁰.

In June 2015, a joint parliamentary committee on Justice, Defence and Equality visited Portugal and discussed the approach to drug addiction adopted there since 2001. It was reported that the approach in Portugal has had a very positive result for the communities concerned and is therapy-based rather than punitive. Under this system, people found in possession of drugs are brought in front of a commission made up of a social worker, a psychiatrist and a lawyer.

Following the visit and subsequent public hearings, the Committee concluded that a health-led approach may be more effective and more appropriate for those found in possession of a small amount of illegal drugs for personal use, rather than a criminal sanction.

The Committee's report recommended that the possession of a small amount of illegal drugs for personal use, could be dealt with by way of a civil or administrative response rather than via the criminal justice route. It also highlighted the need for research to ensure that the adoption of any alternative approach would be appropriate in the Irish context.

There is a need to explore the approaches taken in other jurisdictions to the possession of small quantities of drugs for personal use in light of the recommendations in the report. This should include a review of the current legislative regime in Ireland that applies to simple possession offences and the rationale underpinning this approach.

No.	Strategic Action	Delivered by:	Lead Agency	Partners
3.1.31	Keep legislation up-to-date to deal with emerging trends in the drugs situation.	Keeping legislation under review, against the background of national, EU and broader international experiences and best practice, to deal with emerging trends, including: a) new synthetic substances; b) new or changed uses of psychoactive substances; and c) the evolving situation with regard to drug precursors and the surface web and dark net drug markets.	DOH, DJE	AGS, Revenue's Customs Service, HPRA



No.	Strategic Action	Delivered by:	Lead Agency	Partners
3.1.32	Reduce rates of driving under the influence of drugs.	Implementing the measures relating to the testing of drivers for drugs and alcohol contained in the Road Traffic Act 2016.	DTTAS	
3.1.33	Reduce drug-offending behaviour and promote rehabilitation.	Implementing the recommendations of the Final Report of the Working Group on a Strategic Review of Penal Policy of July 2014 relating to drug-offending behaviours.	DJE	
3.1.34	Map the future direction and objectives of the Drug Treatment Court.	<ul style="list-style-type: none"> a) Carrying out an independent evaluation of the Drug Treatment Court; and b) Continuing to support the operation of the Drug Treatment Court, having regard to the recommendations made in the 2013 review ⁵³, pending the outcome of the evaluation. 	DJE	
3.1.35	Consider the approaches taken in other jurisdictions to the possession of small quantities of drugs for personal use with a view to making recommendations on policy options to the relevant Minister within 12 months.	<p>Establishing a Working Group to consider the approaches taken in other jurisdictions to the possession of small quantities of drugs for personal use in light of the Report of the Joint Committee on Justice, Defence and Equality on a Harm Reducing and Rehabilitative approach to possession of small amounts of illegal drugs to examine:</p> <ul style="list-style-type: none"> a) the current legislative regime that applies to simple possession offences in this jurisdiction and the rationale underpinning this approach, and any evidence of its effectiveness; b) the approaches and experiences in other jurisdictions to dealing with simple possession offences; c) the advantages and disadvantages, as well as the potential impact and outcomes of any alternative approaches to the current system for the individual, the family and society, as well as for the criminal justice system and the health system; d) the identification of the scope of any legislative changes necessary to introduce alternative options to criminal sanctions for those offences; e) a cost benefit analysis of alternative approaches to criminal sanctions for simple possession offences; and f) make recommendations to the relevant Minister within twelve months. 	DOH, DJE (Joint)	AGS, Relevant Departments and agencies

Objective 3.2: Implement effective law enforcement and supply reduction strategies and actions to prevent, disrupt or otherwise reduce the availability of illicit drugs

Law enforcement is increasingly faced by a more joined up and globalised drug market. Drug trafficking groups increasingly exploit the opportunities that this presents, which can include the growth in container traffic and parcel delivery services. Organised crime groups increasingly establish operational links between countries, or to operate on a transnational basis. Demographic changes in Europe also mean that crime organisations can exploit the existence of new migrant communities resulting in the need for law enforcement to identify and target new organisations becoming active on their territories.

The increased prevalence of cannabis cultivation facilities has led to a shift in the market, with domestically produced high potency herbal products becoming more available and displacing imported resin. The growth of the cannabis market in Ireland is associated with increased levels of criminality, including drug-related intimidation and violence.

The evolution and spread of NPS continues to be a persistent threat, with the injecting of synthetic high potency opioids resulting in harmful consequences for vulnerable users, such as the risk of contracting blood-borne viruses.

Significant law enforcement efforts have been invested in intercepting drugs destined for the Irish market. International operations spearheaded by law enforcement agencies have resulted in significant seizures and the disruption of organised crime networks involved in the importation, distribution and sale of illegal drugs in this country.

Ireland participates in international drug fora at EU, Council of Europe and UN level, as part of the international effort to counter the world drug problem. An Garda Síochána, Revenue's Customs Service and the Naval Service actively work with partners at EU and other international levels to intercept drugs, and precursors for diversion to the manufacture of drugs, being trafficked to Ireland. National and international cooperation between law enforcement agencies and other bodies, including those involved in identifying and confiscating the proceeds of crime, will continue to be strengthened through the international mechanisms for cross border cooperation.

The expansion of online markets for drugs, mentioned above, represents a new and potentially growing challenge, as do changes in synthetic drug and cannabis production. The internet facilitates movement of products, money and information across global borders. Medicines and other substances, including controlled drugs, can be sourced through the dark net and the surface net. When a website selling psychoactive substances is taken down, it is replaced by other websites, almost immediately. Capacity building measures will be necessary to provide the technical support and know-how to enable law enforcement agencies to effectively monitor online drug markets and prevent their use as a means of trafficking illegal drugs and other substances into Ireland.

In line with the Garda Síochána Strategy Statement 2016-2018⁵⁴, and supported by the Garda Síochána Modernisation and Renewal Programme for the period 2016-2021⁵⁵, An Garda Síochána will continue to confront drug-related crime utilising intelligence-led operations and multi-disciplinary approaches to targeting organised crime groups and individuals involved in crime.

An Garda Síochána has recently strengthened its response to organised criminality including drug crime through the establishment in 2016 of a consolidated Garda National Drugs and Organised Crime Bureau (GNDOCB). The GNDOCB works closely with other specialist National Garda Units including the newly established Special Crime Task Force and with local Garda Divisions in targeting persons involved in drug-related criminality.

Multi-disciplinary approaches will continue to be utilised to ensure the activities of individuals and groups involved in criminal enterprise are effectively targeted, including the use of the proceeds of crime legislation, money-laundering legislation and the powers of the Criminal Assets Bureau (CAB). The GNDOCB works closely with the CAB in a collaborative approach to ‘follow the money’ and target proceeds of crime.

Recognising the importance of this approach, An Garda Síochána is committed to strengthening the role played by Divisional Asset Profilers in working with the CAB so as to target the proceeds of crime at local level, including proceeds of crime generated by low and mid level criminals.

Community Impact Statements (CIS) are used in the criminal justice system in the UK to provide relevant and useful additional information about the impact crime or a particular incident is having on a particular community. A CIS is a statement compiled with the authority of a Police Force in active partnership with the community and other stakeholders, describing the impact of anti-social-behaviour on a specific neighbourhood or identifiable group of people. The intention is to enable better informed decisions that are made with the knowledge of the local context and can be used throughout the justice system.

In order for CIS to be used in the Criminal Justice system in Ireland, legislation would be required. The Group noted that the Garda Inspectorate Report on Crime Investigation recommends that An Garda Síochána, in consultation with the Director of Public Prosecutions, should consider the use of CIS in the Criminal Justice system in Ireland. In addition the Group noted that the Garda Commissioner has set up a group to examine the recommendations of the Garda Inspectorate Report 2014⁵⁶, which refer to the use of Community Impact Statements in Ireland.

No.	Strategic Action	Delivered by:	Lead Agency	Partners
3.2.36	Support the role of law enforcement authorities in monitoring drug markets, in particular new drug markets, surface web and darknet drug markets.	Investing in capacity building measures to support the role of law enforcement authorities in monitoring drug markets, in particular new drug markets, surface web and darknet drug markets.	AGS, Revenue Custom's Service	DOH, DJE, HPRA
3.2.37	Consider the case for the use of Community Impact Statements within the Criminal Justice System in Ireland.	Subject to the completion of the Garda examination of Community Impact Statements, bringing forward recommendations on their implementation.	AGS	

Objective 3.3: Develop effective monitoring and responses to evolving trends, public health threats and the emergence of new drug markets

Ireland's Early Warning and Emerging Trends committee is chaired by the Department of Health. This committee is currently the forum through which information from national and EU sources on new psychoactive substances (NPS) of concern is received and shared, in the context of Council Decision 2005/387/JHA on information exchange, risk assessment and control of new psychoactive substances.

One of the major challenges facing Customs Administrations and Law Enforcement agencies in general is the ability to rapidly and easily identify NPS when encountered. This task is made more difficult by the wide range and complexity of products available on the market, together with the tendency for manufacturing chemists to make frequent, and often minor, changes to composition which takes them outside the analytical capability of available frontline technology. A lack of international research on the composition and effects of NPS can hamper efforts to place controls on such substances and provide expert testimony in court cases involving the sale or supply of NPS.

Reporting and analysis

Monitoring work also includes the reporting and analysis of data relating to the distribution and sale of controlled substances and the scientific analysis of drugs seized. The latter is particularly important with regard to NPS. The range and complexity of NPS and the unpredictable, sometimes catastrophic, nature of their effect on the user requires a closely integrated early warning system that can respond to incidences and report accurately and quickly. This system facilitates communication between a range of information sources in health and law enforcement agencies, laboratories and government departments.

Monitoring NPS presents challenges to laboratories and there is a need to develop analytical capacity, data collection and public warning mechanisms. It is essential to avoid inaccurate communication around high profile drug ingestions and laboratories need to develop the analytical protocols for accurate identifications of substances and distinguish between analogues with only tiny variations.

Government recognises the importance of developing the analytical capacity of the laboratories involved in identifying substances, and has made a commitment to provide funding in the capital expenditure programme for the construction of a purpose built new laboratory for Forensic Science Ireland (FSI), with €6m prioritised to enable the commencement of building work two years earlier than originally scheduled.

Presumptive Drug Testing

Presumptive Drug Testing (PDT) was introduced in February 2011. It is limited to Section 3 (personal possession) cases involving Cannabis, Cannabis Resin or Cocaine where the suspect admits that the substance is one of these drugs and that it is for his or her immediate personal use. PDT was introduced to reduce the number of Section 3 cases being submitted to FSI for analysis so as to permit it to focus its analytical resources on Section 15 (dealing) cases. However, the system has had only limited success. The principal reason for this is legal issues, which arise in the District Courts. The matter continues to be examined by the Working Group to Identify and Report on Efficiencies in the Criminal Justice System/Circuit and District Court.

No.	Strategic Action	Delivered by:	Lead Agency	Partners
3.3.38	Strengthen the response to the illegal drug market, including the changing nature of new psychoactive substances.	<p>a) Continuing to develop systems to monitor changing drug trends in line with the EU Early Warning System;</p> <p>b) Completing the development of the HSE public alert system for adverse events due to drugs and commencing implementation;</p> <p>c) Supporting government funded laboratories, tasked with analysis of drugs of abuse, to engage in novel analytical development work, in relation to psychoactive drugs but especially new psychoactive substances (licit or illicit), while continuing to fulfil their core functions;</p> <p>d) Providing funding in the capital expenditure programme for the construction of a purpose built new laboratory for Forensic Science Ireland with €6m prioritised to commence the project immediately; and</p> <p>e) Strengthen the legal robustness of Presumptive Drug Testing (PDT) to contribute to the timely prosecution of Section (3) drug-related offences.</p>	<p>DOH</p> <p>HSE</p> <p>DPER, DTTAS</p> <p>DJE</p>	<p>HSE, HRB, FSI, State Lab, MBRS AGS</p> <p>DOH, HSE, DJE</p>

Performance indicators related to Goal 3

- Participation of relevant sectors and experts in the Early Warning and Emerging Trends Sub-Committee (DoH).
- Timely and coherent response to adverse incidents (HSE figures).
- The volume of drugs seized that are considered to be intended for the Irish market (AGS/Revenue's Customs data).
- Number of prosecutions for importation, manufacture and distribution of illicit drugs (Recorded Crime Offences).
- The number of supply detection cases (Recorded Crime Offences).

CHAPTER 6 – Goal 4: Support participation of individuals, families and communities

Objective 4.1: Strengthen the resilience of communities and build their capacity to respond

Promoting community participation and involvement

Building the resilience of communities to respond to the drug problem is a key feature of Ireland's drugs policy. It recognises the importance of enabling communities to participate in shaping the decisions that affect them, through providing opportunities for meaningful participation and engagement in policy development and decision-making.

There are a great variety of community and voluntary organisations in Ireland whose knowledge of local concerns and commitment to their own area helps to build a community's capacity to respond to these concerns with flexibility and sensitivity. Such organisations play a valuable role in promoting positive social change, in partnership with the local communities and communities of interest they serve.

Supporting social connectedness and involvement in community life are key to empowering people at the individual level and building strong communities for health and wellbeing. This approach is a core theme of the Healthy Ireland Framework, which states that building awareness of and action on the social determinants of health will assist communities to organise and mobilise their response to the challenges that affect health and wellbeing within their own communities.

Community organisations working in disadvantaged areas give a voice to the most marginalised and build the capacity of individuals, families and communities to organise and participate in decision-making around the issues that affect them. Prevalence of poor health and social problems is markedly higher in those communities with the greatest levels of deprivation. These are the communities most susceptible to consequences of problem drug use.

Understanding the underlying socio-economic and cultural factors which contribute to the drug problem has resulted in the development of an integrated whole-of-government response based on a partnership approach between the statutory, community and voluntary sectors. As key stakeholders in addressing the drug problem, it is crucial that communities are supported to effectively participate in partnership structures at local, regional and national level. The need for improved coordination in service provision and to utilise the knowledge and experience of local communities in designing and delivering those services led to the establishment of Local Drugs Task Forces (LDTFs) in areas with the highest prevalence of problem drug use. Regional Drugs Task Forces (RDTFs) were later established to complement this effort in the parts of the country not covered by the LDTFs. They have been key to the development of practical services such as treatment and rehabilitation facilities through supporting and funding local initiatives. Task Forces have also played a key role in harnessing the efforts of community groups, families and local residents and have built partnerships with statutory services and local representatives.

Local Community Development Committees (LCDCs) are responsible for directing SICAP funding to those areas that are most socially disadvantaged, in accordance with the needs and priorities identified in the Local Economic and Community Plans and the County Development Plans informed by the key demographics for each area. There is potential for LCDCs to improve their links with Task Forces over time. SICAP's vision is to improve the life chances and opportunities of those who are marginalised in society, living in poverty

or in unemployment, through community development approaches, targeted supports and interagency collaboration. SICAP Programme Implementers actively encourage the engagement and participation of disadvantaged individuals and marginalised communities in local development and supports them to enhance their participation in local, regional and national decision-making structures.

Participation in key decision-making structures, whether local councils or structures within Public Participation Networks (PPNs), allows SICAP target groups to affect change in their locality, increase their sense of empowerment and ultimately to improve their wellbeing. Whilst operating within a national programme framework, the programme affords sufficient local flexibility to Programme Implementers to be able to respond to local priorities as individual communities throughout the country have particular needs and circumstances may differ considerably between them.

Initially established in response to a largely heroin problem, Task Forces have had to adapt to an evolving drug situation. During the period of the current strategy, cannabis has become the main problem drug for young people presenting to treatment services for the first time. Polydrug use, misuse of prescription medication and new psychoactive substances present new challenges to the overall health and security of communities. Alcohol misuse, particularly in combination with other forms of problem drug use, presents particular difficulties in marginalised communities. In recognition of the scale of the difficulties associated with alcohol, and of the potential of community mobilisation in responding to it, the Task Forces were renamed Drug and Alcohol Task Forces (DATFs) in 2012.

Targeting communities affected by the drug problem

The consequences of substance misuse affect different communities disproportionately. The analysis provided in the Performance Measurement Framework for Drug and Alcohol Task Forces confirms that there is a close connection between the level of problem substance use and levels of deprivation and other adverse social conditions in urban areas. The relevance of the Framework to improved targeting of resources on the basis of social need and reducing the negative impact of socio-economic disparities is outlined in more detail in Chapter 8 of this report.

There are a number of data sources available that can be used both to identify risk factors in a particular area and assess the impact of efforts to strengthen protective factors. Using information on the prevalence of opiate use and other high risk drug use, we can identify the areas most affected. Drug-related deaths information from communities most affected by the fatal consequences of substance misuse help to establish the link between social and economic determinants and drug-related mortality.

It can be difficult to assess the real impact of drug markets and other illegal activity on a community, even when the consequences of these activities are very apparent to the people living there. One approach might be to identify indicators, derived from health, law enforcement and other monitoring systems, that can be used to measure the effects of high level problem drug use, and the crime and antisocial behaviour associated with it, within a defined area. Analysis using these indicators could provide valuable information to a community preparing and evaluating a response to these problems.

Criminal activity and an active illicit drug market can create an intimidating and frightening environment in an affected community. The concentration of illicit drug markets in particular areas means that already marginalised communities must also deal with social and public disorder and property crime associated with the sale and distribution of drugs. The use of violence or the threat of violence to enforce debts further impacts on these communities by creating an atmosphere of fear and undermining the health and wellbeing of families affected and the wider community.

The National Drug-Related Intimidation Reporting Programme, developed by the National Family Support Network and An Garda Síochána, provides a framework to allow reporting of an incident of intimidation to a nominated inspector. Further development of the community approach to this problem will need to be informed by evaluations of these and other initiatives being undertaken in a number of Task Force areas. A review by the HRB of the international literature on gang prevention, desistance from gangs and criminal and legal interventions to counter gang activity, will be useful in informing the development of a collaborative response to intimidation involving law enforcement agencies, social services, schools and community organisations ⁵⁷.

The task of building safer, more resilient communities will be helped by the type of cooperation and mutual support between An Garda Síochána and community representatives that has been established during the period of the first two drug strategies. An Garda Síochána representatives sit on Task Forces, and mechanisms such as Local Policing Fora help to build important intra-sectoral relationships within communities.

Joint Policing Committees facilitate the important work of consultation and cooperation between An Garda Síochána, local authority officials and community representatives on which effective community policing depends. In line with the Garda Síochána Strategy Statement 2016-2018 ⁵⁴ and the 2017 Crime Prevention and Reduction Strategy ⁵⁸, and supported by the Garda Síochána Modernisation and Renewal Programme 2016-2021 ⁵⁵, An Garda Síochána is continuing to promote and embed a new community policing ethos across An Garda Síochána to enhance trust and confidence and to ensure a visible, accessible and responsive service and implement a suite of customised crime prevention approaches to protect communities from crime.

A range of initiatives designed to deliver on strategic commitments will include strengthened community engagement through the Community Policing Teams and Community Safety Fora so as to identify neighbourhood issues impacting on the quality of life and the measures needed to address them. As part of the crime prevention through partnership response, An Garda Síochána is also committed to designing and implementing a revised approach to offender management including youth offenders and recidivist offenders in the community through inter-agency partnerships.

Recognising the harm caused by drug-related debt intimidation, An Garda Síochána will carry out an evaluation of the Drug-Related Intimidation Reporting Programme to strengthen its effectiveness and to identify further opportunities to build on that work through Community Safety Fora and the creation of linkages with community policing and the asset profiling programme. The National Family Support Network, who have worked with An Garda Síochána to build support for this programme, will also carry out their own evaluation from the perspective of their network. These reviews will further inform development of the reporting programme by An Garda Síochána and the National Family Support Network.

The depth of experience and knowledge built up by the community sector in responding to this situation will be an immensely valuable resource to this strategy.

No.	Strategic Action	Delivered by:	Lead Agency	Partners
4.1.39	Support and promote community participation in all local, regional and national structures.	Supporting and promoting community participation in all local, regional and national structures.	DOH	Community Sector, LAs, DHPLG, DATFs
4.1.40	Measure the impact of drug-related crime and wider public nuisance issues on communities.	Developing and piloting a Community Impact Assessment Tool in order to measure the impact of drug-related crime and wider public nuisance issues on communities.	C&V sectors	
4.1.41	Enhance the relationship between an Garda Síochána and local communities in relation to the impact of the drugs trade.	Building on the achievements of Local Policing Fora in providing an effective mechanism for building and maintaining relationships between an Garda Síochána and the local communities, in particular in relation to the impact of the drugs trade.	DJE, DHPLG, AGS	
4.1.42	Strengthen the effectiveness of the Drug-Related Intimidation Reporting Programme.	An Garda Síochána and the National Family Support Network will each carry out its own evaluation of the Drug-Related Intimidation Reporting Programme to strengthen its effectiveness and, if appropriate, develop measures to raise public awareness of the programme.	AGS, NFSN	

Objective 4.2: Enable participation of both users of services and their families

As important stakeholders, service users and their families have a key role to play in contributing to the planning, design and delivery of effective services. Service users, because of their direct experiences of services, have unique insights which are a valuable resource to those involved in developing services and interventions. Facilitating their involvement in the development and design of services is therefore a core objective of drugs policy.

The term 'service user' includes people who use health and social care services and their families. It also includes people who are potential users of health services and social care interventions, including people who use drugs, who may not yet have availed of treatment.

All HSE and HSE funded addiction services in primary care are expected to work within the *National Standards for Safer Better Healthcare*⁵⁹. These standards reflect many of the elements that have been outlined within *Reducing Harm, Supporting Recovery*, such as the importance of person-centred care and ensuring that service users' needs and preferences inform the planning, design and delivery of services.

Service user involvement is about facilitating people to become meaningfully involved in defining the issues of concern to them, in making decisions about factors that affect their lives, in formulating policies and in planning, developing and delivering services, and in taking action to achieve change.

Involvement in their own care or treatment plan

People who use services should have the opportunity to make informed decisions about their care and treatment, in partnership with their healthcare professional, including setting their own treatment and recovery goals. Good communication and the provision of adequate information is key to ensuring that people who use services are enabled to make informed decisions about their care, including informed decision-making to give or refuse consent to treatment. A key worker should be assigned to work closely with the service user to facilitate his or her participation in the care planning process, including the setting of treatment goals.

Patient safety and quality is one of the four core elements of the recently adopted HSE Accountability Framework. In addition, health professionals are guided by their codes of ethical and professional conduct. Assurance of patient safety requires active leadership, governance and clinical commitment to quality. Each substance misuse service should have a defined patient safety and quality operating framework to address service user advocacy, complaints and learning procedures, incident management and response, and substance misuse quality elements such as standards, guidelines, audit and performance indicators in order to foster a patient safety culture.

Peer-led services can support person-centred care, by providing social support to the individual during and after treatment.

Involvement in improving service delivery

In addition to being involved in their own care, service users should be enabled to participate in the development of local services. Services should provide service users with the opportunity to provide constructive feedback on both positive and negative experiences of attending the service. This may include suggestions about how to improve the service they are attending, participate in activities to facilitate feedback and discussion. This can be achieved through a variety of methods such as questionnaires, suggestion boxes, and regular meetings and can be on a one-to-one and/or group basis. The HSE plans to undertake a service user experience survey and to subsequently address the findings.

Involvement in decision-making structures

Service users should also be facilitated to participate in the local, regional and national decision-making structures of the strategy. Service users also have an important role to play in ensuring that the design and delivery of drug and alcohol treatment services meets the needs of those with drug or alcohol problems. Organisations, networks and advocates provide a platform for service users to voice their concerns and ensure that there is meaningful engagement at all levels. The consultation process for this strategy involved substantial engagement with service users across the country and networks of people who use drugs and services and their families were involved in the Steering Committee tasked with developing proposals for the new strategy.

Support for independent representation for those who use drugs, as well as those who are using services, is recognised good practice for enabling advocacy and improving outcomes.

No.	Strategic Action	Delivered by:	Lead Agency	Partners
4.2.43	Build capacity within drug and alcohol services to develop a patient safety approach in line with the HIQA <i>National Standards for Safer Better Healthcare</i> .	Requiring the delivery of services within a Quality Assurance Framework, which will a) standardise services; b) include basic tools in relation to safety, complaints, competencies and procedures around prescribing; and c) reflect a human rights based and person centred approach.	DOH	HSE
4.2.44	Promote the participation of service users and their families, including those in recovery, in local, regional and national decision-making structures and networks in order to facilitate their involvement in the design, planning and development of services and policies.	Actively supporting frontline services through capacity building measures using evidence-based models of participation in line with best practice.	DOH	Relevant Departments and Agencies, C&V sectors, DATFs, Networks of people who use drugs and alcohol, Networks of people who use services and Family Support Networks

Performance Indicators related to Goal 4

- Uptake of treatment in communities most affected by substance misuse (NDTRS).
- Changes in problem substance use in communities affected by deprivation (NDTRS).
- The number of deaths associated with drug use in marginalised communities (NDRDI).

CHAPTER 7 – Goal 5: Develop sound and comprehensive evidence-informed policies and actions

Objective 5.1. Support high quality monitoring, evaluation and research to ensure evidence-informed policies and practice

Monitoring

Ireland has good information on the substance misuse situation at a national level. Routine monitoring provides the information on the nature, extent and consequences of substance misuse needed to formulate evidence-informed policy, plan services and measure the effectiveness of the responses to this problem. In fulfilment of both European and national requirements, Ireland's monitoring system collects and analyses data on drug use in the general and school-going population, treatment demand, high-risk drug use and on consequences, such as infectious diseases, deaths and overdose.

Monitoring also provides information on harm reduction measures, and on prevention, rehabilitation and other demand reduction interventions. Data is gathered through special health surveillance systems, such as the National Drugs Treatment Reporting System (NDTRS), regular population surveys or studies, published evaluations and analyses. The HSE's data collection systems provide information on infectious diseases, needle exchange and non-fatal overdoses.

It is important that monitoring systems are aware of and in a position to exploit new sources of data. Longitudinal studies, such as TILDA – The Irish Longitudinal Study on Ageing or Growing up in Ireland, present opportunities to complement information from routine monitoring with insights into substance use behaviour of particular population cohorts. The analysis of trends over the past 10 years carried out to inform this strategy points out that most of the information on vulnerable groups was obtained from single studies¹¹. In order to observe trends we will need to explore ways of monitoring drug use and treatment uptake among the populations at particular risk.

Evaluation

The strategy will largely be implemented through interventions delivered by statutory, community and voluntary services. As evidence is one of the values underpinning the strategy, it will be expected that these interventions will be based on findings from the most recent scientific research and that their implementation will be carefully studied. The effectiveness of interventions will be established by measuring outcomes through a system of evaluation built into programme plans. This is particularly important when the available evidence does not clearly point to a particular course of action and innovative approaches are being followed. Evaluation also includes reporting on the extent to which the implementation of an intervention adheres to protocols and guidelines associated with the intervention.

Evidence-informed decision-making can be encouraged by working with services to improve their evaluation processes and adopt an outcomes-focussed approach to implementing interventions. DATFs, working with the HRB National Drugs Library, have identified a number of outcomes that are relevant to the progress of service users in recovery⁶⁰. These outcomes are organised by particular facets relevant to recovery such as personal circumstance and needs, relationships and employment and skills. The framework also identifies validated instruments that the Task Forces can use to evaluate these outcomes. This project builds on the HRB's research dissemination activities that include specially commissioned reviews, a research bulletin, an online library and web-based evidence resources.

Research

Research illuminates topics on which there is limited knowledge and tests the usefulness or appropriateness of new approaches to delivering services and coordinating responses. This work may involve primary research, secondary analysis of existing datasets, or synthesis of existing research to ensure the highest quality evidence is available to practitioners and policymakers. The HRB's review of reviews¹² is an example of this synthesis and the strategy will continue to build on this valuable resource. In order to derive maximum benefit, careful consideration should be given to implementing the findings of research and ensuring they are central to the decision-making process in service delivery. All research projects, including primary research and evidence syntheses should include a programme of dissemination and knowledge-to-action activities that engage the stakeholders who will be implementing the research findings.

While Ireland has good information at the national level, information on service needs and on the implementation of interventions at the local level is less comprehensive. As the Rapid Expert Review¹⁰ noted, there are well managed and evaluated programmes throughout the country. These could provide examples of good practice if there was a means of thoroughly cataloguing them and making this knowledge available in a systematic way. This resource could be very valuable in guiding decision-making and supporting innovative services who want to use evidence in the selection, implementation and measurement of interventions. Findings from individual programme evaluations can be aggregated and further analysed when there is a shared approach to measuring interventions that have outcomes in common. In this way, new evidence can be created leading to refinement and further service improvement. So, monitoring, evaluation, research and knowledge transfer are interdependent activities supporting good practice, consistency and more effective services.

Adapting swiftly to rapidly changing conditions using reliable information will be an essential attribute in the strategic response to substance misuse in the coming years. Developing this capacity will require reliable, timely and comparable information. A robust, flexible and inclusive system of monitoring, evaluation, knowledge transfer, and research can provide this resource.

No.	Strategic Action	Delivered by:	Lead Agency	Partners
5.1.45	Strengthen Ireland's drug monitoring system.	<ul style="list-style-type: none"> a) Continuing to monitor the drug situation and responses for national and international purposes using EMCDDA protocols and existing data collection systems, while ensuring that Ireland can respond to new data monitoring requests arising from the National Oversight Committee and the European Union during the term of the Strategy; b) Separating the organisation and budgeting of routine monitoring from research projects; c) Requesting all remaining hospital emergency departments include the monitoring of attendances as a result of alcohol and drugs use in their electronic patient system; and d) Developing a suitably integrated IT system which allows for the effective sharing and collection of appropriate outcome data. 	<p>HRB</p> <p>DOH</p> <p>DOH</p> <p>HSE</p>	DOH, HSE, HRB
5.1.46	Support evidence-informed practice and service provision.	<ul style="list-style-type: none"> a) Ensuring that public funding is targeted at underlying need and supports the use of evidence-informed interventions and the evaluation of pilot initiatives; b) Designating the Health Research Board as a central information hub on evidence on the drugs situation and responses to it; c) Ensuring that mechanisms are in place to communicate this evidence in a timely manner to those working in relevant healthcare settings, including in acute and emergency care; and d) Developing collaborative relationships with third level institutions in the area of drugs and alcohol so as to further government funded research priorities. 	DOH	DES, DSP, DCYA, HSE, IPS, PS, HRB
5.1.47	Strengthen the National Drug Treatment Reporting System (NDTRS).	Requiring all publicly funded drug and alcohol services to complete the NDTRS for all people who use services.	DOH, DJE	HSE, IPS, C&V sectors
5.1.48	Develop a prioritised programme of drug and alcohol-related research on an annual basis.	Harnessing existing data sources in the drug and alcohol field in order to enhance service delivery and inform policy and planning across government and the community and voluntary sectors, and having done so, identify deficits in research in the field to enable the development of a prioritised programme on an annual basis.	DOH	HSE, HRB



No.	Strategic Action	Delivered by:	Lead Agency	Partners
5.1.49	Improve knowledge of rehabilitation outcomes.	Undertaking a study on rehabilitation outcomes, which takes into account the experience of service users and their families, and examines their outcomes across multiple domains, building on work already undertaken.	DOH, HRB (joint)	HSE, UISCE, NFSN, C&V sectors

Performance Indicators related to Goal 5

- Report on the 5 EMCDDA epidemiological indicators:
 - prevalence and patterns of drug use in the general population;
 - prevalence and patterns of problem drug use (opiate use);
 - demand for drug treatment;
 - drug-related deaths and mortality of drugs users; and
 - drug-related infectious diseases.
- Increase in the number of publicly funded drug and alcohol services completing NDTRS forms (NDTRS).
- Annual prioritised research programme agreed.

CHAPTER 8 – Strengthening the performance of the strategy

Resources should be directed towards those interventions and strategies which are most likely to lead to a reduction in problem substance use and a positive improvement in public health, safety and wellbeing. The need for a way of measuring the overall effectiveness of the response to the drug problem is therefore an important objective of public policy.

The level of progress achieved in delivering on the goals and related objectives and actions of the strategy will be determined using performance indicators linked to each objective. In addition, the key bodies responsible for delivering the strategic actions will be required to report on progress on an annual basis to the Minister with responsibility for the National Drugs Strategy. Monitoring of the progress in implementing the strategy will be supported by a coordinated system of monitoring, evaluation and research as set out in Goal 5.

A performance measurement system has been developed by independent external consultants, Trutz Haase Social and Economic Consultants, to help Government assess whether the drugs strategy is leading to an improvement in problem substance use across the country⁶¹. This measurement system goes further than an examination of progress in delivering on the actions to support implementation of the strategy and their results, as set out in an annual report. The performance measurement system is primarily concerned with the net effects of the strategy at the population level, in particular, the effects on the health, wellbeing and quality of life of people living in local and regional DATF areas.

Reducing Harm, Supporting Recovery has a number of population-based objectives and it is only by measuring the population effects of interventions that these objectives can be evaluated. The system takes into account the complex range of factors that can increase the risk of problem substance use in an area, such as social problems, deprivation and levels of social housing. When results at the local level are aggregated the success of the strategy as a whole can be assessed.

The model which is at the core of the measurement framework makes predictions regarding the level of problem drug use in a small area based on a number of social indicators describing levels of deprivation, urbanity and social class. It then compares the predicted level of problem substance use with the actual prevalence of problem substance use, on the basis of routine monitoring systems, such as drug treatment data. If significant changes in problem drug or alcohol use are found from one year to the next, or differences are observed between DATF areas, there is an opportunity to analyse why such differences have emerged.

By identifying reasons for differences in outcomes, important and valuable information can be obtained to support the successful implementation of the strategy. It will also facilitate performance improvement in areas of the country where the strategy appears to be less successful. This can also help DATFs improve their actions and interventions over time.

The performance measurement system incorporates a resource allocation model (RAM) to enable funding to be allocated on a more equitable and rational basis which takes account of underlying need in DATF areas and targets those communities which face a higher risk of substance misuse. The RAM is currently based on the DATF global allocation, but it is intended that over time the RAM will take into account the totality of public funding at the disposal of the DATF partners. As information systems improve in the coming years, the performance measurement system can draw upon more data sources to develop a more precise measure of problem substance use.

The active participation and collective buy-in of all the key stakeholders will be extremely important to the success of the system. Bringing forward measures to achieve positive change and improve outcomes for individuals, families and communities affected by problem substance use will require the commitment of all the key departments, agencies, DATFs and service providers. It is therefore intended to develop an implementation plan to operationalise the Performance Measurement Framework by 2020, in consultation with relevant stakeholders and sectors. The implementation plan will aim to ensure that Task Forces have appropriate arrangements in place for the selection and renewal of the Chair and members of the Task Force and have proper procedures in place for addressing conflict of interest. It is envisaged that these arrangements will be in line with the principles outlined in the Review of Drug Task Forces (2011/12) ⁶².

No.	Strategic Action	Delivered by:	Lead Agency	Partners
6.1.50	Develop an implementation plan to operationalise a Performance Measurement System by 2020 which will support <i>Reducing Harm, Supporting Recovery</i> , improve accountability across the statutory, community and voluntary sectors and strengthen the Drug and Alcohol Task Force model, in consultation with relevant stakeholders and sectors.	<ul style="list-style-type: none"> a) Phasing in the introduction of a resource allocation model (RAM) to achieve a more equitable distribution of resources across Task Force areas. This will involve monitoring and assessing the evidence from the operation of the RAM on an annual basis; b) Identifying where significant changes in problem drug or alcohol use are found from one year to the next, or differences are observed between areas, and analysing why such differences have emerged with a view to successfully implementing the strategy and assisting DATFs improve their actions and interventions over time; c) Improving the alignment of Task Force boundaries; d) Ensuring that Task Forces have appropriate arrangements in place for the selection and renewal of the Chair and members of the Task Force and have proper procedures in place for addressing conflict of interest; e) Building the capacity of DATFs to participate in the Performance Measurement System; and f) Coordinating a cross-Departmental approach at national and local level to allow for the gathering of the appropriate information and data streams to feed into the ongoing organic further development of the Performance Measurement Framework. 	DOH	HSE

The coordination of the implementation of the 2009-2016 National Drugs Strategy was initially led by a Minister/Office of the Minister for Drugs at the Department of Community, Rural and Gaeltacht Affairs. The organisational structure of the current strategy is set out in the figure below.

Figure 10: Organisational structure of the National Drugs Strategy 2009–2016

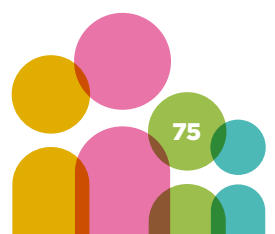


The main role of the **Office of the Minister for Drugs** was to ensure national coordination of the Strategy, support policy development, support the work of the Task Forces, support the National Advisory Committee on Drugs (NACD), and support the community and voluntary sector. Following a change of Government in 2011, the national drugs strategy function was transferred to the Department of Health and the functions of the Office of the Minister for Drugs, including the Drugs Advisory Group, were taken over by the Drugs Policy and Programmes Unit within that Department.

A review of Drug Task Forces was undertaken in 2011/12 to assess the impact of Drug Task Forces in order to ensure that they would continue to remain relevant, effective and fit for purpose. The review also led to the commissioning of research into the development of a Performance Measurement Framework for DATFs, which has been outlined above.

The Rapid Expert Review of the Strategy¹⁰ noted that the current structures and communication flows have evolved over time and appear rather complex and disjointed. Their recommendations focused on the different functions needed to support the strategy rather than on the specific bodies that are currently, or might in the future, be tasked with these roles, emphasising:

- **Leadership** to provide drive, direction/prioritisation;
- **Coordination** at national and local level;
- **Mobilisation of resources** in terms of finances and personnel, including those for whom drugs is not the primary focus of their work;
- **Quality assurance and clinical governance** involving national bodies working with local areas to identify and evaluate innovative approaches and ensure standards are maintained;



- **Monitoring and evaluation** of progress including appropriate performance indicators linked to the specific objectives of the strategy;
- A structure to ensure that **research** is integrated within the strategy;
- **Analysis and advice** drawing out the implications of research findings for policy and practice to be fed into discussions around direction and prioritisation at national level; and
- **Needs assessment, coordination and support for local implementation** and a review of Task Force boundaries in light of current needs.

A more streamlined structure is required to deliver on the key functions identified as important by the Rapid Expert Review ¹⁰ and to optimise participation in the strategy, in a way which avoids duplication and overlap.

National Oversight Committee

Accordingly, it is intended to establish a National Oversight Committee to give leadership and direction to support implementation of the strategy. The Committee will meet on a quarterly basis and be sponsored by the Minister of State with responsibility for the National Drugs Strategy.

Membership

The Committee will have a cross-sector membership from the statutory, community and voluntary sector, as well as clinical and academic expertise. Representation from the statutory sector will be at the level of Assistant Secretary. It will be a matter for the Minister of State to determine the final membership of the Committee, however, the suggested membership is set out in the Table below.

Indicative Membership of the National Oversight Committee

Sector	Body
Statutory	Department of Health – Drugs Policy Unit
Statutory	Department of Health – Health and Wellbeing Division
Statutory	Health Service Executive
Statutory	Health Research Board
Statutory	Department of Justice and Equality
Statutory	An Garda Síochána
Statutory	Irish Prison Service
Statutory	Probation Service
Statutory	Revenue Customs Service
Statutory	Department of Children and Youth Affairs
Statutory	TUSLA
Statutory	Department of Education and Skills
Statutory	Department of Social Protection
Statutory	Department of Housing, Planning and Local Government
Statutory	Department of Transport, Tourism and Sport

Sector	Body
Community	Citywide Drug Crisis Campaign
Community	Citywide Drug Crisis Campaign
Community	National Family Support Network
Community	Union for Improved Services Communication and Education
Voluntary Sector	Voluntary Drug Treatment Network
Voluntary Sector	Voluntary Drug Treatment Network
Task Force	Local Drug and Alcohol Task Force Chairs Network
Task Force	Local Drug and Alcohol Task Force Coordinators Network
Task Force	Regional Drug and Alcohol Task Force Chairs Network
Task Force	Regional Drug and Alcohol Task Force Coordinators Network
Clinical Expert	To be appointed by Minister
Clinical Expert	To be appointed by Minister
Academic Expert	To be appointed by Minister

Terms of reference

The National Oversight Committee will have the following terms of reference:

- (a) To give leadership, direction, prioritisation and mobilisation of resources to support the implementation of the strategy;
- (b) To measure performance in order to strengthen the delivery of drugs initiatives and to improve the impact on the drug problem;
- (c) To monitor the drugs situation and oversee the implementation of a prioritised programme of research to address gaps in knowledge;
- (d) To ensure that the lessons drawn from evidence and good practice inform the development of policy and initiatives to address the drug problem; and
- (e) To convene Sub-Committees, as required, to support implementation of the strategy.

Operational Procedures

The National Oversight Committee will develop a prioritised work programme to support the implementation of the strategy. The Committee will establish Sub-Committees, as it sees fit, to address specific issues and to harness relevant expertise to enable it to deliver on its key functions. Such committees will be required to report to the National Committee. The number of Sub-Committees and their modus operandi will be a matter for the Chair of the National Committee.

Standing Sub-Committee

A Standing Sub-Committee of the National Oversight Committee will be established to drive the implementation of *Reducing Harm, Supporting Recovery* and promote coordination between national, local and regional levels. The Sub-Committee will be chaired by a Senior Official in the Department of Health. It will play a key role in ensuring that the statutory, community and voluntary sectors, Drug and Alcohol Task Forces and other key stakeholders are engaged in supporting the implementation of the strategy.



Membership

There will be a balance of representatives drawn from the statutory, community and voluntary sectors. Membership will include, but not be limited to, representation from the networks of the Chair and coordinators of the Local and Regional Drug and Alcohol Task Forces, the National Family Support Network and UISCE. Statutory membership of the Standing Sub-Committee will be at Principal Officer level or equivalent. Representation from the Department of Health will include senior officials that are responsible for drug policy and alcohol policy.

Terms of Reference

The Standing Sub-Committee will have the following terms of reference:

- (a) To drive implementation of *Reducing Harm, Supporting Recovery* at national, local and regional level;
- (b) To develop, implement and monitor responses to drug-related intimidation as a matter of priority;
- (c) To support and monitor the role of Drug and Alcohol Task Forces in coordinating local and regional implementation of the National Drugs Strategy with a view to strengthening the Task Force interagency model;
- (d) To improve performance, promote good practice and build capacity to respond to the drug problem in line with the evidence-base;
- (e) To ensure good governance and accountability by all partners involved in the delivery of the Strategy; and
- (f) To report to the National Oversight Committee on progress in the implementation of its work programme.

Operational Procedures

The Standing Sub-Committee will meet on a monthly basis, and agree an annual programme of work to support implementation of the strategy. Drug-related intimidation will form part of the early work programme agreed by the Standing Sub-Committee, in view of the need to commence work on the issue.

Members of the Standing Sub-Committee will develop a liaison relationship with Task Forces to support multi-directional coordination and communication between delivery bodies and stakeholders at local, regional and national levels.

The Standing Sub-Committee will develop capacity building measures to improve implementation of the strategy, promote good practice, support the use of evidence and strengthen engagement by the community and voluntary sectors in the national structures of the strategy.

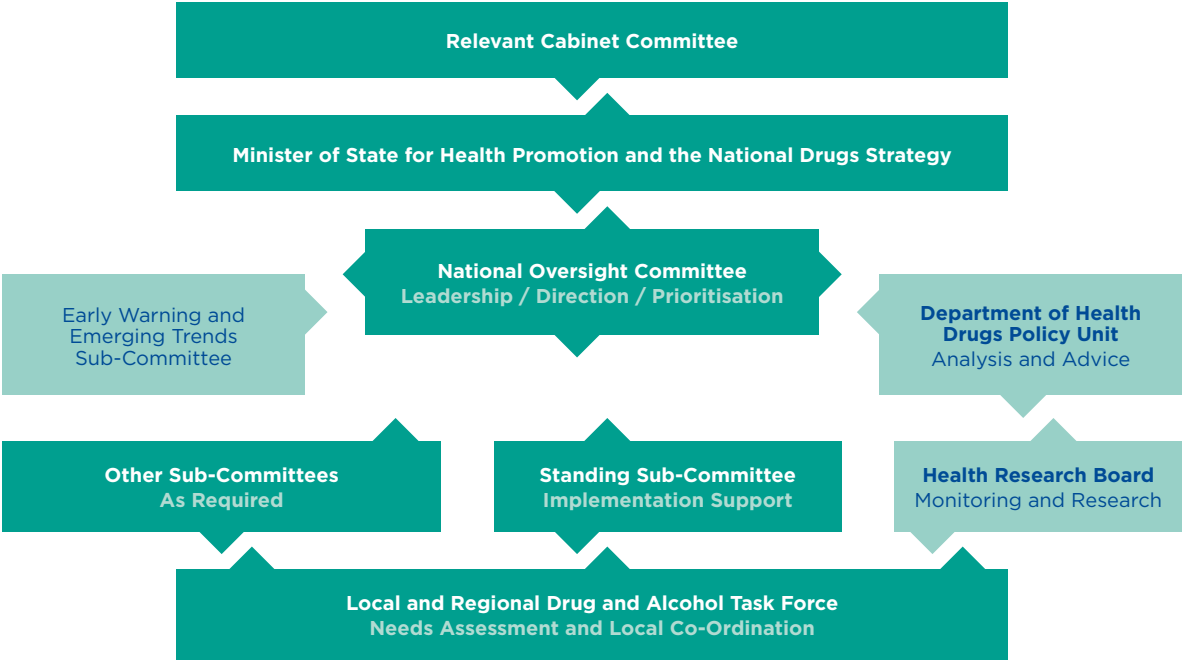
The Standing Sub-Committee will provide progress reports on the delivery of its work programme for the quarterly meetings of the National Oversight Committee.

Resources for capacity building

The strategy contains a specific action to support and promote community participation in all local, regional and national structures. A dedicated resource will be available to support engagement in the national implementation structures, including the Standing Sub-Committee. This resource will also be available to build capacity of the partners to implement the strategy effectively, through disseminating models of best practice and innovation, evidence-based approaches and by facilitating sharing and mutual learning.

The structures proposed by the Department of Health to support implementation of the strategy's objectives are illustrated in Figure 11.

Figure 11: Structures supporting implementation of *Reducing Harm, Supporting Recovery*



Analysis and Advice

The Drugs Policy Unit of the Department of Health will be responsible for the provision of objective and informed analysis and advice to the National Oversight Committee and its capacity to deliver on this role will be strengthened under the new strategy. Its key functions will be:

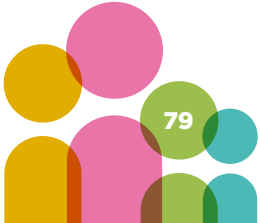
- (a) To analyse the implications of research findings for policy and design of initiatives to tackle the drug problem;
- (b) To provide advice to the National Oversight Committee on the commissioning of new research and development of new data sources having regard to current information and research deficits and advice and changing patterns of drug use and emerging trends; and
- (c) To provide a secretariat to the National Oversight Committee and the Standing Sub-Committee.

Monitoring, research and evaluation

The HRB will continue in its role as Irish national focal point to the EMCDDA. It will be the central information hub for the collection, management and dissemination of data relating to the drugs situation, consequences and responses. It will be responsible for reporting to the EMCDDA on the five epidemiological indicators, namely:

- (a) The prevalence and patterns of drug use among the general population;
- (b) Prevalence and patterns of problem drug use;
- (c) Demand for drug treatment;
- (d) Drug-related deaths; and
- (e) Drug-related infectious diseases.

As stated above, the National Oversight Committee will prioritise the research to be undertaken to address gaps in knowledge. The HRB will manage the commissioning of the research.



The Early Warning and Emerging Trends Sub-Committee plays a role in the Early Warning System. Its original Terms of Reference were:

- To receive, share and monitor on behalf of the Department of Health, information from National and EU sources on New Psychoactive Substances of concern in the context of the Council Decision of 2005/387/JHA on information exchange, risk assessment and control of new psychoactive substances;
- To receive, share and monitor on behalf of the Department of Health, information on emerging trends and patterns in drug use particularly polydrug use and associated risks;
- To monitor the work on emerging trends being developed at EU level (EMCDDA responsibility), to consider its implementation in Ireland;
- To monitor the reports to the Early Warning System on a quarterly basis about emerging trends and New Psychoactive Substances, but more frequently if circumstances warrant it;
- To examine new ways of getting sensitive information on changing patterns of drug use and trends;
- To consider the implications of changing drug markets and distribution networks which can impact on the popularity of certain psychoactive substances; and
- To review the risk assessment reports provided by the EMCDDA and determine their relevance to the Irish situation and advise Government accordingly.

The role and terms of reference of the Early Warning and Emerging Trends Sub-Committee, within the Early Warning System, will be reviewed under the strategy.

Needs assessment, local coordination and implementation

The current terms of reference of Drug and Alcohol Task Forces require them to coordinate the implementation of the strategy in the context of the needs of the local/regional area, implement the actions in the strategy where Task Forces have been assigned a role and promote the implementation of evidence-based local/regional drug and alcohol strategies and to exchange best practice. In 2012, their remit was extended to include alcohol, building on their track record in engaging local communities in responding to the drug problem. In the context of promoting an integrated public health approach to substance misuse, which is defined as the harmful or hazardous use of psychoactive substances including alcohol and illicit drugs, they will furnish an annual report to the designated Minister with responsibility for the National Drugs Strategy. The general arrangements for reporting will be determined by the Standing Sub-Committee for implementation support.

The Task Forces are the key bodies to provide needs assessment, local coordination and implementation and the performance measurement framework will provide Task Forces with the information required to more effectively fulfil these functions. The Minister for Health Promotion and the National Drugs Strategy will convene meetings with the DATFs as required.

Boundary issues

Local and Regional DATFs have been effective in promoting cooperation between the statutory, community and voluntary sectors. They have also provided a targeted response to drugs issues as they affect people on the ground. It has been suggested, in the past, that the large number of Local DATFs creates administrative difficulties and unnecessary complications in the relationship with other service providers. These agencies are often required to interact with multiple Local DATFs within a given catchment area. The RAM within the Performance Measurement Framework provides a rational basis for addressing the boundary issues that arose for historical reasons following the establishment of Regional DATFs, in and around the Dublin areas.

CHAPTER 9 – Conclusion

This strategy was drawn up by a Steering Committee, established in December 2015, by the Minister with special responsibility for the National Drugs Strategy.

The process of developing the strategy involved an intensive process of public consultation, a rapid expert review, a review of reviews of interventions to tackle the drug problem, an analysis of drug trends in the past decade and a series of engagements with key stakeholders to identify gaps in the current response to the drug problem. The independence of the process was assured by an independent chair, who guided the Steering Committee in its work.

The core objective of the new strategy is to provide an integrated public health response to substance misuse, which recognises that substance misuse includes the harmful or hazardous use of psychoactive substances, including illegal drugs, alcohol and prescription medicines. It underlines the importance of a health-led person-centred approach to tackling the problem of substance misuse. It contains a series of actions which are to be delivered over the next four years (2017-2020). These are set out in Chapter 10 of this document. Key partners are identified to drive implementation of the actions, while recognising there will be many actions of a cross-sectoral nature requiring input from a range of stakeholders.

It aims to achieve a whole-of-government response to problem substance misuse by highlighting other policy frameworks and strategies which will contribute towards addressing the risk factors for substance misuse in our society, and makes suggestions for achieving greater synergies with these strategies and policies into the future.

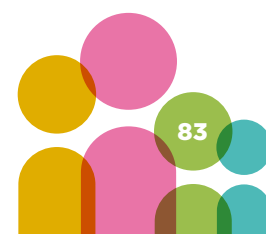
A list of the relevant strategies and policy frameworks are provided in Appendix 2 of the document.

The strategy is a dynamic process, that will be monitored through the key national, local and regional structures charged with ensuring the implementation of the strategy. There will be flexibility to introduce new measures after four years to address issues which emerge during that period.

CHAPTER 10 – Strategic action plan for the period 2017-2020

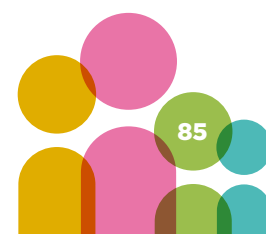
No.	Strategic Action	Delivered by:	Lead Agency	Partners
1.1.1	Ensure that the commitment to an integrated public health approach to drugs and alcohol is delivered as a key priority.	<ul style="list-style-type: none"> a) Developing an initiative to ensure that the commitment to an integrated public health approach to drugs and alcohol is delivered as a key priority; and b) Promoting the use of evidence-based approaches to mobilising community action on alcohol. 	DOH	HSE, DATFs
1.1.2	Improve the delivery of substance use education across all sectors, including youth services, services for people using substances and other relevant sectors.	<ul style="list-style-type: none"> a) Organising a yearly national forum on evidence-based and effective practice on drug and alcohol education; and b) Developing a guidance document to ensure substance use education is delivered in accordance with quality standards. 	HRB	HSE, DOH, DES, DCYA
1.2.3	Support the SPHE programme.	<ul style="list-style-type: none"> a) Promoting continued effective communications between local schools and Drug and Alcohol Task Forces given the importance placed on the continued building of strong school community links; and b) Ensuring that all SPHE teachers, guidance counsellors and Home School Community Liaison co-ordinators can avail of continuing professional development. 	DES, DATFs (Joint) DES	
1.2.4	Promote a health promotion approach to addressing substance misuse.	<p>In line with the Action Plan for Education</p> <ul style="list-style-type: none"> a) Commencing and rolling out a national programme to support the implementation of the Wellbeing Guidelines to all primary and post-primary schools; and b) Developing Wellbeing Guidelines for Centres of Education and Training. 	DES	DOH/HSE

No.	Strategic Action	Delivered by:	Lead Agency	Partners
1.2.5	Improve supports for young people at risk of early substance use.	<p>a) Providing a continuum of support including a Student Support Plan as appropriate, for young people who are encountering difficulty in mainstream education;</p> <p>b) Providing access to timely appropriate interventions such as resilience-building programmes, and/or counselling, educational assessments and/or clinical psychological assessments, as appropriate;</p> <p>c) Implementing School Attendance Strategies in line with TUSLA's guidance;</p> <p>d) Prioritising initiatives under the new DEIS programme to address early school leaving; and</p> <p>e) Providing supports including homework clubs, additional tuition, career guidance/ counselling support, community awareness of drugs programme and youth work in collaboration with schools and other youth programmes/schemes.</p>	<p>DES</p> <p>DES HSE TUSLA (Joint Leads)</p> <p>TUSLA</p> <p>DES</p> <p>DHPLG</p>	<p>HSE</p> <p>DES</p> <p>TUSLA</p>
1.2.6	Ensure those who do not seem to thrive in a traditional academic setting complete their education.	Reviewing Senior Cycle programmes and Vocational Pathways in senior cycle with a view to recommending areas for development.	DES	
1.2.7	Facilitate increased use of school buildings, where feasible, for afterschool care and out of hours use to support local communities.	Engaging with property owners and school authorities to facilitate increased use of school buildings, where feasible, for afterschool care and out of hours use to support local communities.	DES	
1.2.8	Improve services for young people at risk of substance misuse in socially and economically disadvantaged communities.	Developing a new scheme to provide targeted, appropriate and effective services for young people at risk of substance misuse, focused on socially and economically disadvantaged communities.	DOH	DCYA, HSE, DATF.



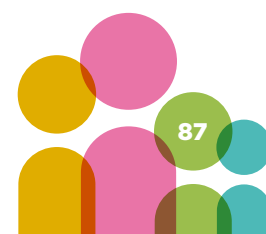
No.	Strategic Action	Delivered by:	Lead Agency	Partners
1.3.9	Mitigate the risk and reduce the impact of parental substance misuse on babies and young children.	<ul style="list-style-type: none"> a) Developing and adopting evidence-based family and parenting skills programmes for services engaging with high risk families impacted by problematic substance use; b) Building awareness of the hidden harm of parental substance misuse with the aim of increasing responsiveness to affected children; c) Developing protocols between addiction services, maternity services and children's health and social care services that will facilitate a coordinated response to the needs of children affected by parental substance misuse; and d) Ensuring adult substance use services identify clients who have dependent children and contribute actively to meeting their needs either directly or through referral to or liaison with other appropriate services, including those in the non-statutory sector. 	HSE, TUSLA (Joint Leads)	NFSN C&V sectors
1.3.10	Strengthen the life-skills of young people leaving care in order to reduce their risk of developing substance use problems.	Considering how best to provide necessary once-off supports for Care Leavers to gain practical life-long skills in line with Action 69 of the Ryan Report in order to reduce their risk of developing substance use problems.	TUSLA	
1.3.11	Strengthen early harm reduction responses to current and emerging trends and patterns of drug use.	Establishing a working group to examine the evidence in relation to early harm reduction responses, such as drug testing, amnesty bins and media campaigns, to current and emerging trends including the use of new psychoactive substances and image and performance enhancing drugs and other high risk behaviours, including chemsex.	HSE	DOH
2.1.12	Strengthen the implementation of the National Drugs Rehabilitation Framework.	<ul style="list-style-type: none"> a) Developing a competency framework on key working, care planning and case management; and b) Extending the training programme on the key processes of the National Drugs Rehabilitation Framework. 	HSE	

No.	Strategic Action	Delivered by:	Lead Agency	Partners
2.1.13	Expand the availability and geographical spread of relevant quality drug and alcohol services and improve the range of services available, based on identified need.	a) Identifying and addressing gaps in provision within Tier 1, 2, 3 and 4 services; b) Increasing the number of treatment episodes provided across the range of services available, including: <ul style="list-style-type: none"> ● Low Threshold; ● Stabilisation; ● Detoxification; ● Rehabilitation; ● Step-down; ● After-Care; c) Strengthening the capacity of services to address complex needs.	HSE	C&V sectors, DATFs
2.1.14	Improve the availability of Opioid Substitution Treatments (OSTs).	Examining potential mechanisms to increase access to OSTs such as the expansion of GP prescribing, nurse-led prescribing and the provision of OSTs in community-based settings and homeless services.	HSE	DOH
2.1.15	Enhance the quality and safety of care in the delivery of Opioid Substitution Treatment (OST).	Implementing the HSE National Clinical Guidelines on OST and reviewing in line with National Clinical Effectiveness Committee processes.	HSE	DOH
2.1.16	Improve relapse prevention and aftercare services.	Developing and broadening the range of peer-led, mutual aid and family support programmes in accordance with best practice.	HSE	C&V sectors, UISCE, NFSN
2.1.17	Further strengthen services to support families affected by substance misuse.	a) Developing addiction specific bereavement support programmes and support the provision of respite for family members; b) Supporting families with non-violent resistance training to address child to parent violence; and c) Supporting those caring for children/young people in their family as a result of substance misuse to access relevant information, supports and services.	TUSLA	HSE, NFSN



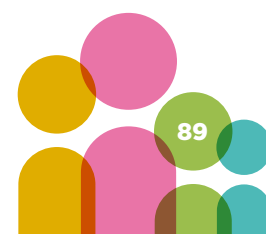
No.	Strategic Action	Delivered by:	Lead Agency	Partners
2.1.18	Help individuals affected by substance misuse to build their recovery capital.	<ul style="list-style-type: none"> a) Monitoring and supporting the implementation of the Department of Social Protection's Programme Framework for Community Employment Drug Rehabilitation Schemes, based on an integrated inter-agency approach; and b) Utilising SICAP to improve the life chances and opportunities of those who are marginalised in society, living in poverty or in unemployment through community development approaches, targeted supports and interagency collaboration. 	DSP DHPLG	HSE Other relevant Departments & Agencies, C&V sectors
2.1.19	Increase the range of progression options for recovering drug users and develop a new programme of supported care and employment.	<p>Establishing a Working Group to:</p> <ul style="list-style-type: none"> a) Examine the range of progression options for those exiting treatment, prison, Community Employment schemes including key skills training and community participation with a view to developing a new programme of supported care and employment; and b) Identify and remedy the barriers to accessing the range of educational, personal development, training and employment opportunities and supports, including gender specific barriers and the lack of childcare provision, for those in recovery. 	DOH	HSE, DSP, IPS, Other relevant Departments & Agencies

No.	Strategic Action	Delivered by:	Lead Agency	Partners
2.1.20	Expand addiction services for pregnant and postnatal women.	<ul style="list-style-type: none"> a) Strengthening links between maternity services and addiction services; b) Quantifying the need for additional residential placements for pregnant and postnatal women who need in-patient treatment for addiction to drugs and/or alcohol across the country; c) Developing services to meet that need ensuring that such facilities support the development of the mother-baby relationship; d) Providing dedicated support for pregnant women with alcohol dependency, including examining the need to expand the role of the Drug Liaison Midwife (DLM) in this regard. Any such expansion will likely generate a need to further increase the number of such midwives; e) Resourcing the National Women and Infants Health Programme (NWIHP) to provide drug liaison midwives and specialist medical social workers in all maternity networks; f) Supporting maternity hospitals/units to strengthen their methods of detecting alcohol abuse and supporting women to reduce their intake; and g) Engaging the NWIHP to develop a consistent approach to informing women about the risks of alcohol consumption during pregnancy. 	DOH	HSE
2.1.21	Respond to the needs of women who are using drugs and/or alcohol in a harmful manner.	<ul style="list-style-type: none"> a) Increasing the range of wrap-around community and residential services equipped to meet the needs of women who are using drugs and/or alcohol in a harmful manner, including those with children and those who are pregnant; and b) Developing interventions to address gender and cultural specific risk factors for not taking up treatment. 	HSE	DOH, DATFs



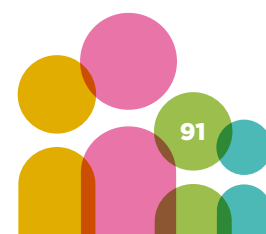
No.	Strategic Action	Delivered by:	Lead Agency	Partners
2.1.22	Expand the range, availability and geographical spread of problem drug and alcohol services for those under the age of 18.	<ul style="list-style-type: none"> a) Identifying and addressing gaps in child and adolescent service provision; b) Developing multi-disciplinary child and adolescent teams; and c) Developing better interagency cooperation between problem substance use and child and family services. 	HSE, TUSLA	C&V sectors, DATFs
2.1.23	Improve the response to the needs of older people with long term substance use issues.	Examining the need for the development of specialist services to meet the needs of older people with long term substance use issues.	HSE	C&V sectors, DATFs
2.1.24	Improve outcomes for people with co-morbid severe mental illness and substance misuse problems.	<ul style="list-style-type: none"> a) Supporting the new Mental Health Clinical Programme to address dual diagnosis; and b) Developing joint protocols between mental health services and drug and alcohol services with the objective of undertaking an assessment with integrated care planning in line with the National Drug Rehabilitation Framework. 	HSE	DOH, IPS, C&V sectors

No.	Strategic Action	Delivered by:	Lead Agency	Partners
2.1.25	In line with Rebuilding Ireland, improve the range of problem substance use services and rehabilitation supports for people with high support needs who are homeless.	a) Increasing the number of detoxification, stabilisation and rehabilitation beds;	HSE	C&V sectors
		b) Providing additional/enhanced assessment, key working, care planning and case management. This entails person-centred holistic care planning, including identifying and building social and recovery capital;	HSE	LAs, C&V sectors
		c) Ensuring in-reach support during treatment and rehabilitation to prevent homelessness on discharge to ensure that housing and supports are in place;	HSE	LAs, C&V sectors
		d) Ensuring resourcing and enhanced cooperation arrangements between non-governmental service providers and State organisations, involved in the delivery of addiction treatment and housing services, so that the drug rehabilitation pathway is linked to sustainable supported housing-led/housing first tenancy arrangements; and	DOH DHPLG	HSE, LAs, C&V sectors
		e) Developing the provision of gender and culturally specific step down services, particularly housing, for women and their children progressing from residential rehabilitation treatment who are at risk of discharge into homelessness.	LAs, HSE	DHPLG, DOH, C&V sectors
2.1.26	Intervene early with at risk groups in criminal justice settings.	a) Providing training to enable the delivery of screening, brief intervention and onward referral in line with national screening and brief intervention protocols for problem substance use;	IPS, PS	AGS, HSE
		b) Further develop the range of service specific problem substance use interventions in line with best international practice; and	IPS, PS	
		c) Determining the prevalence of NPS use in prison settings with a view to developing specific training for staff and appropriate interventions.	IPS	HSE



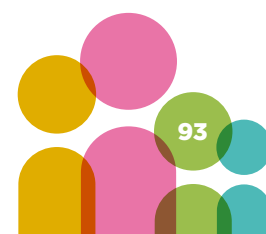
No.	Strategic Action	Delivered by:	Lead Agency	Partners
2.1.27	Improve the capacity of services to accommodate the needs of people who use drugs and alcohol from specific communities including the Traveller community; the lesbian, gay, bisexual, transgender and intersex community; new communities; sex workers and homeless people.	<ul style="list-style-type: none"> a) Fostering engagement with representatives of these communities, and/or services working with them, as appropriate; b) Considering the need for specialist referral pathways for specific groups who may not otherwise attend traditional addiction services (i.e. those who engage in chemsex); c) Providing anti-racism, cultural competency and equality training to service providers; and d) Ensuring all services engage in ethnic equality monitoring by reporting on the nationality, ethnicity and cultural background of service users for the NDTRS and treat related disclosures with sensitivity. 	HSE	C&V sectors
2.2.28	Continue to expand Harm Reduction Initiatives focused on people who inject drugs.	<ul style="list-style-type: none"> a) Expanding needle exchange programmes; b) Increasing the availability of screening and treatment for blood borne viruses and communicable diseases; and c) Increasing the uptake of Hepatitis C treatment. 	HSE	C&V sectors
2.2.29	Provide enhanced clinical support to people who inject drugs and mitigate the issue of public injecting.	Establishing a pilot supervised injecting facility and evaluating the effectiveness of the initiative.	HSE	DOH, UISCE, Dublin City Council, Relevant Local Authorities, C&V sectors

No.	Strategic Action	Delivered by:	Lead Agency	Partners
2.2.30	Continue to target a reduction in drug-related deaths and non-fatal overdoses.	<p>a) Finalising HSE-led Overdose Prevention Strategy with a particular focus on implementing preventative measures to target high-risk cohorts of the drug-using population and known overdose risk periods;</p> <p>b) Expanding the availability of Naloxone to people who use drugs, their peers, and family members;</p> <p>c) Developing synergies between <i>Reducing Harm, Supporting Recovery</i> and other relevant strategies and frameworks in particular "Connecting for Life" whose primary aim is to reduce suicide rates in the whole population and amongst specified priority groups; and</p> <p>d) Providing suicide prevention training to staff working with young people in the area of alcohol and substance use, in line with Connecting for Life.</p>	<p>HSE</p> <p>HSE</p> <p>DOH</p> <p>HSE</p>	<p>DOH</p> <p>C&V sectors, UISCE, NFSN, DATFs</p> <p>HSE DOH</p>
3.1.31	Keep legislation up-to-date to deal with emerging trends in the drugs situation.	<p>Keeping legislation under review, against the background of national, EU and broader international experiences and best practice, to deal with emerging trends, including:</p> <p>a) new synthetic substances;</p> <p>b) new or changed uses of psychoactive substances; and</p> <p>c) the evolving situation with regard to drug precursors and the surface web and dark net drug markets.</p>	DOH, DJE	AGS, Revenue's Customs Service, HPRA
3.1.32	Reduce rates of driving under the influence of drugs.	Implementing the measures relating to the testing of drivers for drugs and alcohol contained in the Road Traffic Act 2016.	DTTAS	
3.1.33	Reduce drug-offending behaviour and promote rehabilitation.	Implementing the recommendations of the Final Report of the Working Group on a Strategic Review of Penal Policy of July 2014 relating to drug-offending behaviours.	DJE	
3.1.34	Map the future direction and objectives of the Drug Treatment Court.	<p>a) Carrying out an independent evaluation of the Drug Treatment Court; and</p> <p>b) Continuing to support the operation of the Drug Treatment Court, having regard to the recommendations made in the 2013 review⁵³, pending the outcome of the evaluation.</p>	DJE	



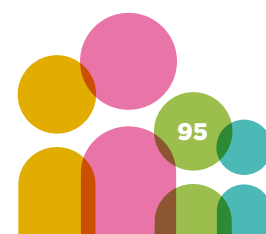
No.	Strategic Action	Delivered by:	Lead Agency	Partners
3.1.35	Consider the approaches taken in other jurisdictions to the possession of small quantities of drugs for personal use with a view to making recommendations on policy options to the relevant Minister within 12 months.	Establishing a Working Group to consider the approaches taken in other jurisdictions to the possession of small quantities of drugs for personal use in light of the Report of the Joint Committee on Justice, Defence and Equality on a Harm Reducing and Rehabilitative approach to possession of small amounts of illegal drugs to examine: <ul style="list-style-type: none"> a) the current legislative regime that applies to simple possession offences in this jurisdiction and the rationale underpinning this approach, and any evidence of its effectiveness; b) the approaches and experiences in other jurisdictions to dealing with simple possession offences; c) the advantages and disadvantages, as well as the potential impact and outcomes of any alternative approaches to the current system for the individual, the family and society, as well as for the criminal justice system and the health system; d) the identification of the scope of any legislative changes necessary to introduce alternative options to criminal sanctions for those offences; e) a cost benefit analysis of alternative approaches to criminal sanctions for simple possession offences; and f) make recommendations to the relevant Minister within twelve months. 	DOH, DJE (Joint)	AGS, Relevant Departments and agencies
3.2.36	Support the role of law enforcement authorities in monitoring drug markets, in particular new drug markets, surface web and darknet drug markets.	Investing in capacity building measures to support the role of law enforcement authorities in monitoring drug markets, in particular new drug markets, surface web and darknet drug markets.	AGS, Revenue Custom's Service	DOH, DJE, HPRA
3.2.37	Consider the case for the use of Community Impact Statements within the Criminal Justice System in Ireland.	Subject to the completion of the Garda examination of Community Impact Statements, bringing forward recommendations on their implementation.	AGS	

No.	Strategic Action	Delivered by:	Lead Agency	Partners
3.3.38	Strengthen the response to the illegal drug market, including the changing nature of new psychoactive substances.	<p>a) Continuing to develop systems to monitor changing drug trends in line with the EU Early Warning System;</p> <p>b) Completing the development of the HSE public alert system for adverse events due to drugs and commencing implementation;</p> <p>c) Supporting government funded laboratories, tasked with analysis of drugs of abuse, to engage in novel analytical development work, in relation to psychoactive drugs but especially new psychoactive substances (licit or illicit), while continuing to fulfil their core functions;</p> <p>d) Providing funding in the capital expenditure programme for the construction of a purpose built new laboratory for Forensic Science Ireland with €6m prioritised to commence the project immediately; and</p> <p>e) Strengthen the legal robustness of Presumptive Drug Testing (PDT) to contribute to the timely prosecution of Section (3) drug-related offences.</p>	<p>DOH</p> <p>HSE</p> <p>DPER, DTTAS</p> <p>DJE</p>	<p>HSE, HRB, FSI, State Lab, MBRS AGS</p> <p>DOH, HSE, DJE</p>
4.1.39	Support and promote community participation in all local, regional and national structures.	Supporting and promoting community participation in all local, regional and national structures.	DOH	Community Sector, LAs, DHPLG, DATFs
4.1.40	Measure the impact of drug-related crime and wider public nuisance issues on communities.	Developing and piloting a Community Impact Assessment Tool in order to measure the impact of drug-related crime and wider public nuisance issues on communities.	C&V sectors	
4.1.41	Enhance the relationship between an Garda Síochána and local communities in relation to the impact of the drugs trade.	Building on the achievements of Local Policing Fora in providing an effective mechanism for building and maintaining relationships between an Garda Síochána and the local communities, in particular in relation to the impact of the drugs trade.	DJE, DHPLG, AGS	



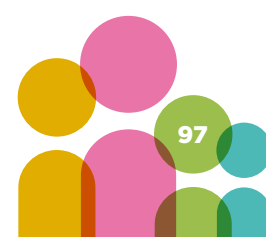
No.	Strategic Action	Delivered by:	Lead Agency	Partners
4.1.42	Strengthen the effectiveness of the Drug-Related Intimidation Reporting Programme.	An Garda Síochána and the National Family Support Network will each carry out its own evaluation of the Drug-Related Intimidation Reporting Programme to strengthen its effectiveness and, if appropriate, develop measures to raise public awareness of the programme.	AGS, NFSN	
4.2.43	Build capacity within drug and alcohol services to develop a patient safety approach in line with the HIQA <i>National Standards for Safer Better Healthcare</i> .	Requiring the delivery of services within a Quality Assurance Framework, which will a) standardise services; b) include basic tools in relation to safety, complaints, competencies and procedures around prescribing; and c) reflect a human rights based and person centred approach.	DOH	HSE
4.2.44	Promote the participation of service users and their families, including those in recovery, in local, regional and national decision-making structures and networks in order to facilitate their involvement in the design, planning and development of services and policies.	Actively supporting frontline services through capacity building measures using evidence-based models of participation in line with best practice.	DOH	Relevant Departments and Agencies, C&V sectors, DATFs, Networks of people who use drugs and alcohol, Networks of people who use services and/Family Support Networks

No.	Strategic Action	Delivered by:	Lead Agency	Partners
5.1.45	Strengthen Ireland's drug monitoring system.	<ul style="list-style-type: none"> a) Continuing to monitor the drug situation and responses for national and international purposes using EMCDDA protocols and existing data collection systems, while ensuring that Ireland can respond to new data monitoring requests arising from the Oversight and the European Union during the term of the Strategy; b) Separating the organisation and budgeting of routine monitoring from research projects; c) Requesting all remaining hospital emergency departments include the monitoring of attendances as a result of alcohol and drugs use in their electronic patient system; and d) Developing a suitably integrated IT system which allows for the effective sharing and collection of appropriate outcome data. 	<ul style="list-style-type: none"> HRB DOH DOH HSE 	DOH, HSE, HRB
5.1.46	Support evidence-informed practice and service provision.	<ul style="list-style-type: none"> a) Ensuring that public funding is targeted at underlying need and supports the use of evidence-informed interventions and the evaluation of pilot initiatives; b) Designating the Health Research Board as a central information hub on evidence on the drugs situation and responses to it; c) Ensuring that mechanisms are in place to communicate this evidence in a timely manner to those working in relevant healthcare settings, including in acute and emergency care; and d) Developing collaborative relationships with third level institutions in the area of drugs and alcohol so as to further government funded research priorities. 	DOH	DES, DSP, DCYA, HSE, IPS, PS, HRB
5.1.47	Strengthen the National Drug Treatment Reporting System (NDTRS).	Requiring all publicly funded drug and alcohol services to complete the NDTRS for all people who use services.	DOH, DJE	HSE, IPS, C&V sectors



No.	Strategic Action	Delivered by:	Lead Agency	Partners
5.1.48	Develop a prioritised programme of drug and alcohol-related research on an annual basis.	Harnessing existing data sources in the drug and alcohol field in order to enhance service delivery and inform policy and planning across government and the community and voluntary sectors, and having done so, identify deficits in research in the field to enable the development of a prioritised programme on an annual basis.	DOH	HSE, HRB
5.1.49	Improve knowledge of rehabilitation outcomes.	Undertaking a study on rehabilitation outcomes, which takes into account the experience of service users and their families, and examines their outcomes across multiple domains, building on work already undertaken.	DOH, HRB (joint)	HSE, UISCE, NFSN, C&V sectors

No.	Strategic Action	Delivered by:	Lead Agency	Partners
6.1.50	Develop an implementation plan to operationalise a Performance Measurement System by 2020 which will support <i>Reducing Harm, Supporting Recovery</i> , improve accountability across the statutory, community and voluntary sectors and strengthen the Drug and Alcohol Task Force model, in consultation with relevant stakeholders and sectors.	<ul style="list-style-type: none"> a) Phasing in the introduction of a resource allocation model (RAM) to achieve a more equitable distribution of resources across Task Force areas. This will involve monitoring and assessing the evidence from the operation of the RAM on an annual basis; b) Identifying where significant changes in problem drug or alcohol use are found from one year to the next, or differences are observed between areas, and analysing why such differences have emerged with a view to successfully implementing the strategy and assisting DATFs improve their actions and interventions over time; c) Improving the alignment of Task Force boundaries; d) Ensuring that Task Forces have appropriate arrangements in place for the selection and renewal of the Chair and members of the Task Force and have proper procedures in place for addressing conflict of interest; e) Building the capacity of DATFs to participate in the Performance Measurement System; and f) Coordinating a cross-Departmental approach at national and local level to allow for the gathering of the appropriate information and data streams to feed into the ongoing organic further development of the Performance Measurement Framework. 	DOH	HSE



APPENDIX 1 – Membership of the Steering Committee on the National Drugs Strategy

Sector	Body	Number of Representatives
Statutory Sector	Department of Health	3
Statutory Sector	Health Service Executive	2
Statutory Sector	Department of Justice & Equality	1
Statutory Sector	An Garda Síochána	1
Statutory Sector	Department of Education & Skills	1
Statutory Sector	Department of Housing, Planning and Local Government	1
Statutory Sector	Department of Children & Youth Affairs	1
Statutory Sector	Department of Social Protection	1
Statutory Sector	Health Research Board	1
Community Sector	Community Sector – represented by CityWide Drugs Crisis Campaign	2
Community Sector	National Family Support Network	1
Voluntary Sector	Voluntary Sector – represented by the Voluntary Drug Treatment Network	2
Cross-sector Task Force network	Local Drug and Alcohol Task Force Chairs Network	1
Cross-sector Task Force network	Regional Drug and Alcohol Task Force Chairs Network	1
Cross-sector committee	National Advisory Committee on Drugs and Alcohol	1
Representative group	UISCE	1

APPENDIX 2 – List of relevant inter-connected strategies and policies

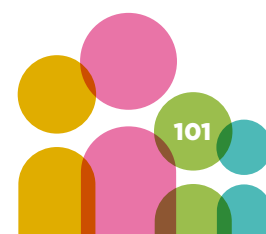
- National Substance Misuse Strategy, 2012
- “Creating a better future together”: National Maternity Strategy 2016-2026
- Healthy Ireland – a framework for improved Health and Wellbeing, 2013-2025
- Better Outcomes, Brighter Futures, 2014-2020
- Updated National Action Plan for Social Inclusion, 2015-2017
- National Sexual Health Strategy 2015-2020
- Connecting for Life: Ireland’s National Strategy to Reduce Suicide 2015-2020
- National Traveller and Roma Inclusion Strategy (2016-2020)
- National Women’s Strategy 2017-2020
- Rebuilding Ireland – Action Plan for Housing and Homelessness
- Homeless Strategy National Implementation Plan
- A Vision for Change – Mental Health Strategy
- The Joint Irish Prison Service and Probation Service Strategic Plan 2015-2017
- Irish Prison Service 2011, Health Care Standards
- An Garda Síochána’s 2016 National, Regional and Divisional Policing Plans
- Garda Síochána 2017 Crime Prevention and Reduction Strategy
- Garda Síochána Strategy Statement 2016-2018
- An Garda Síochána’s Modernisation and Renewal Programme 2016-2021
- Tobacco Free Ireland, 2013 and Tobacco Free Ireland Action Plan, 2014-2025
- Irish Sports Council’s National Anti-Doping Programme
- EU Drugs Strategy and action plans, 2013-2020



Glossary of Terms

AA	Alcoholics Anonymous
CAMHS	Child and Adolescent Mental Health Service
CE	Community Employment scheme
CIS	Community Impact Statements
CBT	Cognitive Behavioural Therapy
DTF	Drugs Task Forces
DATF	Drug and Alcohol Task Forces
DEIS	“Delivering Equality of Opportunity in Schools” programme
DES	Department of Education and Skills
DHPLG	Department of Housing, Planning and Local Government
DSP	Department of Social Protection
DTTAS	Department of Transport, Tourism and Sport
DOH	Department of Health
DJE	Department of Justice and Equality
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
ESRI	Economic and Social Research Institute
ESPAD	European School Survey Project on Alcohol and Other Drugs
EU	European Union
FSI	Forensic Science Ireland
GNDOCB	Garda National Drugs and Organised Crime Bureau
GP	General Practitioner
HBSC	Health Behaviour in School-Aged Children survey
HIQA	Health Information and Quality Authority
HPSC	Health Protection Surveillance Centre
HRB	Health Research Board
HSE	Health Service Executive
HCV	Hepatitis C Virus
ICP	Integrated Care Pathway
IPED	Image and Performance Enhancing Drugs
IPS	Irish Prison Service
LDATF	Local Drug and Alcohol Task Force
LDTF	Local Drugs Task Force
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
LCDC	Local Community Development Committee

MAT	Mandatory Alcohol Testing
MIT	Mandatory Intoxication Testing
MBRS	Medical Bureau of Road Safety
NACDA	National Advisory Committee on Drugs and Alcohol
NACD	National Advisory Committee on Drugs
NCC	National Coordinating Committee for Drugs and Alcohol Task Forces
NDRDI	National Drug-Related Deaths Index
NDRF	National Drugs Rehabilitation Framework
NDRIC	National Drug Rehabilitation Implementation Committee
NDTRS	National Drug Treatment Reporting System
NFSN	National Family Support Network
NPS	New Psychoactive Substance
NWIHP	National Women & Infants Health Programme
OFD	Oversight Forum on Drugs
OST	Opioid Substitution Treatment
PPN	Public Participation Network
PWID	People who inject drugs
RDATAF	Regional Drug and Alcohol Task Force
RAM	Resource Allocation Model
RDTF	Regional Drugs Task Force
SIF	Supervised Injecting Facilities
SICAP	Social Inclusion and Community Activation Programme
SPHE	Social, Personal and Health Education
SWOT	Strength, Weakness, Opportunities and Threats analysis
TILDA	The Irish Longitudinal Study on Ageing
TUSLA	TUSLA Child and Family agency
UN	United Nations
UNGASS	United Nations General Assembly Special Session (on drugs)
VFMPR	Value for Money Policy Review
YoDA	Youth Drug and Alcohol Service
YPFSF	Young People's Facilities and Services Fund



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