Mid-Term Review of the national drugs strategy,

Reducing Harm, Supporting Recovery

and Strategic Priorities 2021-2025

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Contents

Health-led approach to drug and alcohol use

Reducing Harm, Supporting Recovery - a health-led approach to drug and alcohol use in Ireland 2017-2025 is a new departure for Ireland's policy on drugs, reflecting a change in attitudes to substance misuse. It promotes a more compassionate and humane approach to people who use drugs, with addiction treated first and foremost as a health issue. It adopts a health-led approach that prioritises achieving better health and social outcomes for people affected by substance misuse. It involves government departments, statutory bodies and civil society, including individuals, families and communities affected by drug and alcohol use.

The strategy maintains the balanced approach of its predecessors, with a focus on reducing the demand for drugs and the harms associated with drug use, and at the same time promoting strategies to reduce the supply of drugs for harmful use.

The vision of *Reducing Harm, Supporting Recovery* is for a healthier and safer Ireland. Reducing the harms caused to individuals, families and communities by substance use is a core goal of the strategy. Ensuring that every person is empowered to improve their health and wellbeing and quality of life is a further important goal. The vision highlights the importance of empowering people at the individual level and building strong communities for health and wellbeing.

The Programme for Government, *Our Shared Future*, endorses the health-led approach to drug and alcohol use. By treating the use of substances as a public health issue, rather than solely as a criminal justice issue, we can better help individuals, families and communities. It also notes the increase in the prevalence of drug use in recent years, which affects people from all walks of life.

Content of the mid-term review

Reducing Harm, Supporting Recovery maps out a 50-point action plan with integrated actions and holistic interventions up to 2020. It provides the opportunity for the development of further actions from 2021 to 2025 to address needs that may emerge later in the lifetime of the strategy.

The Mid-term review is informed by:

i. Examination of progress of the actions in the strategy (traffic light format);
ii. Stakeholder feedback to include a review of oversight structures;
iii. Focused policy assessment of expenditure on drug and alcohol services;
iv. Data on trends and indicators on drug and alcohol use; and
v. Rapid assessment of impact of COVID-19 on drug and alcohol services.

The review is timely and will allow policy to take account of the impact of COVID-19 on people who use drugs and on drugs and alcohol services and to plan accordingly for the remaining years of the strategy. The results of the review will determine whether further actions need to be developed for the period 2021-2025.

The development of a new priorities and actions for 2021 to 2025 will ensure the continued relevance of the strategy until the end of its term and will require continued collaborative partnership between all relevant sectors and interests. This will be informed by the following:

- European Union Drugs Strategy 2021-2025
- Sláintecare Implementation Strategy & Action Plan 2021 — 2023 & Healthy Ireland Strategic Action Plan 2021–2025
- Programme for Government commitments

(i) Progress in implementing the strategic action plan 2017-2020

Reducing Harm, Supporting Recovery emphasises a health-led, whole-of-government response to drug and alcohol use, based on providing person-centred services that promote rehabilitation and recovery. The vision of the strategy 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, the strategy identifies five strategic goals and 50 actions with 101 sub-actions, to be delivered over the initial four year period 2017-2020. The goals and their related actions can be summarised as follows:

> Goal 1 aims to promote and protect health and wellbeing and contains 11 actions, comprising 22 sub-actions;
>
> Goal 2 seeks to minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery. This goal is made up of 19 actions, and 49 sub-actions;
>
> Goal 3 aims to address the harms of drug markets and reduce access to drugs for harmful use and comprises 8 actions and 13 sub-actions;
>
> Goal 4 aims to support participation of individuals, families and communities and comprises 6 actions; and
>
> Goal 5 seeks to develop sound and comprehensive evidence-informed policies and actions. 5 actions comprising 11 sub-actions are identified to realise this goal.

There is a further action to strengthen the performance of the strategy which is comprised of 6 sub-actions.

Report outlining the progress during 2020

Lead departments / agencies for each action and sub-action contained in the strategy reported on the work undertaken during 2020 and provided their assessment of the progress in delivering on the actions over the period from 2017 to 2020.

The 2020 progress report is based on this information. Analysis indicates that 25 actions have been delivered upon, either completely or broadly on track. A further 20 actions are progressing but with a minor or major delivery issue. The table below indicates the status of the actions across the various goals.

	Status of Actions				
Theme	**Black**	**Green**	**Amber**	**Red**	**Blue**
Goal One: Promote and Protect Health and Wellbeing		2	3	2	4
Goal Two: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery.		6	5	3	3
Goal Three: Address the harms of drug markets and reduce access to drugs for harmful use.		3	1	1	2
Goal Four: Support participation of individuals, families and communities		2		1	2
Goal Five: Develop sound and comprehensive evidence-informed policies and actions.		1	3		
Goal Six.				1	

The full progress report is attached at appendix 1.

(ii) Stakeholder feedback to include a review of oversight structures

As part of the review, a stakeholder engagement was undertaken. 22 stakeholders participated in 10 engagement sessions. A list of the stakeholders is attached in appendix 2. Feedback was sought on the following three questions:

1. How well is the strategy delivering on its goals?
2. Are there specific areas/ priorities that the strategy should focus on for period 2021-2025?
3. Are there ways in which the structures for the delivery of the strategy could be improved/ strengthened?

Also received submissions from groups outside the formal structures of the NOC

The main points raised by stakeholders are set out below.

There was agreement at all of the engagement meetings that *the strategy* has fostered a **person-centred approach** which puts the needs of the person at the centre of the response. The health-led approach was seen as successful and many achievements under the strategy can be attributed to that approach. At the same time there was acknowledgement that the health-led approach goes hand-in-hand with the work of law enforcement to reduce the supply/ availability of illicit drugs. The health-led approach does not remove the criminal aspect and AGS and the Department of Justice have a role in addressing the criminal aspects of drugs markets and drug use and this dual aspect should be highlighted in the strategy.

Significant successes have been achieved in relation to drug markets and seizures as a result of intelligence led operations spearheaded by law enforcement agencies and underpinned by national and international cooperation. National co-operation between AGS, RCS and the HPRA and international cooperation at both AGS and RCS levels includes involvement in Interpol, MAOC-N, were acknowledged.

There is an acknowledgement that drug markets and drugs are continuously evolving. Keeping on top of new substances coming on stream and their transition is an ongoing requirement. Sharing of information and intelligence both nationally and internationally has been very useful. The re-establishment of the Early Warning and Emerging Trends subcommittee has proven to be very beneficial and involves a wide range of membership. The extent at which co-operation is taking place is at an international level is also very useful. It was suggested that

the “International Drugs Issues Group” could be reinstated. Part of the work of this group could be to enumerate Ireland’s involvement at international levels and identify areas for further connections.

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. The Govt decision agreeing an alternative approach was seen as positive, however it was felt that progress on the implementation of the health diversion programme was slow. The programme for Govt commitment to review the Health Diversion programme, to ensure that it is meeting all of its aims, following the first full year of implementation, and make any necessary changes, was welcomed.

In addition, Ireland provides for drugs treatment courts to assist offenders with drug-related problems. 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. Future actions in the strategy should be aligned with the outcome of this review.

Alcohol

Reducing Harm Supporting Recovery sets out the response to drug and alcohol use in Ireland. However, the feedback from stakeholder was that the strategy, and in particular the action plan for the period 2017 to 2020, did not bring as much focus to alcohol use as it did to other drugs. A much greater focus on alcohol was required for the upcoming period.

Addressing alcohol issues requires a co-ordinated ‘whole-of-government’ approach. The scale of the societal problem around alcohol is such that it now needs a dedicated resource to drive change. The Public Health Alcohol Act and its provisions needs to be fully implemented. Treatment services need to be able to cater for the needs of all those who use drugs and alcohol, regardless of the drug of choice.

Alignment with other strategies

It was outlined that there can be a lot of facets to a person who uses drugs, and that the national drugs strategy and other strategies may not always recognise the intersectionality and differing needs of each individual. People who use drugs are not a homogenous group and their needs can be varied, multifaceted and complex. Government policies have been developing over the period since the strategy was launched and there is a strong argument to be made to ensure that policies are aligned as much as possible. By ensuring alignment across strategies, this will ensure a holistic, whole-of-Government approach to addressing the varying and differing needs of the individual.

The strategic action plan 2017-2020 explicitly references the joint commitment of the Department of Housing and Local Government and the Department of Health to addressing the needs of people who are homeless and have addiction issues. Stakeholders proposed that this approach might be applied to other strategies, so that strategies reflect the same aims, have joint commitments and complement each other rather than duplicate issues. The following were identified as strategies with which RHSR should be aligned:

- EU Drug Strategy
- Dept of Justice strategies i.e Youth Strategy, Garda Youth Diversion Projects
- Healthy Ireland Strategic action plan is in the process of being refreshed for the period 2021-2025, actions within RHSR will be reflected in this refresh. The action plan will reflect a collection of measures across a number of strategies which impact on the health and wellbeing of the population.
- Social Inclusion Community Activation Programme (SICAP): Department of Rural and Community Development are in early planning stages of the next SICAP and will examine new SICAP models for opportunities to align with *Reducing Harm, Supporting Recovery*.
- Better Outcomes Brighter Futures.
- Sharing the Vision.
- Women's health task force & strategy.

Collaboration

A critical element of the national drug strategy is the co-operation and collaboration between depts and agencies and services. Overall, the strategy has facilitated improved collaboration and engagement in progressing responses to substance misuse. It has supported engagement

with a range of statutory, voluntary and community-based organisations in progressing areas including care-planning, addressing gaps in services, assessment, evidenced based interventions and sharing of information / training to staff.

There have been some great examples where the flexibility, collaboration and interagency co-operation that has developed has been essential in progressing the actions in the strategy. That collaborative approach has provided flexibility to adapt to changing circumstance - the response to the COVID-19 pandemic being a prime example.

Our stakeholders have identified good collaboration as being essential in providing:-

- healthier and safer communities,
- better communication,
- improving access to support services,
- providing support to vulnerable groups, and
- providing support services according to local needs.

Some examples of collaboration working well include the joint commitment of Department of Housing and Local Government and the Department of Health on addressing homeless issues which is explicitly referenced in the RHSR Action Plan and remains on track. The joint engagement and parallel funding commitments in 2020/2021 in addressing homelessness is working well. Excellent collaboration between addiction services, substance misuse services and homeless services in recognition of the higher risks for people who are homeless to the effects of COVID-19, illustrates the impact of a collaborative approach – people who are homeless have been "protected" from the worst effects of Covid.

Tusla coordinates Child and Family Support Networks which is a collaborative approach in local areas for improving access to support services- no wrong door- and coordinating Meitheal Early Intervention Practice Model.

Reducing Harm Supporting Recovery adopts a health-led approach to the issue of substance misuse but recognises there must be a policing/ enforcement role in the strategy in recognition of the significant developments taking place. The strategy places an emphasis on community safety statements, and the Commission on the Future of Policing in Ireland recognised

community safety is not just the responsibility of An Garda Síochána and requires a multi-sectoral approach, strong inter-agency collaboration and community engagement with a key role for health and social services, as well as other sectors of society. This is very much the approach envisioned in the new Policing and Community Safety bill.

In addition, there is an opportunity to learn from and build on the experience of Local Community Policing Fora in responding to the impact of the drugs trade on communities.

The success of investigation into the movement of drugs can in part be attributed to collaboration with other law enforcement agencies, including internationally. An Garda Síochána and Revenue's Custom Service have gained intelligence through EU colleagues and this collaboration has been hugely important and beneficial.

The Early Warning and Emerging Trends (EWET) subcommittee, chaired by the Department of Health, brings together a wide range of stakeholders. The subcommittee is important and very effective and provides a good forum for sharing information and signposting of new trends and emerging drugs and pattern of drug use.

Huge amount of development across Ireland may not have been possible without the Drug and Alcohol Task Forces (DATFs). Completely new services have emerged through the taskforce process, bringing many people and experience together, to reconfigure services to work better with better outcomes for people on the ground and prioritising services according to local needs. The 12 strategic initiatives and the DRIVE initiative have progressed greatly despite Covid. All the taskforces and communities and services have come together to make great progress.

Coordination and collaboration arising from the response to the pandemic has been very beneficial. This collaborative approach could be enhanced in the future. Responses, initiatives and measures introduced in response to the COVID-19 pandemic should be continued where possible and appropriate. Continued support is required to sustain the current momentum of interagency working and community responses, including community-based responses to alcohol use.

A key focus within the current *Reducing Harm Supporting Recovery* action plan is on the transition of children in care from care into adulthood. This focus should continue but might usefully be broadened to include an interagency approach with housing, local authorities.

Some stakeholders identified the following areas in which improved collaboration was needed or could be strengthened: -

- Better communication
- More participation needed from all partners
- Increased co-operation between youth services and drug and alcohol services to address the gap in services for those aged 14-18
- More collaboration and co-ordination needed across sectors
- State agencies need to form real partnership with affected communities
- Need to broaden the group of service users we communicate with and receive feedback to incorporate a broader voice.
- Need an interdepartmental approach to addressing the drugs issue, needs Dept. of Justice, Dept. of Employment, Dept. of Social Welfare.
- The National Oversight Committee is very large and fulfils its function for transparency in relation to key actions. However, it is not always the most facilitative forum for cross–departmental and cross-agency discussion and co-ordination.

COVID-19

It was reported that impact of the COVID-19 pandemic has required adaptation and innovation for the delivery of services and has demonstrated that there can be effective ways of improving collaboration and public access to resources to respond to the diversity of needs. The specific example of the joint response to COVID-19 for people who are homeless and use drugs which illustrates the ability of the strategy to respond to COVID-19. The work and dedication of many organisations had a huge effect on minimising the impact of COVID-19 on their client group. Addiction services and homeless services adapted across the country very quickly to work and keep people safe. Having structures and an action plan in place enabled a huge acceleration in key areas.

It would be important to maintain this collaboration and innovation, and to continue the services and collaboration which were put in place during this time.

Monitoring and Data collection

Reducing Harm Supporting Recovery places a significant emphasis on developing sound and comprehensive evidence-informed policies and actions. The strategy acknowledges that Ireland has good information on the substance misuse situation at a national level. The strategy has brought greater focus on the need to capture data, to monitor output and outcomes, to measure the impact of the actions and to inform service development and delivery.

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. 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, and fulfils both European and national requirements.

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.

There is a view that there is a lack of evidence-based data to measure service provision and progress of the strategy, and that without defined KPIs, it is difficult to say how well actions are doing. The use of currently collected data could be reviewed and strengthened to better inform services and measure outcomes. An Outcomes Framework which would enable the identification of data relevant to the evaluation of the strategy and to understand the nature and quality of data sources, should be prioritised. There is a need for more focus on measuring indicators, and on measuring practical outcomes on the ground. There was a strong view that timely and better data collection on alcohol harm was required.

There was a call for appropriate research/ data collection over the next four years to inform the development of the next strategy. There was a need for further development of National Data Collection tools. However, the requirement to maximise investments already made, by further analysing data already collected, was also identified.

Efforts to improve the coverage of the NDTRS does not appear to have had the desired effect. While the NDTRS collects data on episodes of treatment, the introductions of a unique health identifier would allow for much greater data collection. An examination of how data is provided for the NDTRS would be useful.

Reducing Harm Supporting Recovery outlines the national strategy to respond to drug and alcohol use in Ireland. There is very little relevant data on alcohol use, and the harms caused by alcohol use. The focus of Goal 5 should be broadened to include data monitoring and evaluation of alcohol services specifically, and demand for alcohol services.

Drug and Alcohol TaskForces

A major factor in the success of previous strategies has been the partnership between the statutory, community and voluntary sectors. *Reducing Harm Supporting Recovery* has continued with this approach.

The strategy outlines the role of Drug and Alcohol Task Forces (DATFs) in coordinating local and regional implementation of the National Drugs Strategy. The strategy also provided for the Standing Sub Committee to monitor and support the work of the DATFS with a view to strengthening the Task Force interagency model.

DATFs 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 and have identified a need for better support in terms of their networks, governance, and sharing of best practice. DATFs have a good knowledge of the needs within their area and would like to be more visibly involved in the actions contained in the strategy. Taskforces would like consideration of how they could be more involved in the actions, as they felt that they and their role within the strategy has been invisible. DATFs suggested that they could have a significant impact on Goal 2 of the strategy in the implementation of the actions. DATFs could bring together the community, family and service users which could have a positive impact on communication and participation and could also assist in identifying emerging needs. Clear identification of the roles of all partners in the strategy might assist with this.

Dual diagnosis

Reducing Harm Supporting Recovery advocates for people with a dual diagnosis, i.e. co-occurring issues with addiction and mental health. *Sharing the Vision*, the national mental health policy, recognises that people with a dual diagnosis should have access to appropriate mental health services and supports, by addressing existing service gaps and developing stepped, integrated models of care.

For dual diagnosis, the policy is transformative, as it reverses a problematic policy recommendation in *A Vision for Change* (2006). The new policy clearly states that individuals with co-existing mental health difficulties and addiction to either alcohol or drugs should not be prevented from accessing mental health services. Therefore, for people with a dual diagnosis, it will no longer be necessary to establish whether a mental health difficulty is the primary issue in order to access a community mental health team.

Sharing the Vision recommends a tiered model of integrated services for people with a dual diagnosis, to ensure clear care pathways and improved outcomes for individuals and their families. Recommendations 21 & 57 from the policy specifically refer to supports for dual diagnosis.

- *21:* Dedicated community-based addiction service teams should be developed/enhanced with psychiatry input, as required, and improved access to mental health supports in the community should be provided to individuals with co-existing low-level mental health and addiction problems.
- *57*: A tiered model of integrated service provision for individuals with a dual diagnosis (eg substance misuse with mental illness) should be developed to ensure that pathways to care are clear.

The National Implementation Monitoring Committee (NIMC) Steering Committee is focusing on establishing the structures and processes crucial to implementation of *Sharing the Vision*. The HSE has primary responsibility for implementing the majority of the *Sharing the Vision* recommendations, and is establishing the HSE Implementation Group, which will report to NIMC.

A delay with progressing the National Clinical Programme for Dual Diagnosis was noted by many stakeholders. However, it was also noted that the Clinical lead post was filled, and that work was progressing on the first draft of a Model of Care for dual diagnosis.

The Dual Diagnosis Programme aims to develop a standardised evidence-based approach to the identification, assessment and treatment of co-morbid mental illness and substance misuse. The Programme will devise a model of care that outlines how adolescents and adults suspected of having a moderate to severe mental illness and significant substance misuse have access to timely mental health services nationally. This will be delivered on a Community Healthcare Organisation basis. The service will be provided in an integrated manner across the HSE's Primary Care Division and Mental Health Service and will ensure close working relationships with the relevant specialities in Acute Hospital Groups, which will deal with medical co-morbidities that may occur.

HSE Mental Health Services is keen that the approach to service delivery aligns with Sláintecare, in that it is integrated across the many interfaces where people can present and is oriented towards service users, families and communities. Service user and family member representation from the dual diagnosis population continues to be essential to the development of dual diagnosis services.

The HSE Addiction and Mental Health Services and Mental Health Ireland have developed a resource for people affected by dual diagnosis. This resource provides advice for people on looking after their mental health during the pandemic, including information on accessing mental health and addiction services.

The decision that the National Oversight Committee for the national drugs strategy should be represented on the National Implementation Monitoring Committee for *Sharing the Vision* was welcomed and would allow for good exchange between both strategies and ensure alignment between actions undertaken under both strategies to address the need of the individual and any blocks or barriers that might emerge.

Prevention and education

Substance misuse prevention strategies are highlighted in the strategy. 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.

It was acknowledged that training and education in early years is essential because it helps people to make better choices in life. However, the progress on the actions on educating young people about the dangers of substance misuse was seen as slow and there is a need to pool resources and to co-ordinate all awareness-raising, educational and preventative work better between different organisations.

A priority identified by many stakeholders was the area of Hidden Harm - the impact of problematic drug and alcohol use by parents and care-givers on the developmental needs and safety and wellbeing of children and young people: pregnancy, infancy and early childhood; middle childhood and adolescence. The strategic priorities and actions for the next period should maintain the focus on this area, and expand the training of service providers

Support for families and communities

Building the capacity of communities to respond to the drugs situation is a key goal of RHSR. The Strategy recognises the term service user 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. Stakeholders recognised the inclusion of family members, as they may be involved in supporting a loved one with a drug problem and may be service users in their own right, as a positive approach.

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. It was acknowledged that projects such as DRIVE (Drug Intimidation & Violence Engagement) are working well in addressing the issue of drug related intimidation and violence in many DATF communities. However, further focus is required to strengthen the response on drug related intimidation and violence, which is of growing concern.

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.

Performance measurement

Reducing Harm, Supporting Recovery set out to provide a way of measuring the collective response to the drug problem, through a performance measurement framework. The strategy committed to the development of a performance measurement system to incorporate 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. It was intended that over time the RAM will take account of the totality of public funding at the disposal of the DATF partners. As information systems improve in the coming years, the performance measurement system could draw upon more data sources to develop a more precise measure of problem substance use.

It was noted during the engagement with stakeholder that there was an urgent need to progress the action on the Performance Measurement System through an inclusive process in partnership with task forces, voluntary and community sectors. It was felt that the Trutz Haase measurement system needed to be progressed to identify and target those areas of greatest disadvantage combined with substance misuse.

In addition, there was a call for a common system to evaluate the outcomes of services. This needs to combine quantitative methods with rigorous qualitative approaches, and at least some of the latter should consist of participatory research. Without agreed indicators of success, there cannot be agreement between all the relevant parties - service users, affected families, communities, statutory, community and voluntary organisations - on which services and approaches are working and which are not. Therefore, the national structures of the strategy should drive the development of a common system. It was proposed that a common evaluation system, to be used in each Task Force area/region, should include mechanisms for assessing:

- overall levels of drug/alcohol use in the area

- local awareness of, and attitudes to, substance misuse
- the overall harm caused locally by substance misuse
- the quality of life of service users and other members of the community
- the long-term impacts of services on individuals
- changes in all of the above over time.

Research

Research is considered vital to provide an accurate picture of substance use/misuse within communities and in drug markets and trends. Without evidence, it is hard to make a convincing case for change and also to provide an appropriate service response. However, there were challenges in providing timely and appropriate responses to drug trends. The markets and drugs are continuously evolving.

To provide an accurate picture/ reflection of substance misuse, current trends and impact of substance use/misuse on the individual and the community, a strong focus on communities of interest is required. Stakeholder feedback indicated that RHSR needs a stronger focus on research going forward, especially for

- the LGBTI community,
- Travellers and Roma, and
- Older service users.

This research could provide an accurate picture of substance use/misuse within these communities which could then be used to provide best practice support to service users and trainings to organisations/services supporting the separate groups.

The issue of focussing on "addiction" and "recovery and rehabilitation" rather than particular drugs of choice was raised. This focus might inform change to service provision, but where resources are limited, it could provide a focus on areas of need.

It was felt that the research focus of the strategy has been lost. The benefits of the wider input and consultation done under the NACDA was recalled and it was suggested that the research agenda could be informed by a wider group, not restricted to the HRB. It was further suggested

that research expertise has been diluted in the current structures, which could be addressed by the establishment of a specific structure focused on the issues of data collection and research reporting directly to the National Oversight Committee.

Diversity and inclusion

The strategy recognises the diversity evident among drug users and the steps required in providing services that can accommodate this diversity and address the needs of particular groups in relation to problem drug and alcohol use.

The issue of gender and the specific needs of women were raised by stakeholders. The current strategy's gender focus has tended to be mostly in the area of pregnancy and motherhood, which is in line with many other jurisdictions. Going forward actions could be considered that are gender specific, gender sensitive and gender transformative.

Overall, it was felt that although there are some really good initiatives in RHSR which target individual groups, further consideration needs to be given to the intersectionality and varying needs of specific groups and that services needs to be tailored to suit the needs of the individual. Some of the groups mentioned include: LGBTI, Travellers & Roma, ethnic minorities, under 18s and young people, women, people who are homeless.

Stigma

The issue of stigma, and the stigmatisation of people in addiction and their families, was raised by several stakeholders. Stigma can have a detrimental effect on the mental and physical health and wellbeing of people who use drugs, and also on those with alcohol dependency, which can act as a barrier to seeking help and treatment.

This issue has been included on the drugs policy agenda at both international and EU level. The EU Drugs Strategy 2021-2025 specifically mentions the reduction of stigma as a priority area along with the inclusion of people who have been stigmatised in the development of policy.

Stakeholders outlined a need for the strategy to challenge and address drug-related stigma. A pilot anti-stigma training programme developed and launched by Citywide and SAOL in partnership with IHREC and Trinity College Dublin under the Stop the Stigma Campaign was

mentioned as a good example of anti-stigma training. This pilot is being evaluated at present, but a number of stakeholders called for the roll-out of anti-stigma training nationally building on the findings of the evaluation being carried out by Trinity College.

Stakeholders also highlighted that some people in addiction can suffer a greater degree of stigmatisation, for example, women in addiction and in particular mothers. Women and in particular mothers who use drugs and alcohol can be disproportionately affected by their addiction and the associated stigma. Gender specific and tailored initiatives and treatment pathways are required so that they have the confidence to ask for support and feel worthy of treatment.

National oversight structures for the Strategy

Reducing Harm Supporting Recovery is a cross-cutting area of policy involving the collective input of the statutory, community and voluntary sectors, to provide a coordinated response to counter the issue of problem drug and alcohol use in our society. National oversight and coordination structures play an important role in supporting the effective implementation of the different national drugs strategies. These structures have also helped to facilitate multi-agency working, and tackle blockages to implementation which can result in barriers for those who wish to access substance misuse services.

Feedback received during the review of the strategy indicates that the structures are very efficient in terms of identifying lead agencies and accountability and having clearly defined roles and responsibilities for all members to contribute toward the development and reporting on each action. However, it was felt that areas of the structures are not working as well as intended. Many reported a duplication in membership of the structures, insufficient attendance and participation as well as insufficient opportunities for focussed discussion on a broad range of topics covered by the strategy. Others referred to discussions being centred only on health and justice items.

It was proposed that the structures could be made more effective by having smaller thematic subgroups.

(iii) Focused policy assessment of expenditure and performance under the national drugs strategy

Focussed policy assessment

A focussed policy assessment (FPA) of expenditure and performance was commissioned by the Dept of Health and carried out by the Irish Government Economic and Evaluation Service (IGEES). The demand for treatment services continues to grow as drug use becomes more prevalent in society following the economic recovery.

Having an estimate of the total economic burden that problem drug and alcohol use places on society, both in terms of the labelled expenditure on initiatives to ameliorate this problem, as well as the costs of dealing with the consequences of it, is a first step in generating the economic evidence base with which to evaluate public policy on substance misuse.

The aim of the FPA was to review the rationale, efficiency, and effectiveness of treatment programmes. The FPA has the following components:

- Outline the background to the strategy and its objectives;
- Profile labelled (programme) expenditure, in line with the current EU requirement for public expenditure estimates and best-practice guidelines provided EMCDDA;
- Estimate unlabelled expenditure on drugs and alcohol and productivity costs
- Examine strategy performance in terms of inputs and outputs;
- Consider the continued relevance of expenditure programmes in terms of alignment with the strategy and other policy priorities.

Summary Conclusions

Expenditure

- The examination of labelled and unlabelled expenditure, and lost productivity costs included here, gives an indication of the scope of the economic costs of drug and alcohol misuse in Ireland.

Labelled Expenditure

- Labelled expenditure refers to planned spending targeted at drug or alcohol issues (e.g treatment of addiction), usually reported as such in public accounts. Data on labelled expenditure is collected annually by the Department of Health and provided to the HRB

as part of their role within the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA). Limitations in this dataset point to the need for improved data collection for the next stage of RHSR.

- Although complete and consistent annual reporting from all reporting bodies has not yet been achieved, it is estimated that labelled expenditure on drug and alcohol misuse in Ireland exceeds €200 million per year.
- HSE Addiction Services accounted for over €100 million of labelled expenditure in 2019, with average year-on-year increases of 4% since 2014.

Unlabelled Expenditure & Productivity Costs

- Unlabelled expenditure refers to unplanned drug and alcohol related spending that is not explicitly categorised as such in public accounts (e.g. imprisonment for drug-related crime), making it more difficult to disaggregate and quantify.
- Productivity costs capture the indirect cost of lost production resulting from imprisonment, morbidity and premature death, which is an important component of the economic burden of drug and alcohol misuse from a societal perspective.
- Previous estimates of the societal cost of problem alcohol use have produced estimates ranging from €2.4 to €3.7 billion per year, with annual healthcare costs alone having been estimated at between €0.8 and €1.5 billion.
- This paper is the first to estimate unlabelled expenditure on problem drug use, finding that approximately €87 million is spent annually within hospitals, prisons, and the criminal justice system in dealing with the medical and legal consequences of drug use. Productivity losses associated with drug use are estimated to be in the region of €61 million per annum.
- Calculation of cross-sectional, annual costs fails to capture the longer-term financial implications of multi-year prison sentences or future productivity losses due to premature mortality. When a longitudinal approach is used to assess the net present value of current and future unlabelled expenditure and productivity costs due to drug misuse, the combined estimate rises to over €650 million.

Performance of *Reducing Harm, Supporting Recovery*

- The strategy includes 5 goals which are broken down into objectives, strategic actions and performance indicators. In total there are 50 strategic actions and 29 performance indicators. Data for 12 of the 29 performance indicators were available and sourced for

a trend analysis, these are reported in Section 4. The performance of RHSR is analysed based on available data from the performance indicators listed under each of the 5 goals:

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

- Limitations in the availability of data has constrained the conclusions that can be drawn on the progress made under each goal. It is clear that some indicators are moving in the right direction (for example rates of alcohol use among 10-17 year olds are reducing), some are moving in the wrong direction (for example increases in non-uptake of treatment among vulnerable groups) and for some it is difficult to determine (for example, increases in numbers in receipt of certain services could be positive if demand is being met but could also indicate increased prevalence of harmful drug use).
- This paper has also highlighted the importance of understanding demand and unmet need for treatment services as it contextualises whether these services are meeting population needs and therefore whether the strategy is achieving its objectives.
- An assessment of the status and availability of each of the 29 performance indicators was produced as part of the analysis which will inform the mid-term review of the strategy. A summary of this assessment is included in Appendix 1. Improvements in data availability and quality will support the ongoing monitoring of RHSR out to 2025 and any future evaluations in this area.

Conclusions

- The available evidence base on the costs of drug and alcohol misuse is typically limited by data availability and is estimated using varied methodological approaches. Opportunities exist to improve reporting of labelled expenditure across Government Departments, and consensus is needed on what the optimal approach is to estimating the direct and indirect costs of drug and alcohol misuse.
- Notwithstanding these limitations, our findings indicate that unlabelled expenditure and productivity costs contribute significantly to the overall economic burden of problem drug and 7 alcohol use. Therefore they are an important component

(alongside labelled expenditure) of any examination of the value of policies to address drug and alcohol misuse which relates changes in inputs (planned programmes to tackle these issues) to changes in outputs and costs.

- The performance of *Reducing Harm Supporting Recovery* has been examined in terms of available data on the performance indicators under the five goals of the strategy. However, limitations in the availability and quality of data has constrained the conclusions that can be drawn. For some performance indicators, data will become available as time goes on, while others will need to be revised to be able to more accurately reflect the performance of goals in the strategy and to ensure their usefulness in future evaluations.
- It was not possible to break down labelled expenditure by the proportion which was directed towards a health-led response to drug and alcohol misuse (e.g. expenditure on prevention) and that which relates to a criminal led response (e.g. expenditure on incarceration). It was similarly not possible to break down expenditure by that part which principally served each goal listed in the strategy. As such, an assessment of what was achieved for such expenditure was not possible in this FPA. Addressing the limitations of datasets and the performance indicators identified in this FPA are necessary steps for improved monitoring and future evaluation of RHSR and public expenditure on drug and alcohol programmes more generally.
- Improved ability to evaluate public expenditure would ensure that the health and wellbeing of individuals, their families and communities are best served by public policies that address the harms associated with drug and alcohol misuse.

The full report is available at https://www.gov.ie/en/collection/8930f-spending-review-2021/

(iv) Drug prevalence trends and performance indicators

Drug prevalence trends

The National Drug and Alcohol Survey (NDAS) provides information on alcohol and tobacco consumption, and drug use among the general population in Ireland. The extent and pattern of drug use in the general population is one of the five key indicators developed by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and adopted by EU Member States. NDAS also surveys people's attitudes and perceptions relating to tobacco, alcohol and other drug use and records the impact of drug use on people's communities. The survey report can be found here. [1]

Use of any illegal drug

The survey found that 27% of people aged 15–64 in Ireland reported use of an illegal drug (cannabis, ecstasy, cocaine powder, magic mushrooms, amphetamines, poppers, LSD, new psychoactive substances (NPS), solvents, crack, and heroin), at some time in their lives, 9% had used an illegal drug in the last year, recent use, and nearly 5% in the last month. Although prevalence of recent use was similar to that in the two preceding surveys, there was increase in the use of cocaine, ecstasy, LSD, amphetamines and poppers and a slight decrease in the use of cannabis.

Males were more than twice as likely as females to report recent use of an illegal drug, except in the youngest age group (15-24) which had little difference between males and females. This was the group that had the highest prevalence of illegal drug use, with the exception of cocaine and new psychoactive substances. The cohort that reported the highest level of recent drug use was males aged 25–34 years, one in four whom had used an illegal drug in the last year. The median age at which people had first used the common illegal drugs had increased slightly compared to the 2002/03 survey.

Those who reported recent illegal drug use were more likely to report use of at least two illegal drugs than was in the case in the 2014/15 survey. The proportion of those reporting recent use of at least three illegal drugs has increased substantially.

[1] https://www.hrb.ie/publications/publication/the-2019-20-irish-national-drug-and-alcohol-survey-main-findings/returnPage/1/

Use of specific drugs

While recent cannabis use among males overall decreased between 2014/15 and 2019/20, among males aged 25-34 use has continued to increase. Of those who had used cannabis in the past year, nearly one in five met the criteria for cannabis use disorder (CUD), although there has been a noticeable decrease in CUD among males and 15-34-year-olds since the last survey. Ecstasy (MDMA) was the second most commonly used illegal drug in the year prior to the survey. Recent ecstasy use has increased with the largest increase among males aged 25–34 years, almost one in ten of whom had used it in the past year. A similar proportion of this cohort had used cocaine in the past year, with males being many times more likely to report recent use than females. Noticeable increases were also observed among females aged 15–24 years. Overall, recent cocaine use had increased significantly among males and to a lesser extent among females. Recent use of sedatives/tranquilisers decreased in 2019/20 and is currently at 2006/07 levels. Less than one percent of respondents reported non-medical use of sedatives/tranquillisers in the last 12 months, and just under 2% reported non-medical use of opioid pain relievers.

Factors associated with drug use

Among the younger age cohort, the prevalence of recent drug use was higher among those who had only completed lower secondary school education compared to those with higher educational attainment or still in education. Employment status or being a student was not a significant factor associated with recent drug use. Respondents aged 15-34 who lived in Dublin had the highest prevalence of recent drug use. The most common reason respondents gave for not ever using drugs was 'just not interested'. Young respondents were more likely to cite concerns around health problems and becoming addicted, while older respondents were more likely to cite no opportunity or illegal drugs available.

Perceptions and attitudes

Respondents were asked if they agreed with permitting cannabis for medical and recreational use. There was almost universal agreement for permitting cannabis for medical use. There was far less support for permitting cannabis for recreational use. Support was higher among 15-24-year-olds and lowest among those aged 65 and over. The majority of recent cannabis users agreed with permitting recreational cannabis use while a much small proportion of never users agreed. The majority of respondents reported disapproval or strong disapproval for smoking cannabis, with a little over half perceiving 'great risk' to be associated with smoking cannabis

regularly. The most common perception among respondents of people who had an addiction was ‘more as a patient’, with a small number responding ‘more as a criminal’.

Impact on local communities

Questions on the impact of drug use on local communities were included in the 2019/20 NDAS for the first time. More than one-third of respondents stated that there was a problem with people using or dealing drugs in their local area. Those who reported that there was a very or fairly big problem with people using or dealing drugs in their local area were most likely to live in more deprived areas, with 44% of respondents in the most deprived quintile compared to 19% in the least deprived quintile. One in ten respondents had either personal experience of drug-related intimidation or knew somebody who had been intimidated. Those who had experience of drug-related intimidation were twice as likely to live in the most deprived quintile compared to less deprived quintiles.

Outcome Indicators Framework

The Department and the Health Research Board (HRB) are developing an outcomes framework for the National Drug Strategy. As a first step, the HRB has developed an indicator set to provide a structured approach to collect and report relevant and appropriate data which can be used to assess the impact of the strategy’s actions on the agreed aims of the strategy. The selection of these indicators was informed by the EMCDDA epidemiological and drug supply indicators, the Healthy Ireland Outcomes Framework, the European Core Health Indicators, the World Health Organization’s Global Monitoring Framework for the Prevention and Control of Noncommunicable Diseases and the WHO Health 2020 indicators.

(v) Rapid Assessment of impact of COVID-19 on Drug and Alcohol services

The Covid-19 pandemic had a stark risk for users and services alike. Due to the health implications of illicit drugs, people who use drugs are more susceptible to the negative effects of the virus, which means that the services they use and rely on were more important than ever before.

The impact of COVID-19 on services is significant, and multi-faceted, their capacity to deliver services and what this means for service users greatly changed throughout he pandemic and at various levels of restrictions.

The European Monitoring Centre for Drugs and Drug Addiction highlighted the emerging risks linked to the COVID-19 pandemic for people who use drugs and those providing services for them from a European perspective. They noted the need to assess these changes as to encourage planning, review and adaption of frontline and specialist drug interventions.

Straight away and throughout the pandemic, services adapted greatly in how they operated in order to provide a service, while complying with restrictions. The Drugs Policy Unit of the Department of Health commenced an assessment of the impact of Covid-19 on drugs and drug services so we could get a picture of the challenges that have been brought to the country, and services. This included a literature review, data review, case studies, a national online survey and stakeholder engagement. It was conducted so we can better inform our policy and practice for the future, as this pandemic and its impact will be with us for a substantial time to come.

The report on the Impact of COVID-19 on Drug and Alcohol Services and People who use Drugs highlighted the impact of the COVID-19 pandemic on service capacity, staff, operations, and governance and reporting. Services provided information on how they adapted to the challenges of COVID-19 by employing the likes of online or telephone communication methods and public health measures like PPE and physical distancing, as well as the challenges that remain such as the availability of support services, contingency planning for future outbreaks, implementing social distancing in their premises and the financial costs of new equipment. Survey findings have also provided an indication of the negative impacts the pandemic has had on the health and wellbeing of clients and on their consumption behaviours.

Stakeholder engagement on the impact of Covid-19 on drug and alcohol services

As part of rapid assessment, a stakeholder engagement was held to consider the preliminary findings and the implications in November 2020. This allowed those working across the sector to engage with the findings and give further insight on the policy implications that arise from this research. The feedback is summarised below.

How can drug and alcohol services be supported to adapt to COVID-19?

- Clear guidance for each level of restrictions, specified for drug services.
- Ensure community drug projects are recognised as essential services.
- Staff support to deal with trauma, stress, low morale and redeployment.
- Support for blended virtual approach, including IT structures, support for users, digital policy for the sector and staff training, all with the long-term in mind.
- Increase in funding to deal with higher waiting lists, the provision of wrap-around services, COVID proofing the facilities and providing PPE and new IT structures.
- Access to schools should be facilitated for the Tasktforces, as to assist in SPHE.
- Maintain the changes in the provision of OST and ensure support for wrap-around care for this cohort.
- Support for continuing the interagency working that had been seen throughout the pandemic.

How can people who use drugs be empowered and supported during COVID-19?

- Enactment of care planning and case management, for meaningful and person-centred wrap-around care.
- Domestic abuse, mental health & child protection have been highlighted as areas that have been missed with remote working, more focus is required.
- Tech & wifi should be provided to service users to ensure access.
- Recognition of services as essential.
- Development of peer-to-peer contact.
- Home delivery of medication & methadone for those who are medically vulnerable.
- Naloxone available over the counter.
- Provision of harm reduction interventions
- Service user feedback and participation.
- Increase contact with underrepresented groups.

- Promote role of An Garda Síochána in care provision and signposting - 24 hours a day
- School wellbeing platforms.

The results of the assessment were presented to the National Oversight Committee in December 2021. This presentation concluded that COVID-19 brought higher risks and service disruption, including challenges in restoring services. The research provided an insight into the impact, innovative practice responses, challenges and the new partnerships and collaborations that have arisen on the ground. Key needs identified were the framework for restoration of drug & alcohol services and the consolidation of service advances that were implemented during the pandemic.

(vi) **International context: the European Union Drugs Strategy 2021-2025 and the British-Irish work sector on drugs and alcohol.**

The EU Drugs 2021-2025 sets out the political framework and priorities for EU drug policy in the period 2021-2025. This approved document has reaffirmed the strong, evidence-based, comprehensive, and balanced approach to drugs, that has been seen previously in the EU, with the preservation of human rights at its core.

Strengthening the connections with European drugs policy is important, as Ireland cannot address the drugs issue in isolation from European colleagues. At EU level, Ireland has advocated for mechanisms to promote synergies between the European and our national strategies. This includes opportunities to share learning and good practice between Member States, which will also be supported in the National Drugs Strategy.

The EU Drugs strategy includes a new, dedicated chapter on addressing drug related harms, so as to prevent or reduce the health and social risks for drug users. This includes measures to reduce the incidence of drug-related infectious diseases, to prevent overdoses and drug-related deaths and to provide alternatives to coercive sanctions. The strengthening of policy in this area mirrors our national strategy and will help to influence, shape and progress our own initiatives in these areas, such as the Health Diversion Programme and the Supervised Injection Facility.

Ireland chairs the British-Irish Council work sector on drugs and alcohol. This provides a forum for cooperation on drug and alcohol responses among the eight administrations in Britain and Ireland. By working together, member administrations can share learning on evidence-based policies, services and interventions to reduce drug and alcohol harms. The forward work plan identifies five policy initiatives to address the harms of drugs and alcohol use over the next three years. These include the delivery of drug and alcohol services during COVID-19, the reduction of drug related deaths, financial mechanisms to reduce alcohol-related harms, joined up approaches to meeting the health and social needs of people who are homeless and in addiction and the role of the voluntary and community sector in drug and alcohol policies and service provision.

(vii) Strategic priorities for 2021-2025

Strategic priorities for implementing the national drugs strategy 2021-2025

Six strategic priorities are identified to strengthen the implementation of the national drugs strategy for the period 2021-2025. The strategic priorities reflect the lessons and the stakeholder feedback from the mid-term review and capture the commitments in the Programme for Government. The Rapid Expert Review also recommended having a few key priorities (with specific objectives, related actions and appropriate performance indicators), in order to provide greater coherence in the strategy and facilitate cross-pillar and cross-government coordination.

The strategic priorities reflect stakeholder feedback that the diversity evident among people who use drugs should be recognised and steps should be taken to provide services that can address this diversity and reflect the needs of different groups in relation to problem drug use. Stakeholders also want a stronger alignment of policies, strengthened governance structures and a continuation of the collaborative arrangements developed in response to COVID-19.

The strategic priorities are designed to reinforce the health led-approach to drug and alcohol use. In particular, they are connected with the Sláintecare Implementation Strategy and Action Plan 2021-2023 and the Healthy Ireland Strategic Action Plan 2021-2025. The priorities also align with relevant priorities in the EU Drugs Strategy and UN policies on drugs, children and sustainable development.

Specific actions will be associated with each of the priorities, including actions that are still relevant from the strategic action plan 2017-2020, and new actions required to deliver the priorities. It is expected that each priority will have between 4 and 6 actions. An indicative list of actions will be identified for each priority and agreed with the relevant stakeholders. Not all continuing actions will be associated with a strategic priority; for example, most of the actions pertaining to goal 3 - reducing the supply of drugs – will continue to be reported upon by the lead actors as hitherto.

The six priorities are:

1. Strengthen the prevention of drug and alcohol use and the associated harms among children and young people;
2. Enhance access to and delivery of drug and alcohol services in the community;
3. Develop integrated care pathways for high-risk drug users to achieve better health outcomes;
4. Address the social determinants and consequences of drug use in disadvantaged communities;
5. Promote alternatives to coercive sanctions for drug-related offences;
6. Strengthen evidence-informed and outcomes-focused practice, services, policies and strategy implementation.

The spreadsheet attached at appendix 3 presents (in summary form) the strategic priorities, the relevant RHSR goals, alignment with other policies, commitments in the Programme for Government, proposed outcome indicators and lead partners.

The **first priority** focuses on protecting children and young people from drug use and the associated harms. It is aligned with Article 33 of the UN Convention on the Rights of the Child:

> *To take all appropriate measures, including legislative, administrative, social and educational measures, to protect children from the illicit use of narcotic drugs and psychotropic substances and to prevent the use of children in the illicit production and trafficking of such substances.*

This priority will protect children and young people across a variety of school, community and family settings by increasing resilience and strengthening life skills and healthy life choices. It will be informed by the European Prevention Curriculum and the International Standards on Drug Use Prevention.

The **second priority** is to enhance community care for people who use drugs by providing health and social care services at the community level to meet identified health needs. This will be supported though the development of a drug services care plan formulated on the basis of the new six health regions agreed by Government in 2019. Particular focus will be put on ensuring access to services for women, people in rural areas, ethnic minorities and the LGBTI+ community. This priority will consider models of care for people who use drugs and have co-morbidities. It will also address the stigma linked to drug use and drug addiction and its impact

on access and delivery of health services. This priority meets target 3.5 in the UN Sustainable Development Goals: *strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol*.

The **third priority** is to develop integrated care pathways for high-risk drug users, including people who are homeless, offenders, stimulant users and people who inject drugs, so as to achieve better health outcomes. These high-risk drug users have complex health and social care needs that make them vulnerable to drug overdose and pre-mature death. Integrated care pathways are required to deliver the best outcomes for this cohort, that connect care settings between GPs, primary/community care providers, community specialist teams and hospital-based specialists. The experience of the Dublin COVID-19 homeless response provides a template for integrated care. A key outcome indicator will be the reduction in drug deaths. Strengthening harm reduction responses to high-risk drug use associated with the night-time economy and music festivals, including proposals for drug monitoring, will form part of this priority.

The **fourth priority** recognises the additional challenges arising from drug use in disadvantaged communities, including the Traveller community. This priority will address the underlying social and economic determinants that increase the prevalence of problematic drug and alcohol use in certain communities. It will also tackle the criminality and anti-social behaviour associated with the drug trade that imposes a heavy burden on poor communities. These issues require action across government to promote community development and community safety. Ensuring synergy with the Sláintecare Healthy Communities programme to address health inequalities will be a key objective.

The **fifth priority** is to reinforce the health-led, rather than criminal justice-led, approach to people who use of drugs and who commit drug-related crimes, such as robbery. The main focus will be on the rollout of the Government health diversion programme for people in possession of drugs for personal use, which will offer compassion not punishment. Other initiatives, such as the drug treatment courts, will also be supported. A particular emphasis will be on the exchange of best practice on alternatives to coercive sanctions with EU member states.

Finally, the **sixth priority** is to strengthen the performance of the strategy though promoting evidence-based and outcomes-focused practices, services, policies and strategy

implementation. Learning the lessons of the response to COVID-19 will be a key theme. This priority will also strengthen Ireland's contribution to best practice at the EU level, in collaboration with the EMCDDA and the HRB Reitox national focal point. It will also identify service innovation from the network of drug and alcohol task forces, especially under the three-year strategic initiatives.

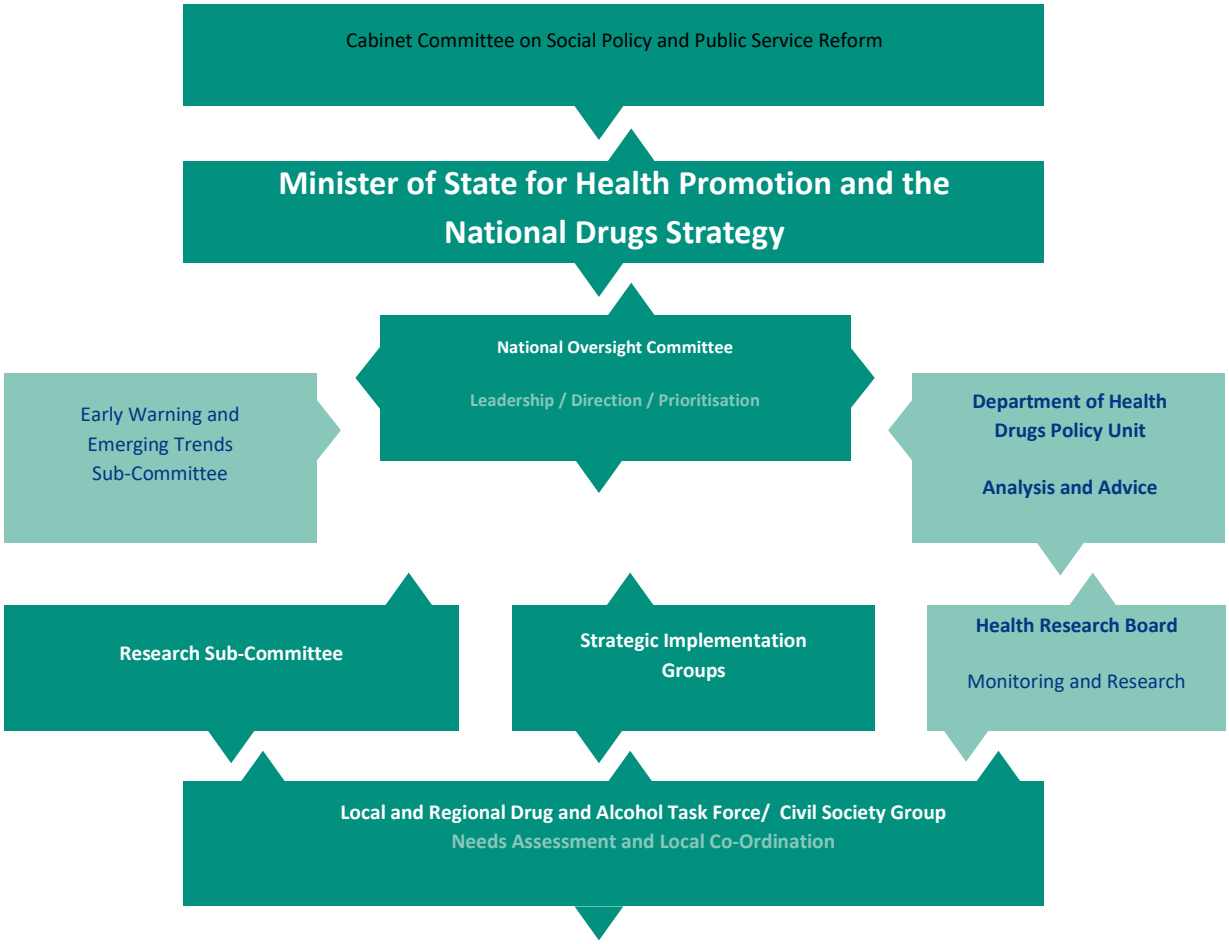
Supporting these strategic priorities will be a number of **horizontal themes**:

- involvement of service users in the design and delivery of services based on a human rights perspective and the promotion of health literacy
- active and meaningful participation of civil society in the development, implementation and evaluation of policies and services
- good governance, accountability and mutual respect by all partners
- cross-sectoral funding and the targeting of additional resources
- Public Sector Equality and Human Rights Duty

The strategic priorities will be delivered through specific actions and progress will measured though outcome indicators. An agreed list of actions and indicators will be developed for each priority.

Strategic implementation groups will be established to support the delivery of the strategic priorities and to reinforce cross-agency collaboration, a key value of the strategy. The SIGs will be action-oriented and comprise stakeholders involved in delivery of the relevant actions. The SIGs will be chaired independently and the chairs will report on the delivery of their actions to the national oversight committee and will be a member of the committee. A service user and a civil society nominee will be a member of each SIG, as will a nominee of the network of task forces.

There will be two sub-committees of the NOC – an Early Warning and Emerging Trends sub-committee and a Research sub-committee. The latter will oversee the research outputs of the strategy, including the national drug and alcohol survey, in conjunction with the Health Research Board.


Cabinet Committee on Social Policy and Public Service Reform
Minister of State for Health Promotion and the National Drugs Strategy
National Oversight Committee
Leadership / Direction / Prioritisation
Early Warning and Emerging Trends Sub-Committee
Department of Health Drugs Policy Unit
Analysis and Advice
Research Sub-Committee
Strategic Implementation Groups
Health Research Board
Monitoring and Research
Local and Regional Drug and Alcohol Task Force/ Civil Society Group
Needs Assessment and Local Co-Ordination

Appendix 1 – Progress Report 2020

Reducing Harm, Supporting Recovery
Progress Report 2020

Drugs Policy and Social Inclusion Unit
Dept of Health

June 2021

Contents

Overview

The national drug strategy, *Reducing Harm, Supporting Recovery – a health-led response to drug and alcohol use in Ireland 2017*-2025, sets out government policy on drug and alcohol use until 2025. The strategy outlines an integrated health-led approach to drug and alcohol use, focused on reducing the harms for individuals, families and communities and based on providing person-centred services promoting rehabilitation and recovery.

The vision of the strategy 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.*

The strategy is structured around five strategic goals. The 50 actions to support these goals are outlined in the Action Plan and are to be delivered over the period 2017-2020. The implementation of these actions is monitored though the national oversight structures, supported by the coordinated system of monitoring, research and evaluation set out in the strategy. This progress report has been prepared by the lead agencies and reports on the implementation of the actions to the end of 2020. This report also reports on the status of the actions, across 5 settings:

Black – action not yet scheduled to start	Green – action broadly on track	Amber – action progressing but with a minor delivery issue	Red – action delayed with a significant delivery issue	Blue – action fully completed

The table below gives an overview of the progress to the end of 2020 on implementation of the 50 actions contained in Reducing Harm Supporting Recovery.

Strategic Goals	Black	Green	Amber	Red	Blue
Goal One: Promote and Protect Health and Wellbeing		2	3	2	4
Goal Two: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery		6	5	3	3
Goal Three: Address the harms of drug markets and reduce access to drugs for harmful use.		3	1	1	2

Goal Four: Support participation of individuals, families and communities		2		1	2
Goal Five: Develop sound and comprehensive evidence-informed policies and actions.		1	3		
Strengthen the performance of the strategy				1	
Total		14	12	8	11

This indicates that 25 actions have been delivered, either completely or broadly on track. A further 20 actions are progressing but with a minor or major delivery issue.

Goal One: Promote and Protect Health and Wellbeing

RHSR Strategic Action	**Delivered**	**Lead role**	**Action during 2020**	**Traffic Light signal for Action**
1.1.1 Ensure that the commitment to an integrated public health approach to drugs and alcohol is delivered as a key priority	1.1.1 (a) Develop an initiative to ensure that the commitment to an integrated public health approach to drugs and alcohol is delivered as a key priority	DOH	A prevention and education initiative encompassing 1.1 was under development. Funding for this initiative was reallocated for the restoration of drug and alcohol services, in the context of Covid-19 in 2020. Introduction of a Community Alcohol on Alcohol Programme	Red
	1.1.1 (b) Promote the use of evidence-based approaches to mobilising community action on alcohol	DOH	Review approaches to prevention and education, building on best practice. The HSE funds the Alcohol Forum to support community mobilisation on alcohol.	
1.1.2 Improve the delivery of substance use education across all sectors, including	1.1.2 (a) Organise a yearly national forum on evidence-based and effective practice on	HRB	The planned National Drugs Forum was not held in 2020 due to COVID-19 restrictions. The HRB are planning an online forum in March or April 2021	Red

youth services, services for people using substances and other relevant sectors.	drug and alcohol education			
	1.1.2(b) Develop a guidance document to ensure substance use education is delivered in accordance with quality standards.	HRB	Deferred following discussion with DoH	
1.2.3 Support the SPHE programme.	1.2.3 (a) Promote 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	DES, DATFs (Joint)	Following a number of meetings between the DoE and Regional DATF Coordinators network representatives on the National Oversight Committee for the Drugs Strategy, the Regional DATF Coordinator reps developed a discussion paper which was then discussed and agreed with LDATF Coordinators network. This was then used to inform a support guide for schools and parents with links to evidence informed and recognised resources and publications, signposting to area-based support along with DATFs and contact details. This was developed in 2020 and is currently being finalised. It will be circulated to schools in 2021, as soon as it is possible to do so when there is a resumption of 'normal services' - including the issue of bulk mail to schools by DES.	Green

	1.2.3 (b) Ensure that all SPHE teachers, guidance counsellors and Home School Community Liaison co-ordinators can avail of continuing professional development.	DES	Resources to support the Junior Cycle short course on SPHE were developed by the HSE in consultation with the NCCA and the DES. Work continues on supporting schools as they embark on their Wellbeing Promotion Process. This involves schools reviewing all aspects of their wellbeing promotion across the curriculum, culture and environment, policy and planning and relationships and partnerships. The PDST developed Continuing Professional Development (CPD) on wellbeing promotion which is due to be rolled out in face-to-face training in Sept 2021. Meanwhile the PDST are developing online materials and webinars. A comprehensive programme of CPD to support the SPHE programme was provided by DES teacher support services to newly qualified and serving teachers at primary and post-primary. Due to the COVID-19 pandemic, the delivery of CPD moved online during 2020. This did not affect the level of CPD provided for teachers as they continued to access regular CPD events and the level of CPD provided was similar to 2019. The CPD directory of opportunities relevant to wellbeing (including SPHE) has been updated for the 2020/21 school year and can be found on the following page: https://www.gov.ie/en/publication/af24b-wellbeing-guidance-documents-for-parents-students-and-schools/#school-staff-primary-schools All newly appointed HSCL co-ordinators received induction in 2020.	

1.2.4 Promote a health promotion approach to addressing substance misuse.	1.2.4(a) In line with the Action Plan for Education, commence and roll out a national programme to support the implementation of the Wellbeing Guidelines to all primary and post-primary school	DES	The wellbeing guidelines are replaced by the Wellbeing Policy and Framework for Practice. Work continues on supporting schools as they embark on their Wellbeing Promotion Process which is outlined in the Wellbeing Policy and Framework for Practice. This involves schools reviewing all aspects of their wellbeing promotion across the curriculum, culture and environment, policy and planning and relationships and partnerships. The Wellbeing Policy sets outs standards for wellbeing practices across the Continuum of Support at the whole school preventative level (Support for All) and also at the targeted and more individualised levels (Support for Some and Few). Further work is required on the process for use in all centres of education. An Action Research Project concluded in 2020 which is informing the development of wellbeing CPD for schools. In view of the various challenges facing schools on resumption in September 2020, schools are being given the option to defer the increase of wellbeing provision at Junior Cycle from 300 to 400 hours by one year, until the 2021/22 academic year.	Amber
	1.2.4(b) In line with the Action Plan for Education, develop Wellbeing Guidelines for Centres of Education and Training.	DES	Further engagement on this required and some of the centres for example Youthreach etc are now part of the new Higher Education Department. The focus in 2020 was supporting the wellbieing of all during Covid19.	

1.2.5 Improve supports for young people at risk of early substance use.	1.2.5(a) Provide a continuum of support including a Student Support Plan as appropriate, for young people who are encountering difficulty in mainstream education;	DES	The DEIS Plan 2017 continued to be implemented in 2020, as set out under action 1.2.5(a) above, to support students at greatest risk of educational disadvantage including early school leaving. This included the range of additional measures provided in response to the impact of Covid-19 including the summer education programme in 890 DEIS schools aimed to help students renew relationships, routines and connections with school and with learning ahead of the re-opening of schools in September and help to support ongoing social development and wellbeing	Green
	1.2.5(b) Provide access to timely appropriate interventions such as resilience-building programmes, and/or counselling, educational assessments and/or clinical psychological assessments, as appropriate	DES, HSE, TUSLA (Joint)	NEPS continued to provide its school-based psychological service to all primary and post primary schools through the application of psychological theory and practice to support the wellbeing, academic, social and emotional development of all learners. During school closures NEPS psychologists continued to provide a service to schools via remote access. NEPS service includes a casework service to schools through the assigned NEPS psychologist. Psychologists provide consultation in relation to appropriate therapeutic interventions to be delivered in the school setting and engage in direct work with individual students as appropriate. In 2020 due to Covid19 some elements of casework service was modified to ensure compliance with public health and schools' safety measures. As is normally the case, in the event that the need for a more	

			targeted counselling or a specialised intervention was identified by the NEPS psychologist, a referral was made to an outside agency for evaluation and ongoing support. In addition to casework NEPS psychologists worked with teachers to build their capacity by offering training and guidance for teachers.	
	1.2.5(c) Implement School Attendance Strategies in line with TUSLA's guidance	TUSLA	Completed	
	1.2.5(d) Prioritise initiatives under the new DEIS programme to address early school leaving	DES	The DEIS Plan 2017 continued to be implemented in 2020, as set out under action 1.2.5(a) above, to support students at greatest risk of educational disadvantage including early school leaving. This included the range of additional measures provided in response to the impact of Covid-19 including the summer education programme in 890 DEIS schools aimed to help students renew relationships, routines and connections with school and with learning ahead of the re-opening of schools in September and help to support ongoing social development and wellbeing	
	1.2.5(e) Provide supports including homework clubs, additional tuition, career	DHPLG	The COVID-19 restrictions had an impact on the delivery of activities in 2020. However, LDCs were able to continue to provide supports and to offer some services online/by phone. Many activities in 2020 were continued from 2019 and included: ○ wellbeing and resilience programmes, ○ initiatives to address rural and social isolation,	

	guidance/ counselling support, community awareness of drugs programme and youth work in collaboration with schools and other youth programmes/scheme		○ supporting men's sheds and women's groups, ○ suicide awareness and prevention initiatives, ○ supports to LGBT community, ○ developmental youth work, ○ empowering communities to address health and wellbeing issues, ○ child and family supports, ○ raising awareness of mental health issues, and ○ friendly call service.	
1.2.6 Ensure those who do not seem to thrive in a traditional academic setting complete their education.	Review Senior Cycle programmes and Vocational Pathways in senior cycle with a view to recommending areas for development.	DES	Arising from the impact of Covid on schools and the delivery of the examinations, the focus for the Department (and still remains) was the continuation of education and the safe planning and delivery of the Leaving Certificate examination. The NCCA is now finalising its advisory report for the Minister for Education and the Department. The report is expected to be received early in 2021. The advisory report will look at priority areas, longer-term goals and a proposed timeline and advice on the pace and scale of developments in senior cycle. Areas for development will include senior cycle programmes and pathways, curriculum specifications and assessment. As set out in Action 1.2.5(a) the DEIS Programme continued to support those most at risk of educational disadvantage to experience improved educational outcomes	Amber

1.2.7 Facilitate increased use of school buildings, where feasible, for afterschool care and out of hours use to support local communities.	Engage 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	Completed	Blue
1.2.8 Improve services for young people at risk of substance misuse in socially and economically disadvantaged communities.	Develop 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	Completed	Blue
1.3.9 Mitigate the risk and reduce the impact of parental substance misuse on babies and young children	1.3.9(a) Develop and adopt evidence-based family and parenting skills programmes for services engaging with high risk families impacted by	HSE, TUSLA (Joint lead)	Reference activity for 2020 in action 2.1.17 Further strengthen services to support families affected by substance misuse	Amber

	problematic substance use			
	1.3.9(b) Build awareness of the hidden harm of parental substance misuse with the aim of increasing responsiveness to affected children	HSE, TUSLA (Joint lead)	Training development completed end July 2020. However, pilot implementation delayed to 2021 due to COVID 19 restrictions. Hidden harm e-learning programme available on HSELand and TUSLA with 1819 successful completions to end of 2020.	
	1.3.9(c) Develop 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	HSE, TUSLA (Joint lead)	Children First guidance and legislation 2017 underpins Hidden Harm training and interagency cooperation and places a number of statutory obligations on specific groups of professionals and on particular organisations providing services to children. Training development completed end July 2020. However, pilot implementation delayed to 2021 due to COVID 19 restrictions	
	1.3.9(d) Ensure adult substance use services identify clients who have dependent children and contribute actively to meeting their needs	HSE, TUSLA (Joint lead)	A process has been identified to identify clients with dependent children, using the NDTRS. Training development will be completed end July 2020. However, pilot implementation delayed due to COVID.	

	either directly or through referral to or liaison with other appropriate services, including those in the non-statutory sector			
1.3.10 Strengthen the life-skills of young people leaving care in order to reduce their risk of developing substance use problems	Consider 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	Completed	Blue
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	HSE	Working group established. Working group report, highlighting international evidence, best practice and key recommendations based on the group's evidence review, is under review at present and aim for publication in Q2 2021. Market research in relation to drug use in the night-time economy is completed. Market research into young people's knowledge and attitudes towards cannabis and cannabis related messages currently underway with cohorts under and over the age of 18 years old. Content developed with USI on club drug use and overdose, and new booklets sent to all third level institutions. HSE and HRB contributed	Blue

	and performance enhancing drugs and other high risk behaviours, including chemsex.		to the development of the EMCDDA survey due for launch in 2021 which will aim to capture use among those not presenting to traditional addiction services over the last 12 month. TCD report on the findings of the 2019 festival drug use survey completed and awaiting publication. Completed review of evidence from other countries and consider the possibility of conducting a pooled urine or wastewater study to improve knowledge on trends if feasible, and wastewater epidemiology is being reviewed to assist in identifying peaks in use patterns. As regards harm reduction, new benzodiazepine awareness information, 3 advisory notices issued by the national clinical lead on new benzodiazepines, new naloxone content added to drugs.ie as well as the development of a number of COVID-19 specific harm reduction resources. Club Drug Clinic continues to operate in the NDTC after brief closure due to Covid-19.	

Goal Two: Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery.

RHSR Strategic Action	**Delivered**	**Lead role**	**Action during 2020**	**Traffic Light signal for Action**
2.1.12 Strengthen the implementation of the National Drugs Rehabilitation Framework.	**2.1.12 (a)** Develop a competency framework on key working, care planning and case management	HSE	The Competency Framework for Addiction Services and Homeless Services has been completed. The final consultation took place and amendments were made accordingly however, COVID priorities have delayed the publication	Green
	2.1.12 (b) Extend the training programme on the key processes of the National Drugs Rehabilitation Framework	HSE	The development of the NDRF elearning has been completed final quality control check delayed due to Covid. The SAOR screening and brief intervention, for problem alcohol and substance use, train the trainer programme was completed. Virtual classroom version of SAOR training, elearning is available on HSELand	
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.	2.1.13 (a) Identifying and addressing gaps in provision within Tier 1, 2, 3 and 4 services;	HSE	Gaps in provision in Tiers 1 to 4 have been identified, and work progressed in 2020 to address these gaps. CHO1: Governance gaps addressed via recruitment of Clinical Lead and Assistant Director of Nursing (ADON) currently in progress. Alcohol liaison post in Sligo filled via agency. Cavan/Monaghan service enhanced with 5 day service provided by counselling, nursing, admin team CHO2: Outreach gap addressed via 2 new project workers operating at full capacity. Community Alcohol service currently recruiting staff and sourcing premises. CHO3: Waiting list addressed via new treatment services established and operational in Limerick and Ennis. Hep C treatment supported in Limerick CHO4: Governance gap addressed through recruitment of ADON. Clinical gaps	Green

			addressed via additional counselling post and enhanced needle exchange. CHO5: Governance gap addressed with commencement of recruitment of Clinical Lead. Treatment gap addressed with new service in Gorey and South Tipperary. Overall capacity increased by 60 CHO6 & 7: Governance gap, Director of Nursing advertised and awaiting interview. Clinical gap addressed with move of Cuan Dara to St Lomans site, delayed due to Covid – anticipated in 2021. Clinical gaps addressed with new services in Kildare and Newbridge. New service planned for Athy, being renovated. Daisyhouse service is fully operational. CHO8: Clinical need and waiting list addressed via new clinics in the Midlands area. Now operational in Tullamore, Longford, Portlaoise and Mullingar. 3 new virtual clinics established to deal with increase in numbers. Governance being addressed via recruitment of ADON. CHO9: Governance addressed with Clinical lead post interviewed for and offered - Pending start date. Service gaps identified and supported via Suimhneas, Ashleigh House PUP programme, Recovery Academy and UISCE. Response by HSE Addiction Services, to the Covid pandemic, has resulted in the rapid initiation of 863 additional clients onto OST in 2020.	
	2.1.13 (b) Increasing the number of treatment episodes provided across the range of services available, including: • Low Threshold; • Stabilisation; • Detoxification; • Rehabilitation;	HSE	HSE Addiction Services response to the Covid pandemic has resulted in the rapid initiation of 863 additional clients onto OST in 2020.	

	• Step-down; • After-Care;			
	2.1.13 (c) Strengthening the capacity of services to address complex needs	HSE	Guidelines on the rapid induction of clients to treatment developed in Q1 and modified in response to the ongoing pandemic. Safety net increased numbers in attendance. CHO3: Alcohol liaison nurse: Expand mental health services for people with alcohol addiction presenting in acute hospitals: Dual qualified mental health nurse (Governance through mental health), Work is ongoing in partnership with Mental Health Services to develop the model for integrated care between MH and community services and to fill the post CHO4: Mental health collaboration progressing with Alcohol Liaison nurse appointed and current recruitment of a Consultant Psychiatrist for service and under 18 Clinical Nurse Specialist CHO9: Recruitment processes in place for posts in relation to MH and Addition services in relation to Alcohol Liaison Nurse, 0.5 Consultant Psychiatrist and 5 Dual Qualified Mental Health nurses including 2 specifically for NEIC.	

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	Guidelines prepared for rapid induction of clients to treatment • The additional tier 3 expansion as outlined in 2.1.13(a) in CHO1, 3, 5, 6/7, 8. • Guidelines on the rapid induction of clients to treatment developed in Q1 and modified in response to the ongoing pandemic. • Virtual clinics established in CHO8 for GP prescribing to reduce waiting times. • Amendments to Misuse of Drugs regulations to allow for the electronic transfer via Healthmail between GPs and Pharmacies to reduce waiting times. • Availability of OST was widened extensively and additional homeless settings were able to engage people on OST. Total in treatment end Dec 2020: methadone 10,935 individuals, total Suboxone 423 individuals, a total increase over 2020 of 863 people on OST. • All areas in the country addressed need during the Covid pandemic accessing additional people into treatment via new clinics, increasing capacity and establishing new clinics with innovative ways of working.	Green
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	• Ongoing adherence to the OST guidelines continued across all CHO areas and the non-direct supervision of urines has become established. • New guidelines and advice on OST were developed and circulated to Clinicians in order to facilitate the safe, rapid induction of a large number of people onto OST. • The Guidelines in relation to the provision of OST in the Hospital setting were formally circulated by the HSE to all Acute and Mental Health Hospitals. • Guidelines around safe delivery of OST to individuals who were required to self isolate as a result of the Covid pandemic were issued. • Guidelines in relation to tele counselling/assessment were issued to services. • Other guidelines to enhance safety of care in the delivery of OST were issued to include: Contingency Planning for People Who Use Drugs, Medicines	Green

			Management for Isolation Units, Safe Supply of Medicines during Covid 19, Overdose Response and Naloxone Guidance, methadone take home leaflets, guidance document for homeless and vulnerable people	
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	• Continuing to support the work of SMART Recovery Ireland and the Recovery Academy of Ireland. • Specific resources developed and disseminated on drugs.ie on maintaining recovery during the stressful period of the Covid Pandemic. • Supported the development of the DoH guidance for drug and alcohol support groups and treatment programmes and other addiction treatment services, and associated poster.	Green
2.1.17 Further strengthen services to support families affected by substance misuse	2.1.17(a) Developing addiction specific bereavement support programmes and support the provision of respite for family members;	TUSLA	TUSLA provides a small grant for Bereavement counselling. Due to Covid19 Restrictions the programme was cut short, the facilitation of this programme in 2021 is being reviewed.	Amber
	2.1.17(b) Supporting families with non-violent resistance training to address child to parent violence	TUSLA	Covid Restrictions halted any hosting of this training however it is now available online and will be facilitated in 2021.	
	2.1.17 (c) Supporting those caring for children/young people in their	TUSLA	NFSN in partnership with Treoir/Family Resource Centres & Kinship Carers established a new project 'Kinship care Ireland' - hosted by Treoir, 1 full time worker funded by Tusla. FSN provided recruitment and strategic planning support and remains on the steering group of the project.	

	family as a result of substance misuse to access relevant information, supports and services			
2.1.18 Help individuals affected by substance misuse to build their recovery capital.	2.1.18(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	DSP	• Several online video meetings were held with the CE Drugs Advisory Group throughout the year with actions identified • Schemes have continued, where possible, to help those affected by substance abuse to continue to build recovery capital. Stakeholder Meeting are continuing to take place with emphasis being placed on developing DRP's in the regions. Consideration is being given to Participants of DRP's to extend their contract to allow them to retain their programme through the Covid 19 pandemic. Programmes continue to be delivered to individuals through social media platforms or telecommunication.	Amber
	2.1.18(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	DHPLG now DRCD	• The COVID-19 restrictions had an impact on the delivery of activities in 2020. However, LDCs were able to provide some supports and to offer services online/by phone. Many activities in 2020 were continued from 2019 and included: - Engaging with other stakeholders (e.g. drugs & alcohol tasks force, drugs prevention committees, treatment and rehabilitation / counselling services, etc.) working to address drug and alcohol abuse in the community. - Mental health and wellbeing initiatives - Counselling and personal development services - Life skills and training - Referrals to other services	

	approaches, targeted supports and interagency collaboration		• Substances misusers are not a named target group of SICAP but 5 of the Lot areas (51 lot areas across the country) have identified substance misuse as an emerging need group in their area for 2020. • A total of 190 individuals with substance or addiction issues to date (2018-2020) received direct one-to-one supports. • 5 local community groups working with people affected by substance abuse/misuse were also supported to date (2018-2020).	
2.1.19 Increase the range of progression options for recovering drug users and develop a new programme of supported care and employment.	Establishing a Working Group to: 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,	DOH	On hold awaiting publication of inter-departmental report on social inclusion employment support programmes	Red

	training and employment opportunities and supports, including gender specific barriers and the lack of childcare provision, for those in recovery.			
2.1.20 Expand addiction services for pregnant and postnatal women.	2.1.20(a) Strengthening links between maternity services and addiction services;	DOH	Medical social workers approved and funded by NWIHP in 2019 for maternity services around the country continued to be recruited into and filled. Maternity teams based in acute sites continued to work with and develop relationships with newly appointed drug and liaison midwives within the CHO areas. Limerick Mid-West Service operational, PUP therapist, 5 keyworkers & 2 childcare workers to support and remove barriers to treatment. Services delivery includes- pre-entry and aftercare groups. Roll-out of PUP training to develop a community of practice in the area to support mothers due April 2021.	
	2.1.20(b) Quantify the need for additional residential placements for pregnant and postnatal women who need in-patient treatment for addiction to drugs	DOH	One mother and child residential treatment service available in Dublin, with exercise undertaken to identify additional residential placements required. Being led by HSE's National Social Inclusion Office.	

	and/or alcohol across the country;		
	2.1.20(c) Develop services to meet that need ensuring that such facilities support the development of the mother-baby relationship;	DOH	Being developed as part of expansion of Alcohol and Drug Liaison MidWives
	2.1.20(d) Provide 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;	DOH	Funding was secured to employ a drug liaison midwife in every CHO area Recruitment continued to increase coverage.

	2.1.20(e) Resource the National Women and Infants Health Programme (NWIHP) to provide drug liaison midwives and specialist medical social workers in all maternity networks;	DOH	Funding approved by NWIHP for Medical social worker for maternity services around the country. Recruitment process continues and posts are being filled. Maternity teams based in acute sites continued to work with and develop relationships with newly appointed drug and alcohol liaison midwives within the CHO areas.	
	2.1.20(f) Support maternity hospitals/units to strengthen their methods of detecting alcohol abuse and supporting women to reduce their intake; and	DOH	A specific Making Every Moment Count learning module for maternity services was developed in Q4 2020. This module is due to be launched in Q1 2021. The MEMC programme for maternity services is targeted at supporting and enabling staff to use every opportunity of contact with women to support and educate them and provide them with information in relation to their physical and mental wellbeing, and addresses such areas as alcohol, smoking and drug misuse and addiction as appropriate. Women detected at any point in their care pathway as engaging in drug and alcohol abuse are offered access to the required support services to support them reduce their intake.	
	2.1.20(g) Engage the NWIHP to develop a consistent approach to informing women about the risks of alcohol	DOH	In addition to the maternity specific module in the MEMC programme, all women engaging with maternity service undertake a one-on-one booking-in clinic in which a detailed assessment and history is taken of the woman with a standard list of areas covered and reviewed including alcohol, substance misuse and smoking. At this clinic, women are informed of the associated risks of such behaviour, with additional referrals being arranged as needed to support services and information sources being clearly identified for the women. Throughout their care pathway in maternity services, required information and advice will be re-iterated with continued availability for referrals to support services being made available.	

	consumption during pregnancy.			
2.1.21 Respond to the needs of women who are using drugs and/or alcohol in a harmful manner.	2.1.21(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	HSE	• Recruitment of drug and alcohol liaison midwives was delayed due to COVID, however some progress has been made. Recruitment in process in CHO1, CHO2, CHO4 and CHO5. In CHO3, the work of this post is currently being progressed via the clinic nursing team / agency nursing including active case load of pregnant clients; liaison work with the Maternity Hospital and perinatal mental health team and a range of targeted sexual health / women's health interventions. CHO8 at initial planning stages of governance and recruitment. • Residential service for women Limerick - The community-based aspect of this service commenced in 2020, with the team recruited and city centre premises up and running. Coolmine TC are at an advanced stage with Limerick City & County Council in relation to the planning for the residential site, with work on the spec for the e-tender for the refurbishment of the site due to start.	Green
	2.1.21(b) Develop interventions to address gender and cultural specific risk factors for not taking up treatment.	HSE	• Supported research by Sarah Morton on responding to women with complex needs who use substances. • COVID 19 migrant health sharing hub set up https://www.hse.ie/eng/about/who/primarycare/socialinclusion/intercultural-health/covid-19-sharing-resources-migrant-health.html • About the Irish Health System- a guide for refugees and other migrants reviewed, updated and translated to 14 languages https://www.hse.ie/eng/about/who/primarycare/socialinclusion/about-social-inclusion/translation-hub/multilingual-resources-and-translated-material/ . • In the period March to December 2020 188 leaflets, posters and translations produced for vulnerable groups.	

			• The new eLearning programme, 'Introduction to Traveller Health' is now available on hseland.ie. The module was developed by the South East Traveller Health Unit for all HSE staff and staff of HSE funded organisations across the country to support a greater understanding of factors that influence Traveller health and to support staff to play their part in providing a more inclusive and culturally competent service to members of the Traveller Community. The training is available under the 'Personal Effectiveness Skills' section on www.hseland.ie.	
2.1.22 Expand the range, availability and geographical spread of problem drug and alcohol services for those under the age of 18.	2.1.22(a) Identifying and addressing gaps in child and adolescent service provision	HSE, TUSLA	Pilot telepsychiatry support service now operational and Consultant Child and Adolescent Addiction psychiatrists providing input to specific areas. This will require evaluation and review in 2021. Some delays in services due to Covid Pandemic.	Amber
	2.1.22(b) Developing multi-disciplinary child and adolescent teams	HSE, TUSLA	Cavan Monaghan began recruitment through S.39 to recruit a Clinical Nurse Specialist to enhance multi-disciplinary Tier 3 Addiction Team for Under-18s. CHO2 Clinical Nurse Specialist through S.39 to enhance multi-disciplinary Tier 3 Addiction Team for Under-18s. In CHO3 recruitment began for a Clinical Nurse Specialist to enhance multi-disciplinary Tier 3 Addiction Team for Under-18s. In CHO4 recruitment began for an under 18 Clinical Nurse Specialist. In CHO5 recruitment began for a Clinical Nurse Specialist to implement new model of service delivery for adolescent addiction services and enhance governance structures.	
	2.1.22(c) Developing better interagency cooperation between problem substance use and	HSE, TUSLA	Telepsychiatry pilot in place to enhance interagency working, pilot in 5 areas	

	child and family services.			
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	Research in relation to needs among older people with long term substance use issues delayed due to Covid-19	Red
2.1.24 Improve outcomes for people with co-morbid severe mental illness and substance misuse problems.	2.1.24(a) Supporting the new Mental Health Clinical Programme to address dual diagnosis; and	HSE	A decision was taken to reconstitute the Mental Health Clinical Programme to address dual diagnosis. A clinical lead and programme manager for the Programme have been offered positions and have accepted. Currently awaiting start date for both.	Amber
	2.1.24(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	HSE	Dependent on progress of the mental health clinical programme. In CHO3 work was ongoing, in partnership with Mental Health Services, to i) develop the model for integrated care between MH and community services and recruit and Alcohol liaison nurse and dual qualified mental health nurse. Development of community mental health service NEIC: 1 Dual Qualified Mental Health Staff Nurse recruitment is in progress. In CHO5 an addiction Counsellor employed through Section 39 agency while recruitment through NRS progresses	

	with the National Drug Rehabilitation Framework.		
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.	2.1.25(a) Increasing the number of detoxification, stabilisation and rehabilitation beds;	HSE	• New Stabilisation unit opened in North Dublin Inner City. • COVID19 presented opportunities for interagency and intersectoral working to provide support for people with high support needs who are homeless. • Residential services nationally impacted significantly by Covid 19 due to public health restrictions, in particular the impact of these in older facilities. • Webinar on maintaining Tier 4 services during the pandemic, for Tier 4 service providers, delivered by Dr. Eamon Keenan and Dr. Joe Barry. • Webinar on maintaining services for vulnerable groups, specific to addiction services, delivered to addiction service providers, delivered by Dr. Martin Cormican. • Additional funding sought through estimates process for additional services and treatment episodes for 2021.
	2.1.25(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	Evaluation of pilot implementation of the combined assessment and care planning document and full implementation delayed due to COVID. Ongoing local delivery of key working, care planning and case management training established, for example - CHO5: All new staff complete Care & Case Management training as part of their induction. Re-establish Care & Case Management Governance Groups in each county in SECH. Continue to engage with homeless services in SECH in the implementation and evaluation of the Homeless/drug and alcohol combined documentation pilot. CHO3: Ongoing work in relation to case management and integrated care.

			Dual Diagnosis care planning group facilitated in the NDTC provided support on case management of complex cases.	
	2.1.25(c) Ensuring in-reach support during treatment and rehabilitation to prevent homelessness on discharge to ensure that housing and supports are in place;	HSE	In accordance with the NDRF, pre treatment and post treatment care plans are agreed. Case management continues to ensure the needs for housing and supports are identified on discharge. This is a condition of purchased episodes. The review of the Homeless Hospital discharge protocol was paused due to Covid.	
	2.1.25(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	DOH, DHPLG	Housing First enables people who may have been homeless and who have high levels of complex needs around mental health or addiction to obtain permanent secure accommodation with the provision of intensive supports to help them maintain their tenancies. The Housing First National Implementation Plan published in September 2018, is designed to provide this response, by delivering permanent housing solutions and associated supports for rough sleepers and long-term users of emergency accommodation. The plan contains targets for each local authority, with an overall national target of 663 tenancies to be delivered by 2021. 2020 saw the extension of the programme to the remainder of the country with contracts and tenancies now in place in every region. 208 individuals entered the programme in 2020 and 508 tenancies were in place nationally by the end of 2020 (392 of which were created since the introduction of the Plan). A National Implementation Group including representation from the Department of Housing, Planning and Local Government, the Department of Health, the HSE, Local Authorities, and the National Director, oversees the planning and delivery of the programme nationally.	

	supported housing-led/housing first tenancy arrangements; and		The Programme for Government commits to continue to expand the Housing First approach with a focus on the construction and acquisition of one-bed homes and the provision of relevant supporting services. Research is being undertaken by the Housing Agency to carry out an assessment of need for the supports provided by Housing First which is being used to inform the expansion of the Programme.	
	2.1.25(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.	LA's, HSE	Suaimhneas, Daisy House, PMcV and Coolmine Ashleigh House continue to provide specific step-down for women.	
2.1.26 Intervene early with at risk groups in criminal justice settings.	2.1.26(a) Providing training to enable the delivery of screening, brief intervention and onward referral in line with national screening and brief intervention	IPS, PS	SAOR training continued to be rolled out, focusing in on newly appointed staff - use of e-learning during COVID	Amber

	protocols for problem substance use;			
	2.1.26(b) Further develop the range of service specific problem substance use interventions in line with best international practice; and	IPS, PS	Delay in completion of Drug survey report due to data issue / COVID. Completion of Workplan pushed to Q1 2021	
	2.1.26(c) Determining the prevalence of NPS use in prison settings with a view to developing specific training for staff and appropriate interventions.	IPS, PS	Drug survey report will provide detail in relation to prevalence of NPS use among probation cohort. NPS will be addressed as part of a workplan developed on foot of research findings.	
2.1.27 Improve the capacity of services to accommodate the needs of people who use drugs and alcohol from specific communities including the	2.1.27(a) Fostering engagement with representatives of these communities, and/or services working with them, as appropriate;	HSE	Completion of Traveller-specific SAOR Screening and Brief Intervention for Problem Alcohol and Substance Use. In a conjunction with Pavee Point, HSE developed resources on alcohol use in pregnancy, alcohol use during Covid and alcohol in general. Continued support for the HSE-funded Traveller Specific Drug Project.	Blue

Traveller community; the lesbian, gay, bisexual, transgender and intersex community; new communities; sex workers and homeless people.				
	2.1.27(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);	HSE	The Club Drugs Clinic Ireland (G Clinic) provides a detoxification programme, support or advice for people who are dependent on GHB, GBL & Crystal Meth. Provision was allocated to expand the G Clinic which included the provision of a counsellor and doctor. The G Clinic closed during the first COVID -19 lockdown in 2020. Following the development of new COVID – 19 compliant protocols alongside a newly designed clinic space, the service reopened in August 2020 and remains operational. In 2020 there were 47 referrals and 30 completed the programme.	
	2.1.27(c) Providing anti-racism, cultural competency and equality training to service providers; and	HSE	• In addition to Module 1 (Inclusive Practices and Intercultural Awareness) and Module 2 (Working with Others), Module 3 on Intercultural Awareness and Practice in Health and Social Care: Refugees, Protection Applicants and Trauma was developed in 2020 and made available on HSELand. • 1476 staff have completed all three modules of the Intercultural Awareness ELearning.	
	2.1.27(d) Ensuring all services engage in ethnic equality	HSE	NDTRS form now includes field for nationality and ethnicity	

	monitoring by reporting on the nationality, ethnicity and cultural background of service users for the NDTRS and treat related disclosures with sensitivity.			
2.2.28 Continue to expand Harm Reduction Initiatives focused on people who inject drugs.	2.2.28 (a) Expand needle exchange programmes;	HSE	Ongoing needle exchange supported nationally, by voluntary and statutory services. Guidance document on needle exchange during Covid pandemic produced.	Blue
	2.2.28 (b) Increase the availability of screening and treatment for blood borne viruses and communicable diseases; and	HSE	BBV screening has been provided for all new entrants onto OST in 2020	
	2.2.28 (c) Increase the uptake of Hepatitis C treatment.	HSE	HepC treatment programme for people who use drugs attending addiction services has re-commenced and is expanding.	
2.2.29 Provide enhanced clinical support to people who inject drugs and	Establishing a pilot supervised injecting facility and evaluating the	HSE	Planning application for a SIF was approved by An Bord Pleanála however this has been challenged and is subject to a Judical Review. Judicial review is ongoing.	Red

mitigate the issue of public injecting.	effectiveness of the initiative.			
2.2.30 Continue to target a reduction in drug-related deaths and non-fatal overdoses.	2.2.30(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	Overdose awareness continues to be targeted at addiction services and high-risk cohorts of people who use drugs. Information is updated on a regular basis as new trends emerge. A joint document from the HSE and DoH, on overdose awareness during Covid-19 issued.	Blue
	2.2.30(b) Expanding the availability of Naloxone to people who use drugs, their peers, and family members;	HSE	Naloxone availability significantly enhanced in 2020. Provided similar amounts of Naloxone in first 4 months of 2020 as in whole of 2019. Ongoing delivery of naloxone & training to staff, clients and family members. Training has been amended in light of Covid 19. Training provided in prison services. Naloxone resources developed for COVID-19 and available on drugs.ie. PCRS are working on the reimbursement of intra-nasal Naloxone product.	

	2.2.30(c) Developing synergies between *Reducing Harm, Supporting Recovery* 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	Worked with Mental Health partners to promote recovery as per the revised mental health policy 'Sharing the Vision' which notes the need to provide access to supports for those with a dual diagnosis.	
	2.2.30(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	On-going collaboration with NOSP on suicide prevention training for addiction service staff. STORM training for addiction staff was organised for September 2020.	

Goal Three: Address the harms of drug markets and reduce access to drugs for harmful use.

RHSR Strategic Action	Delivered	Lead role	Action during 2020	Traffic Light signal for Action
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	On-going monitoring of international trends regarding NPS and harmful substances from the EMCDDA, EU and other relevant source. Legislation reviewed	Green
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	DTTAS	Action completed as measures have been implemented since April 2017.	Blue

	contained in the Road Traffic Act 2016.			
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		Red
3.1.34 Map the future direction and objectives of the Drug Treatment Court.	3.1.34(a) Carrying out an independent evaluation of the Drug Treatment Court; and	DJE		
	3.1.34(b) Continuing to support the operation of the Drug Treatment Court, having regard to the recommendations made in the 2013 review, pending the outcome of the evaluation.	DJE		Amber
3.1.35 Consider the approaches taken in other jurisdictions to the possession of	Establishing a Working Group to consider the approaches taken in other jurisdictions to	DOH, DJE	Completed	Blue

small quantities of drugs for personal use with a view to making recommendations on policy options to the relevant Minister within 12 months.	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.			
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 Customs Service	The Garda Síochána continue to engage with the EWET sub-committee and provide relevant data to the EMCDDA. Information provided to the EMCDDA forms part of their Annual Report and Irelands Country drug report. The Garda Síochána continue liaison at EU level regarding EU trends of controlled drugs & darknet including participation on the European multi-disciplinary platforms Against Criminal Threats (EMPACT) for the Operational Action Cocaine, Cannabis and Heroin. The Garda Síochána continue to engage with the Revenue Customs Services and the Health Products Regulatory Authority in respect of online drug markets. The Garda Síochána continue to collaborate at national level and at international level with law enforcement partners. The Garda Síochána currently hold the presidency of the Pompidou Group.	Green

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	The Garda Síochána have held meetings with relevant stakeholders under this Action, including with the Department of Justice and the assessment has been completed. Recommendations were submitted to the Standing sub-committee (SSC) of the National Drugs & Alcohol Strategy in early December 2020. As part of the recommendations, it is envisaged that a new Action may be established in 2021.	Green
3.3.38 Strengthen the response to the illegal drug market, including the changing nature of new psychoactive substances.	3.3.38(a) Continuing to develop systems to monitor changing drug trends in line with the EU Early Warning System;	DOH	• 3 EWET meetings were held in 2020 in which attendees exchanged the latest information to hand in their respective areas/organisations. Information is also exchanged between group members throughout the year as matters arise. • Due to Covid no meeting was held in 2nd quarter. • Meetings held in 3rd and 4th quarter carried out successfully via zoom.	
	3.3.38(b) Completing the development of the HSE public alert system for adverse events due to drugs and commencing implementation;	HSE	HSE public alert system finalised following presentation at EWET subcommittee	
	3.3.38(c) Supporting government funded laboratories, tasked with analysis of drugs of abuse, to engage in novel	DPER, DTTAS	While Sport Ireland does not operate its own laboratory for anti-doping, the agency supports developments in analytical methods by assisting and networking with Anti-Doping Labs in other countries.	

	analytical development work, in relation to psychoactive drugs but especially new psychoactive substances (licit or illicit), while continuing to fulfil their core functions			
	3.3.38(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	DJE	Project substantially advanced and on target in 2020 despite impact of Covid 19.	
	3.3.38(e) Strengthen the legal robustness of Presumptive Drug Testing (PDT) to contribute to the timely prosecution of Section (3) drug-related offences.	DJE	A proposal to put the Presumptive Drug Testing (PDT) scheme on a statutory basis has been submitted to DOJ by FSI. It is currently under consideration.	

Goal Four: Support participation of individuals, families and communities

RHSR Strategic Action	Delivered	Lead role	Action during 2020	Traffic Light signal for Action
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	DoH continued to support Citywide, NSFN, UISCE and NVDAS in their participation in these structures. DoH continued to engage with these groups as required.	Green
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	The evaluation of the pilot phase was completed in July and was launched, along with resource materials for use of the Tool, at an event in November attended by the Garda Commissioner. The resource materials have been widely circulated and workshops will be organised in 2021 to support local groups who are interested in using the Tool in their local/regional areas.	Blue
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	DJE, DHPLG, AGS	Following the recommendations of the CoFPI report, the Department of Justice has been developing a new Community Safety policy which will introduce new structures to strengthen relationships between local communities and service providers, including AGS, which will prioritise community concerns, and will strengthen inter-agency cooperation. In 2020 arrangements were made to test-run the new policy and structures in three pilot sites across the country and to rigorously evaluate the pilots. This has involved ongoing consultation with other government	Green

	the local communities, in particular in relation to the impact of the drugs trade.		departments and agencies. This preparatory work has been ongoing in 2020 and the pilots will be launched in 2021. As part of the implementation of the Commission on Future of Policing in Ireland report, national and local coordination structures for Community Safety are being developed with a view to enhancing inter-agency cooperation, community engagement and feedback in relation to issues of local concern, including drugs crime. The Garda Síochána continues to build a positive Community Policing ethos. The Garda Síochána continues to recognise the importance of addressing the issues of drugs and in particular drug related intimidation by working with the JPCs and LPF with a view to devising an appropriate and sustainable local response to such issues. This is an on-going effort achieving a broadening message by way of information sharing with relevant partners. The Garda Síochána continue to deliver National Drug Strategy awareness training within An Garda Síochána to nominated members from divisions at the Garda College. To date 60 members have received National Drug Strategy training. (Training restricted by COVID 19 in 2020). In 2020 the Garda Síochána assisted the Community and Voluntary Sector in meeting their obligations under Action 4.1.40 of the National Drug Strategy which relates to Community Crime Impact Assessments (CCIA). Such Actions contribute towards The Garda Síochána's mission of 'Keeping People Safe'.	

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	NFSN evaluation completed/ drug-related intimidation training was adapted online - 2 sessions provided in 2020, Recruitment for DRI post postponed but finalised in October 2020- Survey sent to local DATF. The Garda Síochána met their obligations under this action by end 2018. In furtherance to the implementation of the action in 2020, the Garda National Drugs and Organised Crime Bureau (GNDOCB) facilitated a Drug-Related Intimidation seminar with the National Family Support Network (NFSN), nominated Inspectors & Drug and Alcohol Task Force Inspectors countrywide in February 2020. The seminar was hosted by Assistant Commissioner John O Driscoll. The Garda Síochána are represented on the DRIVE Project Committee and continue to engage in meetings on the development of a framework for inter-agency collaboration on drug related violence and intimidation. The Garda Síochána continue to support & liaise with the NFSN and other agencies in relation to the Drug Related Intimidation Reporting programme. The drug-related intimidation posters have been distributed to every Garda Station countrywide to promote on-going awareness.	Green

			Drug Related Intimidation is included as a module in the National Drug Strategy Training in which sixty members have been trained to date. As part of the strategy to address Drug Related Intimidation, a pilot project is currently being undertaken in the DMR West and DMR North Divisions to develop information to facilitate an evidence-based analysis of drug-related intimidation, for the purpose of gaining an more focused understanding of the issues relevant to drug-related intimidation and improve the effectiveness of the Drug Related Intimidation Reporting Programme and the response to drug-related intimidation in communities.	
4.2.43 Build capacity within drug and alcohol services to develop a patient safety approach in line with the HIQA *National Standards for Safer Better Healthcare*.	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		Amber

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	Scoping exercise to explore policy options delayed owing to Covid	Red

Goal Five: Develop sound and comprehensive evidence-informed policies and actions.

RHSR Strategic Action	Delivered	Lead role	Action during 2020	Traffic Light signal for Action
5.1.45 Strengthen Ireland's drug monitoring system.	5.1.45(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;	HRB	Data for 2019 submitted to the EMCDDA included drug treatment data, prevalence of hepatitis B/C and HIV infection among injecting drug (IDUs) users and data re pharmacy-based needle exchange services. Most recently available data on drug seizures and drug-related offences were submitted to the EMCDDA in October. Data on drug treatment in prisons were included in the HRB's report on prisons to the EMCDDA. Data on 2018 drug-related deaths (the latest year) were not submitted in 2020 because of reporting delays due to the COVID-19 pandemic.	Amber
	5.1.45(b) Separating the organisation and budgeting of routine monitoring from research projects;	DOH	Completed	

	5.1.45(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;	DOH	The hospital Patient Administration System (PAS) has the facility to record reason for attendance.	
	5.1.45(d) Developing a suitably integrated IT system which allows for the effective sharing and collection of appropriate outcome data.	HSE	Individual areas progressing bespoke IT systems. Fully integrated IT system for addiction service dependent on implementation of an IHI.	
5.1.46 Support evidence-informed practice and service provision.	5.1.46(a) Ensuring that public funding is targeted at underlying need and supports the use of evidence-informed interventions and the evaluation of pilot initiatives;	DOH		Amber

	5.1.46(b) Designating the Health Research Board as a central information hub on evidence on the drugs situation and responses to it;		Completed	
	5.1.46(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	DOH		
	5.1.46(d) Developing collaborative relationships with third level institutions in the area of drugs and alcohol so as to further government funded research priorities.	DOH		
5.1.47 Strengthen the National Drug	Requiring all publicly funded drug and alcohol services to	DOH, DJE	HRB have analysed NDTRS to establish the percentage of drug and alcohol services known to HRB that should be returning data. Results indicate 70% coverage during 2017, 69.5%	Amber

Treatment Reporting System (NDTRS).	complete the NDTRS for all people who use services.		coverage in 2018 and 69.6% in 2019. Data in respect of 2020 is being validated. Analysis also indicates that coverage for different types of services differs, for example in 2019, the overage for inpatient services = 90.2% but for OST GPs = 44.2%.	
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	HRB's 2020 research and monitoring programme approved. Data collection on general population survey completed in March. Data delivered to HRB for analysis and report on findings of survey is being prepared. A number of next studies have commenced, including an overview of young people and substance use and a census of homeless deaths using NDRDI methodology. The Secondary Data Analysis Project (SDAP) is a HRB funding scheme supporting research that answers policy and/or practice-relevant questions through the use of secondary data. The award supports research projects in clinical research, population health research and/or health services research where the findings from the research will have direct relevance to policy and/or practice in the Irish health and social care system. This should involve close collaboration of researchers with non-academic stakeholders (policy makers and data controllers). Proposals must include at least one existing Irish or International dataset in order to be eligible for this call. The award will be for between 12 and 24 months. The HRB Evidence Centre and their colleagues in the Research Strategy	Green

			and Funding unit are examining a proposal to allocate one SDAP award to a drugs specific theme, supported by funding from the Department of Health. The HRB will process applications for this award in the same manner as applications in other research areas.	
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	HRB commissioned a scoping review on international rehabilitation outcomes reseach and recommendations regarding such as a study in Ireland.	Amber

The final action aims to strengthen the performance of the strategy**.**

RHSR Strategic Action	**Delivered**	**Lead role**	**Action during 2020**	**Traffic Light signal for Action**
6.1.50 Develop an implementation plan to operationalise a Performance Measurement System by 2020 which will support *Reducing Harm, Supporting Recovery*, 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.	6.1.50(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	DOH	This sub-action is deferred pending completion of 6.1.50 (b)	Red
	6.1.50(b) Identifying where significant changes in problem drug or	DOH	Stakeholder engagement with DATFs event took place in Q3 2020, at which DPU outlined plans for the development of a Needs Assessment and Service Requirement Tool as a key component of the Performance	

	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;		Measurement System. Detailed consultation has only taken place with one of the authors of the Trutz Haase report to explore what options may be available to further develop this piece of work. A detailed work plan is being considered for 2021.	
	6.1.50(c) Improving the alignment of Task Force boundaries	DOH	Not commenced	
	6.1.50(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;	DOH	Preparatory work commenced on Governance Code.	
	6.1.50(e) Building the capacity of DATFs to participate in	DOH	Next stage following the development of the Performance Measurement Model	

	the Performance Measurement System			
	6.1.50(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	Deferred pending completion of action 6.1.50 (b)	

Appendix 2 - list of stakeholder engagements

Department of Justice

Probation Service

Irish Prison Service

An Garda Síochána

Revenue's Custom Service

Health Research Board

Department of Housing

Department of An Taoiseach

TUSLA

Department of Education and Skills

Department of Rural and Community Development

Health Service Executive

Community Sector – Citywide, UISCE, NFRN, BeLonGTo, Pavee Point

National Voluntary Drug and Alcohol Services

Drug and Alcohol Taskforces Networks

Department of Health

Ministerial appointees to the National Oversight Committee

Appendix 3 – Strategic Priorities, with relevant RHSR goals

Strategic Implementation Groups

#	*Strategic priority*	*RHSR goal*	*Policy alignment*	*Programme for Govt commitments*	*EU Drugs Strategy*	*Outcomes*	*Members*	*Actions (to be determined)*
1	Strengthen the prevention of drug and alcohol use and the associated harms among children and young people	G1 - Promote & protect health & wellbeing	Public Health UN Rights of the Child #33 National Children's Strategy Sláintecare reform programme 1 (healthy living) UN Sustainable Devt Goal 3 (target 3.5)	* Introduce drug & alcohol awareness programmes in schools * Resource harm reduction and education campaigns on risks of drug use * Interrupt trajectory into problem drug use among at-risk young people * Legislate against the coercion of minors in the supply of drugs	SP5 - prevent drug use and raise awareness of the adverse effects of drugs	Use of cannabis Use of alcohol Children living with parental substance misuse Children involved in the drugs trade	Tusla Dept of Children Drug and Alcohol Task forces HSE Dept of Education Dept of Justice Dept of Health Civil society	
2	Enhance access to and delivery of drug and alcohol services in the community	Goal 2 - Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery	Sláintecare reform programme 1 (enhanced community care) & reform programme 2 (citizen master plan & health regions) Healthy Ireland alcohol policy UN Sustainable	* Develop targeted interventions for women & expand services for pregnant & post-natal women * Create a path for people in rehabilitation to access training * Progress the national clinical programme for dual diagnosis * Provide advice and	SP6 - ensure access to and strengthen treatment and care services	Drug treatments (out-patient & community)	HSE Drug and Alcohol Task forces Dept of Health Civil society	

			Devt Goal 3 (target 3.5)	assistance to people who use drugs and their families * Recognise the link between mental health and drug use * Retain Covid-19 measures to improve access to services			
3	Develop integrated care pathways for high risk drug users to achieve better health outcomes	Goal 2 - Minimise the harms caused by the use and misuse of substances and promote rehabilitation and recovery	Sláintecare reform programme (health inequalities) Housing for All Strategy Interagency Group for Fairer and Safer Ireland	* Develop an inclusion health approach for people who are homeless & in addiction * Ensure pathways to access treatment for high risk groups * Increase residential treatment & step-down accommodation * Open supervised injecting facility * Consider the mental health and addiction challenges of those imprisoned * Retain Covid-19 measures for people who are homeless * Support drug-testing services	SP7 - risk- and harm-reduction interventions and other measures to protect and support people who use drugs SP8 - address the health and social needs of people who use drugs in prison settings and after release	Drug deaths OST service users Injecting heroin use Drug-related infectious diseases Single homelessness Drug treatments in prison	HSE Dept of Health Civil society Irish Prison Service Probation Service Dept of Housing/DRHE

4	Address the social determinants and consequences of drug & alcohol use in disadvantaged communities	Goal 4 - Support participation of individuals, families & communities	Sláintecare Healthy Communities Programme SICAP Framework Policy for Local & Community Development Community safety NEIC & Drogheda initiatives Traveller health action plan UBU Your Place Your Space Roadmap for Social Inclusion	* Ensure a good neighbour policy for drug treatment centres * Reduce anti-social behaviour and make people feel safer in communities * Support the Drug Related Intimidation Reporting Programme * Expand the NEIC model to other comparable disadvantaged areas * Support role of task forces in identify local need in communities & supporting targeted initiatives	SP1.3 - prevent drug related crime with particular focus on the need to counter violence, limit corruption and address the exploitation of vulnerable groups by addressing the underlying factors that lead to their involvement in illicit drug markets	Incidence of drug-related violence & intimidation DRIRP referrals	Dept of Rural & Community Developement LCDC/SICAP providers Dept of Health HSE Dept of Justice Dept of Children Dept of Social Protection Drug and Alcohol Task Forces Civil society
5	Promote alternatives to coercive sanctions for drug-related offences	Goal 3 - Address the harms of drug markets & reduce access to drugs for harmful use	Health diversion programme Youth Justice Strategy Joint Agency Response to Crime Drug Treatment Courts Criminal Justice Strategic Committee	* Health-led approach to connect people who use drugs with health services and to avoid a criminal conviction	SP7.4 - provide alternatives to coercive sanctions	Participants on health diversion programme Participants on drug treatment courts & other alternatives	Dept of Justice Dept of Health Courts Service Probation Service Health Service Executive An Garda Síochána Civil society

6	Strengthen evidence-informed and outcomes-focused practice, services, policies and strategy implementation	Goal 5 - Develop sound and comprehensive evidence-informed policies and actions Chapter 8 - strengthen the performance of the strategy	Sláintecare (health system performance assessment) British Irish Council work sector on drugs & alcohol European Monitoring Centre for Drugs and Drug Addiction HRB/Reitox national focal point	* Learning the lessons of Covid-19	SP10.1 - strengthen research, monitoring and evaluation capacities and encourage the greater sharing of results SP10.2 - foster innovation, so that policy and actions shift from reactive to proactive mode Action77 - conduct evidence-based evaluations of policies and interventions and share findings and methodologies with EU partners	evidence-informed practice performance measurement	Dept of Health Drug and Alcohol Task Forces HSE Civil society Academics HRB